



# Office of the Auditor General

## Our Vision

A relevant, valued and independent audit office serving the public interest as the House of Assembly's primary source of assurance on government performance.

## Our Mission

To make a significant contribution to enhanced accountability and performance in the provincial public sector.

1888 Brunswick Street

Suite 302

Halifax, NS B3J 3J8

Telephone: (902) 424-5907

Fax: (902) 424-4350

E-mail: [oaginfo@gov.ns.ca](mailto:oaginfo@gov.ns.ca)

Website: <http://www.oag-ns.ca>





Honourable Gordie Gosse  
Speaker  
House of Assembly  
Province of Nova Scotia

Dear Sir:

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 submitted

A handwritten signature in black ink, appearing to read 'J.R. Lapointe', with a long horizontal flourish extending to the right.

JACQUES R. LAPOINTE, CA

Auditor General

Halifax, Nova Scotia  
October 28, 2011





# Table of Contents

## Introduction

1 Message from the Auditor General.....	3
---	---

## Performance Audits

2 Disaster Preparedness – Major Government Information Systems .....	9
3 Agriculture: Meat Inspection Program .....	23
4 Community Services and Health and Wellness: Protection of Persons in Care.....	43
5 Energy: Canada-Nova Scotia Offshore Petroleum Board.....	59
6 Justice: Implementation of Nunn Commission of Inquiry Recommendations.....	65



---

# Introduction

---







# 1 Message from the Auditor General

## Introduction

- 1.1 I am pleased to present my November 2011 Report to the House of Assembly on work completed by my Office in the summer and fall of 2011.
- 1.2 During 2011, I submitted the following reports.
  - My Report on the Estimates of Revenue for the fiscal year ended March 31, 2012, dated April 4, 2011, was included with the budget address delivered by the Minister of Finance on April 5, 2011.
  - My Report to the House of Assembly on work completed by my Office in the fall of 2010 and winter of 2011, dated April 29, 2011, was tabled on May 18, 2011.
  - My Business Plan for 2011-12, and my Report on Performance for 2010-11 were provided to the Public Accounts Committee on May 9, 2011 and July 12, 2011 respectively.
  - My Report on the Province's March 31, 2011 consolidated financial statements, dated July 21, 2011, was tabled with the Public Accounts by the Minister of Finance on July 28, 2011.
- 1.3 As the Province's Auditor General, my goal is to work towards better government for the people of Nova Scotia. As an independent, nonpartisan officer of the House, I and my Office help to hold the government to account for its management of public funds and contribute to a well-performing public sector. I consider the needs of the House and the public, as well as the realities facing management, in providing sound, practical recommendations to improve the management of public sector programs.
- 1.4 My priorities are: to conduct and report audits that provide information to the House of Assembly to assist it in holding government accountable; to focus audit efforts on areas of higher risk that impact on the lives of Nova Scotians; to contribute to a better performing public service for Nova Scotia; and to encourage continual improvement to financial reporting by government, all while promoting excellence and a professional and supportive workplace at the Office of the Auditor General. This Report reflects this service approach.

MESSAGE FROM THE  
AUDITOR GENERAL



- 
- 1.5 I wish to acknowledge the valuable efforts of my staff who deserve the credit for the work reported here. As well, I wish to acknowledge the cooperation and courtesies we received from staff in departments and agencies during the course of our work.

## Who We Are and What We Do

### MESSAGE FROM THE AUDITOR GENERAL

- 1.6 The Auditor General is an officer of the Legislature, appointed by the House of Assembly for a ten-year term. He or she is responsible to the House for providing independent and objective assessments of the operations of government, the use of public funds and the integrity of financial and performance reports.
- 1.7 In December 2010, a new Auditor General Act came into effect. This Act provides my Office with a modern performance audit mandate to examine various aspects of programs including efficiency and effectiveness; performance monitoring and reporting; and appropriate use of public funds. It also clarifies which entities are subject to audit by this Office.
- 1.8 The Act establishes the Auditor General's mandate, responsibilities and powers. The Act provides the Auditor General with the authority to require the provision of any documents needed in the performance of his or her duties. Additionally, public servants must provide free access to all information which the Auditor General requires.
- 1.9 The Auditor General Act stipulates that the Auditor General shall provide an opinion on government's annual consolidated financial statements; provide an opinion on the revenue estimates in the government's annual budget address; and report to the House at least annually on the results of performance audits.
- 1.10 The Act provides my Office a mandate to audit all parts of the provincial public sector including government departments and all agencies, boards, commissions or other bodies responsible to the crown, such as regional school boards and district health authorities, as well as funding recipients external to the provincial public sector.
- 1.11 In its work, the Office of the Auditor General is guided by, and complies with, the professional standards established by the Canadian Institute of Chartered Accountants, otherwise known as generally accepted auditing standards. We also seek guidance from other professional bodies and audit-related best practices in other jurisdictions.

## Chapter Highlights

- 1.12 This Report presents the results of audits and reviews completed in the summer and fall of 2011 at a number of departments and agencies. Where appropriate, we make recommendations for improvements to government operations, processes and controls. Department or agency responses have been included in the appropriate Chapter. We will follow up on the implementation of our recommendations in two years, with the expectation that significant progress will be made.

MESSAGE FROM THE  
AUDITOR GENERAL

### Performance Audits

#### *Chapter 2 – Disaster Preparedness – Major Government Information Systems*

- 1.13 The continued operation of critical provincial government information systems could be in jeopardy if a disaster were to occur. This could expose Nova Scotians to risks such as interruption of important government services, loss of critical data, and impaired public safety.
- 1.14 Since the Chief Information Office (CIO) became responsible for disaster preparedness at the provincial data centre in June 2010, it has begun working towards a comprehensive disaster recovery plan. At this time, the CIO is not yet fully prepared to restore systems quickly if a disaster impacts the provincial data centre.
- 1.15 We found the Department of Finance's Corporate Information Systems division (CIS), another information technology group, has a comprehensive plan that will allow for the restoration of government's financial systems should the provincial data centre become unavailable.

#### *Chapter 3 – Meat Inspection Program*

- 1.16 Animal inspections are completed as required. However, the Department of Agriculture is not doing an adequate job of managing audits of facilities such as slaughterhouses and meat processing plants. As a result, the audit process is not sufficiently effective in mitigating all public safety risks associated with the slaughtering and processing of meat. We found facility audits are not completed at the monthly frequency required by management and we are concerned that inspectors are not taking appropriate action to ensure deficiencies are corrected in a timely manner.
- 1.17 Additionally, management do not have sufficient information to adequately monitor and oversee program operations. For example, management do

not know whether required facility audits are being conducted and whether identified deficiencies have been addressed in a timely manner.

#### ***Chapter 4 – Protection of Persons in Care***

- 1.18 Overall, we found the Departments of Health and Wellness and Community Services have adequate processes to investigate and ensure timely resolution of allegations of abuse reported under the Protection of Persons in Care Act. Investigations were well-documented and carried out in a timely manner.
- 1.19 However we found that neither Department has an appeal process if those involved are not satisfied with the outcome of the investigation. An effective appeal process is an important aspect of a complaints-based program such as protection of persons in care. It provides for a second assessment of a file for those who are not satisfied with the outcome of an investigation. We have recommended an appeal process be implemented.

#### ***Chapter 5 – Canada-Nova Scotia Offshore Petroleum Board***

- 1.20 In 2011 this Office, in cooperation with the Environment Commissioner of the Office of the Auditor General of Canada, began an audit of the operations of the Canada-Nova Scotia Offshore Petroleum Board.
- 1.21 In September 2011, we abandoned our attempt to conduct the audit after the Board, acting on the instructions of operators ExxonMobil Canada Ltd. and EnCana Corporation, denied us access to most of the information needed to conduct the audit. The denial was based on our refusal to grant the operators control over disclosure of information in our Report to the House. The Board's refusal to cooperate with the audit places it in direct contravention of the Nova Scotia Auditor General Act.
- 1.22 As a result of our inability to audit this agency, we are unable to provide assurance to the House of Assembly, or to the public, as to whether the Board is properly fulfilling its regulatory responsibilities; is ensuring offshore activities are being conducted safely and with due regard for the environment; and is ensuring the public interest is being protected.

#### ***Chapter 6 – Implementation of Nunn Commission of Inquiry Recommendations***

- 1.23 Overall, the province has taken appropriate action to address the recommendations from the Nunn Commission of Inquiry. We found the province has completed 31 of the 34 Nunn Commission recommendations. We believe the remaining three recommendations have not been fully addressed by the province. We have made recommendations to focus efforts toward their completion.

---

# Performance Audits

---





---

## 2 Disaster Preparedness – Major Government Information Systems

### Summary

The continued operation of critical provincial government information systems could be in jeopardy if a disaster were to occur. This could expose Nova Scotians to risks such as interruption of important government services (e.g., social assistance), loss of critical data (e.g., property and business records), and impaired public safety (e.g., information not being available to the courts, jails and police).

Two groups responsible for the recovery of major provincial government computer systems in the event of a disaster were examined as a part of this audit: the Chief Information Office (CIO) which is responsible for the provincial data centre and most of government's nonfinancial information systems; and the Department of Finance's Corporate Information Systems division (CIS) which is responsible for most of government's financial systems. We found that CIS has a good-quality, thorough disaster recovery plan which has been validated through testing. However, the CIO does not have a comprehensive, up-to-date plan.

In June of 2010, the CIO became responsible for disaster preparedness at the provincial data centre and inherited some disaster recovery documents created when the province's IT operations were decentralized. CIO has since started a project to create a comprehensive disaster recovery plan but, at this time, is not yet fully prepared to restore systems quickly if a disaster impacts the provincial data centre. A current, comprehensive disaster recovery plan has yet to be prepared and there is insufficient other guidance to follow in a time of crisis. Disaster response testing and training have not been performed, and there is no secondary processing site that can handle all of the critical systems hosted by the provincial data centre. We also identified some risks to the data centre which should be mitigated.

CIS is a separate information technology group. Although it uses space at the provincial data centre, it manages its own information systems. We found it has a comprehensive plan that will allow for the restoration of government's financial systems should the provincial data centre become unavailable. CIS's plan is tested regularly and includes the ability to restore systems at a secondary processing site. Nevertheless, our audit identified some areas for improvement in CIS's plan with regard to the proximity of the secondary site to the data centre, the lack of documented procedures to provide network connectivity to the backup systems, and offsite storage of the disaster recovery plan.

---

## 2 Disaster Preparedness – Major Government Information Systems

### Background

DISASTER  
PREPAREDNESS –  
MAJOR GOVERNMENT  
INFORMATION SYSTEMS

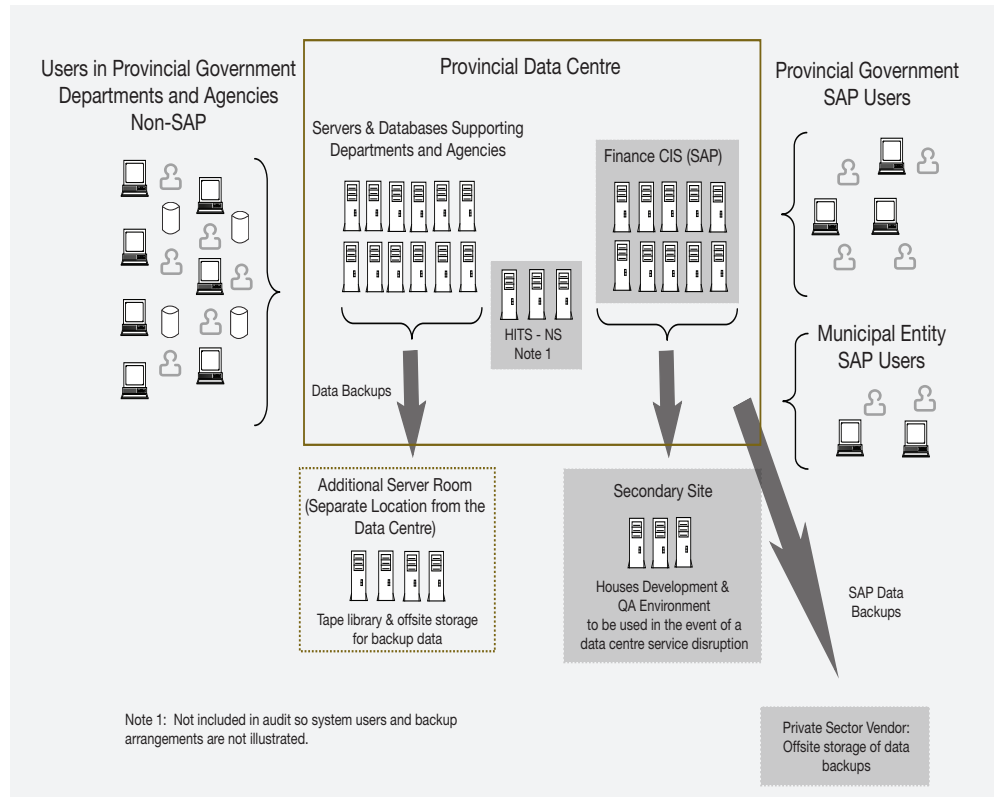
- 2.1 Information technology disasters are events that adversely impact the availability of computer systems critical to an organization's operations. Examples of such disasters include hacker attacks, building fire, and loss of electricity or building integrity due to a storm. Being prepared for a disaster results in faster, more organized responses to both minor interruptions and major disasters.
- 2.2 Elements involved in the preparation for a disaster include: storing copies of computer data and software in multiple locations, establishing computer system priorities, identifying human and physical resource requirements, determining data backup and recovery procedures, and defining roles and procedures for preventing and minimizing service interruptions. All of the information and instructions needed to recover from a disaster are documented in a disaster recovery plan and include areas such as a business impact analysis; system inventories and priorities; incident response plans; contact information; and backup, testing and training strategies. The plan should be validated through regular testing.
- 2.3 If the Nova Scotia government's computer systems were impacted by a disaster, they could become unavailable for an extended period of time if the government is not adequately prepared. Important government services and operations that rely heavily on computers include providing social assistance payments; operating the provincial jails and courts; recording patient information at hospitals; providing permits needed to start up new businesses; and maintaining records vital to buying and selling property. Even with contingency plans in place to provide some critical services without the aid of computers, Nova Scotians would be affected.
- 2.4 The majority of systems in use throughout the Nova Scotia government are located at the provincial data centre. The data centre provides the physical space, computer equipment, operating systems and other infrastructure required to run applications throughout government. The data centre also supports government-wide services such as email and network connectivity.



- 
- 2.5 Most of the provincial government information systems are supported by three groups: Chief Information Office, Corporate Information Systems and Health Information Technology Services Nova Scotia.
  - 2.6 The Chief Information Office (CIO) supports the infrastructure that hosts mostly nonfinancial computer systems operated by provincial government departments and agencies (e.g., registry of motor vehicles). The CIO is responsible for managing the provincial data centre and any related disaster preparedness.
  - 2.7 Corporate Information Systems (CIS), a division of the Department of Finance, is responsible for supporting the government's corporate financial management systems. Government uses the computer application SAP to process the majority of its financial transactions. SAP is used for processes such as government accounting, budgeting, human resources/payroll, and payments for goods and services.
  - 2.8 CIS also supports several instances of SAP used by other provincial and municipal government entities: regional school boards, district health authorities, regional housing authorities, Nova Scotia Liquor Corporation, certain municipalities, and the Halifax Regional Water Commission. SAP servers and databases are housed at the provincial data centre. However, CIS has its own personnel to manage the SAP systems and the development and maintenance of its disaster preparedness.
  - 2.9 Health Information Technology Services Nova Scotia (HITS-NS) houses its servers and databases at the data centre. This organization is fully funded by the Department of Health and Wellness and is mandated by the Department to provide centralized support of provincial health IT operational systems. It relies upon the data centre to be available, but is responsible for its own disaster preparedness. We did not examine the state of disaster preparedness at HITS-NS as part of this audit, but will do so in a future audit of electronic health records.

2.10 The following diagram illustrates the relationship of the infrastructure managed by CIO, CIS and HITS-NS to the provincial data centre.

DISASTER  
PREPAREDNESS –  
MAJOR GOVERNMENT  
INFORMATION SYSTEMS



### Audit Objective and Scope

2.11 In the summer of 2011 we completed an audit of disaster preparedness related to systems hosted by the provincial data centre and to government's corporate financial management systems. The objective of the audit was to determine if, in the event of a disaster or other service interruption at the provincial data centre, the government is capable of an orderly and timely recovery of information technology processes required to support government programs and services important to the safety and wellbeing of Nova Scotians.

2.12 Most of our audit fieldwork was conducted during May and June 2011, and focused on the disaster preparedness of the two groups responsible for most of the systems physically housed by the data centre: the Chief Information Office and Corporate Information Systems. We did not include systems managed by Health Information Technology Services Nova Scotia because we plan to examine them in a future audit. Our audit also did not include assessing the business continuity plans of the various

government departments that have systems supported by the data centre. Business continuity planning addresses how an organization will maintain critical operations during the period of time that computer systems are not available.

- 2.13 This engagement was conducted in accordance with Sections 18 and 21 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants. Audit criteria were based on the IT Governance Institute's framework, Control Objectives for Information and related Technology (COBIT 4.1), which is a widely-accepted international source of best practices for the governance, control, management and audit of information technology operations. Our audit objective and criteria were discussed with, and accepted as appropriate by, senior management of the Chief Information Office and Corporate Information Systems.

## Significant Audit Observations

### Disaster Preparedness at the Chief Information Office

#### Conclusions and summary of observations

The Chief Information Office (CIO) is not prepared to quickly recover from a disaster impacting the provincial data centre. It does not have a thorough, up-to-date disaster recovery plan to execute. Preparation of a plan is in progress and the CIO has taken steps to mitigate some of the known risks to the data centre. However, documents available to provide guidance in a time of crisis are inadequate; disaster response testing and training have not been done; and there is no secondary processing site that can handle all of the critical systems hosted by the provincial data centre. Unmitigated risks to the data centre were identified that could increase the possibility of needing to activate a disaster recovery plan. If a disaster were to occur, information systems critical to public safety and wellbeing may not be restored quickly and effectively.

- 2.14 *Disaster recovery plan preparation* – In June of 2010, the CIO became responsible for disaster preparedness at the provincial data centre and inherited some disaster recovery documents created when the province's IT operations were decentralized. Since then, the CIO has started a major project which will result in the preparation of a comprehensive disaster recovery plan. Management informed us that they are using a framework from the British Standards Institute as their guide. We reviewed the disaster recovery project plan and concluded that the plan and the framework contain the critical elements we would expect to see in such documents.

- 2.15 The importance of having a well-documented, up-to-date and tested disaster recovery plan cannot be overstated. The CIO does not have a plan that meets those criteria. According to the project plan to prepare the disaster recovery plan, the CIO has passed the target completion date of March 31, 2011 and a new target has not yet been set. Every effort should be made to complete this project as soon as possible.

#### Recommendation 2.1

The Chief Information Office should complete its disaster recovery plan as soon as possible without jeopardizing the completeness and quality of the plan.

- 2.16 *Secondary site* – Disaster recovery strategies typically include a secondary site to restore critical computer systems in the event of a disaster. The CIO does not have sufficient facilities to restore systems at a secondary site if the provincial data centre becomes unavailable. The CIO's secondary site is a server room in another building where its data backup tapes are currently stored. However, its capacity is limited and it would not be capable of supporting the number of critical government systems that would need to be established there.
- 2.17 The secondary site is also located too close to the provincial data centre and is susceptible to threats that impact a wider area (e.g., power outages).
- 2.18 CIO management informed us that, as part of its strategic vision, they will be issuing Requests for Expression of Interest from vendors in fall 2011 to develop an information processing solution that involves two separate data centres. A secondary site strategy is still necessary for the interim period.

#### Recommendation 2.2

The Chief Information Office should establish and implement a strategy that provides restoration facilities in the event the provincial data centre becomes unavailable.

- 2.19 *Disaster preparedness* – A disaster recovery plan communicates the various responsibilities, processes and resources required to recover from a disaster in a timely and effective manner. However, in its absence, it is still critical to have guidance and processes to assist during a disaster. We reviewed the state of the CIO's disaster preparedness and found that it does not address all the elements that would enable a timely and complete recovery from a disaster.
- 2.20 The CIO has not worked with its client departments and agencies to complete a business impact analysis or threat risk assessment. It is difficult to be prepared for a disaster if it is not clear which threats are plausible and how they may impact the operation of the data centre and government.

Such analysis is needed before the following decision-making tools can be completed.

- A complete inventory of resources necessary (e.g., human, hardware, software, etc.) to restore systems is required because trying to identify those resources during a crisis would hinder the ability to recover in a timely manner.
- Identification of system priorities is necessary as it determines the order in which systems should be shut down or restored in the event of a disaster.

#### Recommendation 2.3

The Chief Information Office should complete a business impact analysis and threat risk assessment in conjunction with its client departments and agencies to assist in the documentation of information system requirements and priorities in the event of a disaster.

2.21 The CIO has a documented crisis management plan and guidance for declaring a disaster. However, these incident-handling procedures are documented at a high level. The knowledge and experience of key staff members are needed to assess and manage such incidents. If those staff members are unavailable, the procedures may be implemented ineffectively. For example, if the data centre coordinator was unreachable during a disaster, potentially valuable time would be lost even if a data centre coordinator from outside the organization was available. Without documentation, the outside coordinator would need to take time to become familiar with the specifics of the provincial data centre.

#### Recommendation 2.4

The Chief Information Office should ensure documented disaster recovery procedures are sufficiently detailed to avoid reliance on specific staff members.

2.22 *Testing* – Currently, management cannot ensure it can recover systems after a disaster because there has not been any testing of the processes that would be followed. A test of a disaster recovery plan and processes generally involve making systems unavailable for a limited time and requiring staff to perform the disaster recovery procedures as defined.

#### Recommendation 2.5

The Chief Information Office should test the procedures defined to recover from a disaster.

2.23 *Training* – Training has not been provided to staff expected to be involved in the disaster recovery process. Failure to train staff on processes and

lessons learned increases the risk that mistakes will be made during the mitigation and recovery phases of a disaster. This could increase the negative impacts of a disaster or the time required to recover.

**Recommendation 2.6**

The Chief Information Office should develop a training strategy and provide training on the processes used to recover from a disaster.

2.24 *Data backup* – Procedures for the regular backup and recovery of data are critical to the success of a disaster recovery strategy. We saw evidence that the data centre regularly performs data backups. The data is sent electronically in a secure manner to a tape library in another building used by the provincial government. However, we found that data backup policies and processes are not documented.

2.25 Due to the lack of documented guidance, backup and restoration is dependent on the skills of specific individuals. If those key staff members are unavailable during a disaster, successful recovery is at risk.

**Recommendation 2.7**

The Chief Information Office should document data backup policies and procedures.

2.26 *Agreements* – The Department of Transportation and Infrastructure Renewal manages the physical aspects of the building that houses the provincial data centre. Building services such as server room cooling, power supply and backup generators are critical factors in the functioning of the data centre and those services should be clearly defined. There is no written agreement between the CIO and the Department of Transportation and Infrastructure Renewal for the level of services that can be expected during, or immediately subsequent to, a disaster impacting the data centre. This could lead to increased downtime of critical systems in a time of crisis.

**Recommendation 2.8**

The Chief Information Office should ensure all services it receives that are necessary to protect and operate the data centre are covered by a written agreement.

2.27 *Physical risks to the data centre* – The CIO has undertaken a significant overhaul of the data centre based on the results of various assessments that were performed over the past few years. These assessments reviewed physical attributes of the data centre such as security, backup power and fire suppression. Improvements will result in a more reliable and stable data centre that is less susceptible to service interruptions.

2.28 We observed two areas of heightened risk to the continued operation of the provincial data centre.

- The data centre's server room is located directly above a records warehouse. This warehouse contains boxes of paper records that are stacked from floor to ceiling. This increases the risk of damage to the data centre from fire.
- The building facilities for the data centre do not use a gas-based fire suppression system. The use of water-based fire suppression can damage computer equipment if it is activated, whether in a fire emergency situation or due to malfunction. We noted that the data centre's secondary site does employ a gas-based fire suppression system.

#### Recommendation 2.9

The Chief Information Office should separate the data centre from the paper records warehouse.

#### Recommendation 2.10

The Chief Information Office should evaluate the cost and benefits of a gas-based fire suppression system in its current and future data centres.

## Disaster Preparedness at Corporate Information Systems

### Conclusions and summary of observations

The Corporate Information Systems (CIS) division of the Department of Finance has a comprehensive disaster recovery plan for the SAP applications it supports. The plan is regularly tested and includes the ability to restore the applications at a separate backup facility should the provincial data centre become unavailable. Our audit concluded that most of the critical areas of a disaster recovery plan were addressed. Our audit also identified a few areas for improvement, including the proximity of the secondary site to the data centre, the lack of documented procedures to provide network connectivity to the backup systems, and not storing the disaster recovery plan offsite.

2.29 *Disaster recovery plan* – A disaster recovery plan has been created by CIS. This plan covers the financial applications CIS manages for the Nova Scotia government, as well as the other SAP clients supported by CIS. Our review of the plan indicated that it addressed most of the areas that are necessary for an adequate plan. Priorities and resource needs in a disaster scenario are documented and linked to risk assessments. We found ongoing stakeholder input and annual testing of the plan. We also saw evidence of appropriate backup procedures being followed.

- 2.30 *Location of secondary site* – CIS has an active secondary site it can use if the provincial data centre becomes unavailable. This facility is referred to as a hot site because the infrastructure and backup data is already in place for use by CIS and its clients whenever needed. The CIS disaster recovery plan notes that disasters occurring within a 3.2 kilometer radius around the provincial data centre could require moving to the secondary site. The distance between the data centre and the secondary site is approximately two kilometers. As a result, the secondary site is at risk of being unavailable during a disaster which affects a wider area.
- 2.31 As noted above, the CIO is currently developing a strategy that involves the use of two separate data centres. Discussions with CIS indicated that they have plans to re-evaluate their current secondary location once the CIO implements their new data centre strategy. The long-term plan is to use the CIO's data centres if they fit the requirements of CIS and its clients. In the short term, CIS needs to evaluate the risk to operations of having the two processing sites within their defined radius of 3.2 kilometers.

**Recommendation 2.11**

Corporate Information Systems should perform an assessment to identify key threats and the impact of a disaster affecting both the primary and secondary data centre sites simultaneously.

- 2.32 *Accessibility of restored systems* – Hundreds of SAP users access the system through the provincial wide-area network. The secondary site used for SAP systems relies on the provincial data centre to connect to the provincial network. In the event the data centre was impacted by a disaster and the connection was lost, most SAP users would be unable to access the backup SAP system.
- 2.33 The secondary site has the network infrastructure needed to connect SAP users to their systems, but CIS has not documented the steps necessary to establish that connection. Therefore, SAP users are at risk of being unable to access SAP and resume business activities, even though the SAP software and data have been restored at the secondary site. The procedures to obtain and configure alternate network access should be included in CIS's disaster recovery plan to reduce downtime in the event the provincial data centre becomes unavailable.

**Recommendation 2.12**

Corporate Information Systems should include procedures required to establish alternate means of network connectivity in its disaster recovery plan so SAP users can access systems at the secondary site.



2.34 *Relationship with secondary site owner* – CIS does not own the building that houses the secondary site. It rents the space needed for its servers from another government entity. However, this business arrangement has not been formalized. There is no written agreement defining service levels that would be provided if there is a disaster that affects both the provincial data centre and the secondary site.

**Recommendation 2.13**

Corporate Information Systems should execute a written agreement for the supply of space and services needed to operate the SAP secondary site.

2.35 *Distribution of the disaster recovery plan* – It is a best practice to maintain a current copy of a disaster recovery plan offsite to ensure it is accessible in the event that a primary facility or network becomes unavailable. The SAP disaster recovery plan outlines procedures for its communication, distribution and offsite storage. There was no evidence that this was happening as intended.

2.36 We did not find evidence of a physical copy of the SAP disaster recovery plan offsite. We were informed that a member of CIS management stores an electronic copy of the plan offsite. Without an easily accessible plan, critical recovery procedures may be delayed or missed, causing confusion and delays in restoring systems and data.

**Recommendation 2.14**

Corporate Information Systems should take steps to ensure the communication and distribution procedures of the SAP disaster recovery plan are followed.

2.37 *Disaster recovery training and lessons learned* – Training and steps to evaluate lessons learned after execution of the disaster recovery plan are important elements of disaster preparedness. Informal training was evident through CIS’s annual disaster recovery testing activities. However, the plan itself does not include training and awareness procedures or steps to evaluate lessons learned. Without consistency around training and debriefing of annual test results, staff members may not be completely aware of their roles, responsibilities and procedures in the event of a disaster.

**Recommendation 2.15**

Corporate Information Systems should include procedures with respect to training, awareness and lessons learned in its SAP disaster recovery plan.

RESPONSE:  
CHIEF  
INFORMATION  
OFFICE

**Response: Chief Information Office**

The Chief Information Office would like to thank the staff of the Auditor General for their courtesy and professionalism while conducting this audit.

The Office recognizes the critical importance of information technology-based services and resources to both government and the citizens it serves. The Office accepts the recommendations presented and is pleased that the priorities and activities of the Office to date align with the areas this audit report highlights.

The Chief Information Office took on responsibility for corporate information technology infrastructure from the Corporate Service Units and Corporate IT Operations in June 2010. As a result, one of the first priorities of the Office was to assess government's disaster recovery status and to aggressively work to increase the resilience and sustainability of its information technology assets and services.

Significant investments have been made to date and risks mitigated. A team of disaster recovery specialists is currently being created to solely focus on this critical area of our operations. A governance Risk Committee has been constituted in the last year to evaluate and recommend mitigation options around risks to government's IT assets. The Office has an interim Disaster Recovery Plan in place and will be completing the next refinement of the plan for the late fall. Also this fall, the Office will be releasing a Request for Information to gather vendor input into how government could competitively procure a secondary data centre that would enhance disaster recovery preparedness.

Although the Office has held the disaster recovery portfolio for a short time, significant progress has been made and much more will be accomplished in the coming years. We look forward to further demonstrating our commitment to continuous improvement in the area of disaster recovery.

---

**Response: Department of Finance – Corporate Information Systems**

Thank you for the opportunity to review and respond to the draft of Chapter 2 – Disaster Preparedness – Major Government Information Systems in your November 2011 report. We offer the following comments, which may be included in your report as the response of the Corporate Information Systems division in the Department of Finance.

***Recommendation 2.11***

***Corporate Information Systems should perform an assessment to identify key threats and the impact of a disaster affecting both the primary and secondary data centre sites simultaneously.***

Management agrees with this recommendation. Although an informal risk assessment was completed during the initial selection of the secondary site, a formal risk assessment could provide additional information that would assist in managing various disaster recovery scenarios.

The secondary site is located within a facility that houses other critical government services and therefore, would be a priority for power restoration and accessibility (two major factors in determining location risk) during a disaster scenario.

As stated in the report, the location of the secondary site will be re-evaluated as part of the data centre strategy being developed by the CIO.

***Recommendation 2.12***

***Corporate Information Systems should include procedures required to establish alternate means of network connectivity in its disaster recovery plan so SAP users can access systems at the secondary site.***

Management agrees with this recommendation. The steps to re-establish network connectivity to the secondary site for SAP end users will be documented in the disaster recovery plan.

***Recommendation 2.13***

***Corporate Information Systems should execute a written agreement for the supply of space and services needed to operate the SAP secondary site.***

Management agrees with this recommendation. However, it should be noted that the secondary site and services are provided by another major government agency and a successful informal arrangement has been in place for several years. The secondary site is fully operational at all times for development and quality assurance systems, so no additional space or services are required in the event provisions of the disaster recovery plan are invoked. This same government agency also uses SAP systems to provide critical services such as HR/Payroll, so

RESPONSE:  
DEPARTMENT OF  
FINANCE –  
CORPORATE  
INFORMATION  
SYSTEMS

it is also unlikely that any space or services would be withheld during a disaster recovery event.

***Recommendation 2.14***

***Corporate Information Systems should take steps to ensure the communication and distribution procedures of the SAP disaster recovery plan are followed.***

Management agrees with this recommendation.

***Recommendation 2.15***

***Corporate Information Systems should include procedures with respect to training, awareness and lessons learned in its SAP disaster recovery plan.***

Management agrees with this recommendation. Informal training occurs as a result of execution of the test procedures associated with the disaster recovery plan. Lessons learned are also incorporated each year in the revised disaster recovery plan. These activities will be formally documented in the plan to ensure verification that a continuous improvement process is in place.

---

# 3 Agriculture: Meat Inspection Program

## Summary

The meat inspection program includes two key activities to help ensure the safety of meat (both unprocessed and processed) sold in the province: the inspection of all animals slaughtered, and the audits of facilities such as slaughterhouses and meat processing plants. Animal inspections are completed as required. However, the Department of Agriculture is not doing an adequate job of managing the facility audit process. As a result the audit process is not sufficiently effective in mitigating all public safety risks associated with the slaughtering and processing of meat.

The majority of the findings and recommendations in this Chapter relate specifically to the facility audit process. We believe the process lacks fundamental elements necessary to help ensure its effectiveness. We found facility audits are not being completed at the monthly frequency required by management. We are concerned that appropriate action is not being taken by inspectors to ensure deficiencies are corrected in a timely manner. Management are not providing appropriate policy guidance to inspectors in many important areas including conducting, reporting, and following up facility audits, and rating the seriousness of deficiencies. We believe that the lack of procedural guidance has resulted in inconsistencies in practices.

Management do not have sufficient information to adequately monitor and oversee program operations. Management do not know whether audit processes are operating as designed and are effective in managing risks. For example, management do not know whether required facility audits are conducted and whether identified deficiencies are addressed in a timely manner. There is no quality assurance process in place to help ensure inspectors are performing all their regulatory responsibilities appropriately.

Overall, enforcement of the program, with respect to facilities, is weak and needs improvement.

# 3 Agriculture: Meat Inspection Program

## Background

### AGRICULTURE: MEAT INSPECTION PROGRAM

- 3.1 The Food Safety section of the Food Protection and Enforcement division of the Department of Agriculture administers the Nova Scotia meat inspection program. The program's objective is to ensure that meat slaughterhouses and processing plants produce products that are safe for human consumption. The Meat Inspection Act and regulations provide the regulatory framework under which slaughterhouses and meat processing plants must operate. The program regulates certain aspects of the meat production and processing industry through a series of animal inspections and facility audits.
- 3.2 A licence is required for a business to slaughter animals and process meat and meat products. Responsibility for meat inspection within the province is shared by the federal and provincial governments. The Nova Scotia meat inspection program is responsible for all meat slaughtered and sold within the province. The federal government is responsible for inspecting all meat that crosses provincial and international boundaries.
- 3.3 Facilities licensed under the provincial meat inspection program are not permitted to slaughter animals unless a provincial meat inspector is present. The animals slaughtered must be inspected to ensure the meat is safe for human consumption. In addition, facility audits are completed to assess compliance with legislation and to ensure facilities maintain an environment that promotes meat safety such as the sanitary condition of the plant. Meat inspectors visit certain facilities (those that slaughter animals) on a regular basis to conduct inspections of the slaughtering process and complete periodic audits of the facility. Other facilities which are only meat processing plants (do not slaughter animals) are visited periodically to conduct audits.
- 3.4 There are currently 14 meat inspectors in the program. They are responsible for monitoring 28 slaughterhouses and 14 meat processing plants. The meat inspection program regulates the processing of a number of different types of animals including hogs, poultry and cattle but does not include fish processing. During 2010, 132,848 animals were slaughtered in the facilities monitored by the program. Not all facilities are open for slaughtering every day. During 2010, slaughterhouses were open an average of 66 days per year.

## Audit Objectives and Scope

- 3.5 In the spring of 2011 we completed a performance audit of the meat inspection program. The audit was conducted in accordance with Sections 18 and 21 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants.
- 3.6 The purpose of this audit was to determine whether safety risks to the general public associated with the slaughtering and processing of meat are adequately managed by the Department under the meat inspection program. We are not providing a conclusion on whether meat inspected under the program is safe for human consumption.
- 3.7 The objectives of this audit were to determine whether the Department:
- has adequate management processes and information to ensure they are effectively and efficiently managing their responsibilities related to slaughterhouses and meat processing plants; and
  - is adequately monitoring and enforcing operator compliance with legislation and policies in slaughterhouses and meat processing plants.
- 3.8 Generally accepted criteria consistent with the objectives of this audit do not exist. Audit criteria were developed specifically for this engagement using both internal and external sources. Criteria were accepted as appropriate by senior management of the Department.
- 3.9 Our audit approach included interviews with management and staff; documentation and observation of systems and processes; testing of inspection and facility audit processes and procedures; and examination of legislation, policies, and any other documentation deemed to be relevant. Our testing period was primarily April 1, 2009 to December 31, 2010 but we did go beyond this period for prior and subsequent facility audits in some cases.

---

## Significant Audit Observations

### Animal Inspections

---

#### Conclusions and summary of observations

Inspectors are inspecting all animals slaughtered as required by legislation.

- 3.10 *Inspections* – Legislation requires that a provincial meat inspector be present at facilities when animals are slaughtered. Inspectors oversee the slaughter and perform inspections of animals both before and after slaughter to determine if the meat is suitable for human consumption. Based on our examination of relevant documentation as described in the Program Management section of this Chapter, we found that inspectors are present at facilities when animals are slaughtered.
- 3.11 *Use of veterinarians* – According to the regulations, there are certain circumstances during an inspection process in which a veterinarian should be involved in the decision of whether meat is safe for human consumption. These regulations were passed in 1990 and management said they are outdated. As a result, there are inconsistencies between the regulations and the program policies and procedures.

#### Recommendation 3.1

Department of Agriculture management should update the regulations to reflect the current operating procedures of the Nova Scotia meat inspection program.

### Monitoring of Facilities and Enforcement

---

#### Conclusions and summary of observations

The Department is not adequately monitoring slaughterhouses and meat processing plants including ensuring legislative compliance. Although we acknowledge that inspectors are regularly present in some of the facilities, this does not negate the need for adequate facility audits. We noted a number of areas where improvements are required. Facility audits are not being completed at the monthly frequency required by management. We are concerned that appropriate action is not being taken by inspectors to ensure deficiencies are corrected in a timely manner. Sufficient policy guidance has not been provided to inspectors in many important areas. These areas include conducting, reporting, and following up facility audits, as well as assessing the nature and seriousness of deficiencies. We believe that the lack of procedural guidance to inspectors has resulted in inconsistencies in practices.



- 3.12 *Lack of operational policies and procedures for facility audits* – Management have not developed policies and procedures supporting key aspects of the facility audit process. Policies and procedures are important to ensure inspectors are aware of what is required and to ensure there is a consistent approach. The following paragraphs describe several areas in which policy and procedure development is required.
- 3.13 *Assessing seriousness of operational deficiencies* – There is no policy in place to guide inspectors in assessing and rating the seriousness of operational deficiencies identified during facility audits. Inspectors are required to assign a severity rating to each deficiency identified during an audit. Ratings include: 1 (minor), 2 (must be corrected immediately), or 3 (discontinue use until corrected). Based on interviews with inspectors, higher numbers mean more severe deficiencies. Ratings are assigned based on the inspector’s judgment. The seriousness of deficiencies should be an important consideration in deciding when deficiencies must be addressed and how quickly follow-up should occur.
- 3.14 Of the 133 deficiencies examined during our testing, we noted 11 deficiencies from seven reports, with no severity rating. If ratings are not assigned, the facility may not have an adequate understanding of the seriousness of the deficiency and may not correct it in a timely manner.
- 3.15 There was no evidence in the audit reports to support consistent ratings. For example, what appeared to be the same cleaning deficiency was assigned a 2 on one audit report versus a 1 on a subsequent audit report for the same facility. Without additional details, it is not possible to assess if the difference in rating was justified based on the extent of cleaning required or if the rating was inconsistent. If inspectors are using a rating which appears to be inconsistent based on a previous audit report, they should document the rationale for the rating used.

#### Recommendation 3.2

Department of Agriculture management should develop and implement a policy to guide inspectors in assigning and documenting severity ratings for deficiencies.

- 3.16 *Compliance dates* – Currently there is no requirement that inspectors provide a compliance date for the correction of deficiencies noted in audit reports. In addition, no guidance is provided to aid inspectors in determining the appropriate amount of time for a deficiency to be corrected. A compliance date would help ensure that owners correct deficiencies in a timely manner. Management indicated that inspectors may provide some compliance dates verbally. According to inspectors, a rating of 3 means that a deficiency would have to be corrected immediately so a date would not be required for

this rating. We examined a sample of 133 deficiencies and found that 126 did not have compliance dates documented. 62 of these deficiencies were rated a 2 and 49 were rated a 1.

**Recommendation 3.3**

Department of Agriculture management should require inspectors to provide a compliance date for addressing all deficiencies.

**Recommendation 3.4**

Department of Agriculture management should develop guidance for inspectors to use when assigning compliance dates to deficiencies.

3.17 *Follow-up of deficiencies* – Ensuring deficiencies identified are appropriately addressed in a timely manner is critical to the effectiveness of the facility audit process. There is no policy regarding when inspectors should follow up deficiencies. The timing is left to the judgment of inspectors. Inspectors interviewed were consistent in stating that the timing of follow-up should depend on the severity of the deficiency.

3.18 There is no requirement for inspectors to document when they follow up deficiencies, the results of the follow-up, and when the deficiency was corrected. The current practice is to assume that if a deficiency is not identified on a subsequent audit, then the deficiency was corrected. However, it is not known when the deficiency was followed up and when it was actually corrected. Inspectors interviewed indicated that they follow up deficiencies but were inconsistent in whether they document the correction of a deficiency.

3.19 There was no evidence of follow-up on any of the 133 deficiencies in our sample. For eight of these deficiencies, the subsequent audit report noted the deficiencies were corrected but not whether these were completed in a reasonable amount of time. The documentation of follow-up and correction dates would allow management to monitor the timeliness of follow-up and correction of deficiencies. It would also highlight repeat deficiencies that may exist. Delays in correcting deficiencies could potentially impact the quality of meat and meat products.

**Recommendation 3.5**

Department of Agriculture management should develop and implement a policy respecting the timing of inspector follow-up of deficiencies identified during audits. The policy should include documentation requirements such as when follow-up is performed, the results, and when deficiencies are corrected.

3.20 *Enforcement* – If deficiencies are not corrected, inspectors have the authority to withhold inspection services until compliance is achieved. In more severe cases, the administrator of the program can suspend or revoke a facility’s licence and there is the option of prosecution. The meat inspection program does not have the authority to issue summary offence tickets for noncompliance. This authority could be beneficial in dealing with noncompliance for deficiencies which legislation requires to be corrected but which may not be serious enough to suspend operations.

**Recommendation 3.6**

Department of Agriculture management should take the steps required to obtain the authority to use other enforcement tools such as tickets when deficiencies are not corrected.

3.21 There is no policy outlining when inspectors should take enforcement action and which options to use based on severity or other factors. For example, if there is a minor deficiency which is not corrected, it may require enforcement even though it is minor. Management indicated that rather than using enforcement measures, the focus in the program is to work with facilities and educate them to achieve compliance since this is consistent with the practice encouraged by the Meat Inspection Act.

3.22 We are concerned that inspectors are not taking appropriate action to ensure deficiencies are corrected in a timely manner. During our audit we reviewed a sample of 133 deficiencies. The following is a summary of some key findings from our testing.

- Of the 133 deficiencies examined, 11 of these had been repeated in two or more consecutive audit reports.
- Three of the 11 deficiencies were assigned a rating of 2 which is a more serious deficiency. These deficiencies were included in two consecutive audit reports. The time between the two reports ranged from 3.5 months to 18 days.
- Eight of the 11 deficiencies were assigned a rating of 1.
  - Five of these deficiencies remained unresolved for 12 months or more. One of these five deficiencies remained unresolved over four audit reports for approximately 2.5 years. This is discussed further below.
  - One deficiency assigned a rating of 1 remained unresolved over three audit reports which covered 3.5 months.
  - Two deficiencies remained unresolved over two audit reports; one report covered approximately 2.5 months and the other report covered 1.5 months.

- 3.23 Although these deficiencies were identified in consecutive audits, no enforcement action was taken when the deficiencies went uncorrected.
- 3.24 Currently there is no way to determine whether deficiencies identified are being addressed in a timely manner. We believe that for many of the deficiencies noted in the audit reports we examined, the longer the deficiencies remain without being corrected the greater the potential risk to food safety.
- 3.25 Included in the 11 deficiencies discussed above was one case in which the same deficiency was identified on four consecutive facility audit reports over a period of approximately 2.5 years. Although the deficiency was not corrected inspectors did not take further action to achieve compliance. While the deficiency had a rating of 1 which is considered minor, it was reported as a violation of the Meat Inspection Act and there should be an expectation that issues will be fixed in a reasonable amount of time. We believe the length of time that this deficiency remained outstanding would warrant further action, including enforcement if necessary. Failure to use enforcement measures reduces the incentive for facilities to take prompt action to correct deficiencies that could potentially impact the safety of meat.
- 3.26 The audit process is not effective in ensuring compliance with the Meat Inspection Regulations. We found 21 of 133 deficiencies in which the same deficiency was identified on consecutive audit reports. Due to the length of time between the audits, we were unable to determine whether the deficiency was not corrected or if it was fixed but the same issue reoccurred before the next audit was conducted. The majority of these deficiencies related to the cleanliness and sanitary condition of the facility. The fact that a deficiency has reoccurred in a subsequent audit, even if it was corrected after the last audit, is a significant issue. Many facilities are not taking meat safety as seriously as they should.
- 3.27 There is no requirement to document enforcement actions taken. Management feel they would be aware of any enforcement actions. However, with no documentation there is no way to know with certainty what, if any, enforcement action was taken.

#### Recommendation 3.7

Department of Agriculture management should develop and implement a policy respecting the enforcement action to be taken when deficiencies are not addressed by the compliance date. The policy should include requirements for documentation of actions taken when deficiencies are not corrected.

- 3.28 *Frequency of audits* – The regulations do not outline the frequency of slaughterhouse and meat processing plant audits nor is there a documented policy. The facilities licensed under the program do not necessarily operate year round. Some facilities may operate several times a week while others may only operate a few times a year. Management and inspectors indicated there is an informal policy of completing monthly audits when a facility is operating.
- 3.29 We examined the frequency of audits conducted at the 28 slaughterhouses licensed under the meat inspection program during our audit period (April 2009 to December 2010). We found that none had an audit during every month in which they operated. Although we acknowledge that inspectors would have a regular presence in slaughterhouses while inspecting animals during slaughtering this does not negate the need for facility audits.
- 3.30 The following are some key findings from our testing of slaughterhouse audits.
- Four slaughterhouses had no audits from April 2009 to December 2010. One slaughterhouse operated for all 21 months, two operated for seven months, and one operated for five months.
  - 24 slaughterhouses were identified for which at least one audit was conducted but all required monthly audits during the time the slaughterhouses operated were not completed.
    - Eight of 24 slaughterhouses operated between six and 11 consecutive months without an audit.
    - Three of 24 slaughterhouses operated for 12 or more consecutive months without an audit.
- 3.31 The meat inspection program does not track when meat processing plants operate. However, management indicated that 10 of the 14 meat processing plants would have been operating on a monthly basis. We found none of these 10 plants had an audit conducted in every month they were operating as required. The following is a summary of some key findings from our testing.
- All ten plants had at least one audit of the 21 required monthly audits; five of these plants did not have between 11 and 15 required audits. The remaining five plants did not have 16 to 20 required audits.
  - Of the ten plants, where at least one audit was completed, five plants had six or more consecutive months without an audit and two of these plants operated for 13 or more consecutive months without an audit.
- 3.32 Although the informal policy is to complete audits during the months of operations, both management and the inspectors interviewed indicated the

frequency of audits should be determined based on assessed risk. Factors to consider when assessing risk should include the frequency of operations, whether ready-to-eat products are being processed, previous audit results, and history of addressing operational deficiencies.

- 3.33 If audits are not completed at the appropriate frequency, conditions which may result in the contamination of meat and meat products may not be properly identified.

**Recommendation 3.8**

Department of Agriculture management should complete a risk assessment to determine and document the required frequency of audits of slaughterhouses and meat processing plants. Management should take steps to ensure that audits are conducted as required.

- 3.34 *Water testing* – The Meat Inspection Regulations require each facility to have a supply of potable hot and cold water. A water supply that is free of contamination and at the correct temperature and pressure is very important to maintaining a sanitary facility. The Department does not have a policy concerning water testing such as frequency, required tests, and the process to be followed if contamination is discovered. Management have an undocumented policy of testing the water of provincially-licensed facilities at least once a year with the goal of testing twice a year. We examined a sample of 26 facilities during 2010 and found noncompliance with the undocumented policy and inconsistencies in water testing frequency. There were four facilities in which no water tests were conducted during 2010. For 18 facilities the water was tested once during the year, while water was tested twice during the same period for four facilities.

**Recommendation 3.9**

Department of Agriculture management should develop and implement a policy outlining the frequency of water tests, specific tests to be conducted, and the process to be followed if the water needs to be treated. Management should take steps to ensure the policy is being followed.

- 3.35 *Facility sanitation* – The regulations refer to requirements for facilities to be kept sanitary but do not further define what is required by inspectors to assess whether facilities are sanitary. Currently, the sanitary condition of a facility is based on a visual assessment and the judgment of an inspector. The program does not require inspectors to perform bacteria testing to detect possible contamination that is not visible. This is a greater risk at meat processing plants that produce ready-to-eat products. Testing for bacteria is required in Ontario's and Alberta's provincial meat inspection programs.

- 3.36 We understand management plan to require facility owners to test for bacteria. Inspectors would then examine the results of testing and conducting their own testing based on a risk analysis.

**Recommendation 3.10**

**Department of Agriculture management should develop and implement a policy for bacteria testing including the frequency of testing required.**

- 3.37 *Documentation of audit results* – There is inadequate documentation supporting the extent or completeness of audits conducted as well as whether appropriate actions are taken to ensure the timely correction of deficiencies reported. Improved documentation would reduce the risk of items being missed, help ensure consistency among inspectors, and provide evidence that the audits conducted were adequate. It would also provide a basis for management to review audit activities. The following paragraphs describe several areas in which documentation needs to be improved.
- 3.38 *Audit coverage* – The deficiencies identified during an audit are documented in an audit report. The report does not note which equipment or areas were examined within the facility so there is no way to confirm that inspectors have covered all policy and regulation requirements. The audit report does provide a list of possible deficiency areas to use when classifying deficiencies identified. This may be helpful as a reminder of areas to look at but should be expanded to include details of what to look for in those areas. For example, the list includes sanitation and equipment but does not provide details of what to look for regarding these items. The audit report should include an inspector’s signature verifying that they have examined all required areas and that deficiencies noted in the audit report have been discussed with the owner/staff.
- 3.39 *Documentation of compliance dates* – The audit report does not include a section for inspectors to document the date by which deficiencies must be corrected. It does include a note indicating “*Items identified above indicate violations of the Nova Scotia Meat Inspection Act and Regulations. The deficiencies identified must be corrected as indicated. Failure to correct the identified items in the specified time periods may result in legal actions.*” However, no time period is provided and action is not always being taken. Documentation of compliance dates, as well as the consequences of not meeting the deadline, are necessary to ensure facilities understand the severity of deficiencies and an appropriate timeline for correction. Establishing compliance dates will enable management and inspectors to better track the correction of deficiencies.
- 3.40 *Deficiency on subsequent audit report* – If a deficiency has reoccurred in a subsequent audit, this should be noted on the audit report even if it was

corrected from the last audit. In these instances, facilities are not taking meat safety as seriously as they should and this information will be useful when assessing the frequency of audits for these facilities.

#### Recommendation 3.11

Department of Agriculture management should take steps to ensure the following are documented in audit reports or supporting files:

- items examined in each area of the facility;
- inspector signoff indicating all required areas have been examined, deficiencies noted, and discussed with responsible facility owner/staff;
- a compliance date for each deficiency reported;
- consequences of not meeting compliance dates; and
- identification of reoccurring deficiencies.

3.41 *Qualifications of staff* – There are four minimum requirements related to meat safety for permanent meat inspectors. These include a diploma in animal science, food science or equivalent training; a food safety professional designation; recognized training in food processing and meat inspection procedures; and a certification in advanced food safety programs. We tested the qualifications of several permanent meat inspectors and found they have the minimum requirements for the position as established by the Department.

## Program Management

### Conclusions and summary of observations

Department management do not have adequate processes to ensure they are effectively and efficiently managing their responsibilities related to slaughterhouses and meat processing plants. Management do not have sufficient information to know whether audit processes are operating as designed and are effective in managing identified risks. For example, management do not know whether required facility audits are being conducted or whether significant deficiencies identified have been corrected in a timely manner. There is no quality assurance process in place to help verify that inspectors are ensuring compliance with legislation, inspection and audit activities comply with Department policies and procedures, and that policies and procedures are being applied consistently by inspectors. Management have adequate information to know that inspectors are present during the slaughtering of animals as required.

3.42 *Background* – The meat inspection program’s electronic management information system is AMANDA. Information about animals inspected



is entered into the system including the date of inspections, the facility, the inspector, number of animals slaughtered, portions condemned and the reason, inspector travel time to and from the plant, and the time the inspector was at the facility. AMANDA also includes the names of all facilities which are licensed as slaughterhouses or meat processing plants. Management use the information from AMANDA to produce monthly slaughter statistics which the Department is required to submit to the federal government. Management may create ad hoc reports as required such as meat that has been condemned.

- 3.43 *Inspector attendance during slaughtering* – The senior meat inspector creates weekly inspection schedules matching the availability of inspectors to the dates of slaughtering activities provided by the slaughterhouses. Inspectors provide information on the dates and slaughterhouses where they completed inspections. This information is compared to the inspection schedules supporting whether inspections were completed as scheduled.
- 3.44 *Audits of facilities* – The results of facility audits by inspectors are documented on a paper audit report and filed with the senior meat inspector. No information from the audit reports is entered into AMANDA. Although management have indicated that they review individual audit reports, we believe that this is insufficient to adequately monitor audit activities. Management’s informal policy is for audits of slaughterhouses and meat processing plants to be conducted each month if there are slaughtering or processing activities during the month. Management do not have readily available information to assess whether audits are being conducted as required. In our detailed testing of audit activities, we found that audits are not being completed as required. This was discussed earlier in this Chapter.
- 3.45 Management do not receive summary information on the results of audits conducted such as audit dates, deficiencies identified and when they are to be corrected, follow-up action, enforcement action, when or if deficiencies were corrected, and historical information on deficiencies within or among facilities. This information would help management to determine if policies and procedures are being followed, help ensure consistency among the inspectors, and help ensure risks are adequately addressed.
- 3.46 Management indicated it is their intention to require that inspectors begin entering information from audit reports into AMANDA. Staff have begun to enter information from older audit reports to test the system’s capabilities. When this Chapter was written, management had not identified any standard management reports that they would want from AMANDA.

#### Recommendation 3.12

Department of Agriculture management should determine their operational information needs including audit and inspection activities, and with the aid of AMANDA ensure the information is collected and available.

3.47 *Inspector time reports* – Meat inspectors are not required to submit weekly time reports detailing key activities completed each day and the hours involved. They are required to submit their travel time and time spent at a plant each day but the plant time could include time for inspections, audits or other tasks if there is some idle time between inspections. We also found that the inspectors were not always submitting the travel and plant time as required.

3.48 If complete data was submitted, it would provide valuable information for monitoring the activities and performance of inspectors as well as aid in the development of performance standards. There is no information available on activities other than inspections and audits. There is incomplete data available to analyze whether time spent on inspections or audits is reasonable.

#### Recommendation 3.13

The Department of Agriculture should ensure inspectors submit detailed time reports and the information provided from those reports should be used for resource and performance management.

3.49 *Monitoring staff performance* – Staff performance evaluations are not being completed on a regular basis; none were completed during our audit period. We reviewed a sample of seven inspectors and found that five had never had an appraisal; one has had three or four appraisals in the past 24 years; and one has had three appraisals in the past 14 years. Performance evaluations are necessary to ensure that staff are meeting desired performance expectations including recognition of good performance as well as identifying and addressing areas in which staff require development. The Department needs to develop a process for ongoing monitoring and evaluation of staff performance. This should include establishing performance expectations and targets, regular monitoring by management, and annual performance assessments.

#### Recommendation 3.14

The Department of Agriculture should implement a system to regularly monitor and assess staff performance.

3.50 *Quality assurance process* – Management do not have a quality assurance process in place. A quality assurance process is a set of planned and

systematic actions to provide confidence that a system is performing as required. This process should cover key aspects of the program including, on a sample basis, regular review of audit reports; observations of slaughtering inspections and audits completed; and assessment of deficiency severity and follow-up. Although management told us that audit reports are reviewed and facilities are periodically visited, we believe, as supported by the findings in this Chapter, that a more rigorous and comprehensive process is required. This process would provide management with additional assurance that all regulations are being monitored for compliance, policies and procedures are being consistently followed, and that inspectors are using appropriate professional judgment, especially with respect to deficiency ratings and follow-up.

#### Recommendation 3.15

The Department of Agriculture should implement a quality assurance process which includes key operational activities.

- 3.51 *Complaints* – The meat inspection program does not have a policy outlining how complaints received related to the operation of slaughterhouses and meat processing plants should be documented, investigated and resolved. The Department of Agriculture has a database, AMANDA, in which complaints can be entered, including the process to be followed to reach a resolution. A search of the database indicated no complaints were received related to provincially-licensed slaughterhouses or meat processing plants but during our testing of audit results, three complaints were found in facility files that had not been entered in AMANDA. There was little information in the files concerning how the complaints were investigated and resolved. Without an established complaint process, there is a risk that complaints which could lead to the production of unsafe meat or meat products may not be adequately investigated.

#### Recommendation 3.16

Department of Agriculture management should develop and implement a policy related to the documentation and investigation of meat safety complaints.

## Response: Department of Agriculture

The Nova Scotia Department of Agriculture appreciates the opportunity to respond to the Auditor General's findings with regard to the Nova Scotia Meat Inspection program.

We are pleased that the Auditor General has identified that a core element of the meat inspection system, animal inspections, is being completed as required. In addition, we are pleased the qualifications of our permanent meat inspection staff are acknowledged by the Auditor General.

The Nova Scotia Department of Agriculture manages food safety risks in meat plants by using a multiple barrier approach. This approach recognizes that utilizing many strategies to manage risk in a facility is the optimum way to provide the best level of public health protection. Specifically in Nova Scotia, meat safety using our multiple barrier risk management is achieved through activities in five subject areas: facility design and approval; facility equipment; education; acute intervention and operational practices. We have significant involvement in all these subject areas. This involvement includes; regulatory and policy implementation, providing food safety expertise to plants, providing direct funding to plants to improve food safety, documenting interventions which eliminate threats to public health, determining trends from the documentation, providing continual education to our staff and to plant operators and ensuring the utilization of current technology.

The effectiveness of our program is measured by outcome. Meat coming from a provincially inspected meat plant has never been implicated in a food born illness in Nova Scotia. The Department is confident that our meat inspection program is effective in providing health protection to Nova Scotians but we are always looking to improve our program and enhance our processes.

The Department has reviewed the specific recommendations of the Auditor General. We believe that implementation of all these recommendations will strengthen our meat inspection program. The following is the Department's response to each recommendation.

### *Audit Response Recommendations*

#### *Recommendation 3.1*

*Department of Agriculture management should update the regulations to reflect the current operating procedures of the Nova Scotia meat inspection program.*

Management has drafted updated regulations which reflect the current operating procedures of the program. These updated draft regulations will be reviewed in

---

light of the Auditor General's recommendations and considered for implementation by the Department prior to December 31, 2012.

***Recommendation 3.2***

***Department of Agriculture management should develop and implement a policy to guide inspectors in assigning and documenting severity ratings for deficiencies.***

***Recommendation 3.3***

***Department of Agriculture management should require inspectors to provide a compliance date for addressing all deficiencies.***

***Recommendation 3.4***

***Department of Agriculture management should develop guidance for inspectors to use when assigning compliance dates to deficiencies.***

***Recommendation 3.5***

***Department of Agriculture management should develop and implement a policy respecting the timing of inspector follow-up of deficiencies identified during audits. The policy should include documentation requirements such as when follow-up is performed, the results, and when deficiencies are corrected.***

Management will enhance and consolidate existing tacit and written policies into a policy manual which will address recommendations to deal with concerns of severity ratings for deficiencies, compliance dates and follow up inspections. This manual will be completed by September 2012.

***Recommendation 3.6***

***Department of Agriculture management should take the steps required to obtain the authority to use other enforcement tools such as tickets when deficiencies are not corrected.***

Management will examine the possible use of additional enforcement tools to address deficiencies not serious enough to suspend operations of a meat plant. This review will be completed by June 2012.

***Recommendation 3.7***

***Department of Agriculture management should develop and implement a policy respecting the enforcement action to be taken when deficiencies are not addressed by the compliance date. The policy should include requirements for documentation of actions taken when deficiencies are not corrected.***

Management will develop written policy to be included in a policy manual which will include requirements for the documentation of actions taken when deficiencies are not corrected. This manual will be completed by September 2012.

RESPONSE:  
DEPARTMENT OF  
AGRICULTURE

***Recommendation 3.8***

***Department of Agriculture management should complete a risk assessment to determine and document the required frequency of audits of slaughterhouses and meat processing plants. Management should take steps to ensure that audits are conducted as required.***

Management will undertake immediately a risk assessment process aimed at establishing a science and risk based inspection approach for slaughterhouses and meat processing plants. This approach currently exists in the restaurant inspection program and will be used as the basis to respond to this recommendation, effective December 31, 2011.

***Recommendation 3.9***

***Department of Agriculture management should develop and implement a policy outlining the frequency of water tests, specific tests to be conducted and the process to be followed if the water needs to be treated. Management should take steps to ensure the policy is being followed.***

***Recommendation 3.10***

***Department of Agriculture management should develop and implement a policy for bacteria testing including the frequency of testing required.***

Management will enter into discussions immediately with the Nova Scotia Department of Environment to determine the appropriate sampling frequency and testing parameters to ensure potable water at slaughterhouses and meat plants is available and documented.

***Recommendation 3.11***

***Department of Agriculture management should take steps to ensure the following are documented in audit reports or supporting files:***

- ***items examined in each area of the facility;***
- ***inspector signoff indicating all required areas have been examined, deficiencies noted, and discussed with responsible facility owner/staff;***
- ***a compliance date for each deficiency reported;***
- ***consequences of not meeting compliance dates; and***
- ***identification of reoccurring deficiencies.***

Management will begin immediate review of the existing audit format and update the audit report form to include items listed in the recommendation.

***Recommendation 3.12***

***Department of Agriculture management should determine their operational information needs including audit and inspection activities, and with the aid of AMANDA ensure the information is collected and available.***

---

Management will begin examining the capabilities of our AMANDA data base to provide operational information related to enhancing audit and inspection activities before December 31, 2011.

***Recommendation 3.13***

***The Department of Agriculture should ensure inspectors submit detailed time reports and the information provided from those reports should be used for resource and performance management.***

Management will establish a detailed time activity report for use by inspectors and management by December 31, 2011.

***Recommendation 3.14***

***The Department of Agriculture should implement a system to regularly monitor and assess staff performance.***

Management will regularly monitor and assess performance of staff through use of a performance appraisal process. This will be initiated January 2012.

***Recommendation 3.15***

***The Department of Agriculture should implement a quality assurance process which includes key operational activities.***

Management will develop a quality assurance process for the meat inspection program identifying key operational activities by June 2012.

***Recommendation 3.16***

***Department of Agriculture management should develop and implement a policy related to the documentation and investigation of meat safety complaints.***

Management will immediately implement a policy related to documenting and investigation of complaints concerning provincial meat plants.

RESPONSE:  
DEPARTMENT OF  
AGRICULTURE





---

# 4 Community Services and Health and Wellness: Protection of Persons in Care

## Summary

Overall, we found adequate processes in place to investigate and ensure timely resolution of allegations of abuse reported under the Protection of Persons in Care Act at the Departments of Health and Wellness and Community Services. Investigations were well-documented and carried out in a timely manner.

However we found that neither Department has an appeal process if those involved are not satisfied with the outcome of the investigation. Protection of persons in care deals with a vulnerable sector of our society; these individuals should have every opportunity to be protected from abuse. An effective appeal process is an important aspect of a complaints-based program such as protection of persons in care. It provides for a second assessment of a file for those who are not satisfied with the outcome of an investigation. Accordingly, we have recommended an appeal process be implemented.

We found that Community Services has implemented a quality control program to ensure legislative requirements have been met for all files. This program includes management signoff on files. At the time of our audit, the Department of Health and Wellness was in the process of developing a quality assurance program. We have recommended that Health and Wellness complete and implement their quality assurance program including management signoff as evidence of file reviews.

We also identified some other minor concerns and have made recommendations for improvement around the information systems used to track investigations and the education provided on the Protection of Persons in Care Act.

# 4 Community Services and Health and Wellness: Protection of Persons in Care

## Background

COMMUNITY SERVICES  
AND HEALTH AND  
WELLNESS:  
PROTECTION OF  
PERSONS IN CARE

- 4.1 The Protection of Persons in Care Act (the Act) came into effect on October 1, 2007. This legislation is designed to protect patients or residents 16 years of age and older receiving care in hospitals, residential care facilities, nursing homes, homes for the disabled licensed under the Homes for Special Care Act, or group homes licensed under the Child and Family Services Act.
- 4.2 All service providers or administrators of facilities which fall under the Protection of Persons in Care Act are required to promptly report all allegations or instances of abuse as well as any likelihood abuse could occur. The Departments of Community Services (Community Services) and Health and Wellness (Health and Wellness) are responsible for the administration of the Act.
- 4.3 Initially, the Act did not include unlicensed small option homes (facilities with three or fewer residents). However, effective December 20, 2010, any facility with one or more residents which is approved or funded by Health and Wellness as a community-based option or by Community Services as a small option home now falls under the Protection of Persons in Care Act.
- 4.4 Complaints regarding allegations of abuse under the Act are made through a 1-800 number, and are forwarded to the investigation group at either Health and Wellness or Community Services depending on the facility involved.
- 4.5 During 2010, Health and Wellness received 203 referrals (2009 - 129). Following investigations, 14 (2009 - 14) allegations were determined to be founded, meaning the investigators determined that abuse had occurred.
- 4.6 Community Services received 139 referrals in 2010 (2009 - 76). Of these allegations, 14 were ultimately determined to be founded (2009 - 16).
- 4.7 Prior to July 2010, investigations for Community Services' facilities were performed by staff in the regional offices. In July 2010, these responsibilities were centralized in Halifax under the Licensing Services section of the Department.
- 4.8 At Health and Wellness, investigations under the Act are conducted centrally by the Monitoring and Evaluation section of the Continuing Care branch. These staff, who also perform facility licensing, are located in Halifax.

### Types of Facilities Covered by the Protection of Persons in Care Act

Department of Community Services	Department of Health and Wellness
Adult Residential Centre Developmental Residence Group Homes Residential Care Facilities Residential Rehabilitation Centre Small Option Homes	Nursing Homes Residential Care Facilities Small Option and Community-Based Residences Hospitals

COMMUNITY SERVICES  
AND HEALTH AND  
WELLNESS:  
PROTECTION OF  
PERSONS IN CARE

### Audit Objectives and Scope

- 4.9 The purpose of this audit was to determine whether the Department of Health and Wellness and the Department of Community Services have adequate processes to investigate and ensure resolution of reported allegations of abuse under the Protection of Persons in Care Act in a timely manner.
- 4.10 The objectives of the audit were to determine whether the Departments:
- have adequate systems to investigate and ensure resolution of allegations of abuse received under the Protection of Persons in Care Act in a timely manner;
  - have processes to ensure reporting requirements under the Protection of Persons in Care Act are met;
  - have adequate management information systems to effectively manage their responsibilities under the Protection of Persons in Care Act;
  - adequately monitor their responsibilities under the Protection of Persons in Care Act; and
  - have appropriate processes to educate the public and designated health facilities on the provisions of the Protection of Persons in Care Act.
- 4.11 The audit period for most of our work was January 1, 2009 to December 31, 2010. We examined complaints related to small option homes from December 20, 2010 (when these homes came under the Protection of Persons in Care Act) to February 28, 2011.
- 4.12 This engagement was conducted in accordance with Sections 18 and 21 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants. Generally accepted criteria consistent

with the objectives of this audit do not exist. Audit criteria were developed specifically for this engagement.

- 4.13 Our audit approach included a review of legislation, regulations, departmental policies and procedures, interviews with staff, and file testing.
- 4.14 As part of our typical audit process, we ask auditees to sign a letter indicating that they agree the criteria we have selected represent appropriate standards for the audit. In this instance, management at both Departments disagreed with two of our criteria related to the need for a formal appeal process.
- 4.15 It is unusual for an auditee to refuse to accept the criteria we select for an audit. While we may sometimes discuss and update initial criteria, we are generally able to reach a resolution which is agreeable to our Office and the auditee.
- 4.16 After the Departments informed us they disagreed with some of our criteria, we re-examined our audit plan and concluded that an appeal process is an important component of this type of program. It provides an avenue for those who are not satisfied with the outcome of an investigation to request a second opinion on the merits of their complaint.
- 4.17 We proceeded with our audit using our original criteria, including those related to an appeal process. Ultimately we found that neither Department had an established appeal process; this is discussed in greater detail later in this Chapter.

## Significant Audit Observations

### Systems to Investigate and Resolve Allegations of Abuse

#### Conclusions and summary of observations

We found the policies Health and Wellness and Community Services use to investigate and ensure timely resolution of allegations of abuse are adequate. We identified issues at Community Services when the regional offices were responsible for the Act, but these issues have been addressed since responsibility was centralized. Although we identified minor improvements at both Departments, our file testing showed that policies were generally followed; allegations were investigated and action was taken in a timely manner. However we found that neither Department has established an appeal process if someone is not satisfied with the outcome of an investigation. An appeal process is important because

it provides an opportunity for another examination of a complaint to assess whether the complaint is founded; we have recommended that an appeal process be implemented. We also noted that it is not possible for either Department to completely ensure that reporting requirements are met, as all reporting is from third parties.

- 4.18 *Background* – Authorities and roles for the investigation of complaints are clearly described in policies and are understood by management and investigators at both Departments.
- 4.19 Health and Wellness and Community Services use the same policy manual. We found the policies to be adequate to guide investigations and ensure timely resolution of complaints.
- 4.20 During our audit, the Departments were collaborating to produce an updated policy manual. Work on this updated manual began in January 2009 and is expected to be complete in December 2011.

COMMUNITY SERVICES  
AND HEALTH AND  
WELLNESS:  
PROTECTION OF  
PERSONS IN CARE

#### Recommendation 4.1

The Department of Health and Wellness and the Department of Community Services should complete and implement their new policy manual.

- 4.21 *Complaints* – Complaints regarding alleged instances of abuse of someone in care are phoned in to a 1-800 number and directed to one of four intake centres, depending on geographic location. Information is recorded on an intake form and faxed to the head office of either Community Services or Health and Wellness depending on the facility involved. We found there is no consistent process for each intake centre to ensure that faxes are appropriately received by the central Department office. There is a risk that a fax may not reach the correct destination, resulting in an allegation of abuse not being reviewed and investigated.

#### Recommendation 4.2

The Department of Health and Wellness and the Department of Community Services should establish a process to ensure all complaints are tracked on intake to ensure the complaint was received at the appropriate central office.

- 4.22 *Sample selection* – We tested 35 files at Community Services and 30 files at Health and Wellness to determine whether investigations were in compliance with the current policy manual. The additional five items tested at Community Services were selected from the small option homes which came under the Act as of December 20, 2010. An additional sample was not selected at Health and Wellness as there were no complaints for small option homes under that Department's responsibility during our audit.

- 4.23 We selected our testing samples from the records at both Departments. Due to the nature of this program, which relies on complaints from facility administrators, staff, patients, family, or other third parties, it is impossible for either Department to ensure that all complaints have been brought forward for investigation. Additionally, since there is no tracking from the intake centres to central office, we cannot be certain that all complaints made were included in the records at the Departments. Implementing Recommendation 4.2 above would address the issue of completeness once complaints are received.
- 4.24 *Community Services file testing* – At Community Services, we divided our testing between files investigated prior to July 2010 which were handled by regional offices, and complaints since that time which were handled centrally by the Department’s Licensing Services section. We conducted testing at two out of four regions (Western and Northern).
- 4.25 We identified many issues in the older Community Services files when investigations were conducted regionally. We found incidents in which investigations were not conducted in a timely manner or were not adequately documented. Once complaint follow-up and investigation were centralized at Community Services, our testing showed policies were generally followed and complaints were followed up in a timely manner.
- 4.26 *Health and Wellness file testing* – We found complaint follow-up and investigation by Health and Wellness to be well-documented and completed in a timely manner.
- 4.27 *Policy compliance* – We found both Departments generally complied with existing policies. We did identify two policies which are not consistently followed by staff at either Department. These are detailed in the following paragraphs.
- 4.28 *Initial contact* – The policy manual requires initial contact with the complainant be made within three hours of receipt of the complaint. Management at both Departments informed us they believe a three-hour window is not realistic. Health and Wellness management told us they set an informal standard of 24 hours for initial contact. However this is not documented and it is not reflected in policy.
- 4.29 The draft policy manual both Departments are working on includes an initial contact time of 24 hours. During our audit, we tested to see whether files met the current three-hour standard, as well as the planned 24-hour standard.
- 12 of 30 files tested at Community Services met the initial contact standard of three hours; an additional 12 files had initial contact

within 24 hours. The remaining six files fell outside this range; however five of those files were investigated by regional offices prior to centralization of investigations in July 2010. As indicated earlier, we noted improvements once investigations were centralized with head office. In the one instance from head office which took more than 24 hours to make contact, the complaint was filed via a letter rather than the 1-800 number; staff contacted and met with the complainant following receipt of the letter.

- 20 of 29 files tested at Health and Wellness met the initial contact standard of three hours; all remaining files had an initial contact within 24 hours.

COMMUNITY SERVICES  
AND HEALTH AND  
WELLNESS:  
PROTECTION OF  
PERSONS IN CARE

4.30 *Investigation process* – Investigators are required to notify the patient or resident (or persons acting legally on their behalf) that an allegation of abuse has been made, an investigation will take place, and the patient or resident will be notified of the outcome. Management from both Departments told us that there are situations in which it is not in the best interest of the patient or resident to follow this policy. An example of this would be a patient with dementia who does not have a power of attorney. However, the policy does not provide any discretion regarding patient or resident notification. Our testing identified several instances in which both Departments were not in compliance with this policy. Additionally, this policy has not been updated in the draft policy manual which is expected to be available by December 2011.

- 5 of 19 files tested at Community Services lacked the required notification.
- 9 of 20 files tested at Health and Wellness lacked the required notification.

#### Recommendation 4.3

The Department of Health and Wellness and the Department of Community Services should ensure the revised policy manual reflects current and planned practices. Additionally, processes should be put in place to ensure that all policies are followed.

4.31 *Appeals* – Health and Wellness and Community Services do not have an appeal process for decisions made regarding whether complaints of abuse under the Protection of Persons in Care Act are founded. We believe an appeal process is an important mechanism to review the appropriateness of investigation decisions and to resolve disputes regarding the outcome of investigations. The protection of persons in care program provides protection to a vulnerable sector of our society. When an allegation or complaint of abuse is investigated and the individual making the complaint

---

does not agree with the outcome, there should be an opportunity to ask that the investigation decision be revisited. An effective appeal system would help offer assurance that all facts are considered and that the outcome of an investigation is fair and complies with the Act.

- 4.32 Management at both Departments told us they do not believe an appeal process is necessary for this program.

**Recommendation 4.4**

The Department of Health and Wellness and the Department of Community Services should implement an appeal process for Protection of Persons in Care investigations.

## Program Monitoring and Management Information Systems

---

### Conclusions and summary of observations

Community Services has implemented an adequate quality assurance program to ensure investigations are completed and are in compliance with legislation. We found no similar quality assurance program at Health and Wellness. We also found that neither Department has developed performance indicators to assess the effectiveness of the Protection of Persons in Care program. Additionally, we identified concerns with the program data collected due to a large number of data entry errors. While these errors did not impact on the quality of investigations, they could make it more difficult for either Department to assess its performance. While Health and Wellness attempted to address this matter by moving to a new database system, the software which is currently in use is not supported by that Department's IT staff.

- 
- 4.33 *Quality assurance* – Since centralization, Community Services has implemented a process in which completed files are reviewed by the Manager of Protection of Persons in Care and Licensing. This review includes a detailed checklist which ensures all files are appropriately documented and legislative requirements are addressed.
- 4.34 We found the Department of Health and Wellness did not have a quality assurance process. Department management told us they monitor program operations to ensure compliance with legislation and policies through peer review, consultations, and review of investigation reports. However there is no evidence of any management oversight, such as a file signoff following review. During our audit, Health and Wellness management showed us a new checklist which they were developing; if implemented, this checklist will help result in a robust and well-documented quality assurance program.



#### Recommendation 4.5

The Department of Health and Wellness should implement a quality assurance program to ensure files meet standards. This should include management signoff for completed reviews.

4.35 *Information Systems* – Both Departments originally used Microsoft Excel spreadsheets to record complaint and investigation data. We found a large number of data entry errors in the samples we selected for testing.

- 29 of the 35 files tested at Community Services contained discrepancies between system and file documentation.
- 13 of the 30 files tested at Health contained discrepancies between system and file documentation.

COMMUNITY SERVICES  
AND HEALTH AND  
WELLNESS:  
PROTECTION OF  
PERSONS IN CARE

4.36 While these errors did not impact on the quality of investigations, they could make it more difficult for either Department to assess its performance.

#### Recommendation 4.6

The Department of Health and Wellness and the Department of Community Services should develop processes to ensure that the data recorded in their systems is accurate and complete.

4.37 In December 2010, Health transitioned to using a Microsoft Access database to track details surrounding investigations. Field restrictions on data types and pre-populated templates in this database help to reduce the risk of data entry errors. However Health and Wellness' IT group does not provide IT support for Microsoft Access. This is concerning; if a significant software problem occurred, staff may not be able to resolve the issue and information could be lost.

4.38 Additionally, the implementation of Microsoft Access at Health and Wellness means the two Departments are using different systems to track investigations for the same program area. The data collected for this program is not overly complex. Using different systems could lead to inconsistent data and reduce the comparability between the two programs.

#### Recommendation 4.7

The Department of Health and Wellness and the Department of Community Services should identify and implement a single information system with appropriate IT support.

4.39 *Performance indicators* – Neither Department has performance indicators for the Protection of Persons in Care program. Performance indicators



and supporting data are important components which help management to oversee programs. Appropriate performance indicators provide information regarding program effectiveness and achievement of program goals. Without adequate performance measurement, it is not possible for management at either Department to ensure this program is operating effectively.

**Recommendation 4.8**

The Department of Health and Wellness and the Department of Community Services should establish performance indicators to measure achievement towards meeting program goals.

**Education**

**Conclusions and summary of observations**

We found both Departments provided education and training for staff at facilities impacted by the Protection of Persons in Care Act prior to the implementation of the new Act. We also found that Health and Wellness and Community Services continue to provide education on an ongoing basis as needed. Additionally, information regarding the Act is available to the general public on both Departments' websites.

- 4.40 The Departments of Health and Wellness and Community Services developed an initial mail-out to facilities in 2007 and provided various education sessions across the province for department, facility and district health authority staff prior to the implementation of the Protection of Persons in Care Act in October 2007.
- 4.41 Since that time, both Departments have also provided information presentations for various audiences, including staff and management of health care facilities on an ad hoc basis.
- 4.42 Community Services has tracked the participants attending its presentations; Health and Wellness has not kept similar records. By tracking attendance, Community Services can identify which facilities have received Protection of Persons in Care training.

**Recommendation 4.9**

The Department of Health and Wellness should maintain complete records identifying which facilities have received training on Protection of Persons in Care; this information should be used to determine ongoing training requirements.



---

4.43 Both Departments have appropriate information readily available on their websites and upon request allowing members of the public to become more aware of the Act.

COMMUNITY SERVICES  
AND HEALTH AND  
WELLNESS:  
PROTECTION OF  
PERSONS IN CARE

### Response: Department of Community Services

The Department of Community Services would like to thank the Auditor General for the opportunity to respond to this chapter concerning investigation and resolution of reported allegations of abuse under the Protection for Persons in Care Act. The Department of Community Services (DCS) appreciates any recommendations and observations which will assist in improving the safety of residents living in Homes for Special Care. Licensing Services agrees with each recommendation and will implement the recommendations within the capacity of available resources and under the direction and approval of the Minister of Community Services.

The following is the list of recommendations made by the Office of the Auditor General on the completion of their 2010-11 Protection for Persons in Care audit and the accompanying responses from Licensing Services, Nova Scotia Department of Community Services (DCS).

#### ***Recommendation 4.1***

***The Department of Health and Wellness and the Department of Community Services should complete and implement their new policy manual.***

4.1 Response: DCS accepts this recommendation and is currently working with DHW to finalize revisions to the policy manual. The revisions to the policy manual will be completed in December 2011 and implemented within this fiscal year.

#### ***Recommendation 4.2***

***The Department of Health and Wellness and the Department of Community Services should establish a process to ensure all complaints are tracked on intake to ensure the complaint was received at the appropriate central office.***

4.2 Response: DCS accepts this recommendation and will work with DHW to develop and implement a process to track and follow-up on all complaints (referrals) to ensure they are received at the appropriate central office. This work will be completed within this fiscal year.

#### ***Recommendation 4.3***

***The Department of Health and Wellness and the Department of Community Services should ensure the revised policy manual reflects current and planned practices. Additionally, processes should be put in place to ensure that all policies are followed.***

4.3 Response: DCS accepts this recommendation and is currently working with DHW on revisions to the policy manual. The revised manual will include up-to-date policies that reflect current and planned practice. Existing quality assurance measures will be reviewed and revised (if necessary) to ensure all policies are

---

followed. The revisions to the policy manual/quality assurance measures will be completed and implemented within this fiscal year.

***Recommendation 4.4***

***The Department of Health and Wellness and the Department of Community Services should implement an appeal process for Protection of Persons in Care investigations.***

4.4 Response: DCS appreciates the basis for this recommendation and will work with DHW to research this topic and discuss available options. The research findings and options will be presented to DCS Senior Management for review and direction. This work will be completed by the fall 2012.

***Recommendation 4.6***

***The Department of Health and Wellness and the Department of Community Services should develop processes to ensure that the data recorded in their systems is accurate and complete.***

4.6 Response: DCS accepts this recommendation and has developed and implemented a process to ensure the data recorded in our system is accurate and complete.

***Recommendation 4.7***

***The Department of Health and Wellness and the Department of Community Services should identify and implement a single information system with appropriate IT support.***

4.7 Response: DCS accepts this recommendation and will work with DHW, SNSMR and DCS IT Services to identify possible IT solutions and establish a plan for development and implementation.

***Recommendation 4.8***

***The Department of Health and Wellness and the Department of Community Services should establish performance indicators to measure achievement towards meeting program goals.***

4.8 Response: DCS accepts this recommendation and is in the process of establishing performance indicators to measure achievement toward meeting program goals. This work will be completed by the end of this calendar year.

RESPONSE:  
DEPARTMENT OF  
COMMUNITY  
SERVICES

## Response: Department of Health and Wellness

The Department of Health and Wellness (DHW) would like to thank the Auditor General for the opportunity to respond to chapter 4 of 2011 Auditor General's Report on Protection of Persons in Care Act. DHW is pleased that overall the Auditors found adequate processes were in place to investigate and ensure timely resolution of allegations of abuse reported under this Protection of Persons in Care Act which was newly implemented in October, 2007. We are also pleased that the Auditors found that the investigations were well-documented and carried out in a timely manner.

DHW appreciated the opportunity to learn from this audit and are pleased to report some of the issues identified during the audit process have already been addressed and resolved with new processes put in place. We agree with all the recommendations in this auditor's report and plan to implement each recommendation within the capacity of available resources and under the direction and approval of the Minister of Health and Wellness. Following is the list of the recommendations found in Chapter 4 of the 2011 Auditor General's Report for DHW and our specific plans, with timelines where possible, to respond to each recommendation as we strive to continue to improve our processes to protect persons in care.

### ***Recommendation 4.1***

***The Department of Health and Wellness and the Department of Community Services should complete and implement their new policy manual.***

Response 4.1: Department of Health and Wellness agrees with this recommendation and will continue to work with Department of Community Services (DCS) on the new Protection for Persons in Care policy manual. It is anticipated that this work will be completed in December 2011, and implementation will follow within this fiscal year.

### ***Recommendation 4.2***

***The Department of Health and Wellness and the Department of Community Services should establish a process to ensure all complaints are tracked on intake to ensure the complaint was received at the appropriate central office.***

Response 4.2: DHW agrees to work with DCS over the next six months to review the current process and explore options to ensure all Protection for Persons in Care complaints are tracked on intake and also followed up to ensure the complaints are received at the appropriate central office from the Intake Office.

### ***Recommendation 4.3***

***The Department of Health and Wellness and the Department of Community Services should ensure the revised policy manual reflects current and planned***

---

*practices. Additionally, processes should be put in place to ensure that all policies are followed.*

Response 4.3: DHW agrees with this recommendation and will ensure the new policy manual will reflect current and planned practices. The current quality assurance file review checklist will be revised to reflect the policy revisions and will be used as a method to ensure policies are followed. It is anticipated that this work will be complete by December 2011.

***Recommendation 4.4***

***The Department of Health and Wellness and the Department of Community Services should implement an appeal process for Protection of Persons in Care investigations.***

Response 4.4: DHW agrees with this recommendation and will be collaborating with DCS to research appeals processes and discuss available options. Research findings and options will be presented to DHW Senior Management for review, direction and implementation by Fall of 2012.

***Recommendation 4.5***

***The Department of Health and Wellness should implement a quality assurance program to ensure files meet standards. This should include management signoff for completed reviews.***

Response 4.5: DHW agrees with the recommendation and in June 2011 implemented a quality assurance program to ensure files are appropriately documented and legislative requirements are addressed. This includes management signing off for completed reviews.

***Recommendation 4.6***

***The Department of Health and Wellness and the Department of Community Services should develop processes to ensure that the data recorded in their systems is accurate and complete.***

Response 4.6: DHW supports this recommendation and has implemented processes to ensure that the data recorded in their systems is accurate and complete.

***Recommendation 4.7***

***The Department of Health and Wellness and the Department of Community Services should identify and implement a single information system with appropriate IT support.***

Response 4.7: DHW agrees with this recommendation and will collaborate with DCS, and appropriate IT Services, including eHealth Solutions, to explore possible options, identify a single information system with appropriate IT support,

RESPONSE:  
DEPARTMENT OF  
HEALTH AND  
WELLNESS

and establish a plan for development and implementation. In parallel, a backup system to the current database will be implemented to ensure data is not lost. If staff at Continuing Care Branch, DHW, are unable to resolve any future issues with our current Access database we will contact eHealth Solutions for technical advice and, if required, consider contracting an external resource, which eHealth has agreed to facilitate.

***Recommendation 4.8***

***The Department of Health and Wellness and the Department of Community Services should establish performance indicators to measure achievement towards meeting program goals.***

Response 4.8: DHW agrees with this recommendation and will establish performance indicators to measure achievement in meeting goals. Performance indicators will be developed by the end of this fiscal year.

***Recommendation 4.9***

***The Department of Health and Wellness should maintain complete records identifying which facilities have received training on Protection of Persons in Care; this information should be used to determine ongoing training requirements.***

Response 4.9: DHW accepts this recommendation and has implemented a process for tracking which facilities have received training and information on the Protection for Persons in Care Act.



---

# 5 Energy: Canada-Nova Scotia Offshore Petroleum Board

## Summary

In 2011, this Office, in cooperation with the Commissioner of the Environment and Sustainable Development of the Office of the Auditor General of Canada, began an audit of the operations of the Canada-Nova Scotia Offshore Petroleum Board (Board). The Board is responsible for important regulatory functions in offshore oil and gas, including protecting the environment, ensuring worker safety, and ensuring the province is receiving required employment and industrial benefits from offshore development.

In September 2011, we abandoned our attempt to conduct the audit after the Board, acting on the instructions of operators ExxonMobil Canada Ltd. and EnCana Corporation, denied us access to most of the information needed to conduct the audit. The denial was based on our refusal to grant the operators control over disclosure of information in our Report to the House. The Board's refusal to cooperate with the audit places it in direct contravention of the Nova Scotia Auditor General Act.

The Board, an agency of both the provincial and federal governments, regulates offshore oil and gas activities. We believe the exercise of these responsibilities should be open and transparent.

As a result of our inability to audit this agency, we are unable to provide assurance to the House of Assembly, or to the public, as to whether the Board is properly fulfilling its regulatory responsibilities; is ensuring offshore activities are being conducted safely and with due regard for the environment; and is ensuring the public interest is being protected.

We have recommended that Government take the actions needed to ensure the Canada-Nova Scotia Offshore Petroleum Board is accountable to the House of Assembly and complies with the Auditor General Act, including if necessary amending the Canada-Nova Scotia Offshore Petroleum Resources Accord Implementation (Nova Scotia) Act.

# 5 Energy: Canada-Nova Scotia Offshore Petroleum Board

## Background

ENERGY:  
CANADA-NOVA SCOTIA  
OFFSHORE  
PETROLEUM BOARD

- 5.1 The Canada-Nova Scotia Offshore Petroleum Board is an independent joint agency of the governments of Canada and Nova Scotia responsible for the regulation of petroleum activities in the Nova Scotia offshore area. The Board was established in 1990 pursuant to the Canada-Nova Scotia Offshore Petroleum Resources Accord Implementation Acts (Accord Acts). The Accord Acts were passed as mirror legislation by the Parliament of Canada (1988) and the Nova Scotia Legislature (1987). A similar Board exists in Newfoundland and Labrador to regulate offshore petroleum activities in that jurisdiction.
- 5.2 The Board consists of five members, appointed for fixed terms of office. The federal and provincial governments each appoint two board members. The fifth member is the Chair, who is jointly appointed by both governments. A Chief Executive Officer reporting to the Board is responsible for day-to-day operations. The Board reports to the provincial Minister of Energy and also has a reporting relationship to the federal Minister of Natural Resources.
- 5.3 The Board performs many important regulatory functions of interest to Nova Scotians. These include:
- protection of the environment;
  - health and safety for offshore workers;
  - management and conservation of petroleum resources;
  - Canada-Nova Scotia employment and industrial benefits;
  - issuance of offshore licences; and
  - resource evaluation, data management and distribution.
- 5.4 Two corporations, ExxonMobil Canada Ltd. and EnCana Corporation, currently have offshore production operations under the jurisdiction of the Board.

## Audit Purpose

- 5.5 The intended purpose of the audit was to assess whether the Board was fulfilling its regulatory responsibilities including ensuring the safety of offshore workers and protection of the environment. The audit was to be completed jointly with the Commissioner of the Environment and Sustainable Development of the Office of the Auditor General of Canada. It was anticipated that the federal Auditor General would focus on the protection of the environment and governance. Our Office would examine other areas such as worker safety, issuance of offshore licences, and employment and industrial benefits.
- 5.6 At the time this Chapter was written, it is our understanding that the Commissioner of the Environment and Sustainable Development intends to proceed with an audit of the Board.

ENERGY:  
CANADA-NOVA SCOTIA  
OFFSHORE  
PETROLEUM BOARD

## Audit Process

- 5.7 In January 2011, my Office communicated to the Canada-Nova Scotia Offshore Petroleum Board our intention to conduct a performance audit of selected aspects of Board operations. At that time we indicated that the audit would be conducted jointly with the Auditor General of Canada, pursuant to sections 18 and 24 of the Nova Scotia Auditor General Act.
- 5.8 Over the period from February to July 2011, several meetings and other communications occurred between the federal and provincial audit teams and the Board in preparation for the audit. The Board accepted our Office's authority to audit and cooperated fully in the audit planning process during these months.
- 5.9 In August 2011, we asked for specific information needed to complete the audit plan for this engagement. Our letter required the information to be provided by September 23, 2011. On September 22, we received a letter informing us that the Board would not be providing the information requested as the companies currently operating offshore (operators) withheld their consent to the release of any information originally provided by them to the Board, which they refer to as privileged information. They claim the right to do so under the federal and provincial Accord Acts.
- 5.10 In its September 22, 2011 letter, the Board informed us it would be prepared to allow us access to operator-supplied information provided we agreed not to disclose any information they consider privileged in our reports to the House of Assembly, without the consent of the operators. These conditions

are unacceptable to this Office. We cannot allow audited organizations to determine what we may or may not report to the House beyond the provisions noted in the Auditor General Act.

- 5.11 On September 29, 2011, as required by section 25 (1) of the Auditor General Act, we informed the Board that information necessary for this Office to perform our duties under the Act was being unlawfully withheld.
- 5.12 The Board is acting in contravention of the Nova Scotia Auditor General Act by refusing the Auditor General access to information in its possession because they could not control the contents of the Report of the Auditor General of Nova Scotia to the House of Assembly. The Auditor General Act, which received Royal Assent on December 10, 2010, provides us the full authority to audit and report on any agency of government. This authority is not diminished by the Accord Acts.
- 5.13 Regardless of the level of autonomy the Board has to conduct its operations, as an agency of government, the Board should be accountable to the House of Assembly. Currently, oversight of the Board's operations by governments is negligible. Given the Board's environmental and public safety responsibilities, we question whether this is in the public interest.

#### Recommendation 5.1

The Department of Energy should evaluate the legislative framework under which the Canada-Nova Scotia Offshore Petroleum Board operates and take the actions necessary to ensure the Board complies with the Nova Scotia Auditor General Act, including full cooperation with the Office of the Auditor General in any audit of the Board's operations. This includes providing the Office with unrestricted access to all information in its possession and acknowledging the Auditor General's right to report to the House of Assembly without interference by the Board or its operators.

---

**Response: Department of Energy**

Thank you for forwarding a copy of your draft report and providing an opportunity to respond to Recommendation 5.1 – namely, that the Department of Energy should evaluate the legislative framework under which the Canada-Nova Scotia Offshore Petroleum Board (the “CNSOPB”) should provide information for audit purposes to the Auditor General.

We understand that your offices decided to carry out audits of the management and other practices of the CNSOPB. We agree that it is important that the CNSOPB’s operations should be audited by the Federal or Provincial Auditors General in addition to the oversight provided by the Nova Scotia Department of Energy and Natural Resources Canada.

Our understanding is that as part of your audit, you asked to examine information provided to the CNSOPB by the operators, ExxonMobil Canada and EnCana Corporation. Further, you have reached an impasse in your discussions with the CNSOPB with respect to the resolution of the interpretation of the legislation under which each of you respectively operate. We understand that neither party has decided to pursue a court ruling in accordance with the provisions of the *Auditor General Act*.

As we understand it, part of the uncertainty revolves around whether your offices are authorized to exercise discretion in maintaining the confidentiality of certain operator information once in your hands; in particular whether your offices can omit, in whole or in part, or in any form, the third party information from your ultimate audit report.

We have decided to review the pertinent legislation and make appropriate recommendations in order to provide clarity on the issue.

RESPONSE:  
DEPARTMENT OF  
ENERGY



---

## 6 Justice: Implementation of Nunn Commission of Inquiry Recommendations

### Summary

In December 2006, Commissioner Nunn submitted the report from his public inquiry to the government. The report contained 34 recommendations directed to the province, departments, or agency responsible for the matters. In January 2007, the province publicly accepted all 34 recommendations and made a commitment to implement them.

Overall, the province has taken appropriate action to address the recommendations from the Nunn Commission of Inquiry. We found the province has completed 31 of the Nunn Commission recommendations and we provided comments on the nature of the actions taken. We believe the remaining three recommendations have not been fully addressed by the province. We have made recommendations to focus efforts toward their completion.

Commissioner Nunn recommended a bail supervision program as an intermediate option between pretrial detention and release with conditions for youth facing criminal charges. The Department of Justice implemented and later cancelled the youth bail supervision program. This has resulted in a significant gap in the options available for youth. We recommended the Department of Justice evaluate and take appropriate action to address the gap.

Commissioner Nunn's recommendations to the Department of Justice included establishing a section to provide training to court staff and monitoring of court procedures. The Department established a section to monitor compliance with court administration policies but did not include a function to ensure staff training is current. The Department is taking steps to identify and address training gaps and we recommended these efforts be completed as soon as possible.

# 6 Justice: Implementation of Nunn Commission of Inquiry Recommendations

## Background

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

- 6.1 By an Order in Council, dated June 29, 2005, the province appointed D. Merlin Nunn as Commissioner to conduct a public inquiry relating to the matters and circumstances concerning a youth (referred to as AB) released from custody, whose criminal actions caused the death of Theresa McAvoy on October 14, 2004. In December 2006, Commissioner Nunn submitted his report to government. It contained an in-depth analysis of the circumstances that lead to the tragedy and included 34 recommendations to address the deficiencies that allowed it to happen.
- 6.2 The 34 recommendations were grouped into broad categories.
- Youth Justice Administration and Accountability – 18 recommendations
  - Youth Crime Legislation – seven recommendations
  - Targeting Resources and Youth Crime Prevention – nine recommendations
- 6.3 Commissioner Nunn acknowledged in his report that some aspects of the inquiry were more directly connected to the events of that tragic day and at the core of his mandate. Other areas were less so, but he outlined them as key factors that affect the likelihood of youth coming into conflict with the law. As his recommendations moved further away from the core of his mandate, the less specific and more general the recommendations became (see graphic below).





- 6.4 In his report, Commissioner Nunn directed his recommendations to the province in general or to the specific departments or divisions directly responsible for the matter addressed, namely: the Departments of Justice, Community Services, and Education, as well as the Public Prosecution Service.
- 6.5 In January 2007, the province released its response to the Nunn Commission of Inquiry report, titled *Helping kids – Protecting communities*. In its response, the province publicly accepted all 34 recommendations and outlined its implementation plans.
- 6.6 We have included the specific recommendations from the Nunn Commission report in an appendix at the end of this Chapter. Throughout the Chapter we refer to the recommendations and provide a reference, for example [R1], to correspond with the recommendation number in the appendix. An assessment of each recommendation is also included as part of the appendix.

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

### Audit Objective and Scope

- 6.7 In the summer of 2011, we completed a performance audit of the province's implementation of the Nunn Commission recommendations. The audit was conducted in accordance with sections 18 and 21 of the Auditor General Act and auditing standards established by the Canadian Institute of Chartered Accountants.
- 6.8 The objective of this audit was to determine whether appropriate actions were taken to address the recommendations from the Nunn Commission report. We did not examine nor do we provide an opinion on whether the actions taken were effective in achieving the desired results.
- 6.9 Our audit criteria consisted of the 34 recommendations from the 2006 Nunn Commission report. Criteria were accepted as appropriate by senior management of the Departments.
- 6.10 Our audit approach included interviewing management and staff, examining documentation, and testing where appropriate.

## Significant Audit Observations

### Youth Justice Administration and Accountability

#### Conclusions and summary of observations

The Department of Justice has taken appropriate action on most recommendations in the areas of youth justice administration and accountability. The Department implemented and later cancelled the recommended youth bail supervision program, leaving a gap between unsupervised bail release and pretrial detention. We recommended the Department evaluate and take appropriate action to address the gap between those two options. The Department is also monitoring compliance with court administration procedures but does not have a function to ensure staff training is current. We recommended the Department implement such a function as soon as possible. The Public Prosecution Service has appointed dedicated youth Crown attorneys and established policies to appropriately address Commissioner Nunn's recommendations concerning common approaches to youth criminal proceedings.

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

#### *Delay in the administration of youth criminal justice*

- 6.11 Commissioner Nunn recommended the province commit to reducing the delay in youth criminal proceedings; both from arrest to first court appearance (front-end delay) and from arrest to final disposition (overall delay).

*“The link between an action and its consequences is most significant when dealing with adolescents, particularly due to their perceptions of time. For the youth who commits a serious crime, poses a public safety risk, is a repeat offender, or whose frequency on the police radar screen is increasing, undue delay is prejudicial to developing a sense of responsibility as well as to giving a timely wake-up call that such anti-social behaviour is not accepted.” [Nunn Commission report, pg 177]*

- 6.12 *Reducing front-end delay* – Commissioner Nunn recommended that youth facing serious charges, or additional charges while awaiting disposition on previous charges, should appear in youth court by the next scheduled appearance date, or within one week of arrest [R1]. The Department of Justice has established a standard that requires youth in these situations to appear in youth court within seven days. The Department has publicly reported progress toward achieving the standard. For the year ended March 31, 2011, the Department reported it took an average of eight days for youth facing serious charges to make a first court appearance; youth charged while awaiting disposition on previous charges took an average of

10 days for a first court appearance. The Department acknowledged that some youth courts do not sit every week, which impacts the ability to meet the standard.

- 6.13 *Reducing overall delay* – Commissioner Nunn recommended establishing a target timeframe to handle youth cases from arrest to final disposition (case processing time) with the aim of reducing the overall time required [R2]. His recommendation noted the need for justice stakeholders, under the leadership of the Department of Justice, to determine the causes of delays and ways to address them. He also recommended regular reporting to the public on progress in achieving the target. It was Commissioner Nunn’s expectation that case processing time would be improved.
- 6.14 A committee made up of various justice stakeholders was created to address the recommendations. During 2007, this committee explored causes and solutions for case processing delays. The committee eventually established a case processing target time of 98 days. The 98-day target excluded certain types of cases, such as restorative justice, which require additional time to complete.
- 6.15 The various justice stakeholders have taken actions to address the issue of case processing time. For example: establishing additional youth court dates at some court locations; the presence of Legal Aid duty counsel at certain courts; and a reduced targeted time for the preparation of pre-sentence reports. In addition, the Public Prosecution Service hired additional attorneys dedicated to youth cases. As reported by the Department of Justice, the average case processing time at some of the justice centres has not met the established target.
- 6.16 In late 2009, committees in each justice centre, particularly in those areas not meeting the 98-day target, began to identify and discuss case processing issues specific to their area. As noted by Commissioner Nunn, “...*while general standards are important, a local and flexible response is also required at the community level...*” [Nunn Commission report, pg 182]
- 6.17 Commissioner Nunn also recommended reporting at least twice annually on progress against case processing targets, with details of actions taken to address any ongoing failure to meet targets [R2]. We examined the public reports on case processing, starting with the June 2007 report to the most recent report for the year ended March 31, 2011. We noted improvements in reporting over time. Starting in January 2010, the Department of Justice began issuing semi-annual reports as recommended by Commissioner Nunn. These reports provide case processing times in total and by justice centre. This serves to highlight individual justice centre performance. Case processing times are now reported for the six months from April to September as well as annually to March.

- 6.18 We acknowledge that case processing time is influenced by a number of factors and parties including: police agencies, the prosecution, defense counsel, the defendant, court administration, and an independent judiciary. Judicial independence is an important concept in terms of the parties being able to practically influence or control case processing time. Concerning judicial independence, Justice Saunders wrote,

*“Any judge must be free to adjudicate in accordance with the law, guided by his or her conscience, unfettered by coercion, or influence from anyone, be it government, the public service, popular public opinion, pressure groups, or other judges, except, of course, to the extent that the opinions of other judges may have been recorded and found to be useful as precedent.”* [The Courts of Nova Scotia website – lecture notes of Justice Jamie W. S. Saunders, May 23, 2003]

#### ***Court procedures and administration***

- 6.19 Commissioner Nunn made a number of recommendations in the area of administrative processes, procedures and training.
- 6.20 *Administrative procedures at the Justice of the Peace Centre* – The Justice of the Peace Centre (JP Centre), located in Dartmouth, is staffed by lawyers acting as justices of the peace to provide certain after-hours court services, such as bail hearings. Commissioner Nunn recommended the Department of Justice ensure police officers are familiar with the purpose and procedures of the JP Centre and that the JP Centre itself continue to refine its procedures [R3, R4]. He noted a number of the procedural issues brought before him at the inquiry had already been remedied to his satisfaction by the JP Centre.
- 6.21 The Department of Justice developed a training program for police officers on JP Centre procedures. In 2007, training sessions were held throughout the province in which over three hundred officers participated. Training materials and JP Centre forms are available for new officers and the policies and procedures manual has been updated.
- 6.22 *Monitoring court staff training* – Commissioner Nunn recommended the Department of Justice establish a section to provide training to court staff and to monitor compliance with court procedures [R5].
- 6.23 The Department of Justice established a section which monitors compliance with court administration policies. However, training of staff continues to be an issue. The Department has no processes to ensure that staff training is current. The Department is working on identifying and addressing training gaps. We believe steps to address this issue need to be implemented as soon as possible.

### Recommendation 6.1

The Department of Justice should monitor training of court staff to ensure training is current.

- 6.24 *Equipment and access to JEIN* – Commissioner Nunn recommended all satellite or adjunct court houses in the province have adequate office equipment, computers, email communication, and the necessary equipment for dependable access to the justice computer system (JEIN) [R6].
- 6.25 The Department of Justice has inventoried the equipment in the satellite courts and maintains maintenance logs to ensure properly functioning equipment is available. The satellite courts now have computers, high-speed internet, printers and a fax. At the time of our audit, the Sheet Harbour court was the one exception as high-speed internet service was not yet available in the area where the court is located.
- 6.26 *Computer system enhancements* – Commissioner Nunn recommended the Department of Justice, in consultation with justice stakeholders, consider enhancements to the justice computer system, including the possible development of electronic court documents [R7]. “*The key is to ensure that in dealing with a young person facing charges, all of the players have as much accurate, up-to-date information as possible.*” [Nunn Commission report, pg 199]
- 6.27 Justice piloted scanning and uploading of court documents at three sites (Halifax, JP Centre and New Glasgow) to determine the costs and benefits before undertaking a full implementation. The Department is taking inventory of scanning capabilities at each justice centre. Management anticipates that certain electronic documents will become accepted practice once processes are finalized and system changes are made. The Department expects this will be in place in early 2012.

### ***Court facilities for youth***

- 6.28 *Separate facilities* – Commissioner Nunn recommended when new courthouses are planned and built, separate facilities should be provided for youth court matters, with dedicated space for partner agencies where possible [R8]. However, as he noted:

*“... it would not add credence to my report were I to make a ‘pie in the sky’ recommendation to add a very significant cost item when there are many more-immediate matters that must be identified as needing reform or change.*”

---

*Nevertheless, when new courthouses are being planned...separate facilities should be provided for youth court matters, completely apart from the adult facilities...” [Nunn Commission report, pg 201]*

6.29 The Department of Justice asserts the volume of youth matters, even in Halifax, does not warrant the construction or maintenance of separate courtrooms. Youth matters are generally heard at specific times or days, so that they are kept separate from adult matters. When required, youth are held in separate youth holding cells. In Halifax, there is a separate waiting room available for youth, and youth holding cells are located separate from the main custodial cell area. Cells in new justice centres which have fewer youth matters, provide separate areas for male and female youth and also separate youth from adults, both visually and audibly. This is consistent with the Department’s courthouse holding cells standard, which is also consistent with the Youth Criminal Justice Act.

6.30 *Youth court liaison police officers* – Commissioner Nunn recommended the Department of Justice encourage police agencies to appoint youth court liaison officers [R9]. The role has existed in Halifax for many years, and as Commissioner Nunn noted:

*“Keeping in mind the principle that the youth criminal justice system is different for youth, with its thrust for rehabilitation and community involvement..., it is obvious that an approach proven helpful to attaining that end is desirable. I believe [the youth court liaison’s] position and efforts have been a winner for the Halifax Regional Municipality.” [Nunn Commission report, pg 203]*

6.31 The Department of Justice indicated the appointment of dedicated court liaison officers was not warranted outside of Halifax due to the lower volume of youth cases in those areas. Instead, police agencies have focused on their role as school resource officers. The Department indicated this role may serve a dual purpose of court liaison and school resource in some communities outside of Halifax. In early 2008, the Department announced funding for additional officers, including 27 school resource officers across the province. In April 2008, the Department conducted a youth resource officer forum for those officers expected to deal primarily with youth. We understand the school resource officer role may be helpful in terms of community involvement and youth crime prevention and management.

6.32 *Youth court Crown attorneys* – Commissioner Nunn recommended the Public Prosecution Service (PPS) consider appointing an additional dedicated youth Crown attorney for Halifax, as well as consider it for other communities if the numbers warrant [R10].

6.33 In 2007 and 2009, PPS hired additional Crown attorneys dedicated to youth matters. There are now three full-time dedicated youth Crown attorneys in Halifax and one in Sydney. PPS maintains that current case volumes in other areas of the province do not warrant the appointment of specialized youth Crown attorneys.

***Attendance centres and bail supervision***

6.34 Commissioner Nunn also considered programs that can increase accountability for youth charged with crimes. These included the establishment of a youth attendance centre in Halifax and a youth bail supervision program. Commissioner Nunn believed these type of programs would have “*dramatically affected*” the behaviour of the youth at the centre of the inquiry.

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

6.35 *Establishment of a Halifax attendance centre* – An attendance centre is a noncustodial community-based facility where various programs are provided for youth in conflict with the law. Commissioner Nunn recommended an attendance centre be established in Halifax as envisioned in the report presented at the inquiry, titled *Attendance Centre Program Model – Halifax Planning Committee Report* and dated March 27, 2006 [R12]. He specifically noted features of the centre from the report, including the following.

- A full-time school program
- A full-time career development/work skills program
- A cognitive/life skills program
- Recreation and leisure activities
- Experiential learning opportunities
- Treatment services (psychologist and social worker) – including individual, group, and family therapy and counseling
- Youth health centre services

6.36 In 2007, the Department of Justice established an attendance centre in Halifax which offered the recommended features. Effective April 1, 2011, citing budget constraints, the Department modified the Halifax Youth Attendance Centre program however, the objectives of the centre have not changed.

6.37 *Youth bail supervision* – Commissioner Nunn recommended the province establish a bail supervision program in the Halifax Regional Municipality in conjunction with and integrated into the establishment of the Halifax

Youth Attendance Centre. He also recommended consideration be given to implementing a bail supervision program in other areas of the province [R13, R14].

*“A bail supervision program provides a necessary intermediate option between pre-trial detention and release on conditions only. It has the advantage of keeping pre-trial custody to a minimum, while at the same time, making undertakings meaningful through enforcement, as well as providing significant help and guidance to the youth during the time the bail supervision is in effect.”* [Nunn Commission report, pg 213]

*“While bail supervision provides a greater assurance of compliance with bail conditions through monitoring, surveillance, and enforcement, it is also a vehicle to provide support and assistance to the youth. The more intensive the supervision becomes, the more the probation officer becomes involved in the youth’s regular life activities, helping and giving advice. It is now well recognized that bail supervision supplements an attendance centre and vice versa.”* [Nunn Commission report, pg 214]

- 6.38 The Department of Justice has cancelled the youth bail supervision program brought in as a result of the Nunn Commission recommendation. The Department cited budget constraints along with limited use of the program, and concerns over effectiveness, as the reasons for ceasing its operation. The Department conducted an internal evaluation in 2010, which recommended cancellation of the program.
- 6.39 With the cancellation of the youth bail supervision program, a gap now exists, as recognized by Commissioner Nunn, between pretrial detention and release with conditions. As quoted above, Commissioner Nunn considered such a program important and complementary to an attendance centre.

#### Recommendation 6.2

The Department of Justice should evaluate and take appropriate action to address the gap between unsupervised bail and pretrial detention for youth facing criminal charges.

#### ***Common approaches to youth criminal justice proceedings***

- 6.40 *Policy directives and guidelines* – Commissioner Nunn recommended the Public Prosecution Service provide direction to Crown attorneys to foster common approaches in dealing with youth criminal matters [R15 – R18]. The Commissioner was concerned about consistency in determining



---

whether a situation warranted pretrial detention; the timing of a finding of guilt; and, verifying responsible persons for youth. These issues were a critical aspect in relation to the youth at the centre of the Nunn Inquiry.

- 6.41 The Public Prosecution Service (PPS) developed policies to address the recommendations of the Nunn Commission. PPS youth Crown attorneys are aware of the policies and training has been provided to staff on youth matters.
- 6.42 Discussion was held between the judiciary, Department of Justice, PPS and Legal Aid to identify issues that could delay the recording of a finding of guilt. The volume of youth cases in Halifax was identified as the primary issue and reason for deferring findings of guilt hearings until sentencing, when sufficient court time would be available to complete the process.
- 6.43 *Common protocol on arrest warrants* – Commissioner Nunn recommended the Department of Justice and its justice partners should meet to determine a common arrest warrant protocol [R19]. The Commissioner noted that the evidence presented at the Nunn Commission revealed gaps in knowledge, training, practices and procedures in dealing with arrest warrants.
- 6.44 A committee of justice partners developed a common arrest warrant protocol which came into effect in April 2011. Training in the protocol was also developed and carried out. Members of the various police services, as well as the Public Prosecution Service, Justice staff and others received the training.
- 6.45 *Overall comments* – Commissioner Nunn made 18 recommendations in the youth justice administration and accountability area, of which 15 recommendations were appropriately acted upon by the responsible department or agency. We found three of the recommendations required additional action to be taken which is the focus of recommendations 6.1 [R5] and 6.2 [R13, R14] in this Chapter.

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

## Advocacy for Changes to the Federal Youth Criminal Justice Act

---

### Conclusions and summary of observations

The Department of Justice has adequately implemented the recommendations relating to advocacy for amendments to the Youth Criminal Justice Act (Act). The Department indicated the passage of Bill C-10, introduced in fall 2011 in the federal parliament, will address Commissioner Nunn's main concerns with the Act.

---

6.46 *Youth Criminal Justice Act* – Commissioner Nunn recommended the province advocate for changes to several aspects of the Youth Criminal Justice Act [R11, R20 – R25].

*“Aside from the misunderstandings and missteps that occurred in relation to AB, many of which were procedural in nature, the real culprit, which failed to provide an adequate response to AB’s behaviour and, indeed, to society’s rightful expectations, was the Youth Criminal Justice Act itself.”* [Nunn Commission report, pg 227]

6.47 Much of the Commissioner’s concerns with the Act centered on the ability of the courts to hold serious repeat offenders, such as AB, in pretrial custody.

*“AB was one of its [the Act’s] failures. His same criminal behaviour went on, without intervention, until he caused Theresa McAvoy’s death. AB’s pattern of repeat offences, however, is not unique. There may be as many as 100 young persons at any one time acting as repeat offenders in Nova Scotia... We cannot sit back and praise ourselves on the nobility of our aims of rehabilitation and reintegration while not actively engaging those most in need of those very aims. The goals of the act are worthy, but some detention, where it would contribute to public safety and still be consistent with the goals of the act, is also worthy.”* [Nunn Commission report, pg 244-245]

6.48 Recommendations from the inquiry included advocacy for change in the following areas of the Act.

- Amend “Declaration of Principle” in section 3 to include a reference to public safety as one of the primary goals of the Act.
- Amend the definition of “violent offense” in section 39(1)(a) to be inclusive of conduct that endangers or is likely to endanger the life or safety of others.
- Amend section 39(1)(c) so that the requirement for a demonstrated “pattern of finding of guilt” is changed to “a patterns of offences”, or similar.
- Amend and simplify pretrial detention provisions so that section 29 will stand on its own, without interaction with other provisions or statutes.
- Amend section 31(5)(a) so that if the designated “responsible person” is relieved of a “responsible person undertaking”, the young person’s undertaking under section 31(3)(b) remains in force.

- Amend section 31(6) to remove requirement for a new bail hearing before being placed in pretrial custody if the “responsible person” is relieved of obligations under the undertaking.
  - Amend 42(2)(m) to remove time limits on the sentencing option for court to have a young person attend nonresidential programs (such as the attendance centre).
- 6.49 The province has advocated for changes to the Youth Criminal Justice Act. The province, consistent with the Nunn Commission recommendations, has articulated its position to the federal Justice Minister and other officials on an ongoing basis and provided suggested changes to the Act. In addition, in 2010, the province testified in support of the recommended changes at the federal Standing Committee on Justice and Human Rights meetings that considered a bill to amend the Act. The bill was not passed into law before the parliamentary session ended, which requires it to be reintroduced.
- 6.50 In fall 2011, the federal government introduced Bill C-10 to amend the Act. The Department of Justice indicated the bill, as tabled, addresses Commissioner Nunn’s main concerns with the Act.

## Targeting Resources and Youth Crime Prevention

### Conclusions and summary of observations

The Departments of Community Services and Education have taken appropriate action on all recommendations relating to improved collaboration in dealing with youth at risk and improving education. The Strategy for Children and Youth, the creation of the Family and Youth Services division, and various programs aimed at encouraging school attachment and engagement are some of the ways the departments have addressed Commissioner Nunn’s recommendations.

- 6.51 *Improved collaboration on responses to youth at risk* – Commissioner Nunn presented a number of recommendations to address gaps and a lack of collaboration among the various departments and persons dealing with youth at risk.

*“In the most part, service providers could act only in their area of interest without much, and sometimes without any, collaboration with others involved with the same person. This illustrates the unfortunate situation where those in each department or organization deal with a part of the child without anyone dealing with the whole child.”* [Nunn Commission report, pg 256]

- 6.52 The recommendations included the development and implementation of an interdepartmental strategy to deal with youth at risk and their families, supported by a steering group of senior departmental leaders [R26, R27]. A key part of the strategy development should be a comparison between the province's existing programs and interventions with those known to be effective in preventing youth crime [R30]. Commissioner Nunn also recommended the appointment of a senior official, preferably at the deputy minister level, to oversee the development and implementation of the strategy [R28].
- 6.53 The Commissioner also made recommendations to ensure resources were properly targeted and allocated. He recommended the establishment of a separate division within the Department of Community Services to provide a range of services to families directed toward the promotion of the integrity of the family [R29].
- 6.54 *Child and youth strategy* – In December 2007, the province published *Our Kids Are Worth It: Strategy for Children and Youth*. The strategy defined five key directions.
- To build a strong foundation
  - Identify problems, help early
  - Co-ordinate programs, services
  - Improve access, close gaps
  - Engage youth, promote shared accountability
- 6.55 The strategy is overseen by the Child and Youth Strategy Committee, an interdepartmental committee chaired by the Department of Community Services. This committee reports to a deputy ministers' forum, which sets government priorities. The governance structure of the strategy also includes regional and community representation.
- 6.56 The Department of Community Services established the position of Executive Director of Child and Youth Strategy in April 2007. When this position became vacant in 2010, the Department transferred the responsibility for the strategy to the Executive Director of Family and Community Supports. This position now oversees the strategy and chairs the Child and Youth Strategy Committee. While Commissioner Nunn indicated a preference for a deputy-level position in his recommendation, we believe the current governance structure for the strategy reasonably addresses the Commissioner's recommendation.
- 6.57 The strategy was developed based on a consultative process. Funded pilot projects were initiated to focus efforts in the five key directions of the

strategy. Many of the projects were identified at the community level. Pilot projects which were successful have been incorporated into the appropriate departments through the regular budgeting processes. The province has released annual reports on the strategy in each of the three years of its existence.

6.58 We examined a sample of four pilot projects and determined they were aligned with the strategy direction, were successful, and are to be continued through incorporation into the appropriate departments in future years. With the progression of the strategy, the oversight committee shifted the strategy's focus to strengthening the interrelationships, with the roles and functions of the committees redefined. This shift in focus is evident in the strategy's 2011-12 operating plan.

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

6.59 *Integrity of families* – In 2007, the Department of Community Services established the Family and Youth Services division, as recommended by Commissioner Nunn. Its mission to facilitate the coordinated delivery of community-based services for vulnerable youth and families is consistent with the need for coordination in early intervention and prevention of family dysfunction noted by Commissioner Nunn. The division has established standards for service organizations and service agreements to support the funding provided. It has performed evaluations of the child and youth strategy pilot projects which align with the need for early intervention and prevention of family dysfunction.

6.60 *Improving education for youth at risk* – Commissioner Nunn made recommendations for improvements to the education system in relation to youth at risk.

*“... AB... was falling behind his peers in the basic school skills and needed some different approaches. Instead, he was being considered as lacking intelligence and seen as a growing discipline problem. Disciplinary measures taken raise the general concerns of discipline, suspensions and school attendance.”* [Nunn Commission report, pg 267]

*“Pursuant to the Education Act, all children between the ages of 5 and 16 are obligated to attend school... The corresponding obligation on the schools is to provide an education.”* [Nunn Commission report, pg 268]

6.61 Commissioner Nunn's recommendations to the Department of Education relate to:

- approaches taken with students with attention deficit and other disorders [R31];

- support programs and services for youth at risk in the school system [R32];
- school attendance [R33]; and,
- alternatives to out-of-school suspension [R34].

6.62 *Attention deficit and other disorders* – The Department of Education has taken steps to address Commissioner Nunn’s recommendations. In March 2009, the Department hired a full-time learning disabilities consultant who is collaborating with school boards to develop a framework to articulate best practices and how boards can help students with learning disabilities and attention deficit disorder. The Department expects to release the first draft of the framework in the fall of 2011.

6.63 The Department is also implementing an assessment tool in the primary grades for school boards and the Department to identify any learning trends, issues, or gaps as early as possible. The assessment results will enable the Department and boards to make informed decisions on early interventions or initiatives needed to address issues or gaps identified. Full rollout of the tool is scheduled to begin in February 2012, and will continue until all schools have implemented the tool and the assessment results gathered.

6.64 In August 2011, the Department offered a summer institute course for teachers on attention deficit hyperactivity disorder in the classroom. The course was optional and had a maximum participant capacity of 40 teachers.

6.65 *Support programs and services for youth at risk* – Commissioner Nunn recommended additional funding for initiatives that support school attachment for students at risk. He cited two particular examples: targeted funding for junior high support teachers; and, continuation and expansion of the provincial and Halifax Regional School Board Youth Pathways and Transitions programs.

6.66 The Department of Education, under its Youth Pathways and Transitions strategy, has implemented, or is implementing, various programs and initiatives which the Department expects will be effective in fostering school attachment and improving the overall school climate. The main initiatives under this strategy are as follows.

- SchoolsPlus
- Options and Opportunities (O2)
- Community Based Learning

- Positive Effective Behaviour Supports (PEBS)
  - Comprehensive Guidance
- 6.67 At the time of our audit, the evaluations and feedback received by the Department on these initiatives indicated improvement in school attachment.
- 6.68 Commissioner Nunn recommended the Halifax Regional School Board (HRSB) continue to expand its Youth Pathways and Transitions program [R32]. This program provides schooling to those students who are unable to function in mainstream classrooms, due to behavioural or social problems. Citing budget constraints, HRSB cancelled this program for the fall of 2011. Students at HRSB schools are still covered by the support programs initiated through the Department's Youth Pathways and Transitions strategy.
- 6.69 *Junior high school support teachers* – As noted by Commissioner Nunn, the Halifax Regional School Board employs junior high support teachers to work directly with at-risk students. The Department of Education has not provided funding to introduce similar resources at other boards. The Department maintains the need for these resources has been mitigated through other initiatives such as SchoolsPlus, in which government and other services to families are delivered through school sites, and improvement in resource teacher-to-student ratios.
- 6.70 *Encourage measures to increase school attendance* – As Commissioner Nunn noted, the Education Act requires that students attend school. He offered no specific recommendations, other than for the Department of Education to identify and implement measures to enforce school attendance and reduce truancy [R33].
- 6.71 In 2009, the Department of Education produced a report titled “*Promoting Student Engagement – Report of the Minister’s Working Committee on Absenteeism and Classroom Climate.*” The Minister of Education accepted or supported 10 of the 13 recommendations in the report. The Department of Education is making reasonable progress toward addressing those recommendations.
- 6.72 Feedback received by the Department on its Options and Opportunities (O2) program, designed as a bridge between high school and work or postsecondary school, indicates it is having positive results in keeping youth in school and engaged in their education.
- 6.73 *Alternatives to out-of-school suspensions* – The Department of Education is considering implementing a province-wide restorative approach in schools in an effort to reduce the need for out-of-school suspensions. Some schools

---

have already begun employing this approach and have indicated positive results.

- 6.74 The Department of Education did not provide specific additional funding for expansion of in-school alternatives to student suspensions, but focused on improving the ratio of resource teachers to students. The Department expects the greater availability of resource teachers will enable adequate supervision for in-school suspensions. The Department's review of other initiatives, such as SchoolsPlus and O2, indicate disciplinary referrals have decreased, thereby reducing the need for out-of-school suspensions.
- 6.75 *Overall comments* – Commissioner Nunn made nine recommendations in the area of targeting resources and youth crime prevention. We found all of these recommendations were appropriately acted upon by the responsible departments.



## Appendix 1

Nunn Commission of Inquiry Recommendations		
Youth Justice Administration and Accountability		
Recommendation	Department Responsible	Appropriate Action Taken
<b>Recommendation 1:</b> Front-end delay in the administration of youth criminal justice in Nova Scotia should be immediately reduced by requiring a young person facing a new charge on a serious crime, or a young person facing other pending charges, to appear in Youth Justice Court by the next scheduled Appearance Date, or within one week of arrest.	DOJ	Yes
<b>Recommendation 2:</b> The Province should publicly commit to reduce overall delay and improve the speed at which the youth criminal justice system in Nova Scotia handles young persons' cases from arrest to sentencing or other final disposition. In doing so, within six months of this report, under the leadership of the Minister of Justice, the Province should <ul style="list-style-type: none"> <li>consult justice partners (police, Crown prosecutors, defence lawyers, judges, court administrators, Restorative Justice officials, community partners, and other key stakeholders) to identify general and particular causes of delay</li> <li>take steps to work with these justice partners to amend procedures or change practices to address the causes of delay</li> <li>set and publish realistic but challenging targets, measurably faster than the current average, for the speed of the handling of young persons' cases from arrest to final disposition</li> <li>report publicly at least twice annually on progress against the targets, including details on whether targets have been met and identification of appropriate action to address any ongoing failure to meet targets.</li> </ul>	DOJ	Yes
<b>Recommendation 3:</b> The Department of Justice, in consultation with local police services and the RCMP, should ensure that police officers are familiar with and trained in the procedural requirements of the administration of the courts and, in particular, with the purpose and procedures of the Justice of the Peace Centre.	DOJ	Yes
<b>Recommendation 4:</b> The Justice of the Peace Centre should continue to refine its administrative procedures and forms to ensure that all parties to a JP Centre hearing are familiar with its purpose, process, and outcome and that results are communicated promptly and clearly to the courts, police, or others affected by the hearing outcomes.	DOJ	Yes
<b>Recommendation 5:</b> The Department of Justice should establish an audit section to provide training to and monitor compliance by court staff with procedures, court manuals, and use of electronic systems.	DOJ	Partial

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

Nunn Commission of Inquiry Recommendations		
Youth Justice Administration and Accountability		
Recommendation	Department Responsible	Appropriate Action Taken
<b>Recommendation 6:</b> Court staff working in the Windsor Courthouse, as well as all satellite or adjunct court facilities in the province, must be provided with adequate and working telephone, facsimile, printing, computer equipment, and e-mail communication, along with the necessary equipment for stable and dependable access to JEIN.	DOJ	Yes
<b>Recommendation 7:</b> The Department of Justice, in consultation with all of its key justice stakeholders, should consider enhancements to the JEIN system, including the possible development of electronic versions of Informations or other court documents, with the goal of increasing the effectiveness and efficiency of communication among justice partners and reducing the reliance on multiple forms of communication for delivery of crucial information.	DOJ	Yes
<b>Recommendation 8:</b> When new courthouses are planned and built in the province, separate facilities should be provided for Youth Justice Court matters, completely apart from the adult facilities and with dedicated space for partner agencies where possible.	DOJ	Yes
<b>Recommendation 9:</b> The Department of Justice, in consultation with police agencies, should encourage the appointment of youth court liaison police officers in other judicial regions in the province.	DOJ	Yes
<b>Recommendation 10:</b> The Public Prosecution Service should consider appointing an additional dedicated youth court Crown attorney in the Halifax Youth Court, and consider the appointment of specialized Youth Court Crown attorneys elsewhere in the province where numbers warrant.	PPS	Yes
<b>Recommendation 11:</b> The Province should advocate that the federal government amend section 42(2)(m) of the federal <i>Youth Criminal Justice Act</i> to remove the time limits on the sentencing option for a court to require a young person to attend a non-residential community program like the proposed Halifax Attendance Centre.	DOJ	Yes
<b>Recommendation 12:</b> The Province should immediately establish a fully funded, adequately resourced, and fully programmed attendance centre in Halifax, following a plan that includes all of the programs and features contemplated by the Correctional Services Division's <i>Attendance Centre Program Model - Halifax</i> report, presented as evidence at the inquiry.	DOJ	Yes
<b>Recommendation 13:</b> The Province should establish a fully funded bail supervision program for young persons in the Halifax Regional Municipality in conjunction with and integrated into the establishment of the Halifax Attendance Centre.	DOJ	Partial

## Nunn Commission of Inquiry Recommendations

Youth Justice Administration and Accountability		
Recommendation	Department Responsible	Appropriate Action Taken
<p><b>Recommendation 14:</b> The Province should make every effort to implement a program of bail supervision for young persons in the province outside the Halifax Regional Municipality, to include a focus on both compliance with bail conditions and identification of proactive supports and services for the young persons in the program.</p>	DOJ	Partial
<p><b>Recommendation 15:</b> The Public Prosecution Service should direct its Crown prosecutors across the province to take a common general approach to pre-trial detention for young persons under the <i>Youth Criminal Justice Act</i> and the <i>Criminal Code</i>, by ensuring that its Crown prosecutors are familiar with and up-to-date in training in the relevant statutory provisions and recent developments in the law. The directive should recognize the flexibility required and the discretion of individual Crown prosecutors, along with the desirability of a common approach.</p>	PPS	Yes
<p><b>Recommendation 16:</b> The Public Prosecution Service should direct its Crown prosecutors across the province that, during a judicial interim release hearing for a young person for which a responsible person is proposed in lieu of pre-trial detention, they are to request that the judge hear evidence about whether the proposed person is willing and able to take care of and exercise control over the young person, in keeping with the requirements of section 31(1) of the <i>Youth Criminal Justice Act</i>.</p>	PPS	Yes
<p><b>Recommendation 17:</b> The Public Prosecution Service should continue its practice to request that a presiding judge make a “finding of guilt” as required under section 36 of the <i>Youth Criminal Justice Act</i> at the time a young person pleads guilty to a charge, not at the time of sentencing.</p>	PPS	Yes
<p><b>Recommendation 18:</b> Court administration, the Public Prosecution Service, and the judiciary should discuss the question of the timing of section 36 “findings of guilt” to resolve any concerns about scheduling or other matters that would prevent making a finding of guilt at the time of a guilty plea.</p>	DOJ	Yes
<p><b>Recommendation 19:</b> The Department of Justice and all of its justice partners, including police, sheriffs, court administrative staff, and the Public Prosecution Service, and others as necessary, should meet to determine a common protocol on the execution and administration of arrest warrants.</p>	DOJ	Yes

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

Nunn Commission of Inquiry Recommendations		
Advocacy for Changes to the Federal <i>Youth Criminal Justice Act</i>		
Recommendation	Department Responsible	Appropriate Action Taken
<b>Recommendation 20:</b> The Province should advocate that the federal government amend the “Declaration of Principle” in section 3 of the <i>Youth Criminal Justice Act</i> to add a clause indicating that protection of the public is one of the primary goals of the act.	DOJ	Yes
<b>Recommendation 21:</b> The Province should advocate that the federal government amend the definition of “violent offence” in section 39(1)(a) of the <i>Youth Criminal Justice Act</i> to include conduct that endangers or is likely to endanger the life or safety of another person.	DOJ	Yes
<b>Recommendation 22:</b> The Province should advocate that the federal government amend section 39(1)(c) of the <i>Youth Criminal Justice Act</i> so that the requirement for a demonstrated “pattern of findings of guilt” is changed to “a pattern of offences,” or similar wording, with the goal that both a young person’s prior findings of guilt and pending charges are to be considered when determining the appropriateness of pre-trial detention.	DOJ	Yes
<b>Recommendation 23:</b> The Province should advocate that the federal government amend and simplify the statutory provisions relating to the pre-trial detention of young persons so that section 29 will stand on its own without interaction with other statutes or other provisions of the <i>Youth Criminal Justice Act</i> .	DOJ	Yes
<b>Recommendation 24:</b> The Province should advocate that the federal government amend section 31(5)(a) of the <i>Youth Criminal Justice Act</i> so that if the designated “responsible person” is relieved of his or her obligations under a “responsible person undertaking” the young person’s undertaking made under section 31(3)(b) nevertheless remains in full force and effect, particularly any requirement to keep the peace and be of good behaviour and other conditions imposed by a youth court judge.	DOJ	Yes
<b>Recommendation 25:</b> The Province should advocate that the federal government amend section 31(6) of the <i>Youth Criminal Justice Act</i> to remove the requirement of a new bail hearing for the young person before being placed in pre-trial custody if the designated “responsible person” is relieved of his or her obligations under a “responsible person undertaking.”	DOJ	Yes

## Nunn Commission of Inquiry Recommendations

### Targeting Resources and Youth Crime Prevention

Recommendation	Department Responsible	Appropriate Action Taken
<p><b>Recommendation 26:</b> The Province should immediately begin the development and implementation of a public, comprehensive, collaborative, and effective interdepartmental strategy to coordinate its programs, interventions, services, and supports to children and youth at risk and their families, with a particular focus on the prevention of youth crime and a reduction in the likelihood of re-offending of young persons already in conflict with the law.</p>	DCS	Yes
<p><b>Recommendation 27:</b> The Departments of Community Services, Justice, Health and its Mental Health division, Health Promotion and Protection, and Education, and other government departments or agencies as required, should each immediately appoint an accountable senior official to a steering group to develop and implement the Province's strategy for youth and children at risk.</p>	DCS	Yes
<p><b>Recommendation 28:</b> The Province should appoint one senior official, preferably at the deputy minister level, as a "Director of Youth Strategy and Services," who would oversee and be accountable for the development and implementation of the Province's strategy for children and youth at risk. The director would manage the steering group of senior officials and should have the support required to ensure co-operation and collaboration by officials and staff from all government departments and agencies involved in providing services, programs, and interventions for children and youth at risk. In accordance with the strategy, the director would recommend and coordinate any re-allocation of resources to services, programs, and interventions identified as priority areas. The director should also regularly communicate to the public progress in the development and implementation of the strategy.</p>	DCS	Yes
<p><b>Recommendation 29:</b> In collaboration with the Director of Youth Strategy and Services, and as part of the Province's strategy for children and youth at risk, the Department of Community Services should consider establishing a separate division that will provide a range of services to families directed toward the promotion of the "integrity of the family" similar to those set out in section 13 of the <i>Children and Family Services Act</i>.</p>	DCS	Yes

JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS



JUSTICE:  
IMPLEMENTATION OF  
NUNN COMMISSION OF  
INQUIRY  
RECOMMENDATIONS

Nunn Commission of Inquiry Recommendations		
Targeting Resources and Youth Crime Prevention		
Recommendation	Department Responsible	Appropriate Action Taken
<b>Recommendation 30:</b> The Department of Justice should build on the results of its report, <i>Perspectives on Youth Crime in Nova Scotia</i> and continue its analysis of youth crime by comparing the Province’s existing interventions, programs, and services for children and youth at risk with the interventions, programs, and services that are known to be effective in preventing youth crime. The department should publicly report the findings of this “gap analysis” as a key part of the development of the Province’s strategy for children and youth at risk.	DOJ	Yes
<b>Recommendation 31:</b> The Department of Education should ensure that there is additional training for teachers and administrators on best practices in assisting students with attention deficit and other disorders, along with adequate funding for assessment and early intervention of students with these disorders in Nova Scotia schools.	DOE	Yes
<b>Recommendation 32:</b> The Department of Education should consider additional funding of initiatives to develop and sustain programs and supports that encourage “school attachment” for students at risk, either within the regular schools or in dedicated, alternative programs. Without limiting this recommendation, as particular examples I recommend that: <ul style="list-style-type: none"> <li>• the department should consider the introduction of and targeted funding for junior high support teachers throughout the province; and</li> <li>• the department and Halifax Regional School Board should continue and expand their respective “Youth Pathways and Transitions” programs.</li> </ul>	DOE	Yes
<b>Recommendation 33:</b> The Department of Education, in consultation with the school boards, should identify effective measures aimed at enforcing the school attendance provisions of the <i>Education Act</i> and reducing the levels of truancy in Nova Scotia schools.	DOE	Yes
<b>Recommendation 34:</b> The Department of Education, in conjunction with the Province’s strategy for children and youth at risk, should provide Nova Scotia schools with adequate space, staff, and programs for in-school alternatives to out-of-school suspension as a disciplinary measure.	DOE	Yes

---

**Response: Department of Justice**

In response to the two (2) recommendations contained in the Nunn Inquiry Implementation Audit conducted by your staff over the summer months this year.

***Recommendation 6.1***

***The Department of Justice should monitor training of court staff to ensure training is current.***

The Department of Justice accepts this recommendation. The Court Services Division recognizes that in order to provide excellent service, the courts require well trained staff to attend to the various functions of their job duties. The need for relevant and timely training and professional development was also highlighted in the responses of court staff in the most recent “How’s Work Going?” employee survey 2011 conducted by the Public Service Commission.

The Division is taking steps to respond to the employee survey and the Auditor General’s recommendation. The Division has established an “Organizational Effectiveness Unit”, whose purpose is to work with employees to improve the effectiveness of business processes through the development of policies and procedures and the development and delivery of operational training. A full-time training/development consultant has recently been dedicated to this unit. She is working with a project coordinator and other staff to develop a staff training program. The proposed program will envision a step progression from basic introductory training to increasingly specific and complex knowledge training.

Training content will be developed, and ongoing work prioritized, relying in part on regular training needs assessments conducted through staff surveys. An initial needs assessment survey was completed in 2010 by the Organizational Effectiveness Unit. Input will also be considered from the “Education Committees” made up of staff from the applicable job group so that the technical training directly relates to the work done by staff. A process to monitor the effectiveness of the training provided will also be developed.

***Recommendation 6.2***

***The Department of Justice should evaluate and take appropriate action to address the gap between unsupervised bail and pretrial detention for youth facing criminal charges.***

A Youth Bail Supervision Program was implemented in response to Recommendation 13 of the Nunn Commission: “*The Province should establish a fully funded bail supervision program for young persons in the Halifax Regional Municipality in conjunction with and integrated into the establishment of the Halifax Attendance Centre.*”

RESPONSE:  
DEPARTMENT  
OF JUSTICE

The Department of Justice incorporated a bail supervision program for youth within the structure of Community Corrections. This involved the creation of a stakeholder committee, developing and implementing policy and procedures and hiring two Probation Officers to supervise youth participating in the program in the Halifax Regional Municipality. The program was approved by the Attorney General of Nova Scotia, pursuant to Section 157(b) of the *Youth Criminal Justice Act* and Section 3(1) of the *Correctional Services Act*. The purpose of the program was to provide intensive supervision and access to supports for youth who were subject to Judicial Interim Release. The program became operational in March 2007.

An internal evaluation of the Youth Bail Supervision Program was undertaken in 2010. This evaluation concluded the program was not effective and that there was limited use of the service by the courts. As a result of this evaluation, the program was canceled effective April 1, 2011.

The above having been said, the Department will, in response to the recommendation, undertake to engage the Public Prosecution Service, the police and the Judiciary in a discussion about ways to ensure that, when youth are released on bail, the release conditions provide a mechanism for monitoring compliance.

In closing, let me say that we are pleased with the positive report as the Department took the recommendations in the Nunn Commission very seriously and worked hard to ensure they were implemented. I want to thank your staff for their thorough review of the documentation and the professional way they conducted the audit.



