

Follow-up of 2021, 2022, and 2023 Performance Audit Recommendations

MARCH 2026

REPORT OF THE AUDITOR GENERAL TO
THE NOVA SCOTIA HOUSE OF ASSEMBLY

Independence • Integrity • Impact



March 31, 2026

Honourable Danielle Barkhouse
Speaker
House of Assembly
Province of Nova Scotia

Dear Madam Speaker:

I have the honour to submit herewith my Report to the House of Assembly under Section 18(2) of the *Auditor General Act*, to be laid before the House in accordance with Section 18(4) of the *Auditor General Act*.

Respectfully,



Kim Adair, FCPA, FCA, ICD.D
Auditor General of Nova Scotia

5161 George Street
Royal Centre, Suite 400
Halifax, NS B3J 1M7
Telephone: (902) 424-5907

www.oag-ns.ca



Table of Contents

Overview	4
Important Recommendations Still Incomplete	4
Additional 2024 Recommendation Still Incomplete.....	4
Why We Follow Up	5
1 2021 Performance Audit Recommendations	6
2021 Overall Results	6
Score Card.....	6
Organizations with All Recommendations Completed.....	6
2 2022 Performance Audit Recommendations	7
2022 Overall Results.....	7
Score Card.....	7
Recommendations Outstanding.....	7
Audit with Recommendations Not Completed.....	8
June 2022: Oversight and Management of Government Owned Public Housing.....	8
Organizations with All Recommendations Completed.....	13
3 2023 Performance Audit Recommendations	14
2023 Overall Results.....	14
Score Card.....	14
Recommendations Outstanding.....	14
Audits with Recommendations Not Completed.....	15
May 2023: Provincial Fire Safety Management.....	15
September 2023: Ground Ambulance Services.....	17
Organizations with All Recommendations Completed.....	21
4 Follow-up on Additional Recommendation from 2024.....	22
October 2024: Cybersecurity Readiness in Healthcare.....	22
Appendix I: Limited Assurance Attestation Engagement Description and Conclusion.....	24
Appendix II: Results by Organization as Confirmed by the Auditor General.....	25
Appendix III: Organizational Progress Update for 2024 Performance Audit Recommendations as of December 31, 2025.....	27

Follow-up of 2021, 2022, and 2023 Performance Audit Recommendations

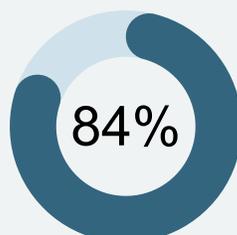
Overview

Collective Three-Year Implementation Rate is 83% (2024 - 80%)



2021

- After four years, the government has completed 26 of 26 recommendations



2022

- After three years, the government has completed 48 of 57 recommendations



2023

- After two years, the government has completed 22 of 32 recommendations

Important Recommendations Still Incomplete

2022 Audit of Oversight and Management of Government Owned Public Housing

9 of 20 recommendations not complete

- **Growth and Development** has not implemented lease renewal processes to verify tenants' continued eligibility for public housing, including assessing whether they are over-housed.
- **Growth and Development** has not assessed the eligibility criteria and screening processes to determine access to public housing.

2023 Audit of Ground Ambulance Services

7 of 14 recommendations not complete

- **Health and Wellness** has not completed its own quarterly assessment of Emergency Medical Care Inc.'s (EMCI) performance against ground ambulance standards.
- **Health and Wellness** has not introduced financial penalties for EMCI failing to meet medical performance standards.

2023 Audit of Provincial Fire Safety Management

3 of 7 recommendations not complete

- **The Office of the Fire Marshal** has not implemented a fire safety complaint tracking and resolution process.
- **The Office of the Fire Marshal** has not regularly updated building listings for completeness and accuracy.

Additional 2024 Recommendation Incomplete

2024 Audit of Cybersecurity Readiness in Healthcare

1 of 1 recommendation followed up on not completed

Health and Wellness, Nova Scotia Health, and Cyber Security and Digital Solutions have self assessed that they have not fully implemented detailed action plans based on the technical reports provided by our cybersecurity expert.

The organizations involved have indicated action plans have been developed based on best practices with work on implementation underway and set to be completed by Fall 2026.

Why We Follow Up

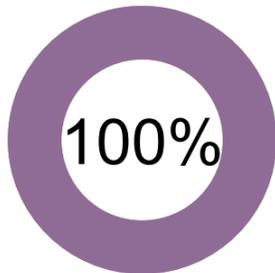
- Risks remain when government does not complete the recommendations they committed to implement.
- Government has agreed to our recommendations and Nova Scotia's Auditor General Performance Audit policy states recommendations are to be completed within two years.
- Our Office typically provides assurance on recommendations starting two years after a report is released, however our Office can begin following up earlier if the Auditor General deems it necessary.
- This report will assist the Public Accounts Committee, the House of Assembly, and the public to hold government accountable for timely completion of the recommendations.
- Results by Organization as confirmed by the Auditor General for all recommendations from 2021, 2022, and 2023 and select recommendations from 2024 can be found in Appendix II.
- Early progress updates from organizations with recommendations issued in 2024 can be found in Appendix III. These updates are for information purposes and have not been audited.



*See Appendix III for progress updates

Chapter 1

2021 Performance Audit Recommendations



2021 Overall Results

Government completed **100%** (26 of 26) after four years

Legend	100%	50-99%	Less than 50%
Recommendations Completed			

SCORE CARD

Report and Audit Title	Recommendations				
	Total	Not Completed	Completed		
May 2021					
Nova Scotia Liquor Corporation – Phase II	11	0	11	100%	
July 2021					
Planning and Implementation of the Pre-Primary Program	9	0	9	100%	
November 2021					
Internet for Nova Scotia	4	0	4	100%	
Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	2	0	2	100%	
Total	26	0	26	100%	

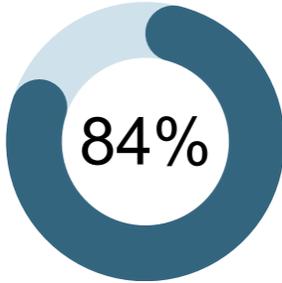
Organizations with All Recommendations Completed

2021 Audits – All Recommendations Completed	Organization
May 2021: Nova Scotia Liquor Corporation – Phase II	Finance and Treasury Board
	Nova Scotia Liquor Corporation
July 2021: Planning and Implementation of the Pre-Primary Program	Education and Early Childhood Development
November 2021: Internet for Nova Scotia	Build Nova Scotia
	Finance and Treasury Board
November 2021: Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	Education and Early Childhood Development
	Finance and Treasury Board

* See Appendix II for a list of the completed recommendations

Chapter 2

2022 Performance Audit Recommendations



2022 Overall Results

Government completed **84%** (48 of 57) after three years

Government accepted all recommendations from our 2022 audit reports. We continue to encourage government to work to address the remaining outstanding recommendations

Legend	100%	50-99%	Less than 50%
Recommendations Completed			

SCORE CARD

Report and Audit Title	Recommendations				
	Total	Not Completed	Completed		
May 2022					
Oversight and Management of Individuals Serving Community-Based Sentences	10	0	10	100%	
June 2022					
Oversight and Management of Government Owned Public Housing	20	9	11	55%	
September 2022					
Healthy Eating in Schools	12	0	12	100%	
November 2022					
Immigration and Population Growth	15	0	15	100%	
Total	57	9	48	84%	

Recommendations Outstanding

2022 Audits – Outstanding Recommendations	Organization	# Not Completed
June 2022: Oversight and Management of Government Owned Public Housing	Growth and Development	9

2 2022 Performance Audit Recommendations

Audit with Recommendations Not Completed

2.1 Nine recommendations from our 2022 audits remain not completed after three years.

2.2 We provide management responses from each organization in the following paragraphs for audit recommendations that have not been completed and the risks that remain.

June 2022: Oversight and Management of Government Owned Public Housing

2.3 The purpose of this audit was to determine whether the Department of Growth and Development (previously the Department of Municipal Affairs and Housing) and the regional housing authorities provide vulnerable individuals and families with access to affordable, well-managed public rental housing in a clear and consistent manner.



2.4 The Department of Growth and Development has not completed the following nine recommendations:

Recommendation 1.2

We recommend the Department of Municipal Affairs and Housing report publicly at regular intervals information necessary for public housing applicants to develop realistic expectations for access to public housing based on prioritization, region, and unit size.



Our 2022 audit found the Department was not effectively utilizing public housing data. There was no publicly available performance reporting or information outlining waitlists, vacancy rates or turnaround times. Public reporting on this information enhances Department accountability to deliver public housing that is responsive to Nova Scotians' needs.

Growth and Development response as of October 2025: In 2024 Nova Scotia Provincial Housing Agency (NSPHA) launched a new website that includes information on who NSPHA serves, vacancy rates and average wait times by district. NSPHA commits to reporting publicly on this information at regular intervals.

Individual wait times are highly variable depending on factors including location, property selection, prioritization and individual housing needs. The best way for an applicant to understand how long it will take to access public housing is to contact their local NSPHA office.

Target completion date: 2026/27

Recommendation 1.5

We recommend the Department of Municipal Affairs and Housing assess the eligibility criteria and screening processes used to grant access to public housing, and update policy to adequately address eligibility in a fair and consistent manner.



Our 2022 audit found instances where incomplete or ineligible applications were presented to, and approved by, the regional housing authority boards. Issues identified with the approved applications included no confirmation of the municipal residency requirement, and gross monthly income often exceeding the household income limits. Approving applicants with incomplete applications who may not meet the eligibility criteria reduces the number of available units for people who qualify for them.

Growth and Development response as of October 2025: Nova Scotia Provincial Housing Agency (NSPHA) has implemented updated eligibility criteria, strengthened intake processes and introduced system controls to help ensure applications are complete and aligned with policy. A quality assurance process supports consistent screening and timely decision-making. Planned actions include full implementation of enhanced tools, staff training and a phased testing period to identify areas for improvement. Ongoing reviews, performance monitoring and staff feedback will support continuous improvement. These efforts promote fairness and help reduce wait times, ensuring public housing is reserved for eligible Nova Scotians in accordance with legislative and policy requirements.

Target completion date: December 2025

Recommendation 1.11

We recommend the Department of Municipal Affairs and Housing establish a goal to reduce unit turnaround times and implement regular monitoring and public reporting against the target.



Our 2022 audit found the unit turnaround target of 60 days set in the Housing Authorities Policy Manuals was consistently not met. The average unit turnover in number of days for the province was 126 days in 2019 (4.2 months) and 151 days in 2020 (5 months). There was no regular reporting or monitoring of units exceeding the established turnover target and no process to clearly document unit condition, required actions, and expected timelines for completion. Units should be turned over in a timely manner so they can be occupied by new tenants as soon as possible.

Growth and Development response as of October 2025: Building on the 2022 Unit Turnaround Process Guide and the 2024 standardized vacancy reporting methodology, NSPHA has established consistent definitions that support accurate, agency-wide reporting. By leveraging and enhancing our existing digital tools, turnaround targets will be informed by a condition assessment. These updated targets will introduce three new turnaround categories—Quick, Standard, and Extended—while units intentionally taken offline for major capital rehabilitation will be tracked separately. Vacancy rates are publicly reported on the NSPHA website and updated quarterly. These rates have consistently remained below the 3% target, demonstrating NSPHA's commitment to efficient unit turnaround, transparent reporting, and maximizing available housing for Nova Scotians in need.

Targeted completion date: March 31, 2026

Recommendation 1.12

We recommend the Department of Municipal Affairs and Housing review the existing annual application review process, to:

- clarify what files should be reviewed,
- define who should complete the reviews, and
- develop a process for creating and monitoring action plans to resolve any identified deficiencies.



Our 2022 audit found there was an annual application review process. However, there was no evidence of any action taken when deficiencies were identified, and no requirement to test a specific number of regular applicants, priority access, or rejections. Without adequate attention to detail throughout this process, issues could go undetected or unresolved.

Growth and Development response as of October 2025: NSPHA has developed and is implementing an enhanced quality assurance process for annual application assessments to strengthen consistency, oversight and service delivery. This process includes standardized review tools, formal procedures and a schedule for file reviews across districts. Identified deficiencies will be addressed through corrective action plans with clear timelines and responsibilities. Staff training and tracking mechanisms will support policy compliance and continuous improvement. Testing and feedback will guide refinements, ensuring eligibility decisions are well-documented, accurate and consistently applied across the province.

Target completion date: December 2025

Recommendation 1.13

We recommend the Department of Municipal Affairs and Housing complete an assessment of all significant processes and develop an organizational approach to quality assurance that includes at a minimum routine tenant placement, priority access placements, and renewals.



Our 2022 audit found there was no quality assurance process in place to examine new tenant placement decisions, priority access placements, or ongoing annual lease renewals. With no quality assurance process, there is a risk these placements and renewals may be approved or rejected inappropriately.

Growth and Development response as of October 2025: NSPHA has developed and is implementing a quality assurance framework to reduce errors, address operational deficiencies and improve consistency across key business functions. Staff training, standardized review tools and scheduled review cycles are being introduced to support consistent policy application in areas such as eligibility assessments, unit allocations and income review. If review findings reveal deficiencies, they will be documented along with actions taken and timelines for resolution, which are recorded and reported. Performance will be monitored against established benchmarks, with results informing ongoing improvements. This structured approach will promote fairness and accountability, while embedding quality assurance into daily operations and decision-making.

Target completion date: December 2025

Recommendation 1.16

We recommend the Department of Municipal Affairs and Housing implement lease renewal processes that verify the continued eligibility of public housing tenants, including considering whether tenants may be over-housed and whether tenants may own property and take appropriate action when issues are identified.



Our 2022 audit found there were more than 1,500 units that met the definition of over-housing, which limits the effective management of tenant capacity and causes an inefficient use of provincially owned housing. Also, there was no monitoring of dispositions or continued use of tenant-owned properties after entering public housing. With no process in place to monitor rental income, a risk exists that it could affect the tenant's monthly rent charge or the eligibility for public housing.

Growth and Development response as of October 2025: In 2024 NSPHA introduced a new standard lease that requires all tenants to confirm ongoing eligibility annually, including a review of property ownership and whether the current unit remains appropriate for household size and needs.

To support this work, NSPHA updated four policies in 2025: Lease Preparation and Signing, Annual Eligibility and Rent Review, Property Ownership and Over-housing. These policies provide clear guidelines for verifying eligibility and outline steps when issues arise. The Property Ownership Policy and the revised Over-housing Policy will be finalized and published on NSPHA's website by October 30, 2025, at which time NSPHA will consider this recommendation satisfied.

Target completion date: Fall 2025

Recommendation 1.18

We recommend the Department of Municipal Affairs and Housing, in collaboration with the regional housing authorities, develop and implement a public housing complaint resolution process, including controls and service standards around receiving, documenting, and responding to complaints.



Our 2022 audit found there was no policy or process for situations where complaints were sent directly to regional housing authority offices. Inadequate controls to ensure all complaints are logged, validated, and addressed as necessary in a timely and efficient manner were noted across the three housing authorities. Without a consistent process, there is a risk that complaints may not be appropriately prioritized or treated fairly.

Growth and Development response as of October 2025: In 2023, NSPHA introduced a case tracking system to efficiently manage, track and resolve tenant complaints. Requests are logged through an online dashboard and assigned to staff for follow-up. In 2024, NSPHA formalized monthly reporting on case data to support continuous improvement and identify service trends. As part of the Tenant Engagement Strategy, NSPHA is developing new service standards for receiving, documenting and responding to tenant complaints. These standards will ensure greater consistency, accountability and transparency in how tenant concerns are managed, reinforcing NSPHA's commitment to responsive and equitable service delivery across the province. Case tracking is a key component of the NSPHA's new Client Engagement Strategy.

Target completion date: Fiscal 2026/2027

Recommendation 1.19

We recommend the Department of Municipal Affairs and Housing, in collaboration with the regional housing authorities, review the tenant engagement initiative to clarify the purpose and frequency requirements of engagement sessions.



Our 2022 audit found there were very few instances of staff completing bi-weekly visits to public housing buildings to engage with tenants during advertised meeting times, and many buildings were not visited at all. Without staff visits, client service improvement may not occur as expected.

Growth and Development response as of October 2025: To ensure tenants have access to clear, reliable information, NSPHA launched a new website in spring 2024 featuring key tenancy resources, including the Tenant Handbook, which outlines tenancy rules, the annual eligibility review process and other useful information.

Work is ongoing to renew NSPHA's Tenant Engagement Strategy. The updated strategy will clarify the purpose and frequency of engagement sessions, define NSPHA's overall approach to tenant engagement and introduce service standards to measure performance. These efforts aim to strengthen communication, build trust and ensure tenants are meaningfully informed and involved in matters that affect their housing.

Target completion date: Fiscal 2026/2027

Recommendation 1.20

We recommend the Department of Municipal Affairs and Housing develop a management review process to hold staff accountable in addressing issues identified by tenants at engagement sessions.



Our 2022 audit found the memo communicating the new tenant engagement initiative to improve client service included documentation requirements for issues raised at engagement sessions. Of the 30 engagement sessions we examined, 22 did not have the resolution dates and outcomes recorded as required. With no documentation to support resolutions and timelines, there is a risk staff may not be held accountable for addressing issues.

Growth and Development response as of October 2025: NSPHA has improved the efficiency and effectiveness of its tenant complaint resolution process through enhanced use of its case tracking system. A centralized dashboard enables management to monitor case status, identify delays, and intervene to ensure timely resolution.

Data from case tracking will also inform the Tenant Engagement Strategy by highlighting recurring concerns raised during engagement sessions and other channels. This approach promotes consistency, accountability and timely follow-up. The management review process will be updated to reinforce staff accountability for resolving tenant issues within defined service standards, supporting a more responsive, tenant-focused service culture across the organization.

Target completion date: Fiscal 2026/2027

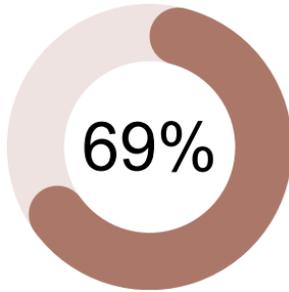
Organizations with All Recommendations Completed

2022 Audits – All Recommendations Completed	Organization
May 2022: Oversight and Management of Individuals Serving Community-Based Sentences	Justice
September 2022: Healthy Eating in Schools	Education and Early Childhood Development Nova Scotia Health
November 2022: Immigration and Population Growth	Labour, Skills and Immigration

* See Appendix II for a list of the completed recommendations

Chapter 3

2023 Performance Audit Recommendations



2023 Overall Results

Government completed **69%** (22 of 32) after two years

Government accepted all recommendations from our 2023 audit reports. We continue to encourage government to work to address the remaining outstanding recommendations

Legend	100%	50-99%	Less than 50%
Recommendations Completed	✓	!	✗

SCORE CARD

Report and Audit Title	Recommendations				
	Total	Not Completed	Completed		
January 2023					
Metropolitan Regional Housing Authority – Examination of Service Contract Awards	4	0	4	100%	✓
February 2023					
Green Fund: Effectiveness Over First Two Years	6	0	6	100%	✓
May 2023					
Provincial Fire Safety Management	7	3	4	57%	!
June 2023					
Investigation of Island Employment Association	1	0	1	100%	✓
September 2023					
Ground Ambulance Services	14	7	7	50%	!
Total	32	10	22	69%	

Recommendations Outstanding

2023 Audits – Outstanding Recommendations	Organization	# Not Completed
May 2023: Provincial Fire Safety Management	Office of the Fire Marshal	3
September 2023: Ground Ambulance Services	Health and Wellness	7

3 2023 Performance Audit Recommendations

Audits with Recommendations Not Completed

3.1 Ten recommendations from our 2023 audits remain not completed after two years.

3.2 We provide management responses from each organization in the following paragraphs for audit recommendations that have not been completed and the risks that remain.



May 2023: Provincial Fire Safety Management

3.3 The purpose of this audit was to determine if the Department of Municipal Affairs (previously the Department of Municipal Affairs and Housing) and the Office of the Fire Marshal were adequately protecting public health and safety through the management of fire and building safety.

3.4 The Office of the Fire Marshal has not completed the following three recommendations:

Recommendation 1.2

We recommend the Office of the Fire Marshal implement:

- A quality assurance process which includes key operational activities that provide management the ability to assess Office performance in relation to their mandate
- Performance standards and well-defined expectations for Deputy Fire Marshals
- The provincial performance management policy to regularly monitor and assess staff performance
- A fire safety complaint tracking and resolution process.



Our 2023 audit found issues with management oversight such as a lack of employee performance standards or annual performance reviews; a lack of an assurance program to verify staff completed inspections; and no policies or procedures to track and resolve fire safety complaints.

Office of the Fire Marshal response as of October 2025: The Office of the Fire Marshal (OFM) has strengthened oversight through defined performance standards and expectations for Deputy Fire Marshals and staff, supported by regular management review and application of the provincial performance management policy. Quality assurance activities, including review and auditing of inspections and fire report submissions, are in place to assess performance against the mandate. Fire safety complaints are assigned, tracked, and followed up. A new Records Management System (2026-27) will formalize tracking, documentation, and accountability.

Target completion date: End of 2026/27

Recommendation 1.3

We recommend the Office of the Fire Marshal ensure municipalities are meeting legislative requirements under the *Fire Safety Act* by:

- Reviewing and updating the Memorandum of Understanding between the Office of the Fire Marshal and Halifax Regional Fire and Emergency Service
- Instituting a process to regularly update and compile a complete municipal fire inspectors listing
- Implementing an audit function to make sure municipalities are meeting legislative requirements.



Our 2023 audit found the Office of the Fire Marshal did not complete audits, oversight, or monitoring of municipal inspection systems or inspectors. We also found the Memorandum of Understanding between the Office of the Fire Marshal and Halifax Regional Fire and Emergency Services was out of date and needed to be reviewed and updated.

Office of the Fire Marshal response as of October 2025: The Office of the Fire Marshal (OFM) has taken steps to strengthen oversight of municipal compliance with the *Fire Safety Act*.

The Memorandum of Understanding with Halifax Regional Fire and Emergency Services (HRFE) was reviewed in August 2024, after which HRFE withdrew from the updated MOU, the OFM has since resumed inspection responsibilities in the Halifax area. The OFM has implemented an annual process to confirm and maintain a complete listing of municipal fire inspectors through formal municipal outreach. An audit and monitoring approach is being formalized to assess municipal inspection programs, with a new Records Management System (2026-27) to enhance documentation, tracking, and audit oversight.

Target completion date: End of 2026/27

Recommendation 1.5

We recommend the Office of the Fire Marshal establish a process requiring building listings be updated regularly for completeness and accuracy.



Our 2023 audit found four large public housing apartment buildings were missing from the Office of the Fire Marshal's inspection listing. We also found there was no requirement for the Office to request updated building listings from other departments. With no process to verify the building listing was reviewed and new buildings added in a timely manner there is a risk buildings will not be inspected as required.

Office of the Fire Marshal response as of October 2025: The Office of the Fire Marshal (OFM) has established an annual process to maintain the completeness and accuracy of its building inspection inventory. Each year on April 1, the OFM formally requests updated building listings from building owners and relevant departments and updates its records to reflect additions and removals. This process supports timely identification of buildings requiring inspection and reduces the risk of omissions. The OFM is working to ensure that updates received for buildings are being made in the system, and when updates are not received, appropriate follow up occurs.

Target completion date: Fall 2026

September 2023: Ground Ambulance Services

- 3.5 The purpose of this audit was to determine if ground ambulance services are meeting the needs of Nova Scotians in a cost-effective manner.
- 3.6 The Department of Health and Wellness has not completed the following seven recommendations:



Recommendation 1.2

We recommend the Department of Health and Wellness perform its own quarterly assessment of Emergency Medical Care Inc.'s performance on all ground ambulance performance standards instead of relying on Emergency Medical Care Inc.'s self-assessment of performance.



Our 2023 audit found that Emergency Medical Care Inc. (EMCI) provided quarterly self-assessed scorecards to the Performance Standards Committee. However, the committee, led by the Department, was not exercising appropriate oversight over the performance of EMCI as no supporting documentation was requested to validate the self-assessment.

Health and Wellness response as of October 2025: Actions are underway to increase the Department's ability to perform its own assessments, and additional resources have been added to the Emergency Health Services (EHS) team with the necessary skillset to assess system performance. This effort is progressing through: a) the development of several frameworks and plans governing the assessment of Emergency Medical Care Inc.'s ground ambulance performance, and b) the creation of real-time data dashboards by the EHS data team.

Target completion date: End of December 2026

Continued on next page

Recommendation 1.3

We recommend the Department of Health and Wellness define what conditions will be required to reinstate holding Emergency Medical Care Inc. accountable for response times, in addition to reestablishing accountability by:

- Revising exemption criteria to hold Emergency Medical Care Inc. accountable for response times in the current environment of emergency department offload delays;
- Requiring requested exemptions to be submitted monthly by Emergency Medical Care Inc.;
- Reviewing and approving the exemptions submitted in a timely manner; and
- Calculating the contractual response times and providing this information quarterly to the Performance Standards Committee.



Our 2023 audit found the Department was no longer reviewing exemption reports submitted by EMCI outlining calls where on-time performance was not met due to circumstances outside of EMCI's control. Instead, the exception reports were automatically approved because of a mutual agreement that EMCI would not be held accountable for response times in the current strained healthcare system.

Health and Wellness response as of October 2025: The Department of Health and Wellness (DHW) has undertaken a detailed review of current contract terms and operational processes and proposed to Emergency Medical Care Inc. (EMCI) a new, robust method of accountability for EMCI's response time performance. Negotiations with EMCI are underway to revise terms in the 2021 operating agreement to meet the requirements of this recommendation and ensure accountability for EMCI's response time performance.

Target completion date: End of December 2026

Recommendation 1.4

We recommend the Department of Health and Wellness introduce financial penalties for failing to meet medical performance standards. Specifically, penalties should be imposed if Emergency Medical Care Inc. fails to achieve performance standards relating to:

- the completion and disclosure of electronic patient charts to hospitals receiving ambulance patients; and
- providing all requested Clinical Quality Improvement records to the Department.



Our 2023 audit found the contract between the Department and EMCI did not include financial penalties for failing to meet performance standards. There are increased risks to the health and safety of patients if performance standards are not enforced.

Health and Wellness response as of October 2025: The Department of Health and Wellness currently does not have the contractual ability to introduce financial penalties for failing to meet the performance standards noted in the recommendation. Negotiations are underway to amend the 2021 operating agreement terms to establish a clear process for accountability, including financial penalties for noncompliance or poor performance, for the performance standards noted in the recommendation.

Target completion date: End of December 2026

Recommendation 1.5

We recommend the Department of Health and Wellness clearly define who is accountable for directives at both the Department and Nova Scotia Health relating to offload delays at emergency departments and continue to monitor Nova Scotia Health's compliance with the directives.



Our 2023 audit found it was unclear who held overall accountability for the directives regarding offload delays at emergency departments at the management level. Without clear accountability there may be confusion about who is accountable to respond to the directives relating to offload delays at emergency departments.

Health and Wellness response as of October 2025: The Department, EMCI, and NSH have worked extensively to clarify and adjust operational, reporting, and monitoring processes to ensure offload delays at emergency departments are actively reduced, seeking compliance with relevant directives. These new processes have definitively improved offload delay metrics and clarified who is responsible for patients in offload. Over the coming months, the Department will work with its partners to codify and document official accountability for these responsibilities.

Target completion date: End of September 2026

Recommendation 1.11

We recommend the Department of Health and Wellness require Emergency Medical Care Inc. to create and implement a new process that will result in a more accurate and reliable transfer of care time that is useful for decision-making purposes.



Our 2023 audit found inconsistencies in how the point-in-time paramedic's transfer care of a patient to a hospital was recorded in the computer system. This can reduce the accuracy of the reported offload times and result in inaccurate information for decision-making purposes.

Health and Wellness response as of October 2025: The Department, EMCI, and NSH have agreed on a revision to frontline operations and data definitions to meet this recommendation. The new changes will address the need for greater accuracy and reliability of transfer of care times, the accuracy, clarity, and consistency of data, clinical, and administrative operations as it relates to the system offload interval benchmarks. New operational expectations and formal policy guidance reflecting these changes are in the process of development and will be instituted by Spring 2026.

Target completion date: Spring 2026

Recommendation 1.12

We recommend the Department of Health and Wellness formalize in the ground ambulance contract the costs, if any, that should be excluded from the calculation of the management fee paid to Emergency Medical Care Inc., particularly where there is no relationship to EMCI's management ability of the contract.



Our 2023 audit identified the contract between the Department and EMCI stipulated a management fee applied to the actual costs associated with ground ambulance services. There was a risk EMCI may receive a management fee on flow-through costs, like tuition fee reimbursement or may be motivated to keep costs high to increase management fee revenue.

Health and Wellness response as of October 2025: The Department and EMCI have not been able to agree on any new costs that should be excluded from the calculation of EMCI's management fee. The Department expects that this recommendation cannot be fully completed unless EMCI otherwise agrees to renegotiate these terms in its current contract. This recommendation will be noted for future contract negotiations.

Target completion date: None provided

Recommendation 1.13

We recommend the Department of Health and Wellness use the audit clause in the ground ambulance contract with Emergency Medical Care Inc. to begin conducting regular audits, with topics selected based on risk.



Our 2023 audit found the Department was not using the audit clause in the contract to assess activities of EMCI. The Department also did not complete an analysis to identify any potential financial risks, as should be done with any major government contract.

Health and Wellness response as of October 2025: In 2025, the Department engaged external auditors to review EMCI's implementation of a new computer-automated dispatch system, representing the first use of the Department's audit clause with EMCI. The audit's report is being actioned by DHW and EMCI over the next 12 months to ensure implementation of technology project management best practices. In addition, there are other reviews conducted on high-profile/high-risk cases that also provide audit-like reports informing the Department on the functioning of EMCI's controls and procedures.

In 2026, the Department is planning to finalize and implement an Audit and Compliance Framework outlining requirements for the next round of EHS system audits, establishing a regular consistency of risk-based EHS audit operations. Regular clinical audits have been conducted, and more are underway through the Department's Quality Compliance Officer role (added in 2024 in response to this recommendation) and the already-established fleet and facilities compliance operations. The results of this work will inform what areas may require more extensive audit work.

Target completion date: End of December 2026

Organizations with All Recommendations Completed

2023 Audits – All Recommendations Completed	Organization
January 2023: Metropolitan Regional Housing Authority - Examination of Service Contract Awards	Growth and Development
February 2023: Green Fund: Effectiveness Over First Two Years	Environment and Climate Change
May 2023: Provincial Fire Safety Management	Municipal Affairs
June 2023: Investigation of Island Employment	Labour, Skills and Immigration
September 2023: Ground Ambulance Services	Emergency Medical Care Inc.

* See Appendix II for a list of the completed recommendations

Chapter 4

Follow-up on Additional Recommendation from 2024

October 2024: Cybersecurity Readiness in Healthcare

4.1 The purpose of this audit was to determine cybersecurity readiness in Nova Scotia’s digital health network. The audit looked at the Departments of Health and Wellness (DHW); Cyber Security and Digital Solutions (CSDS); and Nova Scotia Health (NSH) who share responsibility for cybersecurity.



4.2 Digital health networks are increasingly prevalent in the delivery of patient care and hold some of Nova Scotians’ most sensitive health information. Serious cyber-attacks on healthcare organizations that disrupt patient care, disable networks, and steal sensitive information are becoming frequent in Canada.

4.3 Our audit made 20 recommendations addressing the creation of an effective IT governance framework, completing all outstanding cybersecurity assessments, implementing minimum cybersecurity contract provisions, and instituting mandatory and regular cybersecurity awareness training for all health network users.

4.4 Our audit also included a commitment by our Office to follow up in one year to evaluate the progress made to prepare action plans to respond to technical reports by our cybersecurity expert. During the audit, we identified weaknesses in several key network controls. In addition, our cybersecurity expert conducted extensive penetration and network control testing, producing multiple technical reports.

4.5 The Departments of Health and Wellness, Cyber Security and Digital Solutions, and Nova Scotia Health have not completed the following recommendation:

Recommendation 1.6

We recommend DHW, NSH, and CSDS immediately review the technical reports by our cybersecurity expert and prepare and implement appropriate and detailed action plans. The Office of the Auditor General will follow up in a year to assess progress.



Our 2024 audit found weaknesses in several key network controls which raised concerns about cybersecurity across the digital health network.

DHW, NSH and CSDS response as of October 2025: Appropriate action plans have been developed based on best practices. Input from vending partners was gathered as needed. Any critical vulnerabilities have been addressed. Remediations on other recommendations in the technical reports have been prioritized based on risk profile. 50% of the recommendations have been addressed as of August 14, 2025, with the remainder to be addressed by October 2026.

Target completion date: October 2026



- 4.6 As part of our regular follow-up process, our Office will follow up next year on all 20 recommendations made in the audit. We encourage the Departments of Health and Wellness; Cyber Security and Digital Solutions; and Nova Scotia Health to implement all recommendations to support effective cybersecurity of Nova Scotia's digital health network.



Appendix I

Limited Assurance Attestation Engagement Description and Conclusion

We completed an independent limited assurance attestation engagement on the status of certain audit recommendations included in the 2021, 2022, 2023 and select 2024 Performance Audit Reports of the Auditor General. Our objective was to provide limited assurance, as of October 10, 2025, on those recommendations assessed as “completed” since our last follow-up report, to determine if government’s assessment was free from material misstatement. We did not perform any procedures, and provide no assurance, on recommendations noted in this report as not completed.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

Government organizations (departments, agencies, and boards) are responsible for assessing their status of implementing recommendations of the Auditor General. For recommendations they assessed as completed, we substantiated the assessment through interviews and examination of documentation. We evaluated the implementation status using criteria based on whether the supporting information provided by the organization addressed the audit recommendation (see Appendix II), and whether the information was relevant, complete, reliable, neutral, and understandable. Our work was based on qualitative characteristics of information as described in the CPA Canada Handbook.

For a recommendation assessed as “do not intend to implement” or “action no longer required,” we focused on the reasons why government chose not to implement the recommendation or why management believes it is no longer applicable. If the rationale appeared reasonable, we removed the recommendation from our statistics and will not conduct further follow-up work on it.

We conducted our work in accordance with the Canadian Standard on Assurance Engagements (CSAE) 3000 – Attestation Engagements Other than Audits or Reviews of Historical Financial Information set out by the Chartered Professional Accountants of Canada; and Sections 18 and 21 of the *Auditor General Act*. We obtained sufficient and appropriate evidence on which to base our conclusion on March 9, 2026 in Halifax, Nova Scotia.

We apply the Canadian Standard on Quality Management 1 (CSQM 1), and we have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of Nova Scotia.

Conclusion on completed recommendations – Based on the limited assurance procedures performed and evidence obtained, no matters have come to our attention to cause us to believe the status of the recommendations reported as completed have been materially misstated. Additional information provided in this report is not intended to take away from our overall conclusion.

Appendix II

Results by Organization as Confirmed by the Auditor General

	Recommendations				
	Total	Not Completed	Completed		Recommendation Number Completed as confirmed by the AG
Build Nova Scotia					
November 2021 – Internet for Nova Scotia	3	0	3	100%	1.2 to 1.4
Education and Early Childhood Development					
July 2021 – Planning and Implementation of the Pre-Primary Program	9	0	9	100%	1.1 to 1.9
November 2021 – Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	1	0	1	100%	1.2
September 2022 – Healthy Eating in Schools	9	0	9	100%	1.1 to 1.9
Emergency Medical Care Inc.					
September 2023 – Ground Ambulance Services	1	0	1	100%	1.7
Environment and Climate Change					
February 2023 – Green Fund: Effectiveness Over First Two Years	6	0	6	100%	1.1 to 1.6
Finance and Treasury Board					
May 2021 – Nova Scotia Liquor Corporation – Phase II	1	0	1	100%	1.8
November 2021 – Internet for Nova Scotia	1	0	1	100%	1.1
November 2021 – Value for Money of Early COVID-19 Relief Programs for Individuals and Small Businesses	1	0	1	100%	1.1
Growth and Development					
June 2022 – Oversight and Management of Government Owned Public Housing	20	9	11	55%	1.1, 1.3, 1.4, 1.6 to 1.10, 1.14, 1.15, 1.17
January 2023 – Metropolitan Regional Housing Authority – Examination of Service Contract Awards	4	0	4	100%	1.1 to 1.4
Health and Wellness					
September 2023 – Ground Ambulance Services	13	7	6	46%	1.1, 1.6, 1.8 to 1.10, 1.14
Justice					
May 2022 – Oversight and Management of Individuals Serving Community-Based Sentences	10	0	10	100%	1.1 to 1.10
Labour, Skills and Immigration					
November 2022 – Immigration and Population Growth	15	0	15	100%	1.1 to 1.15
June 2023 – Investigation of Island Employment Association	1	0	1	100%	1.1
Municipal Affairs					
May 2023 – Provincial Fire Safety Management	2	0	2	100%	1.1, 1.7
Nova Scotia Health					
September 2022 – Healthy Eating in Schools	3	0	3	100%	1.7, 1.9, 1.10
Nova Scotia Liquor Corporation					
May 2021 – Nova Scotia Liquor Corporation – Phase II	10	0	10	100%	1.1 to 1.7, 1.9 to 1.11
Office of the Fire Marshal					
May 2023 – Provincial Fire Safety Management	5	3	2	40%	1.4, 1.6



Results by Organization as Confirmed by the Auditor General for Additional Follow-Up

	Recommendations				Recommendation Number Completed as confirmed by the AG
	Total	Not Completed	Completed		
Health and Wellness					
October 2024 – Cybersecurity Readiness in Healthcare	1	1	0	0%	
Nova Scotia Health					
October 2024 – Cybersecurity Readiness in Healthcare	1	1	0	0%	
Cyber Security and Digital Solutions					
October 2024 – Cybersecurity Readiness in Healthcare	1	1	0	0%	



Appendix III (unaudited)

Organizational Progress Update for 2024 Performance Audit Recommendations as of December 31, 2025

This appendix provides all performance audit recommendations from 2024 and a management-prepared summary of the current progress towards addressing the recommendations. We have not conducted any work and provide no assurance on these management responses. They are presented for information purposes only.

The Province of Nova Scotia's Auditor General Performance Audit policy states that the generally accepted time frame for completion of agreed-upon recommendations is two years. Performance audit recommendations issued in 2025 have not been included in this appendix to allow time for auditees to address the recommendations.

Audit	Page
2024 Audits	
February 2024 – Value for Money: Development of Transitional Care Facilities	27
February 2024 – Report on Misuse of Public Funds at the Liberal Association of Nova Scotia	28
March 2024 – Value for Money of Over-Budget Spending	29
May 2024 – Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes	30
June 2024 – Preventing and Addressing Violence in Nova Scotia Public Schools	33
October 2024 – Cybersecurity Readiness in Healthcare	34

Recommendation	Organization Update as of December 31, 2025 (unaudited)
February 2024 – Value for Money: Development of Transitional Care Facilities	
<p>1.1 We recommend the Department of Public Works, as subject matter experts, in consultation with the Department of Finance and Treasury Board, develop a government-wide direction/policy for approving the acquisition of land and buildings, including:</p> <ul style="list-style-type: none"> • an assessment of the feasibility of subject property for intended use • appropriate due diligence requirements prior to purchase including cost estimates to prepare the subject property for its intended use • an independent appraisal based on the existing condition of the property • if renovations or construction are required, engage with a government department with the necessary expertise to oversee them prior to purchase • reassessment of approval if significant changes to assumptions and project information takes place following approval and prior to purchase • establish eligible costs related to the acquisition <p>Once developed, the direction/policy should be submitted to Treasury and Policy Board for approval.</p>	<p>Department of Public Works: Working with Executive Council Office (ECO) and in consultation with Treasury and Policy Board (TPB), the Department has submitted a direction to be included in the ECO Cabinet submissions guideline requiring that all Departments without expertise in the area of acquiring real property must consult/work with one of those Departments with this expertise prior to initiating a real property acquisition and prior to asking for Cabinet approval to proceed, to ensure applicable financial and legal requirements are met prior to proceeding with the acquisition. This direction clarifies existing requirements for Cabinet submissions as contained in the Cabinet submission guide.</p>
<p>1.2 We recommend the Department of Public Works and Build Nova Scotia sign contracts with private sector partners prior to work commencing.</p>	<p>Department of Public Works and Build Nova Scotia: Department of Public Works (DPW) and Build Nova Scotia have developed internal guidelines to allow work to proceed in a risk-managed way until a formal contract is executed. In addition to existing requirements and processes, the implementation of internal tools in the Building Infrastructure team at DPW, such as e-builder and ProCore software has also helped to ensure contracts are signed before work begins.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.3 We recommend the Procurement Division of Service Nova Scotia update the Sustainable Procurement Protocols to clearly define when the healthcare and social services exemption is applicable and the process to obtain approval for use of the exemption.</p>	<p>Service Nova Scotia: Service Nova Scotia (SNS) Procurement clarified the applicability of the healthcare and social services Canadian Free Trade Agreement (CFTA) exemption and its approval process in the Procurement Protocols, finalized with the October 2024 update to the Public Procurement Policy.</p>
<p>1.4 We recommend Nova Scotia Health require conflict-of-interest disclosure for procurement evaluation team members and the approvers of alternative procurements.</p>	<p>Nova Scotia Health: SNS Procurement and Nova Scotia Health (NSH) have implemented an improved form and alternative procurement (ALTP) process that requires consideration of conflicts, and specifically requires conflict-of-interest disclosure by procurement evaluation team members and the approvers of alternative procurements.</p>
<p>1.5 We recommend the Procurement Division of Service Nova Scotia review changes to alternative procurements including cost increases and expansions to the scope of work and assess whether an alternative procurement process remains appropriate or requires public tendering.</p>	<p>Service Nova Scotia: In September 2024, SNS Procurement established a process for clients to submit changes to High Value ALTP's processed by SNS Procurement, to determine if the original circumstance remains appropriate, and whether it supports the continued use of the ALTP as the appropriate procurement method.</p>
<p>1.6 We recommend the Procurement Division of Service Nova Scotia require conflict-of-interest disclosure requirements for the approvers of alternative procurements.</p>	<p>Service Nova Scotia: In April 2024, SNS Procurement established a process requiring both the Government and NSH client, as well as the Procurement lead supporting the ALTP, to declare whether a conflict-of-interest exists for each ALTP project.</p>
<p>February 2024 – Report on Misuse of Public Funds at the Liberal Association of Nova Scotia</p>	
<p>1.1 We recommend the Liberal Association of Nova Scotia file formal complaints and fully cooperate with the RCMP relating to:</p> <ul style="list-style-type: none"> • the misuse of public funds, and • the apparent misrepresentation of the Association's audited financial statements 	<p>Liberal Association of Nova Scotia: Immediately following the Auditor General's recommendations in her February 2024 report, the Leader of the Liberal Association of Nova Scotia wrote to the RCMP on February 14, 2024 to officially ask the RCMP to offer the Party's full cooperation into any investigation under the Auditor General's Recommendation 1.1. On February 15th, 2024 we received an email from the RCMP stating that they received our email and acknowledged our official reporting of the incident. On March 22, 2024, counsel for the Liberal Association of NS met with the RCMP who requested more details on the complaint. On May 8th, 2024, counsel for the Liberal Association provided the further details that the RCMP requested. The Liberal Association of Nova Scotia have not heard from the RCMP since May 8th, 2024.</p>
<p>1.2 We recommend the Chief Electoral Officer, in consultation with the Minister of Justice and Attorney General, and the Election Commission amend <i>the Nova Scotia Elections Act</i> as follows:</p> <ol style="list-style-type: none"> 1. Require timely notification from the registered party, candidate, or electoral district association to the Chief Electoral Officer if there is a suspected misuse of any public funds. 2. Require registered parties, candidates, and electoral district associations make reasonable efforts to recover all misused public funds. 3. Provide the Chief Electoral Officer investigative authority and powers similar to that of the Auditor General to investigate the general expenses of registered parties. 4. Require Elections Nova Scotia publicly report instances of significant misuse of public funds. 	<p>Elections Nova Scotia: Elections Nova Scotia has made recommendation for legislative change in the post-election report, Volume II, published September 11, 2025, in consultation with the Election Commission and the Minister of Justice. With respect to item 3 in Recommendation 1.2, it is determined that the Chief Electoral Officer has investigative authority and may use this provision as required; however, a modification to the legislation is recommended to add a forensic audit, with the resulting report to be shared with the Auditor General.</p> <p>Target Completion Date: The report was published on September 11, 2025, and the Department of Justice will determine if and when changes to the <i>Elections Act</i> are presented in the House of Assembly.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
March 2024 – Value for Money of Over-Budget Spending	
<p>1.1 We recommend the Minister of Finance and Treasury Board amend the <i>Finance Act</i> to align the additional appropriations process with legislated practices elsewhere in Canada and provide accountability and transparency over the spending of all public funds.</p>	<p>Department of Finance and Treasury Board: The Department of Finance and Treasury Board’s position remains unchanged. The Minister remains satisfied that the current parameters of the <i>Finance Act</i> ensure accountability and transparency over the spending of all public funds. The Department has enhanced the transparency of additional appropriations by adding more detailed explanations in the Orders in Council and Additional Appropriations (AA) Fact Sheets that are released publicly. The Province’s entire fiscal reporting cycle, from Budget Estimates to Public Forecast Updates and Public Accounts, provides a high standard of public financial reporting. A summary of AA, including explanations for the spending, are published at each Budget, Forecast, and Public Accounts release.</p>
<p>1.2 We recommend the Department of Finance and Treasury Board, in consultation with the Executive Council Office, strengthen the approval process where government priorities are being advanced and require additional appropriations. We recommend related submissions to Executive Council and its committees include consideration of:</p> <ul style="list-style-type: none"> • the timing of the disbursement of funds to grant and subsidy recipients; and • options to fund grants and subsidies over time based on funding recipients’ demonstrated need. 	<p>Department of Finance and Treasury Board: The approval process for government initiatives that may require additional appropriations is the purview of the elected government. Finance and Treasury Board (FTB) and Executive Council Office (ECO) work within the legislated framework of the Province to support and advise government. FTB continues to work with ECO to ensure these funding matters are considered when submissions to Executive Council provide opportunity for documented support.</p> <p>Government Accounting rolled out the Grants Management Policy in the Summer of 2023, followed by several training sessions for various financial, policy, and legal teams within departments. Government Accounting will review the Grants Management Policy to determine if further guidance is necessary.</p> <p>Target Completion Date: March 31, 2026.</p>
<p>1.3 We recommend the Department of Finance and Treasury Board, in consultation with the Executive Council Office, strengthen the approval process where government priorities are being advanced and require additional appropriations. We recommend related submissions to Executive Council and its committees include:</p> <ul style="list-style-type: none"> • the nature of the funding; • plans for the use of funds; • program requirements for third-party grant administration; • detailed cost estimates for the funding amount requested; • assessment of risk; • recipient reporting requirements to the Province detailing the use of funds and whether intended objectives are met; and • Provincial public reporting requirements detailing use of funds and whether intended objectives are met. 	<p>Department of Finance and Treasury Board: The approval process for government initiatives that may require additional appropriations is the purview of the elected government. Finance and Treasury Board (FTB) and Executive Council Office (ECO) work within the legislated framework of the Province to support and advise government. FTB continues to work with ECO to ensure these funding matters are considered when submissions to Executive Council provide opportunity for documented support.</p> <p>Government Accounting rolled out the Grants Management Policy in the Summer of 2023. The funding matters listed above have been included in the Grants Management Policy. Government Accounting will review the Grants Management Policy to determine if further guidance is necessary.</p> <p>Target Completion Date: March 31, 2026.</p>
<p>1.4 We recommend the Department of Finance and Treasury Board and the Executive Council Office complete staff assessments for grant and subsidy submissions made to Executive Council and its committees and provide the assessment to decision makers.</p>	<p>Department of Finance and Treasury Board: The Department agrees with the position put forward by the Executive Council Office and will continue working with ECO in reviewing the practices to ensure staff assessments are completed for grant and subsidy submissions where appropriate.</p> <p>Executive Council Office: The Executive Council Office (ECO) endeavours to ensure complete and accurate information is provided to the Executive Council to support fully informed decision-making. Staff assessments are one of several methods employed, however, they are not always required to facilitate the decision-making of the Executive Council. ECO will continue to work closely with FTB in reviewing submissions and completing staff assessments for grant and subsidy submissions where appropriate.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.5 We recommend the Department of Finance and Treasury Board, in consultation with the Executive Council Office, develop guidance for departments on preparation of grant and subsidy agreements to protect public funds. We recommend such agreements include terms and conditions to address:</p> <ul style="list-style-type: none"> • measurable performance targets; • conflict of interest; • the ability to audit; • the assignment of interest earned on funds; • the return of unused funds to the Province; and • limits on administration costs. 	<p>Department of Finance and Treasury Board: Government Accounting rolled out the Grants Management Policy in the Summer of 2023, followed by several training sessions for various financial, policy, and legal teams within departments. The funding matters listed above have been included in the Province's Grants Management Policy. Although a review of the Grants Management Policy was conducted by March 31, 2025, Government Accounting will continue to review the Policy to determine if further guidance is necessary.</p> <p>Target Completion Date: March 31, 2026.</p>
<p>May 2024 – Health, Safety and Well-Being of Children Placed in Temporary Emergency Arrangements and Child and Youth Care Homes</p>	
<p>1.1 We recommend the Department of Community Services assess the implementation status of the recommendations from the 2022 internal review of temporary emergency arrangements and take appropriate actions to address any outstanding recommendations.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. The recommendations from the 2022 internal review of temporary emergency arrangements have been reviewed and the outstanding recommendations have been implemented.</p>
<p>1.2 We recommend the Department of Community Services update the Department's policy for social worker contact requirements with children in temporary emergency arrangements to reflect the current contact requirements.</p>	<p>Recommendation was reported as Complete in the April 2025 Follow-up of 2020, 2021, and 2022 Performance Audit Recommendations as part of Chapter 4 Follow up on Additional Recommendations from 2019 and 2024.</p>
<p>1.3 We recommend the Department of Community Services regularly monitor social workers' contact with children in temporary emergency arrangements, and with the service provider caring for the children. If Department contact standards are not being met, appropriate action should be taken to achieve compliance.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. Contact requirements are outlined in Child and Family Wellbeing Procedures. All temporary emergency arrangement renewals are reviewed by the Child and Family Wellbeing Division for adherence to contact requirements. A notification process is in place when requirements are not noted on the case management system as being met.</p>
<p>1.4 We recommend the Department of Community Services create and use a process to select temporary emergency arrangement service providers. The process must include standardized requirements that potential service providers must meet before permission is granted to provide temporary emergency arrangements.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. The Department signed service level agreements in October 2023 with all temporary emergency arrangement service providers. These agreements included standardized requirements for the service providers.</p>
<p>1.5 We recommend the Department of Community Services regularly monitor the agreements with temporary emergency arrangement service providers to assess whether service providers are complying with all terms and conditions.</p>	<p>Department of Opportunities and Social Development: The Department of Opportunities and Social Development (OSD) continues to have a multi-pronged approach in monitoring agreement compliance with temporary emergency arrangement service provider. Child and Family Wellbeing, Finance and OSD Service Provider Support each have responsibilities for monitoring compliance of terms and conditions of the agreements. If there are issues identified, corrective action is taken by the appropriate divisions of the department. A tool is being created to support the ongoing assessment of program compliance.</p> <p>Target Completion Date: December 31, 2025.</p>
<p>1.6 We recommend the Department of Community Services require staff to document the rationale behind the selection of a specific child and youth care home for a child.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. Child and Family Wellbeing Procedures requires that the rationale for the selection of a child and youth care provider will be placed on the child or youth's file by the social worker.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.7 We recommend the Department of Community Services establish guidance outlining how frequently a placement information collection tool, used to outline the needs of children being placed in a child and youth care home, must be completed.</p>	<p>Department of Opportunities and Social Development: This has been completed. An updated Planning Information Collection (PIC) tool is now in use. Child and Family Wellbeing (CFW) procedures have been updated to provide direction on when the PIC tool is required.</p>
<p>1.8 We recommend the Department of Community Services revise the placement information collection tool used to outline the needs of children to introduce space in each section to describe the strengths of the child and any progress the child has made in addressing past challenges.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. The revised Planning Information Collection (PIC) tool is strength based and considers progress the child/youth has made.</p>
<p>1.9 We recommend the Department of Community Services complete a placement information collection tool outlining the needs of each child to be placed in a child and youth care home. All sections of the placement information collection tool should be completed.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. The Planning Information Collection (PIC) tool is required to be fully completed when a decision is made prior to entering into a Temporary Care Agreement or when the decision has been made to bring a child into care. The PIC tool must be updated each time a child or youth needs to transition to a new place to live.</p>
<p>1.10 We recommend the Department of Community Services regularly assess whether plans of care are completed within the timelines outlined within Department policies and whether the required quarterly and annual reviews are completed on schedule. When policy requirements have not been met timely action must be taken to achieve compliance.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. Child and Family Wellbeing Procedures require the Child's Plan of Care is reviewed every 90 days and on an annual basis. Procedures require a supervisor consultation note be added if not completed within the timeframe and steps to be taken to ensure completion. A quarterly report from the case management system is generated and is used to monitor compliance.</p>
<p>1.11 We recommend the Department of Community Services monitor whether social workers meet with children in child and youth care homes as outlined in Department policy. When meetings do not occur as required, timely corrective action must be taken to contact the child, including in-person visits to their home.</p>	<p>Department of Opportunities and Social Development: This recommendation has been completed. Contact requirements are outlined in new Child and Family Wellbeing Procedures. Procedures require a supervisor consultation note if contact did not occur as required and a timeline for when contact will occur. A quarterly report from the case management system is generated to monitor compliance.</p>
<p>1.12 We recommend the Department of Community Services record and track critical incidents and serious occurrences reported by child and youth care homes. This process must include the regular analysis of these events to identify trends, the assessment of risks to children, and a plan to resolve how these risks will be managed.</p>	<p>Department of Opportunities and Social Development: As of October 2024, all Child & Youth Caring Programs (CYCP's) are required to provide monthly reports of Serious Occurrences and Critical Incidents to Department of Opportunities and Social Development (OSD). OSD is developing a tool to track serious occurrences and critical incidents which will support data collection and trend analysis.</p> <p>Target Completion Date: February 2026.</p>
<p>1.13 We recommend the Department of Community Services add a feature to their case management system that captures allegations of child abuse or neglect of children living in child and youth care homes.</p>	<p>Department of Opportunities and Social Development: Opportunities and Social Development is enhancing the current case management system to support inclusion of a case type to better identify and track allegations of abuse of children in child and youth care homes. An anticipated date for the completion for this enhancement is not yet determined.</p>
<p>1.14 We recommend the Department of Community Services regularly analyze allegations of child abuse or neglect of children in child and youth care homes to identify trends or patterns and to take action where required.</p>	<p>Department of Opportunities and Social Development: Investigations of allegations of child abuse or neglect in child and youth care homes are now centralized with a provincial team to enable ease of tracking these reports. Work is ongoing to develop a formal process to monitor trends or patterns.</p> <p>Target Completion Date: February 2026.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.15 We recommend the Department of Community Services review and revise their quality assurance processes to regularly assess the files of children residing in child and youth care homes or temporary emergency arrangements for compliance with Department policies. This should include assessing whether:</p> <ul style="list-style-type: none"> • the best available placement option was found for the child; • plans of care are developed and regularly reviewed; and • social workers are having the required contact with children. 	<p>Department of Opportunities and Social Development: This recommendation has been completed. Child and Family Wellbeing procedures require the social worker and supervisor to meet every 90 days to review the Child's Plan of Care, placement and contact. A quarterly report from the case management system is generated and used to monitor compliance.</p>
<p>1.16 We recommend the Department of Community Services complete a comprehensive review of the funding models and establish a consistent approach to funding child and youth care homes.</p>	<p>Department of Opportunities and Social Development: Child and Family Wellbeing has completed a comprehensive review of the funding models currently in place for all non-government child and youth caring programs and is moving forward with establishing an equitable funding model. This funding model will be effective April 1, 2026. This model will ensure consistency and transparency across the continuum of placement options.</p> <p>Target Completion Date: April 1, 2026.</p>
<p>1.17 We recommend the Department of Community Services implement comprehensive agreements with third-party service providers which include terms and conditions to provide high quality and consistent services to children living in child and youth care homes.</p>	<p>Department of Opportunities and Social Development: Department of Opportunities and Social Development is currently drafting Service Level Agreements for each non-government child and youth caring program that will include terms and conditions to provide high quality and consistent services to children living in child and youth care programs. These agreements will be in place for April 2026 when a new equitable funding model comes into effect.</p> <p>Target Completion Date: April 1, 2026.</p>
<p>1.18 We recommend the Department of Community Services review and update child and youth care home inspection policies to reflect the current practices of the Department, including defining acceptable timelines for addressing the violations and outlining any factors inspectors must consider when setting timelines.</p>	<p>Recommendation was reported as Complete in the April 2025 Follow-up of 2020, 2021, and 2022 Performance Audit Recommendations as part of Chapter 4 Follow up on Additional Recommendations from 2019 and 2024.</p>
<p>1.19 We recommend the Department of Community Services review and approve extensions to the timelines for correcting violations identified through the inspection of child and youth care homes.</p>	<p>Recommendation was reported as Complete in the April 2025 Follow-up of 2020, 2021, and 2022 Performance Audit Recommendations as part of Chapter 4 Follow up on Additional Recommendations from 2019 and 2024.</p>
<p>1.20 We recommend the Department of Community Services require all staff working in a child and youth care home to complete child abuse registry, criminal records, and vulnerable sector checks at regular intervals. Child and youth care home inspections should confirm the required checks are completed at the mandated frequency.</p>	<p>Department of Opportunities and Social Development: All staff working in a child and youth care home are required to complete a child abuse registry (CAR) check, criminal records check (CRC), and vulnerable sector check upon hire. The Department of Opportunities and Social Development has completed a cross-jurisdictional scan to identify leading practice on the frequency of child abuse registry (where applicable), criminal records, and vulnerable sector checks with Child and Youth Care Program employees across the country and will next determine what practices to implement in Nova Scotia.</p> <p>Target Completion Date: December 31, 2025.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
June 2024 – Preventing and Addressing Violence in Nova Scotia Public Schools	
<p>1.1 We recommend the Department of Education and Early Childhood Development, in consultation with educators, develop a provincewide strategy to address incidents of violence in schools. Elements of the strategy to include:</p> <ul style="list-style-type: none"> • Clearly define what is meant by school violence; • Establish goals, objectives and action plans; • Establish roles and responsibilities at the school, RCE/CSAP and Department level; • Require RCEs and CSAP to verify Occupational Health and Safety Workplace Risk Assessment and Prevention Plans are being completed appropriately by all schools and communicated to all staff; • Assess if and how PowerSchool should be used to collect data on violence in schools; • Establish timelines for the regular analysis of data to inform decisions; • Determine how collected data will be used to assess educator training needs and establish training plans relating to the prevention and addressing of violence; and • Require communication of the importance of reporting incidents by all educators. 	<p>Department of Education and Early Childhood Development: Education and Early Childhood Development (EECD), in collaboration with Regional Centres for Education (RCEs) and Conseil scolaire acadien provincial (CSAP), implemented a province wide strategy on safe schools. Recommended strategy elements are addressed in:</p> <ul style="list-style-type: none"> • a Safe Schools website that provides access to guidance documents • the updated Provincial School Code of Conduct Policy (released April 2025; full implementation in September 2025) • a new Guide for Responding to Unacceptable Behaviours • school staff training on how to implement the Policy, including roles and responsibilities, incident reporting, where to access information, and case-based application. <p>RCEs/CSAP are required to ensure all schools complete Occupational Health and Safety Workplace Risk Assessment and Prevention Plans and communicate them to staff. Aggregated data is sent to EECD.</p>
<p>1.2 We recommend the Department of Education and Early Childhood Development update the Provincial School Code of Conduct Policy, and as part of the update:</p> <ul style="list-style-type: none"> • Provide guidance on how to manage unacceptable behaviours at different grade levels including age-appropriate consequences; • Provide guidance to educators if unacceptable behaviours of a student escalate, including the supports and actions that can be taken; • Review the categories of unacceptable behaviours; • Establish how the Provincial School Code of Conduct Policy will be communicated with students and parents/guardians on a regular basis; • Review what policies are needed to support the Provincial School Code of Conduct Policy to provide educators with more detailed guidance on how to manage unacceptable behaviours; and • Provide guidance to staff in schools on how incidents of inappropriate parent/guardian behaviours should be responded to and how they will be followed up on. 	<p>Department of Education and Early Childhood Development: EECD updated the Provincial School Code of Conduct Policy with input from over 6000 participants through multiple surveys and about 800 attendees at the 2024 School Advisory Council Conference. The policy was implemented in September 2025.</p> <p>EECD developed a Guide for Responding to Unacceptable Behaviours that includes a process for aligning responses and consequences to the severity, age, and intent of student behaviours and range from loss of privileges to long-term suspensions.</p> <p>EECD developed, and RCEs/CSAP delivered, professional development on how to implement the Policy, including information on roles and responsibilities, how to report/record incidents, where to access information, and case studies to practice applying the new direction.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.3 We recommend the Department of Education and Early Childhood Development improve violence in schools data collection, accuracy and reliability of incidents by:</p> <ul style="list-style-type: none"> • Establishing processes to verify data is accurate and reliable; - Clarifying how to categorize an incident; • Clarifying the level of detail required when reporting an incident; - Requiring “action taken” to be filled out for all incidents; • Creating a standardized process for how violent incidents experienced by Teacher Assistants should be reported; • Reinforcing requirement for educators to report all incidents; • Adding the ability to document the name of the impacted individual when reporting an incident; • Adding the ability to capture if the impacted individual of an incident is from a marginalized group; • Defining which types of incidents require a debrief and by whom; • Establishing a tracking mechanism to ensure debriefs are occurring and students and educators are provided with appropriate supports after an incident; and • Clarifying how and when to report incidents involving parents and guardians. 	<p>Department of Education and Early Childhood Development: EECD released the updated Provincial School Code of Conduct Policy, mandating quarterly reporting on incidents of unacceptable behaviour and reinforcing the requirement for educators to report all incidents.</p> <p>EECD has re-designed the Student Information System (PowerSchool) to ensure tracking of incidents reflected the recommendation and the updated Policy.</p> <p>EECD developed, and the RCEs/CSAP delivered, professional development on how to implement the Policy, including information on roles and responsibilities, how to report/record incidents, where to access information, and case studies to practice applying the new direction.</p>
<p>1.4 We recommend the Department of Education and Early Childhood Development require Regional Centres for Education and Conseil scolaire acadien provincial to track incidents of lockdowns and hold-and-secures with details of the nature of the incident and require the Regional Centres for Education and Conseil scolaire acadien provincial to perform regular trend analysis.</p>	<p>Department of Education and Early Childhood Development: EECD has directed RCEs/CSAP to track lockdowns and hold-and-secures, including the details of the nature of the incident, and perform regular trend analysis and report to EECD annually.</p>
<p>1.5 We recommend the Department of Education and Early Childhood Development verify school Emergency Management Plans include all essential components of the Emergency Management for Nova Scotia Schools Provincial Guidelines.</p>	<p>Department of Education and Early Childhood Development: Protocols and guidelines related to school safety and emergency management clarify responsibilities for establishing plans, tracking, and reporting drills and incidents. In October 2024, EECD directed all RCEs and the CSAP to provide confirmation that each school has an updated Emergency Management Plan and that all essential components are included. All essential components have been verified.</p>
October 2024 – Cybersecurity Readiness in Healthcare	
<p>1.1 We recommend DHW, NSH and CSDS establish an effective IT governance framework to manage cybersecurity across the digital health network.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: Department of Health and Wellness (DHW), Nova Scotia Health (NSH) and Cyber Security and Digital Solutions (CSDS) established the Digital Health Oversight Committee (DHOC) and started regular meetings in late 2024.</p> <p>This forum will promote collaboration, coordination, and alignment across the digital health network. It provides a framework to advance strategic decision-making across the system and accelerate progress on health transformation activities that will deliver the outcomes that the health system is looking to achieve for Nova Scotians.</p>
<p>1.2 We recommend NSH complete cybersecurity assessments for the remaining projects approved under Business Risk Acceptance Forms (BRAAF) process and take appropriate action on cyber risks identified.</p>	<p>Nova Scotia Health: NSH, IWK and CSDS completed a joint review of the list of projects and prioritized the active solutions. Cybersecurity assessments for all of the highest priority projects have been actioned.</p> <p>Target Completion Date: October 2026.</p>

(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.3 We recommend NSH follow the enterprise risk management policy for identified cybersecurity risks.</p>	<p>Nova Scotia Health: NSH is fully compliant with the Enterprise Risk Management (ERM) policy and will continue to comply. NSH presented the Q3 Enterprise Risk Management report to the Board Administrator in February 2025.</p> <p>Open risks are being reviewed with Senior/Executive Leadership and risk mitigation/risk treatment plans are updated in the register.</p>
<p>1.4 We recommend NSH improve its risk identification process to identify patterns of risks across multiple technology projects and enter them as enterprise risks.</p>	<p>Nova Scotia Health: The Cybersecurity Risk Register Process has been reviewed and updated. It provides a structured approach for monitoring and reporting on risks identified as part of the cyber security risk assessment of initiatives in the government and Health Sector. Once risks are identified, assessed, and assigned a treatment type, they are recorded in the Cybersecurity Risk Register for ongoing monitoring, reporting and future pattern identification.</p>
<p>1.5 We recommend DHW, NSH and CSDS establish key performance indicators for cybersecurity across the digital health network.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: Key Performance Indicators for cybersecurity across Nova Scotia's digital health network were identified and validated with other jurisdictions in Canada.</p> <p>The Cybersecurity Sub-Committee (CSSC) has approved a set of Key Performance Indicators. The approved KPIs are tracked by CSDS and NSH, and reported to CSSC monthly.</p>
<p>1.7 We recommend DHW, NSH and CSDS conduct a comprehensive policy and standards review and develop a maintenance schedule to provide for regular, timely review.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: CSDS has reviewed its existing standards, identified obsolete standards to be retired and created a repository for sharing new standards.</p> <p>NSH has fully reviewed its current cybersecurity policies and standards. A policy and standards maintenance schedule will be implemented and will be followed accordingly.</p>
<p>1.8 We recommend DHW, NSH and CSDS implement a consistent inventory management procedure so sufficient and appropriate cybersecurity information is maintained for all network connected assets.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: CSDS, NSH, and DHW reviewed current inventories of network connected assets across all three organizations. A unified inventory management process has been agreed on for all network connected assets excluding medical devices (ITAM Process Guide v1.2). NSH manages the medical device inventory and follows a consistent process. This foundational work will inform the investigation of automated tools and resources from Recommendation 1.9.</p>
<p>1.9 We recommend DHW, NSH and CSDS establish a program of auditing of network connected assets.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: CSDS, NSH and DHW are investigating automated tools and resources to support the consistent inventory management process, including auditing functionality.</p>
<p>1.10 We recommend DHW and NSH make cyber awareness training both available and mandatory for all users of the digital health network and track compliance.</p>	<p>Department of Health and Wellness and Nova Scotia Health: NSH has established mandatory cybersecurity training for all staff effective August 2025. The training is web based and metrics of completion are monitored.</p>
<p>1.11 We recommend DHW, NSH and CSDS complete and comply with existing standards for security logs and back-up restore process.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: The Security Log standard was retired and requirements for security logs are described in the Security Requirements Guidebook. The Backup and Restore process was reviewed and updated. Compliance will be monitored and managed as indicated in recommendation 1.7 Policy and Standards Review.</p>



(continued)

Recommendation	Organization Update as of December 31, 2025 (unaudited)
<p>1.12 We recommend CSDS track and analyze all types of cybersecurity incidents.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: CSDS developed reports to analyze incidents by type.</p>
<p>1.13 We recommend DHW, NSH and CSDS implement minimum cybersecurity contract provisions for all technology projects connecting to the digital health network.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: CSDS and DHW continue to maintain a Security Obligations contract schedule that includes recommended cybersecurity provisions for technology projects. Delivery teams take a risk-based approach to tailor these provisions. NSH established standardized cyber contract schedules. The Security Requirements Guidebook was updated in June 2025.</p>
<p>1.14 We recommend DHW, NSH and CSDS amend existing contracts to include the minimum cybersecurity contract provisions, or where not possible, take appropriate action to mitigate the impact of the missing provisions.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: The organizations review cybersecurity provisions during vendor contract renewals and new procurements. Where updates aren't feasible, departments will assess risks and apply appropriate mitigation strategies.</p>
<p>1.15 We recommend DHW, NSH and CSDS insist on vendor compliance with contract terms at all stages of a contract, including validating vendor compliance with the minimum cybersecurity provisions.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: DHW, NSH and CSDS are investigating the feasibility of establishing a formal process and related procedure as part of overall contract management processes.</p>
<p>1.16 We recommend DHW, NSH and CSDS adhere strictly to the ARB process and only allow projects to connect to the digital health network that have completed ARB and meet cybersecurity standards.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: NSH, DHW, and CSDS recognize the importance of adhering to the Architecture Review Board (ARB) process and ensuring all digital health projects meet cybersecurity standards before connecting to the digital health network. We are continuously working to improve the ARB process.</p> <p>NSH has implemented procedures to address cyber risks in a timely manner. The organizations will only permit projects that have successfully completed ARB review and demonstrated compliance.</p>
<p>1.17 We recommend DHW and NSH stop all ad hoc business risk acceptance practices and implement clear risk tolerance thresholds tied to cybersecurity standards and aligned with the custodian's responsibilities under the Personal Health Information Act.</p>	<p>Department of Health and Wellness and Nova Scotia Health: CSDS, DHW and NSH are committed to establishing clear risk tolerance thresholds aligned with cybersecurity standards and the Personal Health Information Act. Building on work completed under Recommendations 1.1, 1.3, and 1.4, management has strengthened governance, integrated risk oversight, and enhanced visibility into cyber risks.</p>
<p>1.18 We recommend DHW and NSH establish an accountability mechanism to verify planned risk mitigations are completed for all digital assets.</p>	<p>Department of Health and Wellness and Nova Scotia Health: DHW and NSH support the recommendation to establish accountability mechanisms for verifying completion of planned cyber risk mitigations across all digital assets. NSH has implemented procedures for monitored IT assets, and DHW has reviewed and committed to following the Risk Response Process led by CSDS to ensure timely assessment and mitigation of cyber risks. DHW will implement procedures to follow-up the completion of cyber risk mitigations for its initiatives.</p>
<p>1.19 We recommend DHW, NSH and CSDS establish standard operating procedures with clear roles and responsibilities to provide for ongoing maintenance and management of cybersecurity risks in clinical medical devices, facilities and clinical applications.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: A working group will be established to review ongoing management of cybersecurity risks in clinical medical devices, facilities and clinical applications. They will identify accountability for addressing risk and communication of asset risk to business owners for deployment of digital solutions including medical devices.</p>
<p>1.20 We recommend DHW, NSH and CSDS establish a mechanism to hold business owners accountable for maintaining security patches and updates in digital assets.</p>	<p>Department of Health and Wellness, Nova Scotia Health, and Department of Cyber Security and Digital Solutions: CSDS reviewed and updated the patch management processes. NSH clarified and documented the accountability for maintaining security patches and updates.</p> <p>Reviewed with Cyber Security Sub-Committee which includes DHW, NSH and CSDS.</p>

• • • Office of the Auditor General • • •

5161 George Street, Royal Centre, Suite 400

Halifax, Nova Scotia

B3J 1M7

www.oag-ns.ca

