April 2018

Report of the Auditor General
to the Nova Scotia
House of Assembly

NOVA SCOTIA

Follow-up of
2014 and 2015
Recommendations

Independence • Integrity • Impact

April 3, 2018

Honourable Kevin Murphy
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,

MICHAEL A. PICKUP, CPA, CA

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Chapter 1
Follow-up of 2014 and 2015 Recommendations

Overall Results

- Highest overall completion rate at 75%
- Government's commitment to completing recommendations is having positive results
- Completion rates at four organizations are too low

Why we follow up recommendations

- Our recommendations to promote better government have been agreed to by management
- When recommendations are not acted on, risks remain
- The report is a tool for the Public Accounts Committee, the House of Assembly, and the public to hold government accountable

213 recommendations across 28 organizations – 75% complete

80% – 100% Complete – 16 Organizations

- 16 organizations had impressive results; 12 are 100% complete, 4 are 80%+ complete
- We encourage continued monitoring by government, audit committees, and others with oversight

Communications Nova Scotia	100%	Justice	100%	Tri-County Regional School Board	90%
Emergency Management Office	100%	Municipal Affairs	100%	Labour & Advanced Education	86%
Energy	100%	NS Lotteries & Casino Corp.	100%	Education & Early Childhood Dev.	85%
Executive Council Office	100%	NS Pension Services Corp.	100%	Strait Regional School Board	83%
Finance & Treasury Board	100%	Public Service Commission	100%		
IWK Health Centre	100%	Transportation & Infra. Renewal	100%		

60% – 79% Complete – 8 Organizations

- 8 organizations have work to do to complete outstanding recommendations

Chignecto-Central Reg. School Brd	71%	Health & Wellness	69%	Community Services	62%
Natural Resources	71%	Fisheries & Aquaculture	67%	Internal Services	60%
Environment	69%	Halifax Regional School Board	63%		

Less than 60% Complete – 4 Organizations

- 4 organizations are less than 60% complete; only 1 organization had more than two recommendations
- **Nova Scotia Health Authority**
  - Completion rate is 44% for two audits
  - Health Authority completed two of seven (29%) recommendations from 2014 surgical waitlist audit
  - Management said they are well along on a system-wide approach to address the recommendations
  - Health Authority should complete its promised actions – communicate to Nova Scotians how and when surgery wait times will improve and manage operating room use efficiently

213 Recommendations from 20 audits

160 Complete (26 Organizations)

Chignecto-Central Regional School Board	5
Communications Nova Scotia	10
Community Services	8
Conseil scolaire acadien provincial	1
Education & Early Childhood Dev.	11
Emergency Management Office	1
Energy	1
Environment	13
Executive Council Office	2
Finance & Treasury Board	5
Fisheries & Aquaculture	6
Halifax Regional School Board	5
Health & Wellness	18
Internal Services	9
IWK Health Centre	6
Justice	2
Labour & Advanced Education	6
Municipal Affairs	8
Natural Resources	17
NS Health Authority	4
NS Pension Services Corp.	4
NS Provincial Lotteries & Casino Corp.	1
Public Service Commission	2
Strait Regional School Board	5
Transportation & Infrastructure Renewal	1
Tri-County Regional School Board	9

Total	**160**

52 Not Complete (16 Organizations)

Chignecto-Central Regional School Board	2
Community Services	5
Conseil scolaire acadien provincial	1
Education & Early Childhood Dev.	2
Environment	5
Fisheries & Aquaculture	3
Halifax Regional School Board	3
Health & Wellness	8
Housing Nova Scotia	1
Internal Services	6
Labour & Advanced Education	1
Natural Resources	7
NS Health Authority	5
Office of Aboriginal Affairs	1
Strait Regional School Board	1
Tri-County Regional School Board	1

Total	**52**

1 Not Doing (1 Organization)

|	
Environment	1

Total	**1**

1 Follow-up of 2014 and 2015 Recommendations

Significant Observations

1.1 Our Office conducts audits to provide practical and constructive advice to improve government performance. We follow up on government's implementation of our audit recommendations after two years. A description of our engagement and overall conclusion are provided in Appendix IV.

**Overall completion rate of 75% is highest ever**

1.2 This year's overall completion rate of 75% shows continued improvement from the 72% rate last year, and is the highest overall rate we have reported on government's action on our recommendations.

Percentage of Recommendations Completed, by Year Reported
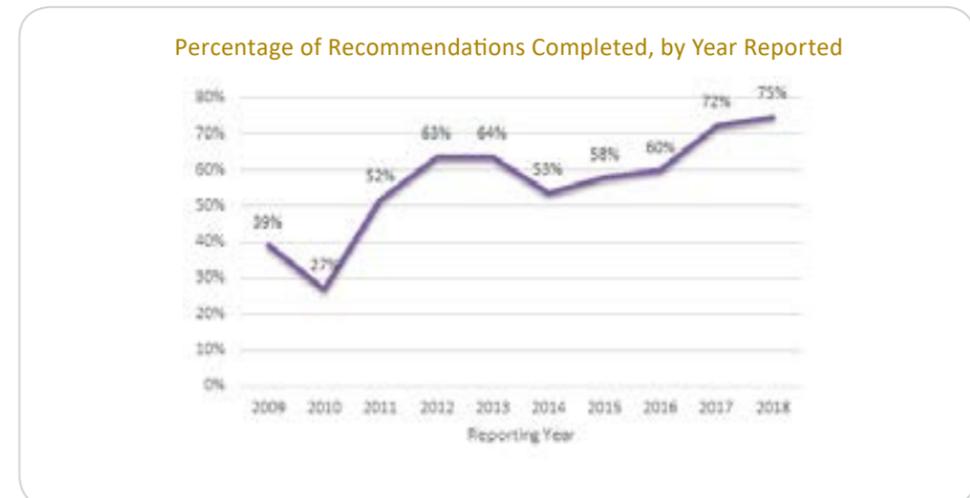
1.3 Government's commitment to completing our recommendations is evident from this year's results. We encourage government, audit committees, and others responsible for oversight to continue addressing our audit recommendations. Key reasons which contribute toward high completion rates include:

- Senior management communicating that addressing our audit recommendations is a priority

- Establishing clear objectives and accountability at an appropriate level within the organization

- Developing action plans and tracking progress

Overall Results from 2014 and 2015
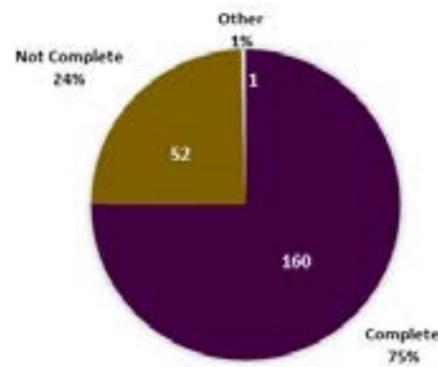
1.4   We expect organizations to complete at least 80% of our recommendations after two years. For the 2015 reports, the overall completion rate is 72%, which is below the expected two-year rate. For the 2014 reports, the 78% completion rate after three years, is still short of the 80% target. Recommendations not complete leave organizations exposed to known risks. We discuss completion rates by organization in the paragraphs below.

Overall Results from 2015
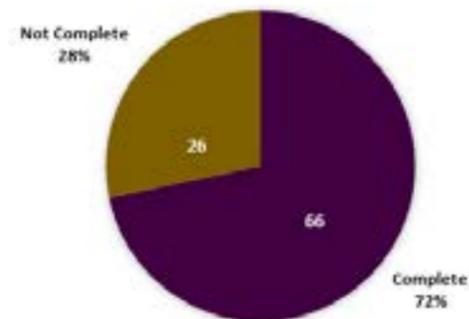
Overall Results from 2014
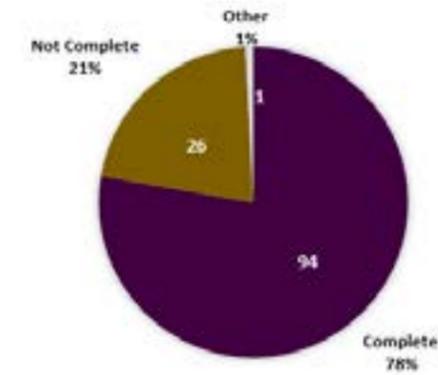
Sixteen organizations had positive results with completion rates over 80%

1.5   The analysis in Appendix I shows how well the 28 organizations we audited completed our recommendations. Sixteen had completion rates above 80%, including twelve at 100%. This is an improvement from last year's eleven organizations above 80%, including nine at 100%.

1.6   The organizations with completion rates over 80% are:

Percent	16 Organizations	Number Completed
100%	Communications Nova Scotia	10
	Emergency Management Office	1
	Energy	1
	Executive Council Office	2
	Finance and Treasury Board	5
	IWK Health Centre	6
	Justice	2
	Municipal Affairs	8
	Nova Scotia Pension Services Corporation	4
	Nova Scotia Provincial Lotteries and Casino Corporation	1
	Public Service Commission	2
	Transportation and Infrastructure Renewal	1
90%	Tri-County Regional School Board	9 of 10
86%	Labour and Advanced Education	6 of 7
85%	Education and Early Childhood Development	11 of 13
83%	Strait Regional School Board	5 of 6

1.7   Twelve organizations completed less than 80% of their recommendations – eight had completion rates between 60% and 79%. We encourage these

Four organizations had low completion rates – less than 60%

1.8   Four organizations have completion rates less than 60%. However, three of the four (Conseil scolaire acadien provincial, Housing Nova Scotia, and Office of Aboriginal Affairs) had only one or two recommendations in total. We encourage these organizations to address our recommendations in a timely manner. We provide additional information in the following paragraphs for the one organization which had more than two recommendations.

1.9   Nova Scotia Health Authority's overall completion rate is 44% for two audits, having completed only two of seven (29%) recommendations from our 2014 audit of surgical waitlist and operating room utilization. Recommendations not yet complete are to communicate to Nova Scotians how and when surgery wait times will improve and to efficiently schedule and monitor operating room use.

1.10   The length of wait times in Nova Scotia is a significant issue. Wait times data reported on the Department of Health and Wellness's public website (November 1, 2017 to January 31, 2018 data period (unaudited)) shows 90% of Nova Scotians wait over one and a half years for hip or knee replacement surgery, excluding wait time for a referral appointment with a surgeon. The national benchmark wait time for surgery is six months – a standard accepted by the Province.

1.11   Health authority management told us it is taking a province-wide approach to address these recommendations, not just focusing on the two former district health authorities audited in the 2014 report. We include below management's comments on its progress, but provide no assurance on the actions described.

Nova Scotia Health Authority provided a status update (not audited)

1.12   Nova Scotia Health Authority management indicated it is working to improve surgical wait times and operating room utilization across the province. Management stated a provincial surgical services team is working with a wait time advisory team, and other staff and physicians, to better measure, manage, and improve wait times. This includes looking at all the resources available in the province, and where and how they can best be used, to improve care. The team has access to new reports and tools on wait times to help with their planning. New communication tools are being created to provide more information to Nova Scotians about wait times and the gains being made.

1.13   The health authority's review showed hip and knee replacement surgeries had some of the longest wait times. Management indicated that a working group is finding ways to shorten those wait times and have developed a detailed plan that sets annual targets for the number of surgeries needed to reduce the waitlists, in a phased approach, to reach the national six-month benchmark by 2020. The health authority's approach also includes recruiting additional surgical staff and setting up or enhancing assessment clinics to coordinate care and waitlists. Internal tracking and periodic reporting on completion of the plan is ongoing.

1.14   In relation to operating room use, management told us an operating room efficiencies group has tracked and reported on various measures of performance, including operating room utilization, same-day cancellations, and turnaround time for the next scheduled surgery. Targets are being set and will be monitored for each of these areas.

1.15   We encourage the Nova Scotia Health Authority to continue its work in addressing its commitments to our recommendations. The Nova Scotia Health Authority needs to publicly report on how and when surgery wait times will improve, including the significant reduction targets needed from now to 2020.

Continued public reporting may improve accountability

1.16   Our Office does not regularly report on recommendations after we have followed up on them for a two-year period. This year is the last time we will regularly report on the organizations who have not yet completed 26 (21%) recommendations from our 2014 audits. We encourage all organizations with recommendations not complete to continue to publicly report on their progress in completing them.

1.17   Regular public reporting may assist the Public Accounts Committee, the House of Assembly, and the public to hold government accountable for the timely completion of our recommendations. For example, the surgical wait times and operating room utilization audit of 2014 will not be followed up again as part of our work next year. Work remains to be done in this important area for Nova Scotians.

Government accepted all but one of our 2014 and 2015 recommendations

1.18   Government accepted all but one recommendation issued in our 2014 and 2015 audit reports. We disagree with the rationale for not accepting this recommendation.

1.19   The Department of Environment does not intend to obtain documented acknowledgement from facilities that they received their drinking water audit

reports. Having the facility acknowledge receipt of the audit report provides evidence the facility was made aware of the report and any deficiencies noted. This reduces the risk of untimely correction of those deficiencies.

Summary of Recommendations by Organization, by Report

Organization	Report	Recommendations			Total
		Complete	Not Complete	Do Not Intend to Implement	
Communications Nova Scotia	May 2014 – Chapter 3: Advertising, Procurement, and Performance	10 100%	0	0	10
Community Services	December 2014 – Chapter 2: Integrated Case Management System	8 73%	3 27%	0	11
	February 2015 – Chapter 5: Results of Audits and Reviews	0	2 100%	0	2
Education and Early Childhood Development	May 2014 – Chapter 4: iNSchool Student Information System	8 100%	0	0	8
	February 2015 – Chapter 4: Agencies, Boards and Commissions Accountability Reporting	1 100%	0	0	1
	November 2015 – Chapter 2: Regional School Board Governance and Oversight	2 67%	1 33%	0	3
	November 2015 – Chapter 3: Business Continuity Management	0	1 100%	0	1
Emergency Management Office	November 2015 – Chapter 3: Business Continuity Management	1 100%	0	0	1
Energy	February 2015 – Chapter 5: Results of Audits and Reviews	1 100%	0	0	1
Environment	May 2014 – Chapter 5: Public Drinking Water Supply Program	13 69%	5 26%	1 5%	19
Executive Council Office	November 2015 – Chapter 3: Business Continuity Management	2 100%	0	0	2
Finance and Treasury Board	January 2015 – Bluenose II Restoration Project	2 100%	0	0	2
	February 2015 – Chapter 5: Results of Audits and Reviews	3 100%	0	0	3
Fisheries and Aquaculture	June 2015 – Chapter 3: Aquaculture Monitoring	6 67%	3 33%	0	9
Health and Wellness	May 2014 – Chapter 6: Physician Alternate Funding Arrangements	12 92%	1 8%	0	13
	December 2014 – Chapter 4: Surgical Waitlist and Operating Room Utilization	2 50%	2 50%	0	4
	February 2015 – Chapter 4: Agencies, Boards and Commissions Accountability Reporting	1 50%	1 50%	0	2
	February 2015 – Chapter 5: Results of Audits and Reviews	1 100%	0	0	1

Summary of Recommendations by Organization, by Report (Continued)

Organization	Report	Recommendations			
		Complete	Not Complete	Do Not Intend to Implement	Total
Health and Wellness	June 2015 – Chapter 4: Procurement and Management of Professional Services Contracts	1 100%	0	0	1
	June 2015 – Chapter 5: Responsible Gambling and the Prevention and Treatment of Problem Gambling	1 20%	4 80%	0	5
Internal Services	May 2014 – Chapter 4: iNSchool Student Information System	1 100%	0	0	1
	December 2014 – Chapter 2: Integrated Case Management System	1 25%	3 75%	0	4
	June 2015 – Chapter 4: Procurement and Management of Professional Services Contracts	6 67%	3 33%	0	9
	November 2015 – Chapter 3: Business Continuity Management	1 100%	0	0	1
Justice	February 2015 – Chapter 4: Agencies, Boards and Commissions Accountability Reporting	1 100%	0	0	1
	November 2015 – Chapter 3: Business Continuity Management	1 100%	0	0	1
Labour and Advanced Education	November 2015 – Chapter 4: Funding to Universities	6 86%	1 14%	0	7
Municipal Affairs	November 2015 – Chapter 5: Monitoring and Funding Municipalities	8 100%	0	0	8
Natural Resources	May 2014 – Chapter 7: Mineral Resource Management	14 70%	6 30%	0	20
	November 2015 – Chapter 6: Forest Management and Protection	3 75%	1 25%	0	4
Office of Aboriginal Affairs	June 2015 – Chapter 5: Responsible Gambling and the Prevention and Treatment of Problem Gambling	0	1 100%	0	1
Public Service Commission	January 2014 – Chapter 3: Public Service Superannuation Plan	2 100%	0	0	2
Transportation and Infrastructure Renewal	June 2015 – Chapter 4: Procurement and Management of Professional Services Contracts	1 100%	0	0	1
Chignecto-Central Regional School Board	November 2015 – Chapter 2: Regional School Board Governance and Oversight	5 71%	2 29%	0	7
Conseil scolaire acadien provincial	November 2015 – Chapter 3: Business Continuity Management	1 50%	1 50%	0	2
Halifax Regional School Board	November 2015 – Chapter 2: Regional School Board Governance and Oversight	4 67%	2 33%	0	6
	November 2015 – Chapter 3: Business Continuity Management	1 50%	1 50%	0	2

Summary of Recommendations by Organization, by Report (Continued)

Organization	Report	Recommendations			
		Complete	Not Complete	Do Not Intend to Implement	Total
Housing Nova Scotia	November 2015 – Chapter 3: Business Continuity Management	0	1 100%	0	1
IWK Health Centre	December 2014 – Chapter 4: Surgical Waitlist and Operating Room Utilization	6 100%	0	0	6
Nova Scotia Health Authority	January 2014 – Chapter 3: Public Service Superannuation Plan	2 100%	0	0	2
	December 2014 – Chapter 4: Surgical Waitlist and Operating Room Utilization	2 29%	5 71%	0	7
Nova Scotia Pension Services Corporation	January 2014 – Chapter 3: Public Service Superannuation Plan	4 100%	0	0	4
Nova Scotia Provincial Lotteries and Casino Corporation	June 2015 – Chapter 5: Responsible Gambling and the Prevention and Treatment of Problem Gambling	1 100%	0	0	1
Strait Regional School Board	November 2015 – Chapter 2: Regional School Board Governance and Oversight	5 83%	1 17%	0	6
Tri-County Regional School Board	December 2014 – Chapter 3: Tri-County Regional School Board	9 90%	1 10%	0	10
Total Recommendations		**160 75%**	**52 24%**	**1 1%**	**213**

Appendix II

Summary of Recommendations by Report

January 2014	Complete	Not Complete	Do Not Intend to Implement	Total
Chapter 3: Public Service Superannuation Plan	8	0	0	8
Total	**8** **100%**	**0** **0%**	**0** **0%**	**8** **100%**

May 2014	Complete	Not Complete	Do Not Intend to Implement	Total
Chapter 3: Advertising, Procurement, and Performance	10	0	0	10
Chapter 4: iNSchool Student Information System	9	0	0	9
Chapter 5: Public Drinking Water Supply Program	13	5	1	19
Chapter 6: Physician Alternate Funding Arrangements	12	1	0	13
Chapter 7: Mineral Resource Management	14	6	0	20
Total	**58** **82%**	**12** **17%**	**1** **1%**	**71** **100%**

December 2014	Complete	Not Complete	Do Not Intend to Implement	Total
Chapter 2: Integrated Case Management System	9	6	0	15
Chapter 3: Tri-County Regional School Board	9	1	0	10
Chapter 4: Surgical Waitlist and Operating Room Utilization	10	7	0	17
Total	**28** **67%**	**14** **33%**	**0** **0%**	**42** **100%**

January 2015	Complete	Not Complete	Do Not Intend to Implement	Total
Bluenose II Restoration Project	2	0	0	2
Total	**2** **100%**	**0** **0%**	**0** **0%**	**2** **100%**

February 2015	Complete	Not Complete	Do Not Intend to Implement	Total
Chapter 4: Agencies, Boards and Commissions Accountability Reporting	3	1	0	4
Chapter 5: Results of Audits and Reviews	5	2	0	7
Total	**8** **73%**	**3** **27%**	**0** **0%**	**11** **100%**

Summary of Recommendations by Report (Continued)

June 2015	Complete	Not Complete	Do Not Intend to Implement	Total
Chapter 3: Aquaculture Monitoring	6	3	0	9
Chapter 4: Procurement and Management of Professional Services Contracts	8	3	0	11
Chapter 5: Responsible Gambling and the Prevention and Treatment of Problem Gambling	2	5	0	7
Total	**16** **59%**	**11** **41%**	**0** **0%**	**27** **100%**

November 2015	Complete	Not Complete	Do Not Intend to Implement	Total
Chapter 2: Regional School Board Governance and Oversight	16	6	0	22
Chapter 3: Business Continuity Management	7	4	0	11
Chapter 4: Funding to Universities	6	1	0	7
Chapter 5: Monitoring and Funding Municipalities	8	0	0	8
Chapter 6: Forest Management and Protection	3	1	0	4
Total	**40** **77%**	**12** **23%**	**0** **0%**	**52** **100%**

Total Recommendations from 2014 and 2015	160	52	1	213
	75%	**24%**	**1%**	**100%**

Appendix III

Implementation Status by Recommendation

January 2014

Chapter 3: Public Service Superannuation Plan

3.1   The Public Service Commission, working with the Province's Corporate Records Management Group, should define how pay information is maintained in employee personnel records once they retire or no longer work for the Province to ensure there is appropriate support to recalculate pension benefit payments in the future. This revised STOR policy should be communicated to, and implemented by, all departments.
Status – Complete

3.2   The Public Service Commission should establish controls to determine it has received all retiree files from departments, and that they have been correctly labelled and sent to storage as required.
Status – Complete

3.3   The Public Service Commission should revise its file retention policy for retiree files to ensure files are maintained until pensions are no longer paid.
Status – Action No Longer Required (Office of the Auditor General agrees with this status. This recommendation has been removed from further follow-up assignments.)

3.4   Capital Health should review and improve controls to ensure information to be included in employee records is received and maintained.
Status – Nova Scotia Health Authority – Complete

3.5   Capital Health should revise its file retention policy for retiree files to ensure files are maintained until pensions are no longer paid.
Status – Nova Scotia Health Authority – Complete

3.6   The Public Service Superannuation Plan Trustee Inc. should develop a process to undertake nonfinancial statement audits for the Plan. Auditors should be engaged and results reported directly to the Board or its Audit and Actuarial Committee.
Status – Nova Scotia Pension Services Corporation – Complete

3.7   The Nova Scotia Pension Services Corporation should conduct a risk assessment and map the results to existing policies and procedures. Any gaps should be addressed with new or revised policies and procedures. The Risk and Compliance Manual and its related monitoring program should be updated.
Status – Complete

3.8   The Public Service Superannuation Plan Trustee Inc. should establish timeframes for the review and update of the Plan's asset mix to ensure it continues to meet Plan objectives.
Status – Nova Scotia Pension Services Corporation – Complete

3.9   The Public Service Superannuation Plan Trustee Inc. should make its Statement of Investment Policies and Goals, including the approved asset mix and permissible investments, available to current and retired members of the Public Service Superannuation Plan.
Status – Nova Scotia Pension Services Corporation – Complete

May 2014

Chapter 3: Communications Nova Scotia – Advertising, Procurement, and Performance

3.1   Communications Nova Scotia should review and update its social media policies, including providing direction regarding the appropriate use of Government social media accounts.
Status – Complete

3.2   Communications Nova Scotia should develop a schedule for future review of its social media policy. This schedule should provide for timely review, considering the rate of change in available social media communication tools.
Status – Complete

3.3   Communications Nova Scotia should follow its current policies and obtain documented approval from the client department before releasing any communications pertaining to that department.
Status – Complete

3.4   Communications Nova Scotia should require vendors to provide detailed information on invoices to support their billings.
Status – Complete

3.5   Communications Nova Scotia should comply with Provincial procurement rules.
Status – Complete

3.6   Communications Nova Scotia should seek advice to determine whether some of the individuals it engages as contractors may be considered employees by Canada Revenue Agency. Communications Nova Scotia should also obtain legal advice on how to best address this situation if concerns are identified.
Status – Complete

3.7   Communications Nova Scotia should implement a process to monitor significant external and internal projects. Documentation of monitoring should include information about project budgets and deadlines.
Status – Complete

3.8   Communications Nova Scotia should develop measurable goals and objectives for the Agency. These should be reported against targets in the annual accountability report.
Status – Complete

3.9   Communications Nova Scotia should include clearly-defined goals and objectives for all significant advertising campaigns.
Status – Complete

3.10   Communications Nova Scotia should fully evaluate all significant advertising campaigns against objectives.
Status – Complete

Chapter 4: Education and Early Childhood Development – iNSchool Student Information System

4.1   The Department of Education and Early Childhood Development and school boards should implement consistent, strong controls on the operating systems, databases and applications of iNSchool, including enforcement of strong passwords and account settings.
Status – Complete

4.2   The Department of Education and Early Childhood Development should work with the school boards to develop a process that tracks requests for, and changes to, access to iNSchool.
Status – Complete

4.3   The Department of Education and Early Childhood Development should work with the school boards to develop a process that records the outcome of the periodic review of accounts and the details of the resulting disabled accounts.
Status – Complete

4.4   The Department of Education and Early Childhood Development should complete and approve a privacy impact assessment for iNSchool. Processes should be developed and implemented to address any risks identified in the assessment.
Status – Complete

4.5   The Department of Education and Early Childhood Development should prepare a disaster recovery plan that includes the iNSchool system. The Department should provide training and perform testing on the disaster recovery plan.
Status – Department of Internal Services – Complete

4.6   The Department of Education and Early Childhood Development should validate with the building owner that generator maintenance is performed as scheduled, including a full load test.
Status – Complete

4.7   The Department of Education and Early Childhood Development should install a water sensor in its server room.
Status – Complete

4.8   The Department of Education and Early Childhood Development should document and implement a performance management process that includes procedures to indicate which networking hardware, servers and metrics should be monitored, how frequently it should occur, what staff should look for, and steps to take if incidents are identified.
Status – Complete

4.9   The Department of Education and Early Childhood Development should work with the school boards to document and track iNSchool system incidents. Incidents should be analyzed to identify and respond to their root causes.
Status – Complete

Chapter 5: Environment – Public Drinking Water Supply Program

5.1   The Department of Environment should conduct registered facility audits at the required frequency.
Status – Complete

5.2   The Department of Environment should investigate why errors exist with scheduled audit dates in the activity tracking system and take the necessary action to address the problem.
Status – Complete

5.3   The Department of Environment should require inspectors to determine if appropriate contingency plans exist when auditing registered facilities.
Status – Complete

5.4   The Department of Environment should develop and implement clear guidance supporting the areas covered during facility audits, including the nature and extent of water testing.
Status – Complete

5.5   The Department of Environment should evaluate whether the current requirement for water testing by inspectors at registered facilities is appropriate and implement changes where required.
Status – Complete

5.6   The Department of Environment should complete all required procedures when conducting registered facility audits.
Status – Complete

5.7   The Department of Environment should record all deficiencies in the activity tracking system as required.
Status – Complete

5.8   The Department of Environment should obtain documented acknowledgement from facilities that they have received the audit report.
Status – Do Not Intend to Implement

5.9   The Department of Environment should establish time frames indicating when inspectors should issue audit reports. The Department should monitor compliance with these time frames.
Status – Not Complete

5.10   The Department of Environment should develop and implement a policy regarding the timing and nature of deficiency follow-up required by inspectors.
Status – Complete

5.11   The Department of Environment should ensure all annual reports are received and reviewed in a timely manner, and that they contain all required information.
Status – Complete

5.12   The Department of Environment should conduct all boil water advisory confirmatory samples within the 30-day requirement.
Status – Complete

5.13   The Department of Environment should develop and implement guidelines for contacting facilities when a boil water advisory is issued.
Status – Complete

5.14   The Department of Environment should establish a policy clarifying the time frame in which newly registered facilities should have an initial audit.
Status – Complete

5.15   The Department of Environment should utilize information available in the activity tracking system for trend analyses and identification of risks.
Status – Not Complete

5.16   The Department of Environment should track time for key inspector activities for use by management in operational planning and monitoring.
Status – Complete

5.17   The Department of Environment should conduct its planned review of the quality assurance process and implement changes as required.
Status – Not Complete

5.18   The Department of Environment should complete management file reviews as required.
Status – Not Complete

5.19   The Department of Environment should review management reports from the activity tracking system in a timely manner and take appropriate action to address issues identified.
Status – Not Complete

Chapter 6: Health and Wellness – Physician Alternate Funding Arrangements

6.1   The Department of Health and Wellness should obtain a signed letter from all physicians added to academic funding plans acknowledging the physician's acceptance of the terms of the academic funding plan. This letter should be signed before services are provided and payments are made. Similarly, the Department should obtain signed contracts from alternate payment plan physicians before services are provided and payments made.
Status – Complete

6.2   The Department of Health and Wellness should have current, signed contracts for all alternative payment plans and academic funding plans.
Status – Not Complete

6.3   The Department of Health and Wellness should develop targets for all academic funding plan deliverables. Targets should be reviewed annually to determine if changes are necessary.
Status – Complete

6.4   The Department of Health and Wellness should include reporting deadlines in all academic funding plans.
Status – Complete

6.5   The Department of Health and Wellness should develop physician-specific contract deliverables for alternative payment plans. Contracts should include reporting timeframes and actions to be taken if deliverables are not met.
Status – Complete

6.6   The Department of Health and Wellness should develop and implement processes to track and monitor performance against deliverables in alternative payment and academic funding plans. This should include action to be taken if reports are not provided or if deliverables are not met.
Status – Complete

6.7   The Department of Health and Wellness should develop a risk assessment process for the selection of alternative payment and academic funding audits. This should include criteria to evaluate the risk analysis provided by Medavie.
Status – Complete

6.8   The Department of Health and Wellness should re-evaluate the mix of audits selected each year to determine if audit resources are being allocated to the appropriate areas.
Status – Complete

6.9   The Department of Health and Wellness should follow up on out-of-province billing audits and collect any unbilled amounts.
Status – Complete

6.10   The Department of Health and Wellness should establish a process to communicate audit results and discuss Medavie audit findings with physicians in a timely manner. Discussions with physicians should be documented and action plans developed as needed to ensure deficiencies are corrected.
Status – Complete

6.11   The Department of Health and Wellness should take action to address completed audits that have not yet been discussed with physicians.
Status – Complete

6.12   The Department of Health and Wellness should not sign contracts with alternative payment plan physicians until deliverables have been finalized and included in the contracts.
Status – Complete

6.13   The Department of Health and Wellness should review all alternative payment plan deliverables developed by district health authorities for the new model prior to signing contracts to ensure consistency across the Province.
Status – Complete

Chapter 7: Natural Resources – Mineral Resource Management

7.1   The Department of Natural Resources should develop guidelines to assist staff in calculating reclamation cost estimates.
Status – Complete

7.2   The Department of Natural Resources should document its rationale and obtain approval from senior management when less than 100% of the estimated reclamation cost is obtained as security.
Status – Complete

7.3   The Department of Natural Resources should assess the estimated cost to reclaim mining sites against the current security held, and complete an assessment of the overall risk to the Province. If the existing security is inadequate, steps should be taken to reduce identified risks to acceptable levels.
Status – Complete

7.4   The Department of Natural Resources should regularly identify and assess sites requiring updated cost estimates, and ensure adequate security is maintained.
Status – Complete

7.5   The Department of Natural Resources should implement and monitor processing time performance standards for mineral exploration license applications and renewals.
Status – Complete

7.6   The Department of Natural Resources should review and assess lease annual reports to ensure they meet reporting requirements. The review should be documented and report deficiencies followed up.
Status – Complete

7.7   The Department of Natural Resources should establish and implement a process to track and receive lease payments on a timely basis.
Status – Complete

7.8   The Department of Natural Resources should develop and implement a policy on completing site visits, including documentation requirements and frequency.
Status – Complete

7.9   The Department of Natural Resources should identify their information needs and implement regular reporting from the mineral information system.
Status – Complete

7.10   The Department of Natural Resources should define and communicate the basis for calculation of mineral royalties to those operators not using a rate per ton.
Status – Not Complete

7.11   The Department of Natural Resources should establish and implement guidelines for the review of quarterly royalty or tax returns, including follow up of inaccurate returns or returns with incomplete information.
Status – Not Complete

7.12   The Department of Natural Resources should establish and implement guidelines for the tracking and use of interest and penalties on late or inaccurate royalty or tax returns.
Status – Not Complete

7.13   The Department of Natural Resources should compare information in operator's annual reports to royalty or tax payments received and investigate significant variances.
Status – Complete

7.14   The Department of Natural Resources should establish and implement guidelines to identify and periodically request additional information, such as financial statements, reports, or other supporting information, to verify the accuracy and completeness of royalty or tax returns.
Status – Not Complete

7.15   The Department should determine an appropriate timeframe and implement regular review of royalty rates to ensure they reflect the optimum economic benefit to the Province.
Status – Not Complete

7.16   The Department of Natural Resources should evaluate the success of the mineral incentive program in achieving its objectives prior to making a decision on whether to continue the program.
Status – Complete

7.17   The Department of Natural Resources should verify and document that successful grant applicants meet established eligibility criteria.
Status – Complete

7.18   The Department of Natural Resources should develop and implement processes to receive grant applications and reports by established deadlines.
Status – Complete

7.19   The Department of Natural Resources should verify and document mineral incentive grant requirements are met before final payments are made.
Status – Not Complete

7.20   The Department of Natural Resources should exclude HST as an eligible grant expense for applicants eligible for federal government reimbursement of the tax.
Status – Complete

December 2014

Chapter 2: Community Services – Integrated Case Management System

2.1   The Department of Community Services and the Department of Internal Services should address security weaknesses identified in ICM databases and servers.
Status – Department of Community Services – Complete
Department of Internal Services – Not Complete

2.2   The Department of Community Services should ensure only authorized users have access to only the information necessary to fulfill their job requirements and only for the period of time required.
Status – Complete

2.3   The Department of Community Services should regularly analyze results of its reported incidents and take action to address weaknesses on a timely basis.
Status – Complete

2.4   The Department of Community Services should ensure documentation to support the management of changes to ICM is maintained, including its purpose, testing results and applicable approvals.
Status – Complete

2.5   The Department of Community Services and the Department of Internal Services should monitor the performance and capacity of the ICM systems on an ongoing basis and address any issues.
Status – Department of Community Services – Complete
Department of Internal Services – Complete

2.6   The Department of Community Services should ensure that business continuity plans are in place and contain information such as prioritization and timelines for restoration of key Department computer programs.
Status – Not Complete

2.7   The Department of Internal Services and the Department of Community Services should work together to incorporate the Department of Community Services' business continuity plan into the Province's disaster recovery plan.
Status – Department of Community Services – Not Complete
Department of Internal Services – Not Complete

2.8   The Department of Community Services should closely control and monitor the risks related to payments made without a case identification number.
Status – Complete

2.9   The Department of Community Services should enhance controls over bank account assignments to clients.
Status – Complete

2.10   The Department of Community Services should reduce duplicate clients and trustees within ICM.
Status – Not Complete

2.11   The Department of Community Services should ensure it has a control framework for IT which includes risk management and a plan to assess the ongoing effectiveness of controls.
Status – Department of Internal Services – Not Complete

2.12   The Department of Community Services should finalize an approved IT strategic plan that includes the role and responsibilities of the Information, Communication and Technology Services branch and the Department.
Status – Complete

Chapter 3: Education and Early Childhood Development – Tri-County Regional School Board

3.1   The governing Board of the Tri-County Regional School Board should define its role and responsibilities and the information required from management in order to fully carry out its duties in educating students. Board members should also complete an annual self-assessment of their performance and address any identified weaknesses in a timely manner.
Status – Complete

3.2   The governing Board of the Tri-County Regional School Board should request that management determine and address the reasons for the unsatisfactory performance of its students in literacy and numeracy. In addition, the Board should regularly review reports on student performance, including students with individualized programs, to hold management accountable for the delivery of educational services to its students.
Status – Complete

3.3   The governing Board of the Tri-County Regional School Board should ensure that appropriate school improvement plans align with Board goals and oversee whether expected results are being achieved.
Status – Complete

3.4   The governing Board of the Tri-County Regional School Board should ensure that teacher and principal evaluations are completed according to Board policy, that teachers are adhering to the provincial program of studies, and that staff development needs are being met.
Status – Complete

3.5   The governing Board of the Tri-County Regional School Board should evaluate the Superintendent's performance against the responsibilities of the position and take any necessary action.
Status – Complete

3.6   Tri-County Regional School Board management should ensure that school improvement plans and annual reports are completed on a timely basis, include specific goals and strategies to address Board and school priorities, and report progress on achieving goals.
Status – Complete

3.7   Tri-County Regional School Board management should regularly monitor the performance of students in all subject areas and take the required action to ensure student achievement meets expectations.
Status – Not Complete

3.8   Tri-County Regional School Board management should appropriately monitor the performance of students with individualized program plans and take needed action to ensure those students progress as expected.
Status – Complete

3.9   Tri-County Regional School Board management should ensure the evaluation process includes recommendations for improvement that are specific and that timely follow-up is completed to determine if appropriate progress has been made.
Status – Complete

3.10   Tri-County Regional School Board management should ensure that professional growth plans are completed and that plans link to Board and school improvement goals.
Status – Complete

Chapter 4: Health and Wellness – Surgical Waitlist and Operating Room Utilization

4.1   The Department of Health and Wellness should report surgery wait times from the date of decision to operate to the date of surgery. Also, the Department should ensure booking information is submitted within the PAR-NS policy timeframes.
Status – Department of Health and Wellness – Complete
Nova Scotia Health Authority – Complete
IWK Health Centre – Complete

4.2   The Department of Health and Wellness should ensure the surgery waitlist complies with its policy, including ensuring the existing waitlist consists of only patients ready for surgery.
Status – Department of Health and Wellness – Complete
Nova Scotia Health Authority – Complete
IWK Health Centre – Complete

4.3   The Department of Health and Wellness, Annapolis Valley Health, Capital Health, and the IWK Health Centre should set specific, short-term surgery wait time performance targets and regularly report against those targets publicly.
Status – Department of Health and Wellness – Not Complete
Nova Scotia Health Authority – Not Complete
IWK Health Centre – Complete

4.4   Annapolis Valley Health, Capital Health and the IWK Health Centre should develop and document regular, internal elective surgery wait time reporting processes. These processes should be updated periodically based on a review of user information needs. Management should use this reporting to determine what action is needed to help address wait time issues.
Status – Nova Scotia Health Authority – Not Complete
IWK Health Centre – Complete

4.5   Annapolis Valley Health should update and approve its operating room scheduling policy. The policy should address optimal usage expectations, and formal standards to allocate operating room time and include guidance for revisiting operating room allocation on a regular basis with consideration of wait time.
Status – Nova Scotia Health Authority – Not Complete

4.6   Capital Health should update its operating room policies over utilization to better support efficient operating room use. The policies should address revisiting operating room time allocation with more consideration of wait times. Reporting of utilization information should be validated to ensure the output is accurate.
Status – Nova Scotia Health Authority – Not Complete

4.7   The IWK Health Centre should update its operating room policies, including having clear guidance on planned physician absences, surgery cancellations, and optimal usage expectations. The Health Centre should measure and monitor its operating room usage regularly.
Status – Complete

4.8   Annapolis Valley Health, Capital Health and the IWK Health Centre should establish standard management reporting that includes meaningful operating room utilization measures.
Status – Nova Scotia Health Authority – Not Complete
IWK Health Centre – Complete

4.9   The Department of Health and Wellness should develop a clinical services planning framework for surgery that determines which services will be offered in each location.
Status – Not Complete

January 2015

Bluenose II Restoration Project

1.1   Finance and Treasury Board should assign responsibility for all significant construction projects to a government department with the necessary expertise to oversee them.
Status – Complete

1.2   Finance and Treasury Board should put in place a mandatory approach to managing significant projects in government. This should include strong project management practices with essentials such as: outlining goals and risks, timelines for project budgets and schedules, assigning responsibility for key decisions, and project oversight.
Status – Complete

February 2015

Chapter 4: Agencies, Boards and Commissions – Accountability Reporting

4.1   The Department of Education and Early Childhood Development should improve accountability guidance provided to school boards by requiring that each board report on common goals in education, such as student achievement.
Status – Complete

4.2   The Department of Health and Wellness needs to develop business plan and accountability reporting guidance for district health authorities and the IWK Health Centre that requires these entities to develop and report on specific and measureable outcomes for their core business activities.
Status – Not Complete

4.3   The Department of Health and Wellness should request that annual reports be prepared by district health authorities and the IWK Health Centre.
Status – Complete

4.4   The Department of Justice should require that the Nova Scotia Legal Aid Commission prepare an annual business plan. The business plan should include goals for the upcoming year and targets to achieve these goals. The Department should require that the Commission's annual report reflect progress toward achieving these goals.
Status – Complete

Chapter 5: Results of Audits and Reviews

5.1   The Taxation and Fiscal Policy Division should develop a process to periodically review all tax model assumptions to ensure model-derived revenues reflect management's best estimate, especially those assumptions which are not subject to annual review as part of the estimates process.
Status – Department of Finance and Treasury Board – Complete

5.2   The Department of Energy should develop a process to review inputs and calculations used in the models to estimate petroleum royalties.
Status – Complete

5.3   The Department of Finance and Treasury Board's Capital Markets Administration Division should verify the accuracy of supporting schedules provided as audit evidence.
Status – Complete

5.4   The Department of Finance and Treasury Board's Capital Markets Administration Division should increase the extent to which support for transactions is reviewed for accuracy and appropriateness.
Status – Complete

5.5   The Department of Community Services should reassess eligibility of clients as required by the Department's procedures to ensure ongoing validity of payments.
Status – Not Complete

5.6   Department of Community Services' management should monitor the operating effectiveness of controls to reassess client eligibility on a regular basis.
Status – Not Complete

5.7   The Department of Health and Wellness should obtain all auditor correspondence resulting from the audit of the medical services insurance program. The Department of Health and Wellness should follow up with the service provider (Medavie) to ensure internal control deficiencies identified by the auditor are addressed on a timely basis.
Status – Complete

June 2015

Chapter 3: Fisheries and Aquaculture – Aquaculture Monitoring

3.1   The Department of Fisheries and Aquaculture should determine why application process delays are occurring and correct them. The Department should establish and monitor processing target time frames.
Status – Complete

3.2   The Department of Fisheries and Aquaculture should examine its information systems to ensure information collected is readily available to management and staff and integrated with other activities.
Status – Complete

3.3   The Department of Fisheries and Aquaculture should develop and implement detailed written guidelines for assessing aquaculture applications, including the requirement for staff to fully document their decisions.
Status – Not Complete

3.4   The Department of Fisheries and Aquaculture should follow up as necessary and document that all network partner consultations have occurred, all necessary comments to applicants have been communicated, and all renewal plan information received, to fully support its aquaculture application decisions.
Status – Complete

3.5   The Department of Fisheries and Aquaculture should develop guidance and methods for ensuring operator compliance with environmental monitoring program requirements and determining when files should be transferred to the Department of Environment for enforcement action.
Status – Complete

3.6   The Department of Fisheries and Aquaculture should establish specific procedures and guidelines for conducting audits under the environmental monitoring program, including time frames, documentation, and communication of results.
Status – Complete

3.7   The Department of Fisheries and Aquaculture should establish appropriate processes to record and investigate complaints, including response time frames.
Status – Complete

3.8   The Department of Fisheries and Aquaculture should determine which fish diseases it needs to monitor and establish an appropriate reporting process to obtain the information from aquaculture operators.
Status – Not Complete

3.9   The Department of Fisheries and Aquaculture should develop and implement policies and procedures respecting the various aspects of the fish health program, including any regulatory requirements.
Status – Not Complete

Chapter 4: Government-wide – Procurement and Management of Professional Services Contracts

4.1   Departments should establish processes to ensure appropriate approvals for expenses are functioning properly. To verify this, Procurement Services (division of the Department of Internal Services) should address appropriate approvals through its procurement monitoring.
Status – Department of Health and Wellness – Complete
Department of Internal Services – Not Complete
Department of Transportation and Infrastructure Renewal – Complete

4.2   Procurement Services (division of the Department of Internal Services) should obtain detailed information on the types of professional services procured and use that information to identify possible cost savings.
Status – Complete

4.3   The Department of Internal Services should complete a comprehensive risk assessment of government procurement processes and implement a risk-based approach to compliance testing, follow up deficiencies, and take action when issues are identified.
Status – Complete

4.4   Procurement Services (division of the Department of Internal Services) should establish and report on performance targets related to the effectiveness of its procurement processes.
Status – Complete

4.5   Procurement Services (division of Department of Internal Services) should require vendor evaluations be completed at the end of contracts and this information should be available as a resource for future procurement decisions.
Status – Not Complete

4.6   Procurement Services (division of Department of Internal Services) should establish processes, such as educating departments, to reduce the risk that professional services contracts are signed and dated prior to the service start date and test to verify compliance.
Status – Complete

4.7   Procurement Services (division of Department of Internal Services) should require government departments to sign project-specific contracts with standing offer service providers.
Status – Complete

4.8   Procurement Services (division of Department of Internal Services) should implement standard contract terms covering key clauses for larger and smaller projects. The Division should also guide departments in selecting the appropriate template.
Status – Not Complete

4.9   The Department of Internal Services should determine whether certain contractors may be considered employees by Canada Revenue Agency and obtain legal advice. Additionally, Procurement Services should work with the Public Service Commission, Finance, Treasury Board, and Justice to review the risk of employee-employer relationships across government and take action if needed.
Status – Complete

Chapter 5: Responsible Gambling and the Prevention and Treatment of Problem Gambling

5.1   The Department of Health and Wellness should approve and implement its addictions standards and determine whether gambling-specific standards should be included in the concurrent disorders standards. Processes should also be developed and implemented to monitor gambling prevention and treatment work at health authorities, including measuring compliance with all standards.
Status – Complete

5.2   The Department of Health and Wellness should obtain accurate and current gambling prevalence rates for both youths and adults and use this information to guide and evaluate gambling prevention and treatment work.
Status – Not Complete

5.3   The Department of Health and Wellness should ensure the gambling support network is meeting the needs of Nova Scotians. This should include monitoring the service provider to ensure callers are getting the help they need and the Department is receiving the services it is paying for.
Status – Not Complete

5.4   The Nova Scotia Provincial Lotteries and Casino Corporation should determine appropriate targets for its responsible gambling programming and establish strategies to achieve these targets.
Status – Complete

5.5   The Department of Health and Wellness should establish goals to determine if gambling prevention and treatment efforts are effectively reducing the number of Nova Scotians experiencing gambling harms, including those receiving treatment through the Gambling Support Network. The Department should evaluate progress against goals on an annual basis.
Status – Not Complete

5.6   The Department of Health and Wellness should work with the health authorities to determine why so few people experiencing gambling harms are accessing treatment services. The results of this work should be used to develop strategies for improvement.
Status – Not Complete

5.7   The province should work with First Nations Bands to see the objectives of responsible gambling are reflected in the operation of First Nations gambling venues. In addition, the negotiation of the new First Nations gaming agreements should include all relevant provincial government stakeholders and clearly outline a process to monitor compliance with agreement terms and conditions. This should include clarifying the role of Service Nova Scotia's Alcohol and Gambling Division in monitoring compliance with provincial gambling laws on First Nations reserves.
Status – Office of Aboriginal Affairs – Not Complete

November 2015

Chapter 2: Education and Early Childhood Development – Regional School Board Governance and Oversight

2.1   The Department of Education and Early Childhood Development should establish performance standards for school boards to monitor and evaluate student educational achievement.
Status – Complete

2.2   The Department of Education and Early Childhood Development should clearly define and communicate responsibilities of board management, governing boards, and the Department (including regional education officers).
Status – Not Complete

2.3   The Department of Education and Early Childhood Development should establish clear direction on when school board management cannot provide information to governing boards. This should include defining the time period when information will be embargoed, ensuring that period is as short as possible, and considering whether it would be appropriate to share the information in-camera with governing boards when it is released to management.
Status – Complete

2.4   Management at Chignecto-Central and Strait Regional School Boards should require annual reporting to include data sufficient to identify how schools are progressing against goals.
Status – Chignecto-Central Regional School Board – Complete
Strait Regional School Board – Complete

2.5   Management at Chignecto-Central, Halifax and Strait Regional School Boards should ensure sufficient data is collected to assess student progress in both numeracy and literacy.
Status – Chignecto-Central Regional School Board – Not Complete
Halifax Regional School Board – Not Complete
Strait Regional School Board – Not Complete

2.6   The governing boards of the Chignecto-Central, Halifax and Strait Regional School Boards should ensure they receive and review reports on student progress including reports on provincial, board or school-based assessment results, and students on individual program plans.
Status – Chignecto-Central Regional School Board – Not Complete
Halifax Regional School Board – Not Complete
Strait Regional School Board – Complete

2.7   The governing boards of Chignecto-Central, Halifax and Strait Regional School Boards should require management to provide appropriate information to allow the boards to understand whether goals outlined in the continuous school improvement process have been achieved.
Status – Chignecto-Central Regional School Board – Complete
Halifax Regional School Board – Complete
Strait Regional School Board – Complete

2.8   The governing boards of Chignecto-Central, Halifax and Strait Regional School Boards should obtain and review information on whether teacher and principal evaluations are completed according to board policy, including summary results; and whether staff development needs are met.
Status – Chignecto-Central Regional School Board – Complete
Halifax Regional School Board – Complete
Strait Regional School Board – Complete

2.9   The governing boards of Chignecto-Central, Halifax and Strait Regional School Boards should complete annual self-assessments to measure performance against all key areas of responsibility, including those identified in the Education Act.
Status – Chignecto-Central Regional School Board – Complete
Halifax Regional School Board – Complete
Strait Regional School Board – Complete

2.10   The governing boards of Chignecto-Central and Halifax Regional School Boards should ensure the superintendent evaluation process includes all key areas of responsibility, including those identified in the Education Act.
Status – Chignecto-Central Regional School Board – Complete
Halifax Regional School Board – Complete

Chapter 3: Government-wide – Business Continuity Management

3.1   The government should assign responsibility for government-wide business continuity management to a single entity. This entity should prioritize government programs and services and efficiently allocate resources.
Status – Executive Council Office – Complete

3.2   The Department of Internal Services should complete its business continuity management program templates for use by departments and entities of the provincial government.
Status – Complete

3.3   The government should assign responsibility for evaluating departmental business continuity management program documents to a single entity.
Status – Executive Council Office – Complete

3.4   The Correctional Services Division of the Department of Justice should ensure correctional facilities have current, completed business continuity management program documents.
Status – Complete

3.5   Housing Nova Scotia should ensure housing offices have complete business continuity management programs.
Status – Not Complete

3.6   Conseil scolaire acadien provincial and the Halifax Regional School Board should develop comprehensive business continuity management programs. These programs, and documented plans within them, should be evaluated and tested on a periodic basis.
Status – Conseil scolaire acadien provincial – Not Complete
Halifax Regional School Board – Not Complete

3.7   Conseil scolaire acadien provincial and the Halifax Regional School Board should ensure that schools are conducting all required emergency drills.
Status – Conseil scolaire acadien provincial – Complete
Halifax Regional School Board – Complete

3.8   The Department of Education and Early Childhood Development should ensure that school boards are ensuring schools conduct all required emergency drills.
Status – Not Complete

3.9   The Emergency Management Office should update its business continuity program and documents to reflect best practices.
Status – Complete

Chapter 4: Labour and Advanced Education – Funding to Universities

4.1   The Department of Labour and Advanced Education, in consultation with stakeholders, should put in place a strategic direction for Nova Scotia's university system which addresses its sustainability concerns.
Status – Complete

4.2   The Department of Labour and Advanced Education should put in place specific, measurable, achievable, relevant, and time-bound goals for improvements in efficiency and financial sustainability of the university system.
Status – Complete

4.3   The Department of Labour and Advanced Education should, in consultation with partners, develop financial health and performance measures for universities. Results and trends should be analyzed in an effective and timely manner, with appropriate action taken when necessary.
Status – Complete

4.4   The Department of Labour and Advanced Education should include reporting requirements in special-purpose funding agreements. Monitoring should be completed to ensure the objectives of these agreements are met.
Status – Complete

4.5   The Department of Labour and Advanced Education should develop and implement a new funding allocation method without further delay.
Status – Not Complete

4.6   The Department Labour and Advanced Education should establish reasonable expectations for future memorandum of understanding working groups and ensure goals are specific, measurable, attainable, realistic, and time-bound.
Status – Complete

4.7   The Department of Labour and Advanced Education should identify specific outcomes, including timeframes and reporting processes, in future agreements with universities.
Status – Complete

Chapter 5: Municipal Affairs – Monitoring and Funding Municipalities

5.1   The Department of Municipal Affairs should monitor municipalities' financial information in a timely manner and publish relevant municipal financial reports and indicators promptly.
Status – Complete

5.2   The Department of Municipal Affairs should develop processes to monitor negative financial indicators and follow up with municipalities to determine underlying causes and verify that action plans are developed.
Status – Complete

5.3   The Department of Municipal Affairs should document meetings, discussions and issues in the municipal files to support advice provided and actions taken and for future decision making.
Status – Complete

5.4   The Department of Municipal Affairs should follow up with municipalities that exceed their thresholds for uncollected taxes and monitor that the municipalities are taking reasonable measures to collect unpaid amounts in compliance with legislation.
Status – Complete

5.5   The Department of Municipal Affairs should use relevant and timely financial information to make decisions about municipal borrowing approvals.
Status – Complete

5.6   The Department of Municipal Affairs should determine a municipality's ability to finance a project within the useful life of the asset prior to borrowing approval.
Status – Complete

5.7   The Department of Municipal Affairs should review the status of temporary borrowing approvals annually to ensure they have been renewed or transferred to long-term borrowing, as required.
Status – Complete

5.8   The Department of Municipal Affairs should follow program guidelines for the funding application and claims processes. The guidelines should be updated to address project funding for work not completed within the funding year.
Status – Complete

Chapter 6: Natural Resources – Forest Management and Protection

6.1   The Department of Natural Resources should establish performance measures to accurately conclude on the status of action item implementation.
Status – Not Complete

6.2   The Department of Natural Resources should report the status of all 21 action items including the original wording for each.
Status – Complete

6.3   The Department of Natural Resources should complete a comprehensive assessment of the risks associated with harvesting and licensing operations and design monitoring processes to adequately address identified risks.
Status – Complete

6.4   The Department of Natural Resources should implement a process to ensure Crown land silviculture has been completed to Departmental requirements.
Status – Complete

Limited Assurance Attestation Engagement Description and Conclusion

In February 2018, we completed an independent limited assurance attestation engagement on the status of certain audit recommendations included in the 2014 and 2015 Reports of the Auditor General. Our objective was to provide limited assurance, as of October 20, 2017, on those recommendations assessed as complete, do not intend to implement, or action no longer required, to determine if government's assessment was free from material misstatement. We did not perform any procedures, and provide no assurance, on recommendations noted in this report as not complete.

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

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

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

We conducted our work in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3000 – Attestation Engagements Other than Audits or Reviews of Historical Financial Information set out by the Chartered Professional Accountants of Canada; and Sections 18 and 21 of the Auditor General Act. We obtained sufficient and appropriate evidence on which to base our conclusion on February 16, 2018, in Halifax, Nova Scotia.

We apply Canadian Standard on Quality Control 1 and, accordingly, maintain a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting our work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia and Nova Scotia's Code of Conduct for Public Servants.

There were 214 recommendations included in our 2014 and 2015 Reports of the Auditor General. We agree with government management that one recommendation is no longer applicable. We removed this recommendation from our statistics, leaving 213 recommendations for those two years.

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