



# OFFICE OF THE PUBLIC TRUSTEE

ANNUAL REPORT

FOR THE FISCAL YEAR ENDING MARCH 31<sup>st</sup>, 2021



Nova Scotia  
Public Trustee  
Office

1465 Brenton Street, Suite 501  
PO Box 685  
Halifax, Nova Scotia  
Canada B3J 2T3  
902-424-7760 T 902-424-0616 F  
novascotia.ca

*In Reply Please Quote Our File Number:*

September 25, 2025

The Honourable Becky Druhan  
Attorney General and  
Minister of Justice  
Province of Nova Scotia  
1690 Hollis Street, P.O. Box 7  
Halifax, Nova Scotia B3J 1A1

Dear Minister Druhan:

In accordance with section 47 of the *Public Trustee Act*, I submit the Annual Report of the Public Trustee of Nova Scotia for the fiscal year ending March 31, 2021.

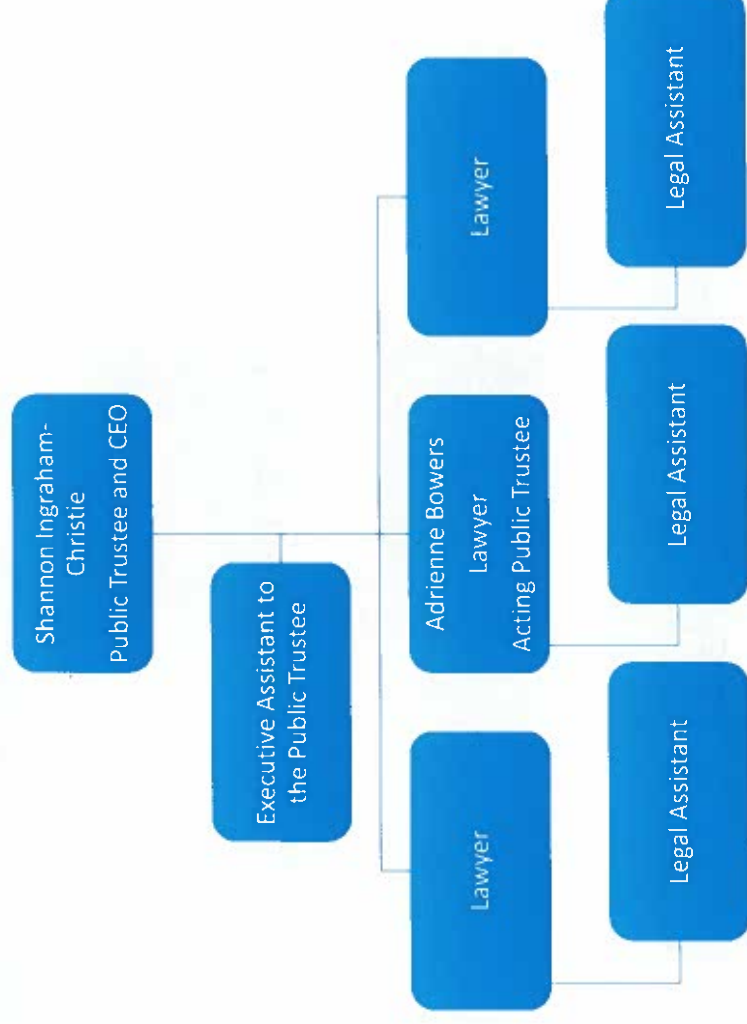
Yours very truly,

A handwritten signature in blue ink that reads "Shannon Ingraham-Christie".

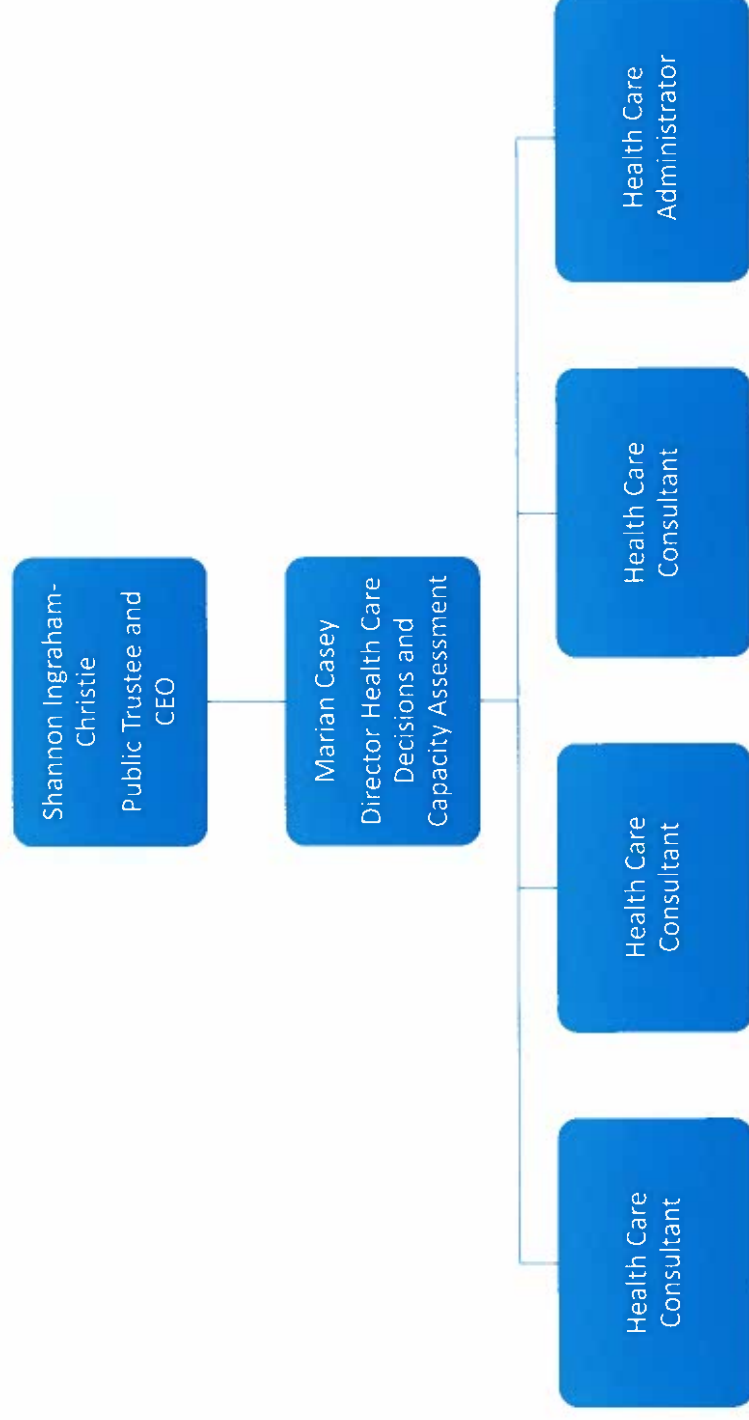
Shannon Ingraham-Christie, BBA LLB  
Public Trustee of Nova Scotia, Deputy Head

/sic  
Encl.

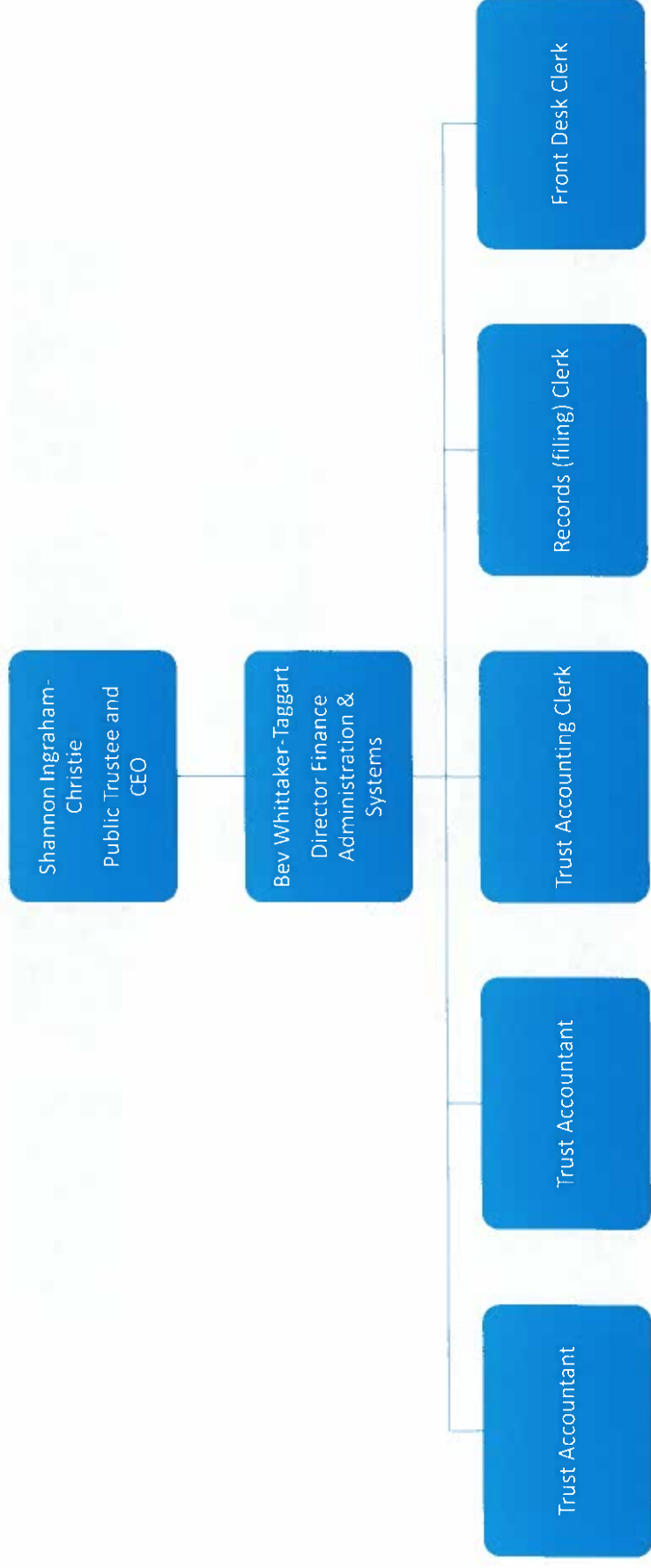
# Public Trustee Office - Legal



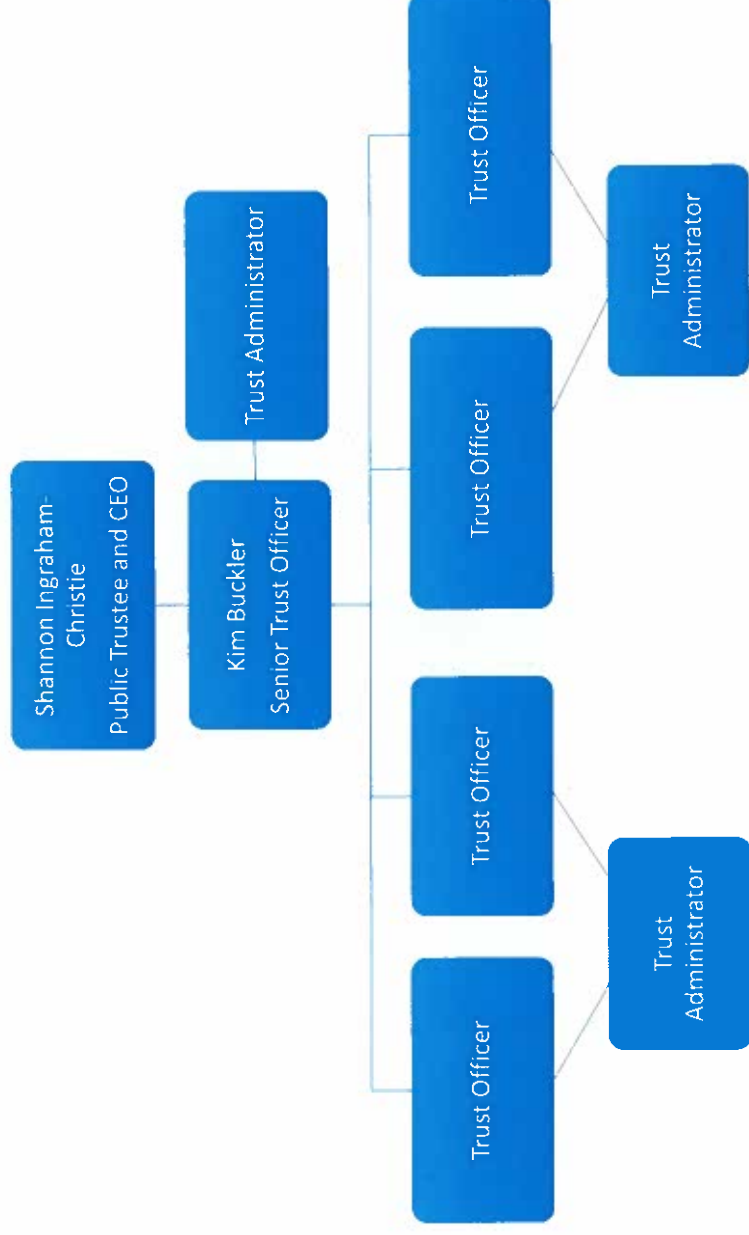
# Public Trustee Office-Health Care Division



# Public Trustee Office – Accounting and Administration



# Public Trustee Office – Trust Officers



## **TABLE OF CONTENTS**

<b>A.</b>	<b>MESSAGE FROM THE PUBLIC TRUSTEE</b>	<b>1</b>
<b>B.</b>	<b>OVERVIEW</b>	
	Mission	2
	Organization	2
	Statistical Summary of Year	4
<b>C.</b>	<b>SERVICES</b>	
	Services for Mentally Incompetent or Physically Disabled Adults	5
	Health Care Decisions	10
	Deceased Estate Services	11
	Children's Trust Services	13
	Legal Representation Services	14
	Missing Persons Services	14
	Services pertaining to Undistributed Assets held in Trust by Third Parties	15
	Public Enquiries	15
	Unclaimed Human Remains	16
<b>D.</b>	<b>REVENUE AND COSTS OF PUBLIC TRUSTEE OFFICE</b>	<b>18</b>
<b>E.</b>	<b>ATTACHMENTS</b>	
	Auditor's Report and Financial Statements	19
	Schedules	40
	Health Care Decisions Division Annual Report	48

## MESSAGE FROM THE PUBLIC TRUSTEE

The Office of the Public Trustee was established to protect the interests of the most vulnerable people in Nova Scotia; namely minor children, incompetent adults, missing persons and deceased persons. We do this by providing professional and cost-effective guardian, trustee, custodian, estate and legal representation services in a variety of situations. Additionally, we are the substitute decision maker of last resort for incompetent individuals who need personal care or non-emergency medical care and are not able to consent to it on their own behalf. Under the *Adult Capacity and Decision-making Act*, the Public Trustee is responsible for operating a capacity assessment training program, managing a process for applying for capacity assessment fees to be paid for by the provincial government, maintaining a registry of all representation orders made or continued under the Act, and investigating complaints made by all interested parties under the legislation.

The fiscal period April 1, 2020 to March 31, 2021 was an exceptional year in the Office of the Public Trustee. On March 11, 2020, the World Health Organization (WHO) announced a worldwide pandemic related to the coronavirus. The Chief Medical Officer of Health in Nova Scotia, in collaboration with the Premier issued a variety of directives under the *Health Protection Act* aimed at reducing the risk of exposure for vulnerable individuals to the virus. Being a new virus with many unknowns, it was assessed to be highly contagious spreading easily between people who are in close proximity to each other. It could be spread by people who are asymptomatic and from contact with infected surfaces by touching a surface or object with the virus and then touching your face. The CDC stated that COVID-19 spread “easily and sustainably in the community”. People were directed to physically distance themselves from each other and stay home, if possible. This directive was enacted in the office and effective March 16<sup>th</sup> it was determined that our office would stay open and operational but modified work strategies were implemented, limiting the number of people in the office at any one time, while maintaining core operations. As the virus affected frail and health compromised people more aggressively, many of our clients were deeply impacted by this pandemic.

On April 1, 2020, the government assigned responsibility for dealing with all unclaimed human remains left in hospitals and morgues in the province to the Office of the Public Trustee.

In January, 2021, we received notice that the Office of the Public Trustee had to vacate its premises by the end of April 2021 as the building was being converted into residential units. Throughout this difficult year, Public Trustee staff continued to work diligently to meet the needs of our clients. I commend them for their hard work and dedication.



Shannon Ingraham-Christie, BBA LLB  
Public Trustee of Nova Scotia



## OVERVIEW

### Mission

The Public Trustee is committed to the proper administration of estates of deceased persons, incompetent persons, children and missing persons. It is also committed to providing informed consents for health care, placement in continuing care homes and the provision of home care services using an approach that is client-oriented, respectful of human rights and freedoms and in the client's best interests, if prior wishes, values and beliefs are not known. We maintain a registry of representation orders made or continued under the *Adult Capacity and Decision-making Act* and investigate complaints made by interested parties under this legislation. The Public Trustee is also committed to providing for the respectful disposition of unclaimed human remains left in hospitals and morgues in the province on a timely basis.

### Organization

The Public Trustee Office is a corporation sole, created pursuant to the *Public Trustee Act*. Although our office is located at Suite 200-5670 Spring Garden Road, Halifax, Nova Scotia the Public Trustee's jurisdiction is province wide. When fully staffed, we have twenty-seven employees.

The Office of the Public Trustee has perpetual succession and an official seal. It may sue and be sued in its corporate name. The person appointed to be Public Trustee has the status of a Deputy Head. They must be a lawyer with a minimum of ten years practicing experience and in good standing with the Nova Scotia Barrister's Society. For administration purposes, the Public Trustee reports to the Attorney General.

The Public Trustee may perform the duties of and be a guardian, representative, custodian of property, trustee, personal representative of deceased estates and for healthcare purposes substitute decision maker of last resort under numerous pieces of legislation, including the following:

- *Public Trustee Act*
- *Trustee Act*
- *Hospitals Act*
- *Personal Directives Act*
- *Patient's Abandoned Property Act*

- *Adult Protection Act*
- *Guardianship Act*
- *Adult Capacity and Decision-making Act*
- *Probate Act*
- *Presumption of Death Act*
- *Survival of Actions Act*
- *Involuntary Psychiatric Treatment Act and*
- *Residential Tenancies Act*

The Public Trustee has the discretion to accept or refuse to act as a guardian, representative, trustee or attorney except when it pertains to applications involving missing persons or minor children.

The Public Trustee's services can be broken down as follows:

- Services for Mentally Incompetent or Physically Disabled Adults
- Health Care Decisions
- Deceased Estate Services
- Children's Trust Services
- Legal Representation Services
- Missing Persons Services
- Services pertaining to Undistributed Assets Held in Trust by Third Parties
- Public Enquiries
- Unclaimed Remains

## Statistical Summary of Year

During this fiscal year, we opened 534 new files and we closed 381 files leaving us with a total of 1983 active, open files and 672 enquiry files. I refer you to Schedules "A", "B", "C", "D", and "F" attached hereto. These schedules set out the different categories of files that the Public Trustee manages, the number of files in each category that were opened and closed during the fiscal year and the number of active files at year end. Files pertaining to unclaimed human remains files are tracked separately and are not included in these statistics.

With the exception of the fiscal year ending March 31, 2020, the number of client files, enquiries and the net value of assets we hold in trust continues to rise. With our aging population and changing family dynamics, these numbers are expected to continue to rise.

	March 31, 2015	March 31, 2016	March 31, 2017	March 31, 2018	March 31, 2019	March 31, 2020	March 31, 2021
No. of client files	1605	1720	1788	1904	1988	1830	1983
No. of enquiry files (opened)	456	484	468	563	647	669	672
Net value of assets held in trust	\$55,525,891	\$56,830,441	\$59,306,839	\$59,364,325	\$62,728,318	\$54,450,241	\$58,677,126

In reference to Schedule "A" attached hereto, our largest category of files are Adult Living Estate files at 576. Our second largest category of files are Health Care files at 412. Our third largest category of files are Deceased Estate files at 252.

We continue to observe that the more complex and demanding files are often referred to the Public Trustee. These files are referred to our office by the judiciary, hospital staff, social service agencies, financial institutions and the general public.

## SERVICES

### Services for Mentally Incompetent or Physically Disabled Adults

The Public Trustee of Nova Scotia provides representation and trustee services for adults who are deemed to lack capacity and do not live independently in the community, under the following pieces of legislation:

- *Hospitals Act*
- *Adult Protection Act*
- *Public Trustee Act*
- *Personal Directives Act*
- *Powers of Attorney Act*
- *Adult Capacity and Decision-making Act*

Of these, we receive the most referrals pursuant to the *Hospitals Act*, the *Adult Protection Act* and sections 4 and 8A of the *Public Trustee Act*, in conjunction with section 14 of the *Personal Directives Act*.

#### Hospitals Act Referrals

Section 59 and related sections of the *Hospitals Act* proclaimed in force April 1, 1979 created a mechanism whereby the Public Trustee, being notified by a hospital to do so, may "assume management" of the estate of a patient who has been found to lack capacity and has no one to administer his or her property and finances. It is not necessary for the Public Trustee to make an application to the court to obtain a representation order. The authority is granted pursuant to the legislation.

Hospital and community care staff are the leading proponents of this mechanism. It is the source of many of the Public Trustee's growing caseload of adult living estate files.

Many of these referrals are sent to the Public Trustee when the patient is ready for discharge and a long-term care facility bed has been found. Increasingly, long-term care facilities are refusing to accept people unless there is a representative available to manage their estate, pay the long-term care facility bills, deal with their taxes, secure their pension(s) and work out their daily accommodation rates with the Eligibility Review Unit of the Department of Health and Wellness. By referring the client to the Public Trustee, the placement in the long-term care facility can be achieved, and very often achieved much more quickly, which benefits the patient and helps the

hospital free up acute care and emergency room beds. This provides a valuable benefit to the province's health care budget.

Unfortunately, we are not able to accept all the section 59 *Hospitals Act* referrals received due to our limited resources. We are presently only accepting the referrals with the highest needs. Each of our 5 Trust Officers carry a case load of approximately 95-120 cases. In our experience, the cases are becoming more complex, often involving individuals who have property located in more than one province and/or country and with complex family dynamics. We must be cautious in accepting files as it is very important that we have the resources necessary to thoroughly investigate, locate, take control of and protect the assets of our incompetent clients in a timely fashion. If we are not able to do this, assets may be missed, stolen, misappropriated or damaged while technically under our care, thereby exposing our office to a high level of liability.

#### Adult Protection Act Referrals

The *Adult Protection Act* came into force in 1985. The purpose of this legislation, as set out in section 2 of the Act, is to provide a means whereby adults who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect.

Section 13(1) of the Act is entitled, "Role of the Public Trustee on removal of adult". It states that where an adult is "removed" from the premises where he resides to another place pursuant to this Act and it appears to the Minister that there is an immediate danger of loss of, or damage to, any property of his by reason of his temporary or permanent inability to deal with the property and that no other suitable arrangements have been made or are being made for the purpose, the Minister shall inform the Public Trustee.

Section 13(2) of the Act allows the Public Trustee, if she feels it is appropriate after receiving notice pursuant to section 13(1) of the Act, to assume immediate management of the estate of the adult in need of protection and safely keep, preserve and protect it until the happening of a future event. It is not necessary for the Public Trustee to make an application to the court to obtain a representation order pursuant to this section. It should be noted that the Public Trustee lacks the statutory authority to assume immediate management of the property and finances of individuals who have been determined by the courts to be an "adult in need of protection" but were not "removed" from their homes pursuant to section 10 of the Act.

### Personal Directives Act Referrals

The *Personal Directives Act* was proclaimed on April 1, 2010. This legislation enables Nova Scotians to document their wishes concerning their personal care and health care. An individual can name who they wish to make personal care and health care decisions for them in a Personal Directive document if, in the future, they are found to be incapable of doing so. If an individual does not prepare a Personal Directive the legislation provides a hierarchical list of statutory decision makers to make decisions regarding health care, placement in a continuing care home and home care services for individuals deemed incapable of making these decisions for themselves. The Public Trustee is named the substitute decision maker of last resort on this list.

If a Delegate named in a Personal Directive or a Substitute Decision Maker makes a decision on behalf of a person who lacks capacity to make healthcare decisions, accept an offer of placement in a continuing care home or regarding the provision of home care services and it is discovered that the individual also lacks the capacity to manage their property and finances and they have no financial representative or Attorney acting pursuant to an Enduring Power of Attorney document, the *Personal Directives Act* in conjunction with section 8A of the *Public Trustee Act* establishes a mechanism whereby a statutory notice may be sent to the Public Trustee. The legislation allows the Public Trustee to then investigate whether the individual needs a guardian for their property and finances. If the Public Trustee determines its services are required, the Public Trustee can immediately become statutory guardian of the individual's property and finances. It is not necessary to make a court application to assume the authority as the authority is given under the legislation.

This has been a source of additional requests for the Public Trustee's services as statutory guardian of property and finances. It is anticipated that the number of files opened pursuant to the *Personal Directives Act* will continue to increase as the legislation becomes better understood by long-term care facility staff, continuing care workers, adult protection workers and social workers generally. Staff in our Health Care Decisions Division have been actively conducting educational sessions concerning the *Personal Directives Act*.

### Powers of Attorney Act Referrals

Enacted in 1988 to validate "Enduring Powers of Attorney" the *Powers of Attorney Act*, c.352, R.S.N.S. 1989 contains references to the Public Trustee. Section 4 provides that the Attorney named in the document and not the Public Trustee shall administer a patient's estate pursuant to S. 59 of the *Hospitals Act*, if the instrument of enduring power of attorney includes a provision expressly excluding the operation of subsection (2) of Section 59 and the attorney wishes to act.

Subsection (3) of S. 5 provides that an attorney may apply to the court for an order substituting another person as attorney upon giving notice of the application to the Public Trustee.

The Public Trustee received many calls from the public during the fiscal year seeking general information about Enduring Powers of Attorney and reporting suspicious or fraudulent conduct on behalf of attorneys. Callers reporting suspicious or fraudulent conduct on the part of attorney are referred to the police for investigation. Many of these calls also dealt with questions of accountability and the concerns individuals have on the way the attorney is managing the trust funds.

We continue to see that the management of living estates for incompetent adults is a large file category at 576 open and active files. As the average age of the population of Nova Scotia continues to increase, the Public Trustee forecasts that the request for financial management of the estates of incompetent adults will continue to increase. The Public Trustee will need additional staff and resources to meet this demand.

#### Adult Capacity and Decision-making Act Referrals

Proclaimed on December 27, 2017, this legislation replaces the *Incompetent Persons Act*. The purpose of the new law is to:

- Recognize that adults may not be able to make some decisions because of a learning disability, mental health problems, brain injury, or for other reasons
- Provide a fair and respectful way to protect the safety of those adults
- Promote the dignity, autonomy, independence, social inclusion, and freedom of decision-making of adults
- Make sure that the least restrictive and least intrusive supports and interventions are considered before seeking a court order under this new law to help an adult

Under this legislation, all people are entitled to have their dignity and autonomy respected. Every adult is presumed to be able to make a decision until it is established that they cannot. When an adult is unable to make a decision for themselves, the least restrictive and least intrusive type of decision-making must be provided to protect their well-being and financial interests.

If an individual is making an application to the court to obtain a representation order, the adult's ability to make decisions must be assessed by a medical doctor, a registered psychologist or a allied health professional (nurse, social worker or occupational therapist) who is qualified to perform assessments of capacity. The Public Trustee was tasked with developing the capacity assessment training program and continuing competence training for the allied health professionals. Pursuant to this legislation, the Public Trustee developed and now maintains a roll of representative orders, investigates complaints, and manages a financial assistance program designed to assist individuals cover the cost of the capacity assessment required in applications under the legislation.

The inaugural *Adult Capacity and Decision-making Act* capacity assessment training program for allied health professionals was developed in 2018/2019 with the assistance of Clinical Neuropsychologist, Dr. Arlin Pachet. Nine successful applicants took the training and received certifications authorizing them to conduct capacity assessments under this legislation. In 2020, refresher training for the certified capacity assessors was scheduled on two occasions but had to be cancelled due to the pandemic.

For the fiscal period April 1, 2020 to March 31, 2021, 74 orders were added to the *Adult Capacity and Decision-making Act* registry of orders. We received and investigated 2 complaints and received 5 applications for funding assistance for the capacity assessment.



## Health Care Decisions

The Public Trustee acts as the substitute decision maker of last resort for individuals who have been assessed and determined to lack capacity to make their own decisions concerning health care, home care services and placement in continuing care facilities, under the following pieces of legislation:

- *Personal Directives Act*
- *Hospitals Act*
- *Involuntary Psychiatric Treatment Act*

The Public Trustee's Health Care Decisions Division reviews all requests for consent. The Division has a Coordinator, 3 Health Care Consultants and 1 Administrative Assistant. The Coordinator and Health Care Consultants can provide consent to Level-1 and Level-2 health care decisions and the Public Trustee provides consent for Level-3 health care decisions, such as consent for amputation.

Detailed policy and procedures were developed to guide the Health Care Consultants in their deliberations. Underpinning the Health Care Decisions Division policies are the *best interest principles* and the *principle of informed consent*.

Health Care Decision Division policies also employ the four commonly held principles of health care ethics, namely: respect for autonomy; non-injury; beneficence; and justice. Respect for autonomy is demonstrated by respecting the client's prior capable wishes, values and beliefs, if known, and consideration of the client's rights to independence and freedom; non-injury is demonstrated in decision-making that avoids or minimizes risk to the client; beneficence is demonstrated in decisions that benefit the client; and justice is demonstrated in decisions that are fair and equitable.

The Health Care Decisions Division stands in the place of the client and is entitled to the same information and freedom of choice as the client would have received if he or she had capacity. Decisions are made using the *reasonable person standard*; after carefully considering the available relevant information, the Health Care Decisions Division makes a reasonably well-informed decision to consent, to not consent, or to withdraw consent as a reasonably prudent and careful person would do in similar circumstances and not as a health care professional.

All three performance indicators of the Health Care Decisions (HCD) division (i.e. complaints, response times and attendance at client conferences) were within established targets for 2020/21 fiscal year (see attached Schedule "F" and Health Care Decisions Division Report covering the period April 1, 2020 to March 31, 2021). Monitoring of the Health Care Decisions

program was conducted and reported to the Public Trustee on a quarterly basis. The following is a summary of annual statistics for the Health Care Decisions Division for the fiscal year ending March 31, 2021:

- There were 412 active client files at March 31, 2021
- 143 new client files were opened and 193 client files were closed during the year
- 1175 referrals were received in 2020/21 as compared to 950 referrals in 2019/20
- Approximately 76% of referrals were received under the *Personal Directives Act*, 15% under the *Hospitals Act* and 9% under the *Involuntary Psychiatric Treatment Act*
- The largest number of referrals (501 or 42%) were received from agencies in the Central Region (Zone 4) of the Nova Scotia Health Authority and the least number of referrals (173 or 15%) came from agencies in the Northern Region (Zone 2)
- A total of 3917 decisions were made in 2020/21 (3497 or 89% under the *Personal Directives Act*, 279 or 7% under the *Hospitals Act* and 141 or 4% under the *Involuntary Psychiatric Treatment Act*)
- 97.1% of decisions were Level-1, 2.3% of decisions were Level-2 and 0.6% of decisions were Level-3
- One (1) external education session was provided to social workers in NSHA Zone 3 to comply with their request for an overview of the Health Care Decisions Division, what we do and how to make referrals to our office

We continue to see a growth in the number of referrals in our office as knowledge of the services provided by our Health Care Consultants has continued to grow. As of March 31, 2021, consent to health care treatment was our largest category of referrals totaling 848 or 72% of our annual total of 1175. The second largest category of referrals was for medical/surgical care at 174 or 15% of our annual total of 1175. Psychiatric referrals was our third largest category at 107 or 9% of our annual total of 1175.

### **Deceased Estate Services**

The Public Trustee has the right to apply to administer the estate of a deceased person when they die intestate (without a will), pursuant to section 32(1) of the *Probate Act*, which reads as follows:

#### **Entitlement to administration**

**32(1)** Subject to sections 15, 23 and 24 of the *Public Trustee Act*, administration of the estate of an intestate or of an estate partly or wholly unadministered owing to the

death or removal of a personal representative shall be granted to one of more of the following persons, if they are competent and suitable for the discharge of the trust and willing to undertake the administration of the estate unless the court thinks it proper to appoint some other person according to the following priorities:

- (a) first - the spouse of the intestate if the spouse resides in the Province and those children of the intestate who reside in the Province;
- (b) second - those persons who reside in the Province and who are entitled to share in the distribution of the estate by reason of the *Intestate Succession Act* or by reason of being adult residuary beneficiaries;
- (c) third — the Public Trustee;
- (d) fourth - those persons who do not reside in the Province and who are entitled to share in the distribution of the estate by reason of the *Intestate Succession Act* or by reason of being adult residuary beneficiaries;
- (e) fifth — a creditor or a person having a cause of action against the estate.

A common-law spouse is not recognized as a legal “spouse” under the *Probate Act* or the *Intestate Succession Act* unless the couple signed a “domestic partnership agreement” and registered it with the Office of Vital Statistics of Nova Scotia.

The Public Trustee is listed as the third person in line to administer the estate of an intestate individual. If someone listed after the Public Trustee wants to administer the estate, they must ask the Public Trustee to sign an official Renunciation document before they can apply.

Before the Public Trustee will renounce its right to administer an estate, time is spent reviewing the information provided to ensure the beneficiaries and creditors would be properly protected and served if someone other than the Public Trustee is appointed to administer the estate. The Public Trustee also considers the assets of the estate; whether the estate has enough personal and/or real property that can be sold to cover the debts and costs of administering the estate; whether the Public Trustee has the expertise and staff to administer the estate properly; and whether any of the heirs are minors, vulnerable adults or missing persons, among other things.

The Public Trustee renounced its right to administer 117 new deceased estates during the fiscal year under review (see Schedule “G” attached hereto).

Pursuant to sections 15, 23 and 24 of the *Public Trustee Act*, the Public Trustee also has priority to administer a deceased estate in the following situations:

- the Public Trustee acted as trustee, guardian, or custodian of a person's estate while they were

alive and that person dies without a will

- the Public Trustee acted as trustee, guardian, or custodian of a person's estate while they were alive and that person dies with a will and the executor of the will is dead or renounces their right to probate the will
- a person dies with a will and the person who is named as executor of the will is dead or renounces their right to probate the will and the people named as the residuary beneficiaries live outside of Nova Scotia
- the Public Trustee is already administering the estate of a person who is alive or is administering the estate of a person who had died, and one of the following occurs:
  - (i) the person is named as a beneficiary in the will of someone else who dies and there is no one who is willing or able to act as the executor of that will
  - (ii) the person is entitled to inherit from the estate of a person who has died without a will
  - (iii) the person is named as the executor of a will, or as the personal representative of the estate of someone who has died

Pursuant to section 36 of the *Public Trustee Act*, the Public Trustee is empowered in a case where "the Public Trustee is entitled to take out letters of administration under this Act" to authorize and appoint by writing under his hand some other person to take out such letters of administration" and "the Court of Probate shall, upon the application of a person so authorized and appointed by the Public Trustee as aforesaid, grant to such applicant letters of administration". Customarily the Public Trustee declines to act pursuant to section 36 of the *Public Trustee Act* and prefers to leave this determination to the Court of Probate.

As of March 31, 2021, Deceased Estate Files were our third largest category of files totaling 252.

### **Children's Trust Services**

In Nova Scotia, the age of majority is 19. Legally, an individual under the age of 19 is deemed an infant or a minor. Where no person has been appointed to be guardian of the property of an infant or minor and they are entitled to receive money as a beneficiary under a life insurance policy, as a death benefit, as a beneficiary on an intestacy or under a will and the executor or administrator is not empowered or willing to act as trustee of the child's share, or under a settlement or a trust, and no trustee is appointed by the will, or other instrument, the Public Trustee is automatically the legal guardian of their money and property under the following pieces of legislation:

- Section 14 of the *Guardianship Act*
- Sections 4(2), 4(3)(d) and 4(5) of the *Public Trustee Act*

The Public Trustee does not have to file a bond with the court to act as trustee or guardian or the estate of an infant or minor under these pieces of legislation. Nor does the Public Trustee have the discretion to refuse to act in this capacity.

The Public Trustee is also regularly appointed as trustee of the finances of an infant or minor by the Court in matters involving infant settlements in personal injury matters.

As of March 31, 2021, Infant Living Estate Files was our fourth largest category of files totaling 149.

### **Legal Representation Services**

The *Public Trustee Act* gives the Public Trustee the authority to act as a litigation guardian or guardian *ad litem* for an adult or child who has been deemed to lack capacity to manage their affairs in a legal proceeding before the court. The Public Trustee has the discretion to act or refuse to act in this capacity.

The Public Trustee also has the authority to represent a deceased person (where an estate has not been opened in Probate Court) in a legal proceeding before the court under the *Survival of Actions Act*. As the deceased's public liability insurer or the Facility Association may be relied upon to defend any automobile accident claims, the Public Trustee will generally always consent to be appointed to represent the estate of a deceased tortfeasor for the purposes of an intended action that arises out of a motor vehicle accident.

During the fiscal period under review, we acted as guardian *ad litem* for 4 adults and 5 minor children and we represented the estates of 37 deceased persons under the *Survival of Actions Act*.

### **Missing Persons Services**

Section 2(e) of the *Public Trustee Act* defines "missing person" as follows:

"Missing person" means a person who cannot be found after all reasonable efforts have been made to locate him and includes a person who dies intestate or intestate as to some part of his estate without leaving any known heir-at-law living in the Province or any heir at-law who can be readily communicated with living elsewhere or where the only heir-at-law is an infant or where Her Majesty in right of the Province has an interest in the estate or proceeds thereof

Section 11 of the *Public Trustee Act* states that the Public Trustee shall be served with notice of each application made to the court in respect of the property or estate of a missing person. When the Public Trustee is served with notice of the application, they automatically become guardian of the estate or the property of the missing person.

The Public Trustee may safely keep, preserve and protect the property and effects of the

missing person pending an order of a Judge of the Supreme Court, If the court approves, the Public Trustee may mortgage, lease, sell or otherwise dispose of any of the property of the missing person, pay sums of money that the missing person might otherwise have been ordered to pay and make such payments as are necessary for the maintenance or education of a spouse or child of the missing person.

During the fiscal year under review, we represented the interests of 12 missing persons.

### **Services pertaining to Undistributed Assets Held in Trust by Third Parties**

Pursuant to section 28 of the *Public Trustee Act*, an executor or administrator or a trustee acting pursuant to a the provisions of a will or other trust agreement may at any time and shall, after the expiration of five years, apply for an order in Nova Scotia Supreme Court, authorizing the transfer of the assets to the Public Trustee, when the heir-at-law or beneficiary cannot be located or identified or the object of the trust cannot be carried out, or, if for any other reason it is not possible to distribute the assets of the estate or trust. The Public Trustee must then convert any assets into cash and immediately pay the undistributed assets to the Minister of Finance as per the court order.

For the fiscal year under review, the Public Trustee Office processed undistributed assets totaling \$168,803 and forwarded them to the Minister of Finance (up from the \$147,108 forwarded in the previous fiscal year). These numbers are not included in our active case files for the year, and the Public Trustee does not receive any fees for acting in this capacity.

### **Public Enquiries**

The Public Trustee has always been regarded as a public resource for information about guardianship, representation, trust administration, the administration of deceased estates, legal representation services and the law pertaining to healthcare decisions for adults who lack capacity and the elderly. Information requests are received from many sources including lawyers, medical professionals, social workers, law enforcement officers and the general public. Many individuals are referred to us by staff at the Probate Courts.

We strive to provide accurate general information about the issues raised. Due to the high cost of retaining legal services, many individuals are trying to find free legal information that will help them understand and resolve the problems they face. Access to justice is currently an issue throughout Canada. These enquiries put pressure upon our already limited legal resources. However, many of the enquiry calls and letters we receive pertain to cases that could potentially become Public Trustee files. These calls help identify the matters that should be further investigated by the Public Trustee and the matters that can be managed in the private sector. The number of enquiry calls we are receiving is increasing from year to year.

We opened 647 enquiry files during this fiscal period, which is a 4% increase over the last fiscal year. It should also be noted that the volume of materials and number of calls received on each individual enquiry file is also increasing.

### **Unclaimed Human Remains**

The Public Trustee became responsible for the respectful disposition of unclaimed human remains left in hospitals and morgues in the province effective April 1, 2020.

For the April 1, 2020 to March 31, 2021 fiscal year, the Public Trustee received a total of 56 referrals for unclaimed remains matters.

The Public Trustee did not act for 14 of the referrals for a variety of reasons including that we located family who were willing to make the arrangements; we discovered the deceased individual had a pre-paid funeral in place; we discovered the individual was a military veteran and the funeral was handled by the Last Post Fund etc.

The source of the 56 referrals received:

- Medical Examiner's Office – 17 cases
- Nova Scotia Health Authority Northern Zone – 5 cases
- Nova Scotia Health Authority Eastern Zone – 3 cases
- Nova Scotia Health Authority Western Zone – 4 cases
- Nova Scotia Health Authority Central Zone – 22 cases
- Funeral Home – 4 cases
- Long-term care facility – 1 case

The Public Trustee made and paid for the funeral arrangements for the remaining 42 cases.

Of those 42 cases, 18 were individuals who had no identifiable family members to claim the remains and make funeral arrangements.

In the remaining 24 cases, all of the deceased individuals had identified family members who were either unable or unwilling to make and pay for the individual's funeral arrangements.

Of the 42 cases that the Public Trustee made and paid for the funeral arrangements, after investigation:

- 17 cases did not have an estate to be administered;
- 9 cases are still under investigation;
- 13 cases resulted in an opened deceased estate file with the Public Trustee and the estate is administered as an Election;
- 3 cases resulted in an opened deceased estate file with the Public Trustee and the estate is administered by a Grant of Administration.

For the 42 cases, the Public Trustee paid out a total of \$160,081.85 to funeral homes and cemeteries, which is an average of \$3,811.47 per funeral. There were some additional administrative costs for postage, courier services etc.

For the 42 cases, to date, the Public Trustee has recovered \$115,667.02 from the CPP death benefit, funds the deceased had in his or her bank account or on their person when they were admitted to the hospital or to the Medical Examiner's Office. There will be further reimbursement to come when the estate administrations are completed and the estates still under investigation are concluded.



## REVENUE AND COSTS OF PUBLIC TRUSTEE OFFICE

Pursuant to the *Public Trustee Act* and the regulations thereto, the Public Trustee is entitled to charge for its legal, trustee, guardianship and representation services. The Public Trustee is also entitled to receive administration fees when it acts as personal representative of a deceased estate. The Public Trustee does not earn any revenue for providing general advice on enquiry files, for acting as substitute decision maker of last resort and providing consents for medical treatment, for processing assets received pertaining to undistributed assets pursuant to section 28 of the *Public Trustee Act* or for providing legal representation services.

During the fiscal year ending March 31, 2021, the Public Trustee earned \$1,190,248 in legal, administrative and trustee fees (excluding accruals). These funds were transferred to the Department of Finance.

The Public Trustee recovered \$18,671 from its clients for disbursements including photocopy and postage fees incurred in carrying out our duties and responsibilities to our clients during the fiscal year.

The Public Trustee also earned income in its Special Reserve Fund in the amount of \$100,171.

If we total the legal, administrative and trustee fees earned by the Public Trustee (excluding accruals), its recovery fees from disbursements and the income earned from its Special Reserve Fund, the total revenue earned by the Office of the Public Trustee totaled \$1,309,090 during the fiscal period (see Schedules "E" and "E1" attached hereto).

Public expenditures for the general operating costs of the Public Trustee program, including rent, are funded by the Department of Justice. Funding to operate the office for the period ending March 31, 2021 was \$2,747,159.

Considering the total cost to operate the office and the revenue earned from all sources by the Office of the Public Trustee, the actual cost of providing these valuable services (excluding accrued fees) was \$1,438,069.

---

# Public Trustee Trust Funds

Financial Statements

For the Year Ended March 31, 2021

## **Table of contents**

	<b>Page</b>
<b>Management's responsibility for the financial statements</b>	<b>1</b>
<b>Independent auditor's report</b>	<b>2-3</b>
<b>Statement of net assets held in trust</b>	<b>4</b>
<b>Statement of loss and comprehensive loss</b>	<b>5</b>
<b>Statement of changes in net assets held in trust</b>	<b>6</b>
<b>Statement of cash flows</b>	<b>7</b>
<b>Notes to the financial statements</b>	<b>8-19</b>

## Management's Responsibility for the Financial Statements

These financial statements have been prepared by management in accordance with International Financial Reporting Standards (IFRS) and the integrity and objectivity of the statements are management's responsibility. Management is responsible for all the notes of the financial statements, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

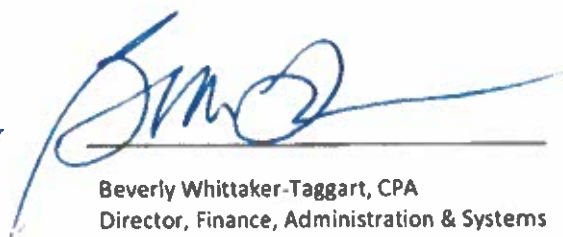
Management is responsible for implementing and maintaining a system of internal controls to provide reasonable assurance and reliable information is produced.

The Public Trustee is responsible for ensuring that management fulfils its responsibilities for financial reporting and internal control. The Public Trustee performs monthly reviews of financial information and a yearly review of the final audited financial statements.

The external auditor, Grant Thornton LLP, conducts an independent examination, in accordance with Canadian auditing standards, to express their opinion on the financial statements. The external auditors have full and free access to financial management of the Public Trust Funds and met when required.



Shannon Ingraham-Christie  
Public Trustee



Beverly Whittaker-Taggart, CPA  
Director, Finance, Administration & Systems

## Independent auditor's report

Grant Thornton LLP  
Nova Centre North Tower  
Suite 1000, 1675 Grafton Street  
Halifax NS  
B3J 0E9

T +1 902 421 1734  
F +1 902 420 1068

To the Public Trustee of Nova Scotia

### Qualified Opinion

We have audited the financial statements of the Public Trustee Trust Funds (the "Entity"), which comprise the statement of net assets held in trust as at March 31, 2021 and the statement of loss and comprehensive loss, statement of changes in net assets held in trust and statement of cash flows for the year then ended and notes to the financial statements including a summary of significant accounting policies.

In our opinion, except for the effects of the matter described in the *Basis for Qualified Opinion* section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Public Trustee Trust Funds as at March 31, 2021, and the results of its financial performance and its cash flow for the year then ended in accordance with International Financial Reporting Standards (IFRSs)

### Basis for Qualified Opinion

As discussed in Note 2 to the financial statements, neither a fair value model nor a cost model has been consistently established for real estate assets held on behalf of clients. This constitutes a departure from IFRS. As a result of a cost-benefit decision by management with respect to their clients and to taxpayers, appraisals have not been performed to establish fair value at March 31, 2021 or March 31, 2020. Similarly, initial and subsequent measurement based on cost has not been established given the age of certain properties, the nature in which the Entity assumes ownership of the real estate, and the lack of historical information to establish an accurate measurement basis. The impact of this departure on the financial statements has not been determined. Since the opening and ending real estate balance affects the determination of the results of operations and cash flows, we were not able to determine whether any adjustments might be necessary to real estate, expenses, cash flows and net assets for the years ended March 31, 2021 and March 31, 2020. Our audit opinion on the financial statements for the year ended March 31, 2020 was modified because of the effects of this departure from IFRS and the possible effects of this limitation in scope.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards (IFRSs) and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*Grant Thornton LLP*

Chartered Professional Accountants

Halifax, Canada  
June 7, 2021

Public Trustee Trust Funds  
Statement of net assets held in trust  
March 31, 2021

	2021	2020
<b>Assets</b>		
Cash and cash equivalents	\$ 10,881,035	\$ 5,740,073
Accounts receivable	659,266	1,056,500
Investments (note 4)	42,971,930	41,297,517
Real estate	4,508,254	7,029,679
Other assets	<u>398,630</u>	<u>364,442</u>
	<u>59,419,115</u>	<u>55,488,211</u>
<b>Liabilities</b>		
Accounts payable	<u>741,989</u>	<u>1,037,970</u>
<b>Net assets held in trust</b>	<u>\$ 58,677,126</u>	<u>\$ 54,450,241</u>

Approved on behalf of the Public Trustee Trust Funds for the Province of Nova Scotia

  
Shannon Ingraham-Christie

See accompanying notes to the financial statements

Public Trustee Trust Funds  
Statement of loss and comprehensive loss  
For the Year Ended March 31, 2021

	2021	2020
<b>Revenues</b>		
Pension	\$ 10,481,908	\$ 9,993,831
Other income	1,330,129	1,112,748
Investment income	881,649	1,102,954
Annuities	<u>878,093</u>	<u>843,798</u>
	<u>13,571,779</u>	<u>13,053,331</u>
<b>Expenses</b>		
Accommodation	9,785,673	8,805,257
Fees and recoveries paid to the Province (Note 7)	1,372,590	1,474,466
Taxes	1,033,587	1,285,421
Funeral	563,647	766,247
Medical	419,670	509,129
Allowances	424,128	444,601
Property care	232,181	177,867
Legal costs	219,392	177,040
Utilities	197,698	150,890
Real estate	265,179	143,021
Miscellaneous	244,584	131,797
Insurance	<u>105,421</u>	<u>118,050</u>
	<u>14,863,750</u>	<u>14,183,786</u>
Loss from operations before gain (loss) on investments	(1,291,971)	(1,130,455)
Gain (loss) on sale of investments	214,190	(394,793)
Unrealized gain(loss) on investments at fair value through profit and loss	<u>991,766</u>	<u>(947,149)</u>
<b>Net loss and comprehensive loss</b>	<u>\$ (86,015)</u>	<u>\$ (2,472,397)</u>

See accompanying notes to the financial statements



Public Trustee Trust Funds  
Statement of changes in net assets held in trust  
For the Year Ended March 31, 2021

	2021	2020
Balance, beginning of year	\$ 54,450,241	\$ 62,728,318
Net loss and comprehensive loss	(86,015)	(2,472,397)
Other changes to net assets:		
Contributions of estates and trusts of new clients and additional contributions of estates and trusts	12,786,157	10,272,736
Distributions of estates and trusts	(8,204,283)	(15,837,114)
Undistributable trusts assets transferred to Province (note 8)	(168,803)	(147,108)
Special Reserve Fund distribution to Province (note 7)	<u>(100,171)</u>	<u>(94,194)</u>
Balance, end of year	<u>\$ 58,677,126</u>	<u>\$ 54,450,241</u>

See accompanying notes to the financial statements

Public Trustee Trust Funds  
Statement of cash flows  
For the Year Ended March 31, 2021

	2021	2020
<b>Operating Activities</b>		
Net comprehensive loss	\$ (86,015)	\$ (2,472,397)
Adjustments for:		
Realized (gain) loss	(214,190)	394,793
Unrealized (gain) loss	<u>(991,776)</u>	<u>947,149</u>
	(1,291,971)	(1,130,455)
Changes in working capital, net	<u>101,253</u>	<u>(60,316)</u>
<b>Net cash from operating activities</b>	<u>(1,190,718)</u>	<u>(1,190,771)</u>
<b>Investing activities</b>		
Proceeds from sale of investments, net	219,521	1,578,480
Proceeds from sale of real estate and other assets, net	6,971,506	3,126,953
Advances to Province	(100,171)	(94,194)
Undistributable assets transferred to Province	<u>(168,803)</u>	<u>(147,108)</u>
<b>Net cash from investing activities</b>	<u>6,922,053</u>	<u>4,464,131</u>
<b>Financing activities</b>		
Contributions of estates and trusts, net	<u>(590,373)</u>	<u>(6,039,054)</u>
<b>Net cash from financing activities</b>	<u>(590,373)</u>	<u>(6,039,054)</u>
<b>Increase in cash and cash equivalents</b>	5,140,962	(2,765,694)
<b>Cash, beginning of year</b>	<u>5,740,073</u>	<u>8,505,767</u>
<b>Cash, end of year</b>	<u>\$ 10,881,035</u>	<u>\$ 5,740,073</u>

See accompanying notes to the financial statements

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

**1. Reporting entity**

The Public Trustee (the "Entity") is a corporation sole of the Province of Nova Scotia created pursuant to the Public Trustee Act. It is independent of government but shares a budget with the Department of Justice ("DOJ") which the DOJ controls. The Entity is set up as a corporation to protect the financial and personal well-being of clients. The Public Trustee is empowered to perform the duties of a guardian, representative, custodian, trustee, executor or administrator of an estate. All investments by the Entity are to be made in accordance with the Trustee Act and Public Trustee Act. The address of the Entity's registered office is 1465 Brenton Street, Halifax, Nova Scotia.

The Entity is exempt from income tax under section 149 of the *Income Tax Act*.

This set of financial statements reflects the net assets held in trust and the activity for the estates and trusts administered by the Entity. Separate operating costs for the Entity are presented in Note 7.

**2. Basis of preparation**

**(a) Statement of compliance**

These financial statements have been prepared in accordance with the principles of International Financial Reporting Standards ("IFRS") as issued by the International Accounting Standards Board ("IASB") with the exception of measurement for real estate, which is not in accordance with IAS 40 (see note 3(e)). They have been prepared under the assumption that the Entity operates on a going concern basis.

These financial statements have been authorized for issue by the Public Trustee on June 7, 2021.

**(b) Basis of measurement**

The financial statements have been prepared on an accrual basis under the historical cost basis except for certain financial instruments which are presented at fair value through profit and loss and certain real estate assets which are measured as described in note 3(b) and 3(e).

**(c) Currency**

The financial statements are presented in Canadian dollars, which is the functional currency for the Entity.

Transactions in foreign currencies are translated into Canadian dollars using exchange rates prevailing at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies are converted into Canadian dollars at the exchange rate at the reporting period end date.

**(d) Use of estimates and judgments**

The preparation of these financial statements in conformity with IFRS requires management to make judgments, estimates, and assumptions that affect the application of accounting policies and the reporting amounts of assets, liabilities, income, and expenses. Management uses valuation techniques to determine the fair value of financial instruments (where active market quotes are not available) and non-financial assets. This involves developing estimates and assumptions consistent with how market participants would price the instrument. Management bases its assumptions on observable data as far as possible but this is not always available. In that case, management uses the best information available. Actual results could differ from management's best estimates as additional information becomes available in the future and will be recognized in the period in which the estimates are revised. Significant judgments include those related to the valuation of investments as described in notes 3(b), 3(c), 3(d) and 4.

### 3. Summary of significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in the financial statements.

#### (a) Cash and cash equivalents

Cash and cash equivalents are comprised of cash on hand and balances held with banks.

#### (b) Financial instruments

##### Recognition and derecognition

Financial instruments are classified as either amortized cost, or fair value through profit and loss. Financial assets and liabilities are initially recognized at fair value on the effective date the Entity commences administration of the financial asset or financial liability.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and substantially all the risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

The applicable financial instruments for the Entity are classified and measured as follows:

- Cash and cash equivalents – amortized cost;
- Accounts receivable – amortized cost;
- Accounts payable – amortized cost;
- Investments (excluding bonds) – fair value through profit and loss; and
- Investments (bonds) – amortized cost.

The carrying values of cash and cash equivalents, accounts receivable, and accounts payable approximate their fair values due to the short-term maturity.

##### Classification and initial measurement of financial assets

Financial assets, other than those designated and effective as hedging instruments, are classified into the following categories:

- amortized cost;
- fair value through profit or loss (FVTPL); and
- fair value through other comprehensive income (FVOCI).

In the periods presented the Entity does not have any financial assets categorized as FVOCI.

The classification is determined by both:

- the Entity's business model for managing the financial asset; and
- the contractual cash flow characteristics of the financial asset.

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

3. Summary of significant accounting policies (continued)

(b) Financial instruments (continued)

Subsequent measurement of financial assets

Financial assets at amortized cost

Financial assets are measured at amortized cost if the assets meet the following conditions (and are not designated as FVTPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows; and
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition, the financial assets are measured at amortized cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The Entity's cash and cash equivalents, and accounts receivable fall into this category of financial instruments as well as listed bonds.

Financial assets at fair value through profit or loss (FVTPL)

Financial assets that are held within a different business model other than 'hold to collect' or 'hold to collect and sell' are categorized at fair value through profit and loss. Further, irrespective of business model financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVTPL. All derivative financial instruments fall into this category. Their fair values are determined in line with the requirements of IFRS 9, which does not allow for measurement at cost. Assets in this category are measured at fair value with gains or losses recognized in profit or loss. The fair values of financial assets in this category are determined by reference to active market transactions or using a valuation technique where no active market exists.

Impairment of financial assets

IFRS 9's impairment requirements use more forward-looking information to recognize expected credit losses (ECL).

The Entity makes use of a simplified approach in accounting for accounts receivable recording the loss allowance as lifetime expected credit losses. These are the expected shortfalls in contractual cash flows, considering the potential for default at any point during the life of the financial instrument. In estimating the ECL, the Entity uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses. The Entity assesses impairment of trade receivables on a collective basis as they possess shared credit risk characteristics. The Entity's accounts receivable are not subject to significant credit risk as the amounts are owed largely by the federal government in the form of tax return refunds and pension annuities. An estimate of expected lifetime credit losses was determined to not be required as the Entity has not experienced bad debts on their receivables in their history of operations.

Classification and measurement of financial liabilities

Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Entity designated a financial liability at fair value through profit or loss

- Subsequently, financial liabilities are measured at amortized cost using the effective interest method. All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

**3. Summary of significant accounting policies (continued)**

**(c) Fair value measurement**

All investments, with the exception of bonds which are designated at amortized cost, are designated as fair value through profit and loss. Realized gains and losses on the sale of investments and unrealized gains and losses arising from the change in fair value of investments are recorded through profit and loss in the period in which they arise. All purchases and sales of investments are recognized on the date the trades are executed. Income from interest and dividends are recognized as investment income in the period incurred.

Fair value is best evidenced by quoted market prices in an active market. Where quoted market prices are not available, the quoted prices of similar financial instruments are used to estimate fair value. Minimal management judgement is required for fair values calculated using quoted market prices. The calculation of estimated fair value is based on market conditions at a specific point in time and may not be reflective of future fair values.

**(d) Investments**

The Entity employs a fair value hierarchy to categorize the inputs it uses in valuation techniques to measure the fair value. The extent of use of (Level 1) quoted prices in active markets for identical assets or liabilities, (Level 2) inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly, and (Level 3) inputs for the asset or liability that are not based on observable market data in the valuation of securities as at the statement of net assets held in trust date is disclosed in Note 6.

**(e) Real estate**

Real estate assets are properties held in trust for clients. IAS 40, Investment Property, requires application of either the cost method or a fair value model as the measurement basis. The Entity has applied a separate policy for measuring the value of real estate assets as it is impractical to use fair value or cost measurement. Formal valuations or appraisals are not always performed given the disproportion between the cost to the Entity's clients and the benefit received. Relevant and reliable cost value is not available to establish cost as the basis of measure given the age of the properties and the nature of how the Entity comes in possession of real estate which involves receiving real estate assets held in trust for the Entity's clients rather than through purchases of real estate. Real estate included within the statement of net assets held in trust is measured either by the most recent property assessment or most recent professional appraisal, when available. The Entity does not record a provision for depreciation; however, changes in real estate property assessment values are recorded through profit and loss as investment income. The financial impact on the financial statements of this departure if the Entity were to comply with the standard is indeterminable given an unreasonable amount of financial resources would need to be spent to determine cost or fair value of real estate assets.

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

3. Summary of significant accounting policies (continued)

(f) Other assets

Other assets, including personal effects such as mobile homes, vehicles and jewelry, are recognized when the Entity commences administration of the assets. Other assets are carried at fair value. Fair value is determined through appraisal where deemed appropriate. For some other assets where no observable market exists, these assets remain valued at a nominal amount until such time that more reliable valuation information is available.

(g) Investment income

Income from pensions, as well as investment income are recognized as earned on an accrual basis. Interest income is accrued using the effective interest method.

Other income is mostly composed of Canada Revenue Agency refunds and credits and is recognized as earned on an accrual basis.

Gains and losses on assets represent the appreciation or depreciation in the value of marketable securities, real estate and other assets administered by the Entity from the value assigned on the date of the commencement of administration of assets by the Entity, the date of purchase, or the value at the prior year end. Such gains and losses become realized on the date the assets are sold or released to clients, beneficiaries or heirs. Both realized gains and losses and changes in unrealized gains and losses are reported in the statement of net and comprehensive loss.

4. Investments

	2021 Market Value	2020 Market Value
Guaranteed Investment Certificates (note 4(a))	\$ 31,906,858	\$ 31,449,477
Bonds		
Corporate	383,055	467,065
Provincial	<u>1,044,341</u>	<u>1,374,458</u>
Total bonds (note 4(b))	<u>1,427,396</u>	<u>1,841,523</u>
Quoted investments		
Canadian equity	5,209,676	4,906,027
Canadian preferred	27,356	-
US equity	101,570	9,725
Mutual Funds	<u>1,786,356</u>	<u>1,132,634</u>
Total quoted investments	<u>7,124,959</u>	<u>6,048,386</u>
Investment cash	<u>2,512,718</u>	<u>1,958,131</u>
Total	<u>\$ 42,971,930</u>	<u>\$ 41,297,517</u>

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

4. Investments (continued)

	2021 Market Value	2020 Market Value
<b>(a) Guaranteed Investment Certificates – maturity profile</b>		
Maturing within one year	\$ 21,991,213	\$ 18,444,981
Maturing between one and five years	<u>9,915,645</u>	<u>13,004,496</u>
	<u>\$ 31,906,858</u>	<u>\$ 31,449,477</u>
<b>(b) Bonds – maturity profile</b>		
Maturing within one year	\$ 86,956	\$ 406,184
Maturing between one and five years	1,046,490	773,313
Maturing in greater than five years	<u>293,950</u>	<u>662,026</u>
	<u>\$ 1,427,396</u>	<u>\$ 1,841,523</u>

5. Financial risk management

Section 3A(1) of the *Public Trustee Act* allows the Public Trustee to delegate authority to employees to invest in most forms of financial securities, including a security issued by a mutual fund. The standard of care, skill, diligence, and judgment imposed by the section is that of a prudent investor. The Entity utilizes a conservative investment management strategy. All trust property must be invested in a manner that reflects the standard and high duty of care required to fulfill the responsibilities of the Public Trustee. The Entity's long-term objectives as a prudent investor are threefold:

- ii) to minimize any loss of capital;
- iii) where possible, to provide income sufficient to meet the individual client's or trust's ongoing income needs; and
- iv) for clients or trusts with higher risk tolerances or longer term investment horizons, the potential for capital appreciation.

The majority of the accounts held by the Entity are administered on behalf of clients and are not held in a pooled fund. Clients with five years or less projected investment horizon with the Entity may have their excess funds invested in a combination of cashable guaranteed investment certificates (GICs), treasury bills, fixed term GICs and bonds with a maximum investment period of five years.

**Liquidity risk**

Liquidity risk is the risk that a client account is unable to meet its financial obligations, specifically accounts payable, as they come due. The Entity minimizes this risk by ensuring that client accounts hold sufficient cash funds to meet current liabilities and expenses and considers liquidity risk at March 31, 2021 to be insignificant.

**Credit risk**

Credit risk is the risk that a counterparty to a financial instrument will fail to discharge an obligation or commitment it has entered into, resulting in a financial loss. This risk specifically relates to accounts receivable, bonds and other investments.

The credit risk related to accounts receivable is assessed to be low due as the counterparties are primarily the federal government.



Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

5. Financial risk management (continued)

**Credit risk (continued)**

The investment policy established by the Entity limits credit risk in the following manner: client excess funds invested in GICs are not to exceed \$95,000 from a national bank or trust company or \$235,000 from a credit union. This ensures that if a financial institution defaulted, the client would receive from the insurance plan the client's principal plus any accrued interest. The bond portfolio remains high quality with 90% of the bonds rated A or better. Bonds purchased with client excess funds must have a minimum rating of BBB by the Dominion Bond Rating Service or an equivalent rating by another recognized rating agency.

	2021	2020
<b>Credit rating – Bonds</b>		
AAA	\$ -	\$ 26,990
AA	814,910	1,202,047
A	464,818	464,818
BBB	147,668	147,668
	<u>\$ 1,427,396</u>	<u>\$ 1,841,523</u>

**Market risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Entity is subject to interest rate risk, currency risk, and other price risk.

A 1% movement in the stock markets with all other variables held constant would have an estimated effect on the fair values of the Entity's Canadian common equity of \$52,097 (2020 - \$49,060).

A 1% movement in the stock markets with all other variables held constant would have an estimated effect on the fair values of the Entity's US common equity of \$1,016 (2020 - \$97).

A 1% movement in the stock markets with all other variables held constant would have an estimated effect on the fair values of the Entity's mutual funds of \$17,864 (2020 - \$11,326).

A 1% movement in the stock markets with all other variables held constant would have an estimated effect on the fair values of the Entity's Canadian preferred equities of \$274 (2020 - \$0).

**Interest rate risk**

Interest rate risk is the risk that the fair value or cash flows of interest-bearing investments will fluctuate due to changes in market interest rates. Investments in guaranteed investment certificates and bonds with a maturity are subject to interest rate risk. The Entity mitigates this risk by investing excess client funds in a diversified portfolio, including investing in fixed rate securities.

At March 31, 2021 a 1% movement in interest rates, with all other variables held constant, could impact the market value of bonds by 14,274 (2020 - \$18,415).

At March 31, 2021 a 1% movement in interest rates, with all other variables held constant, could impact the market value of GICs by \$316,582 (2020 - \$311,119).

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

5. Financial risk management (continued)

**Currency risk**

Foreign currency risk is the risk that the fair value or cash flows of a financial instrument will fluctuate because of changes in exchange rates and produce an adverse impact on net income when measured in the Entity's functional currency.

Net exposure to United States dollar denominated amounts (in United States Dollars), related to the investment portfolio, included in the balance sheet as at March 31, 2021 is \$80,851 (2020: \$6,912).

**Other price risk**

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer or by factors affecting all similar financial instruments traded in the market. The Entity is subject to this risk with its equity securities composed mostly of stocks. It mitigates this risk by investing only in very low risk stocks.

6. Fair values

Client investments and certain other assets as well as other financial assets are reflected in the statement of net assets held in trust at fair value. The fair value of cash, accrued interest and accounts receivable approximates their carrying value due to the short term to maturity. In regards to bonds, their fair value is approximated by their carrying value. Real estate assets are excluded from the fair value hierarchy, due to the measurement basis as disclosed in note 3(e).

**Fair Value Hierarchy** - The three levels of the fair value hierarchy are as follows:

Level 1 – Unadjusted prices in active markets for identical assets or liabilities.

Level 2 – Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or the liability, either directly or indirectly. Level 2 inputs include:

- (i) Quoted prices for similar assets or liabilities in active markets.
- (ii) Quoted prices for identical or similar assets or liabilities in markets that are not active.
- (iii) Inputs other than quoted prices that are observable for the asset or liability.
- (iv) Market-corroborated inputs.

Level 3 – Inputs that are unobservable; there is little, if any, market data. Fair value determination would generally require significant management judgment or estimation.

The following table shows the fair value of financial assets and financial liabilities as at March 31, 2021 classified within the fair value hierarchy:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total Fair Value</u>
GICs	\$ 31,906,858	\$ -	\$ -	\$ 31,906,858
Quoted investments	7,124,959	-	-	7,124,959
Bonds	-	1,427,396	-	1,427,396
	<u>\$ 39,031,817</u>	<u>\$ 1,427,396</u>	<u>\$ -</u>	<u>\$ 40,459,213</u>

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

6. Fair values (continued)

The following table shows the fair value of financial assets and financial liabilities as at March 31, 2020 classified within the fair value hierarchy:

	Level 1	Level 2	Level 3	Total Fair Value
GICs	\$ 31,449,477	\$ -	\$ -	\$ 31,449,477
Quoted investments	6,048,386	-	-	6,048,386
Bonds	-	1,841,523	-	1,841,523
	<u>\$ 37,497,863</u>	<u>\$ 1,841,523</u>	<u>\$ -</u>	<u>\$ 39,339,386</u>

7. Related party disclosures

The Province of Nova Scotia, its Agencies and its Crown Corporations are related parties to the Entity. Under IAS 24 Related Party Disclosures, a reporting entity is exempt from the disclosure requirements of paragraph 18 in relation to related party transactions and outstanding balances, including commitments, with:

- a) a government that has control or joint control of, or significant influence over, the reporting entity; and
- b) another entity that is a related party because the same government has control or joint control of, or significant influence over, both the reporting entity and the other entity.

As a result, the Entity has applied this exemption to these financial statements. In applying this exemption, the Entity must disclose the nature and amount of each individually significant transaction and for other transactions that are collectively, but not individually, significant, a qualitative or quantitative indication of their extent.

Operating costs of the Entity are absorbed by the Nova Scotia Department of Justice and are not reflected in the Statement of loss and comprehensive loss. These costs are offset by fees charged for administering estates, recoveries of client expenses paid by the Entity and transfers of investment income from the Special Reserve Fund.

	2021	2020
Operating expenses paid by the Province of Nova Scotia		
Salaries and benefits	\$ 2,300,198	\$ 2,194,380
Other operating costs	270,788	275,162
Rent	176,174	174,552
	<u>2,747,159</u>	<u>2,644,094</u>
Fees and recoveries paid to the Province of Nova Scotia		
Fees	1,190,248	1,250,677
Recoveries	18,671	22,144
Special Reserve Fund income transferred	100,171	94,194
	<u>1,309,091</u>	<u>1,367,015</u>
Expenses paid by the Province of Nova Scotia, net	<u>\$ 1,438,069</u>	<u>\$ 1,277,079</u>

**7. Related party disclosures (continued)**

The above fees and recoveries totaling \$1,208,919 (2020 - \$1,272,821) represent cash payments to the Province. They are net of HST of \$179,184 (2020 - \$188,280) and net accrued fees of \$15,513 (2020 - \$13,365). The total amount of these Fees, Recoveries, HST, and net accrued fees is \$1,372,590 (2020- \$1,474,466) and is disclosed on the statement of loss and comprehensive loss. The remaining \$100,171 (2020 - 94,194) above represents investment income earned in the Special Reserve Fund and remitted to the Province of Nova Scotia.

In addition to the above, the Entity transfers undistributable assets to the Province of Nova Scotia as disclosed in note 8.

**Key management personnel**

All key management personnel and other staff are employees of the Province of Nova Scotia, as the Entity obtains key management services from the Province of Nova Scotia employees. The salaries and benefits for these employees is included in salaries and benefits above.

**8. Undistributable estates and trusts**

Undistributable assets are transferred to the Minister of Finance when they are deemed undistributable under Section 28 of the Public Trustee Act. The proceeds are paid immediately to the Minister of Finance as a distribution through net assets.

**9. Common fund securities**

Section 30 of the Public Trustee Act permits the Public Trustee to invest monies, not subject to any express trust or direction for investment thereof, into a Common Fund. Investments of the Common Fund are valued at market value as of March 31, 2021. The Common Fund serves as a general bank account for its clients and allows the Public Trustee to pool small value client accounts in order to provide more substantial balances used to purchase income-generating investments.

The interest to be paid to clients with funds in the Common Fund is determined by a regulation which is as follows: the prescribed rate of interest is a floating rate ascertained by the Public Trustee half yearly, and is one percent less than the rate arrived at by averaging the lowest rate offered during the period on savings - non-chequing accounts by the Canadian Imperial Bank of Commerce and the Royal Bank of Canada at their respective Halifax branches. In addition, the regulation provides that, in order to earn interest, the client's account must have had a minimum quarterly balance of \$1,000 or more and must have been held in trust by the Public Trustee for more than three months.

Due to the fact that the current interest rate is below the prescribed rate, all interest received in the Common Fund during the year will be transferred to the Special Reserve Fund, after providing for bank fees and other charges in the Common Fund, in accordance with the Public Trustee Act.

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

9. Common fund securities (continued)

A continuity of the Common Fund is as follows:

	2021	2020
Balance, beginning of year	\$ 2,990,892	\$ 2,989,949
Add: Purchase of securities	(3,114)	698
Interest and investment income	<u>159,200</u>	<u>261,365</u>
	3,146,979	3,252,012
Less: Disbursements	(2,091)	(4,038)
Amount to be transferred to the Special Reserve Fund	<u>(161,146)</u>	<u>(257,082)</u>
Balance, end of year	<u>\$ 2,983,741</u>	<u>\$ 2,990,892</u>

The balance of the Common Fund consists of the following amounts which are included with their respective Statement of Net Assets line:

	2021	2020
Cash	\$ 161,146	\$ 257,082
Investments	2,987,778	2,990,543
Payables	<u>(165,183)</u>	<u>(256,722)</u>
	<u>\$ 2,983,741</u>	<u>\$ 2,990,892</u>

Public Trustee Trust Funds  
Notes to the Financial Statements  
For the Year Ended March 31, 2021

**10. Special reserve fund**

Section 32 of the Public Trustee Act provides for the establishment of a Special Reserve Fund. The Fund is administered by the Public Trustee and held in joint trust with the Deputy Minister of Finance and Treasury Board.

The stated purpose of the Fund is to provide for any future deficiency in the Common Fund. Investment income earned in the Common Fund in excess of the prescribed interest paid to clients' accounts is normally transferred to the Special Reserve Fund annually as required by the Public Trustee Act.

Income received on investments in the Special Reserve Fund may be transferred to the Province's general revenues in such amounts as determined by the Public Trustee and the Deputy Minister of Finance and Treasury Board. During the year, \$100,171 of Special Reserve Fund interest has been transferred (2020 – 94,194).

In the current year an additional \$88,879 has been received in interest payments. The Entity and the Deputy Minister of Finance and Treasury Board will determine whether any transfer will be made during the next fiscal year.

The continuity of the Special Reserve Fund is as follows:

	2021	2020
<b>Balance, beginning of year</b>	\$ 3,916,784	\$ 3,655,778
<b>Add:</b> Interest income and gains (losses)	89,245	98,118
Net amount to be transferred from the Common Fund	<u>161,146</u>	<u>257,082</u>
	4,167,175	4,010,978
<b>Less:</b> Amount transferred to the Province of Nova Scotia	(100,171)	(94,194)
<b>Balance, end of year</b>	<u>\$ 4,067,004</u>	<u>\$ 3,916,784</u>

The balance of the Special Reserve Fund consists of the following amounts which are included with their respective statement of net assets line:

	2021	2020
Cash	\$ 97,599	\$ 108,890
Receivables	207,283	303,135
Investments	<u>3,762,124</u>	<u>3,504,759</u>
	<u>\$ 4,067,004</u>	<u>\$ 3,916,784</u>

**PUBLIC TRUSTEE STATISTICS**

**SCHEDULE "A"**

**CASES ACTIVE AS OF MARCH 31, 2021**

**ESTATES AND TRUSTS**

Estate of Deceased	Adult's Estate (Living)	Infant's Estate (Living)	Undistributable Estate or Trust	Missing Person's Estate	Patients' Abandoned Property Act	Specific Trust	Renunciation	TOTAL
252	576	149	12	9	11	70	331	1410

**REPRESENTATIVE LITIGATION**

Presumption of Death Act	Missing/ Unascertained Person	Survival of Actions Act	Guardian ad litem - Incompetent Adult	Guardian ad litem - Infant	
22	12	37	4	5	80

**ACDMA**

Complaints under ACDMA	Reviews of Representation Orders under ACDMA	Application for funding assistance
2	74	5

81

**CONSENT TO TREATMENT**

412	1983
<b>GRAND TOTAL</b>	

**REQUESTS, COMPLAINTS, INQUIRIES, LITIGATION & REFERRALS**

Individual General Inquiries April 1, 2020 - March 31, 2021	561
Individual Unclaimed Remains Inquiries April 1, 2020 - March 31, 2021	61
Individual ACDMA Inquiries April 1, 2020 - March 31, 2021	50
<b>GRAND TOTAL</b>	
	672

**PUBLIC TRUSTEE STATISTICS**

**SCHEDULE "B"**

**VOLUME AND PROGRESS OF CASELOAD**

<b><u>FISCAL YEAR</u></b>	<b><u>VOLUME AT START</u></b>	<b><u>NEW CASES ADDED</u></b>	<b><u>CASES CLOSED</u></b>	<b><u>VOLUME AT YEAR END</u></b>
April 1/20 - March 31/21	1830	534	381	1983
April 1/19 - March 31/20	1988	534	692	1830
April 1/18 - March 31/19	1904	504	420	1988
April 1/17 - March 31/18	1788	427	311	1904
April 1/16 - March 31/17	1720	362	294	1788
April 1/15 - March 31/16	1605	381	266	1720



**PUBLIC TRUSTEE STATISTICS**

**SCHEDULE "C"**

**BREAKDOWN OF CASES CLOSED**

<b><u>FISCAL YEAR ENDING</u></b>	<b><u>Estate of Deceased</u></b>	<b><u>Adult's Estate (Living)</u></b>	<b><u>Infant's Estate (Living)</u></b>	<b><u>Undistributable Estate or Trust</u></b>	<b><u>Missing Person's Estate</u></b>	<b><u>Patients' Abandoned Property Act</u></b>	<b><u>Specific Trust</u></b>	<b><u>Consent to Treat</u></b>	<b><u>Renunciation</u></b>	<b><u>Representative Litigation</u></b>	<b><u>ACDMA</u></b>	<b><u>TOTAL <sup>(1)</sup></u></b>
April 1/20- March 31/21	76	77	22	2	0	1	3	193	2	1	4	381
April 1/19- March 31/20	89	132	30	1	2	6	1	284	145	1	1	692
April 1/18 - March 31/19	44	106	30	2	0	0	1	49	183	4	1	420
April 1/17 - March 31/18	50	96	24	1	1	0	1	44	93	1	0	311
April 1/16 - March 31/17	65	86	21	0	1	0	1	60	60	0	0	294
April 1/15 - March 31/16	49	89	22	5	0	0	1	68	32	0	0	266

(1) Representative Litigation and ACDMA cases have been added effective 2015-2016.

**PUBLIC TRUSTEE STATISTICS**

**SCHEDULE "D"**

**BREAKDOWN OF CASES ADDED**

<b><u>FISCAL YEAR</u></b> <b><u>ENDING</u></b>	<b><u>Estate of Deceased</u></b>	<b><u>Adult's Estate</u></b> <b><u>(Living)</u></b>	<b><u>Infant's</u></b> <b><u>Estate</u></b> <b><u>(Living)</u></b>	<b><u>Undistributable</u></b> <b><u>Estate or Trust</u></b>	<b><u>Missing Person's</u></b> <b><u>Estate</u></b>	<b><u>Patients'</u></b> <b><u>Abandoned</u></b> <b><u>Property Act</u></b>	<b><u>Specific Trust</u></b>	<b><u>Consent to Treat</u></b>	<b><u>Renunciation</u></b>	<b><u>Representative</u></b> <b><u>Litigation</u></b>	<b><u>ACDMA</u></b>	<b><u>TOTAL <sup>(2)</sup></u></b>
April 1/20 - March 31/21	83	113	19	3	1	0	7	143	117	11	37	534
April 1/19 - March 31/20	81	129	22	2	2	8	23	125	109	7	26	534
April 1/18 - March 31/19	101	121	29	2	3	1	10	108	87	9	24	495
April 1/17 - March 31/18	76	118	19	4	1	0	6	122	76	5	0	427
April 1/16 - March 31/17	79	95	23	0	1	1	3	85	68	7	0	362
April 1/15 - March 31/16	53	115	18	5	2	1	3	92	87	5	0	381

<sup>(2)</sup> Representative Litigation and ACDMA data have been added effective 2018/2019

# PUBLIC TRUSTEE STATISTICS

## SCHEDULE "E"

### FUNDS TRANSFERRED TO DEPARTMENT OF FINANCE

YEAR ENDING	PUBLIC TRUSTEE FEES	EXPENSE RECOVERIES	SPECIAL RESERVE FUND		SECTION 28
			INVESTMENT INCOME	TRUST FUNDS *3	
	Revenue *1	Revenue *2	Revenue		
March 31, 2021	\$ 1,190,248.00	\$ 18,671.00	\$ 100,171.00	\$ 168,803.00	
March 31, 2020	\$ 1,250,677.00	\$ 22,144.00	\$ 94,194.00	\$ 147,108.00	
March 31, 2019	\$ 1,236,877.00	\$ 17,921.00	\$ 94,433.00	\$ 442,841.00	
March 31, 2018	\$ 1,182,758.00	\$ 20,150.00	\$ 90,622.00	\$ 124,906.00	
March 31, 2017	\$ 1,026,881.00	\$ 16,581.00	\$ 95,018.00	\$ 67,283.00	
March 31, 2016	\$ 971,672.00	\$ 17,276.00	\$ 100,893.00	\$ 69,641.00	

\*1 Fees of counsel and solicitor, proctor's fees, administrator's commission collected from estates and transferred; figures do not include accruals.

\* 2 Pre-tax expenses recovered from clients e.g. postage, photocopy.

\* 3 May be subject of claims. Public Trustee Act, s. 35. : figures do not include accruals

# PUBLIC TRUSTEE STATISTICS

## SCHEDULE "E1"

YEAR ENDING	COMMON FUND INVESTMENT INCOME TRANSFERRED TO SPECIAL RESERVE FUND	SPECIAL RESERVE FUND ACCUMULATED NON-TRANSFERABLE EQUITY
March 31, 2021	\$ 161,146.00 \$	3,770,511.74
March 31, 2020	\$ 257,082.00 \$	3,513,429.33
March 31, 2019	\$ 251,124.00 \$	3,262,304.86
March 31, 2018	\$ 160,752.00 \$	3,307,425.00
March 31, 2017	\$ 117,742.00 \$	3,148,497.00
March 31, 2016	\$ 124,514.00 \$	3,025,428.00

# PUBLIC TRUSTEE STATISTICS

## SCHEDULE "F"

### HEALTH CARE DECISIONS

Client Files	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Active Files at April 1st	425	449	475	553	621	462
New Client Files Opened	92	85	122	117	125	143
Deactivated Files Reopened	0	0	0	0	0	0
Client Files Closed	(68)	(59)	(44)	(49)	(284)	(193)
Active Files at March 31st	449	475	553	621	462	412

### REFERRALS RECEIVED

Client Files	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Hospitals Act	91	122	135	125	150	174
Involuntary Psychiatric Treatment Act	86	97	82	112	100	107
Personal Directives Act	441	374	483	628	700	894

### TOTAL DECISIONS

#### YEAR ENDING      NUMBER OF DECISIONS

March 31, 2021	3917
March 31, 2020	3900
March 31, 2019	3491
March 31, 2018	2582
March 31, 2017	2398
March 31, 2016	2383

**PUBLIC TRUSTEE STATISTICS**

**SCHEDULE "G"**

**RENUNCIATIONS ADDED**

<b><u>YEAR ENDING</u></b>	<b><u>NUMBER OF RENUNCIATIONS</u></b>
March 31, 2021	117
March 31, 2020	109
March 31, 2019	87
March 31, 2018	76
March 31, 2017	68
March 31, 2016	87



Office of the Public Trustee

## **Health Care Decisions Division**

### **Annual Report**

**April 1st, 2020 to March 31<sup>st</sup>, 2021**

<b>Table of Contents</b>	Page 2
<b>Public Trustee Mission</b>	Page 4
<hr/>	
Principles and Standards	
Best Interest and Informed Consent Principles	
<b>Annual Report Executive Summary</b>	Page 5
<b>Section 1 Client Files</b>	Page 6
Table 1 – Active Files- Yearly Comparison	
Chart 1 – Active Files- Yearly Comparison	
Table 2 – Open and Closed Files- Yearly Overview	Page 7
<hr/>	
<b>Section 2 Referrals</b>	Page 7
Table 3 – Referral Received- Yearly Comparison	
Chart 2 – Referrals Received- Yearly Comparison	
Table 4 – Referrals by Legislation- Quarterly Review	Page 8
Chart 3 – Referrals by Legislation- Yearly Overview	
2.2 Referrals under the <i>Personal Directives Act</i>	
Table 5- PDA Referrals- Quarterly Review	
Chart 4- PDA Referrals- Yearly Overview	Page 9
2.3 Referrals under the <i>Hospitals Act</i> and <i>Involuntary Psychiatric Treatment Act</i>	
Table 6- HA and IPTA Referrals- Yearly Overview	
Chart 5- HA and IPTA Referral- Yearly Overview	Page 10
2.4 Yearly Referral Comparison	
Table 7- Total Yearly Referrals by Type	
Chart 6- Total Yearly Referrals by Type	
2.5 Referrals by Month	Page 11
Chart 7- Referrals by Month and Legislation	
Chart 8- Referrals by Quarter	
Chart 9- Yearly Comparison of Referrals	Page 12
2.6 Referrals by Source	
Table 8- Referrals by Source	
Chart 10- Referrals by Source	
Table 9- Yearly Referrals by NSHA Zone	Page 13
Chart 11- Yearly Referrals by NSHA Zone	Page 14
2.7 Invalid and Withdrawn Referrals	
Table 10- Invalid and Withdrawn Referrals	



## Health Care Decisions Annual Report April 1st, 2020 - March 31st, 2021

### 2.8 Decisions

Table 11- Total Decisions- Yearly Comparison

Table 12- Decisions by Legislation- Quarterly Overview

Page 15

Chart 12- Decisions by Legislation

### 2.9 Decision Levels

Table 13- Decisions by Level- Quarterly Overview

Chart 13- Total Decisions by Level

Page 16

Level 3 Decisions

Table 14- Level 3 Decisions 2020-2021

---

## Section 3 Statistical Summary

Page 17

Table 15- 2020-2021 Yearly Overview

---

## Section 4 Quality Indicators

Page 17

### 4.1 Complaint

### 4.2 Response Times

Table 16- Response Times Overview

### 4.3 Education

---

## Section 5 ACDMA Capacity Assessment Training Overview

Page 18

---

## Section 6 COVID-19 Global Pandemic

Page 19

Table 17 – COVID-19 Vaccination Consents as of April 13<sup>th</sup>, 2021

Page 21

---

2021- 2022 HCDD Annual Work Plan

Page 21

## **Public Trustee Mission**

The Public Trustee is committed to providing informed consent for health care decisions, home care services, placements, medical, surgical, and psychiatric treatments for clients using an approach that is client-centered, respectful of human rights and freedoms and in the client's best interests if prior wishes, values and beliefs are not known.

## **Principles and Standards**

Together with the *Personal Directives Act*, the *Hospitals Act*, and the *Involuntary Psychiatric Treatment Act*, the foundational documents supporting the Health Care Decisions Division are the Canadian Charter of Rights & Freedoms and the *Nova Scotia Human Rights Act*.

**Best interest and Informed Consent Principles** are the foundation of decision-making within the Health Care Decisions Division. Divisional policies employ the four commonly held principles of health care ethics, namely: respect for autonomy; non-injury; beneficence; and justice. Respect for autonomy is demonstrated by respecting the client's prior capable wishes, values and beliefs if known and consideration of the client's rights to independence and freedom; non-injury is demonstrated in decision-making that avoids or minimizes risk to the client; beneficence is demonstrated in decisions that benefit the client; and justice is demonstrated in decisions that are fair and equitable.

The Health Care Decisions Division, on behalf of the Public Trustee, stands in the place of the client and is entitled to the same information and freedom of choice as the client would have received if they had capacity. Decisions are made using the **Best Interests and Reasonable Person Standards**; after carefully considering all available relevant information, the Health Care Decisions Division makes a well-informed decision to consent, to not consent, or to withdraw consent as a reasonably prudent and careful lay person would do in similar circumstances and not as a health care professional.

The Public Trustee, through the Health Care Decisions Division, acts as the **Statutory Decision-Maker (SDM)** of last resort for individuals who lack capacity to make decisions concerning health care, home care services, and placement to a continuing care home; as well as decisions related to medical, surgical, and psychiatric treatment; when there is no higher-ranked substitute with capacity who is willing and able to act on their behalf. Authority to act is granted under the *Personal Directives Act (PDA)*, *Hospitals Act (HA)* and *Involuntary Psychiatric Treatment Act (IPTA)*.

## **Annual Report Executive Summary**

This 2020-2021 Annual Fiscal report provides a summary of data and analysis for the Health Care Decisions Division (HCD) of the Office of the Public Trustee. This was the first full year the division operated in a pandemic situation, an unprecedented situation. This fluid situation required a robust and flexible approach. The office responded immediately and put safety strategies into place to limit the risk of exposure. Work schedules were adjusted, and work practices were adapted. Core operations and phone coverage was maintained throughout the year and established response times were met. The response from the team was a testimony to their versatility and creativity.

The pandemic presented challenges and opportunities for us to explore alternative ways to operate. The team were issued cell phones and computers to support work from home directives. Fax to email was activated and remains in effect, with a reduction in printing. Remote projects and audits were completed to identify opportunities for improvement and consistency. Every problem was solved using a team approach and we met our response times in all quarters. There were many “new situations” that we had to consider such as the Designated Support Person. On review, we established that this role does not fall under the limited definition of a health care decisions leading to new learnings.

We experienced an increase in call volumes throughout the year as Service Providers endeavored to keep us updated on clients as well as their enhanced safety practices. In Q1, when the first wave presented, we experienced a 42% increase in referrals to address goals of care, as facilities prepared for the worst-case scenario. Each client was reviewed and a recommendation to “Treat in Place” was the most common service provider recommendation given the frailty and comorbidities of the majority of clients living in nursing homes. COVID swabs were taken when Public Health criteria was met. We were informed that eight clients tested positive for COVID-19. Three clients died during the outbreak at Northwood in Q1. The case count went down to zero in Q2 and there were no reports or issues although many tests were completed- none came back positive. In Q3 there were no further reports of HCD clients testing positive for COVID-19 during the 2<sup>nd</sup> wave of the virus. In Q4, 208 referrals were received for COVID-19 vaccines out of 407 referrals, accounting for 51% of referrals. We continue to experience referrals for COVID-19 vaccines as it becomes available for younger age groups. The need for consent has also identified some existing clients in homes that do not have a SDM and we have received new file referrals as a result.

The entire policy manual was refreshed with additional details and policies to address new situations. File maintenance was prioritized with substantial efforts invested to ensure that each client file is active, accurately labeled and saved electronically. Multiple PAM2, shared file and hard copy audits were conducted. Discrepancies and gaps were addressed, and new standards established. We initiated an electronic referral tracking sheet as well as a new “folder” per referral which hosts all the relevant information pertinent to that decision. Enhancement to file audits were introduced so that every new file has a second check. A reconciliation of paper files is conducted quarterly against PAM2 files.

Disease and drug libraries were initiated, where staff research common diagnoses and drugs that can be used as a guide. A decision level document was also developed to support consistent and best practices. The ACDMA review was initiated in Q3 with a final report and recommendations due by December 2021.

We anticipate that the next year will continue to be busy and present us with learning opportunities. The pandemic has caused us to challenge every aspect of our operations and we will continue to actively seek ways to be effective and efficient.

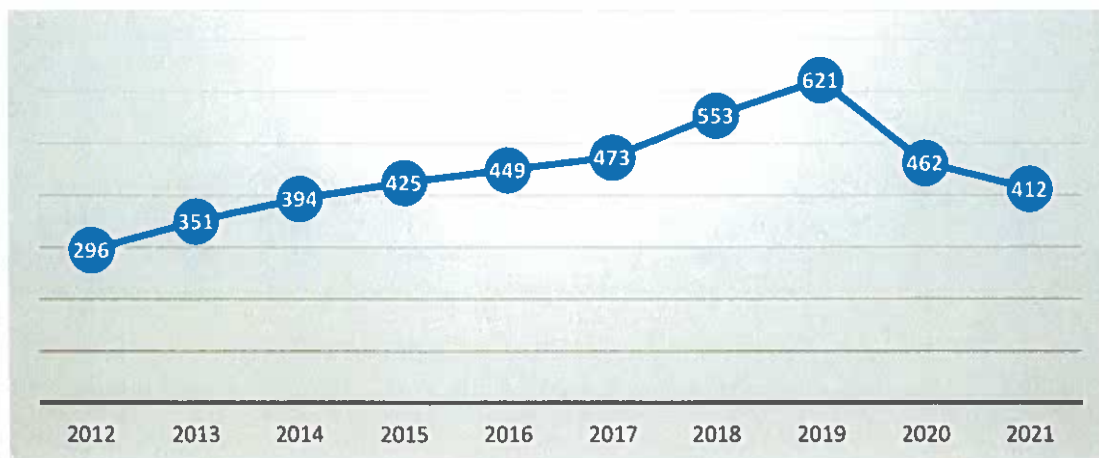
## Section 1 Client Files

In 2020-2021 fiscal year, 143 new client files were opened, and 193 client files were closed. At year end, March 31, 2021, the HCD had 412 open client files, this reflects a decrease of 11% when compared to year end 2019-2020 with 462 active files. This is attributed to a new monthly comprehensive review and quality assurance check of all existing files this fiscal year.

**Table 1** Active Files- Yearly Comparison

<b>Client Files</b>	<b>2018-2019</b>	<b>2019-2020</b>	<b>2020-2021</b>
Active Files at 1 <sup>st</sup> Quarter open	553	621	462
Client Files Opened	117	125	143
Client Files Closed	-49	-282	-193
<b>Active Files at 4<sup>th</sup> Quarter close</b>	<b>621</b>	<b>462</b>	<b>412</b>

**Chart 1** Active Files- Yearly Comparison



Moving forward, the HCD team defines an “Active Client” as a client file that the HCD Team is actively involved in and whom we are making decisions on their behalf within a designated timeframe. Inactive timeframe guideline has been developed and will be used to close files after a period of inactivity or no response from service provider.

The HCD will audit each client file yearly to ensure accuracy in “Active Client” files.

**Table 2** Open and Closed Files- Yearly Overview

Client Files	Q1	Q2	Q3	Q4	Year Total
Opened in Quarter	30	32	43	38	143
Closed in Quarter	-21	*-66	*-71	-35	-193
Quarter End Balance	471	437	409	412	

As noted previously, the team now conducts reviews on all open client files on a regular basis. File review began in Quarter 2 and continued throughout Quarter 3, accounting for the increased number of closed files (\*-137) in the two quarters.

Files were closed due to client death, inactivity, client regaining capacity, or SDM coming forward.

## Section 2 Referrals

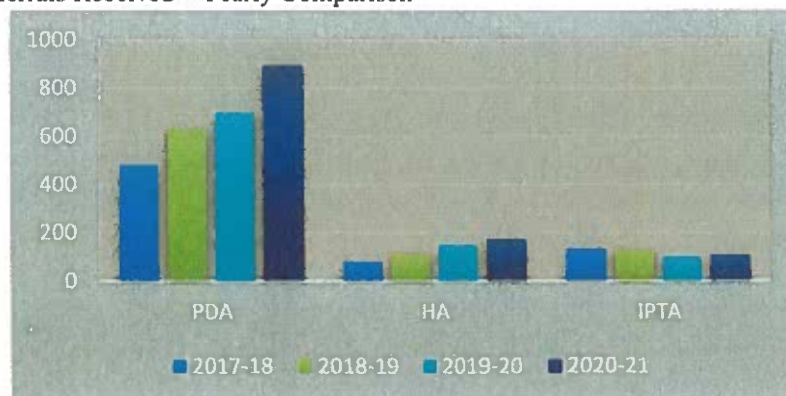
In 2020-2021 A total of 1175 referrals were received.

- 894 referrals under PDA (76%)
- 174 referrals under HA (15%)
- 107 referrals under IPTA (9%)

**Table 3** Referrals Received – Yearly Comparison

Legislation	2018-2019	2019-2020	2020-2021
<i>Personal Directives Act</i>	628	700	894
<i>Hospitals Act</i>	125	150	174
<i>Involuntary Psychiatric Treatment Act</i>	112	100	107
Total	865	950	1175

**Chart 2** Referrals Received – Yearly Comparison

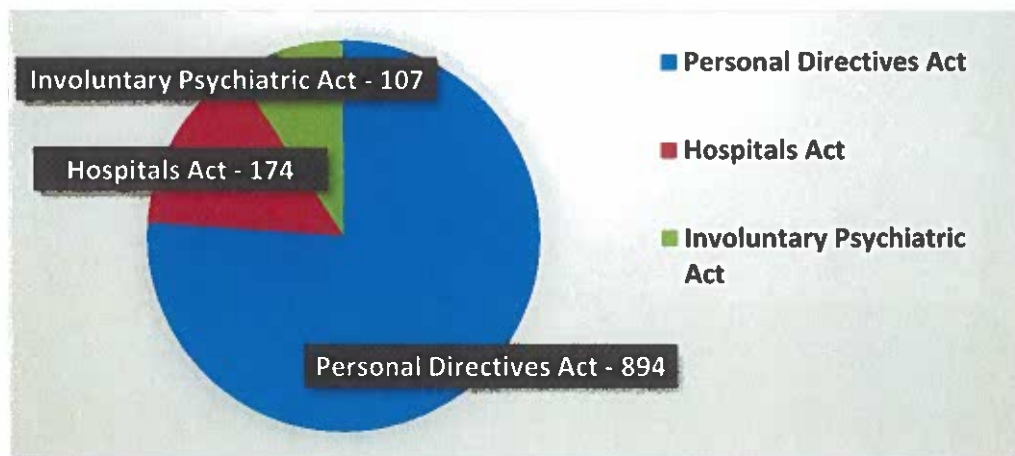


**Table 4** Referrals by Legislation – Quarterly Overview

Quarter	Q1	Q2	Q3	Q4	Total	%
<b>PDA</b>	158	137	192	407	<b>894</b>	<b>76%</b>
<b>HA</b>	34	40	56	44	<b>174</b>	<b>15%</b>
<b>IPTA</b>	15	18	42	32	<b>107</b>	<b>9%</b>
<b>Total</b>	<b>207</b>	<b>195</b>	<b>290</b>	<b>483</b>	<b>1175</b>	<b>100%</b>

The majority of referrals (76%) were under the *Personal Directives Act*, consistent with previous years.

**Chart 3** Referrals By Legislation – Yearly Overview



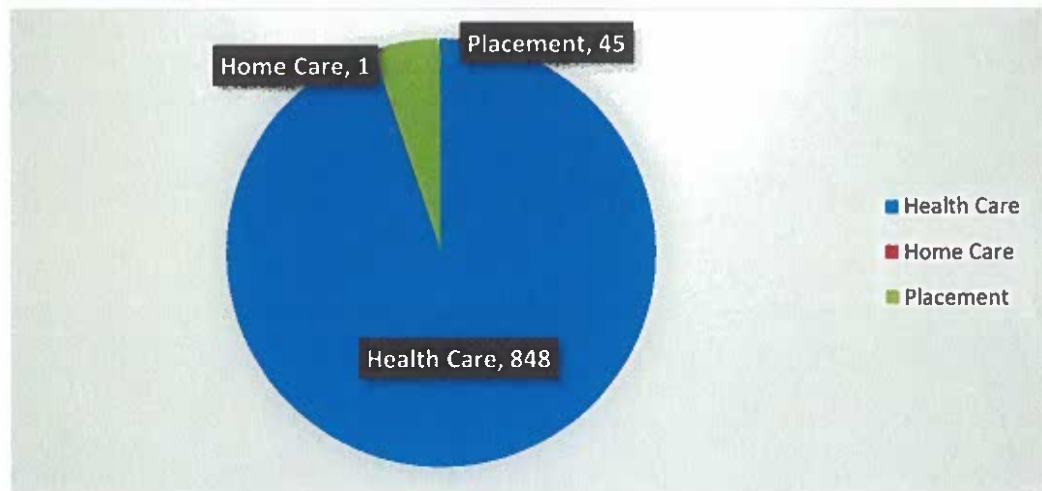
## 2.2 Referrals under the *Personal Directives Act*

Referrals under the *Personal Directives Act* include health care, home care and placement to a continuing care home. In 2020-21, a total of 894 referrals were received under PDA.

**Table 5** PDA Referrals - Quarterly Overview

PDA	Q1	Q2	Q3	Q4	Total	%
Health Care	153	123	176	396	<b>848</b>	<b>94.9%</b>
Home Care	1	0	0	0	<b>1</b>	<b>0.1%</b>
Placement	4	14	16	11	<b>45</b>	<b>5%</b>
<b>Totals</b>	<b>158</b>	<b>137</b>	<b>192</b>	<b>407</b>	<b>894</b>	<b>100%</b>

**Chart 4** PDA Referrals – Yearly Overview



### 2.3 Referrals under the *Hospitals Act* and *Involuntary Psychiatric Treatment Act*

*Hospitals Act* referrals include recommendations for medical and surgical treatments. In the fiscal year ending March 31, 2021, HCD received 174 referrals under the *Hospitals Act*.

*Involuntary Psychiatric Treatment Act* referrals include recommendations for psychiatric treatment in hospital and community treatment orders. In the fiscal year ending March 31, 2021, HCD received 107 referrals under the *Involuntary Psychiatric Treatment Act*.

Noteworthy there has been a variety of issues and concerns with IPTA client files. These include inconsistent NSHA practices related to CTO dates, receipt of Form 4/5/6s as well as the need for new consent should a Form 4/5 lapse. An IPTA working group with a variety of stakeholders including, psychiatrists, Legal aid and NSHA has been struck and the inaugural meeting is booked for April 27<sup>th</sup>, 2021.

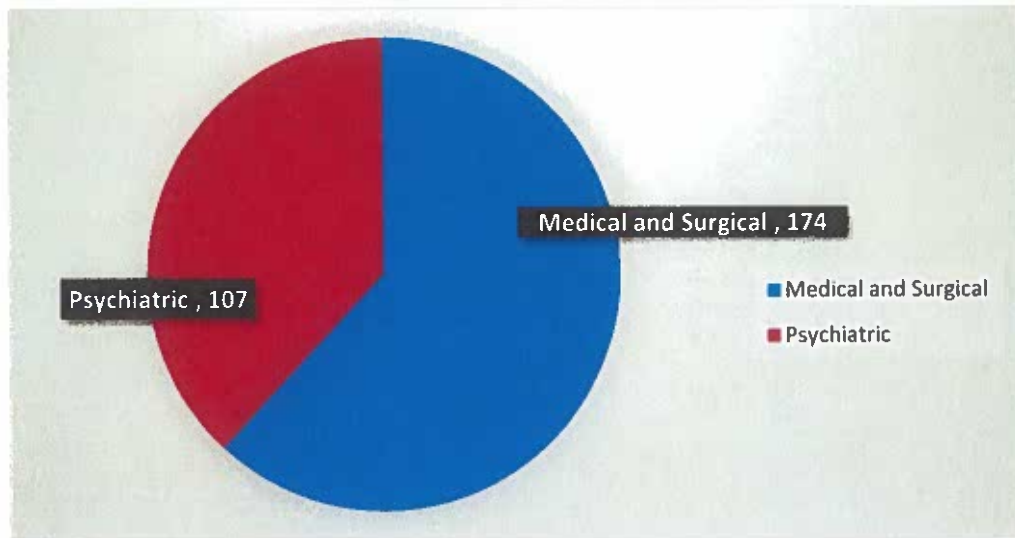
**Table 6** HA and IPTA Referrals – Yearly Overview

HA	Q1	Q2	Q3	Q4	Totals
Medical / Surgical	34	40	56	44	174

IPTA	Q1	Q2	Q3	Q4	Total
Psychiatric	15	18	42	32	107



**Chart 5** HA and IPTA Referrals – yearly overview

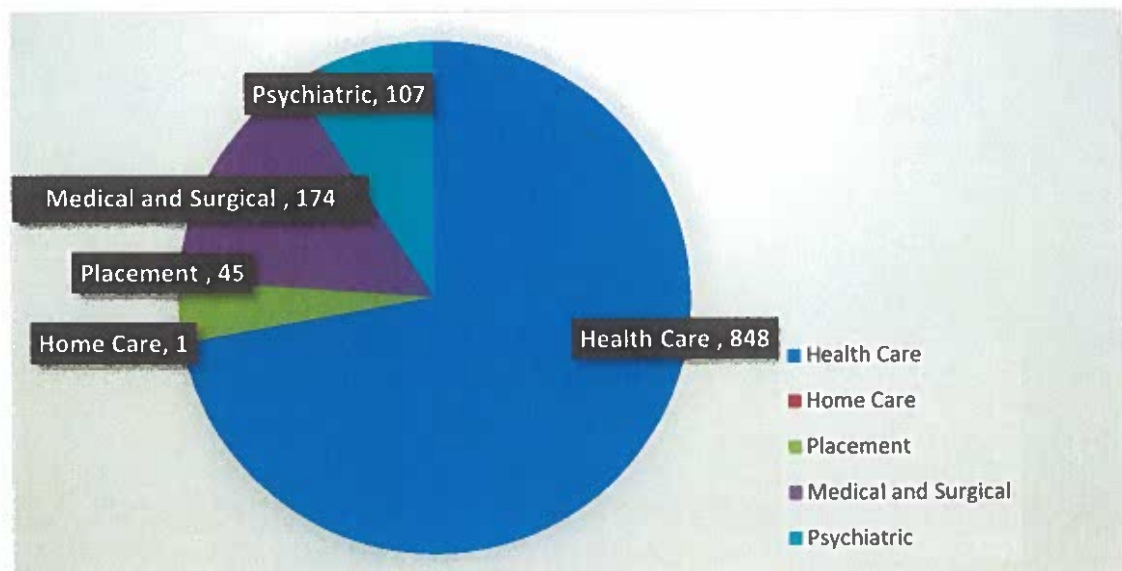


## 2.4 Yearly Referral Comparison

**Table 7** Total Yearly Referrals by type

Referral Type	Q1	Q2	Q3	Q4	Total	%
Health Care	153	123	176	396	848	72%
Home Care	1	0	0	0	1	0.08%
Placement	4	14	16	11	45	3.82%
Medical and Surgical	34	40	56	44	174	15%
Psychiatric	15	18	42	32	107	9.1%
<b>Total Yearly Referrals</b>	<b>207</b>	<b>195</b>	<b>290</b>	<b>483</b>	<b>1175</b>	<b>100%</b>

**Chart 6** Total Yearly Referrals by type

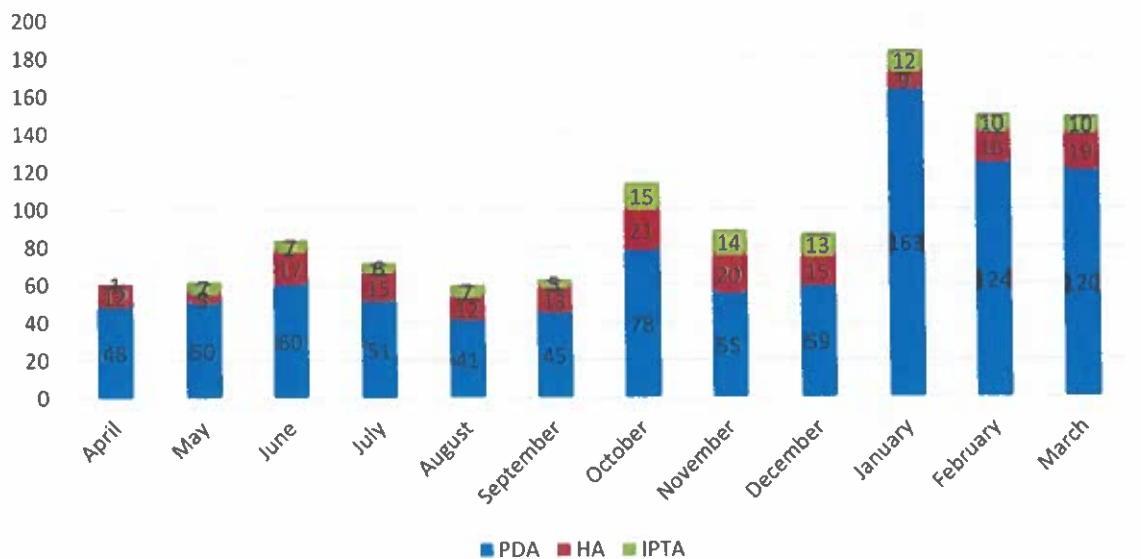




## 2.5 Referrals by Month

The average number of referrals received each month in 2020-21 was 98, compared to 79 in 2019-20. January 2021 had the most referrals received in a month at 184, this was related to an influx of referrals for the COVID-19 vaccine. Homes were preparing for the release of the vaccine and seeking consent proactively. Our approach was to require a stand alone script from the prescriber recommending the vaccine for the client, to ensure each client was reviewed individually and not under a mass directive. Due to the fact homes were unsure which vaccine they would receive, the consent simply stated COVID -19 vaccine and was intended for both doses. August had the fewest number of referrals at 60, which is consistent with Summer operations.

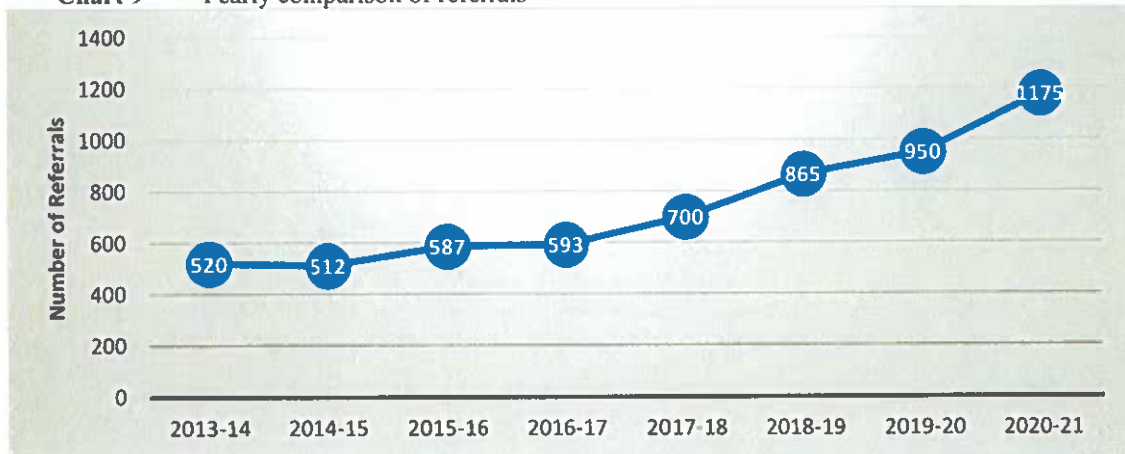
**Chart 7** Referrals by Month and Legislation



**Chart 8** Referrals by Quarter



**Chart 9** Yearly comparison of referrals



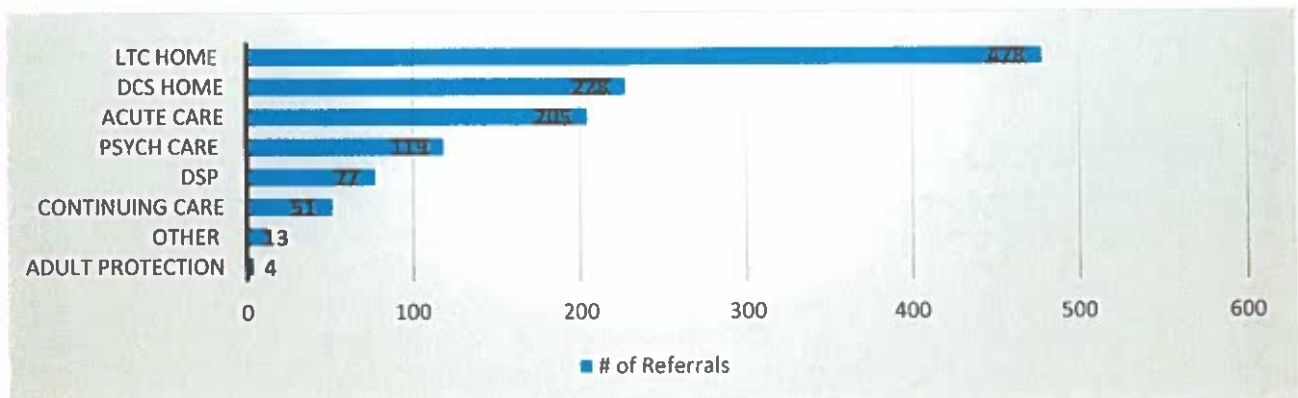
## 2.6 Referrals by Source

Referrals originate from several sources, including hospitals, licensed homes under Departments of Community Services (DCS) and Health and Wellness (DHW), Adult Protection Services, Care Coordination and Placement Services (NSHA) and the Disability Supports Program (DSP). 'Other' sources may include primary care health professionals in the community, e.g. dentist, general practitioners.

**Table 8** Referrals by Source

Referral Source	Q1	Q2	Q3	Q4	Total	%
Acute Care	40	53	62	50	205	17%
Adult Protection	1	0	1	2	4	0.3%
Cont. Care	5	15	17	14	51	4%
DCS Home	37	15	49	127	228	19%
LTC Home	93	80	101	204	478	41%
DSP	14	11	10	42	77	7%
Psych Care	15	20	47	37	119	10%
Other	2	1	3	7	13	1%
<b>Total</b>	<b>207</b>	<b>195</b>	<b>290</b>	<b>483</b>	<b>1175</b>	<b>100%</b>

**Chart 10** Referrals by Source



### Referrals by Geographic Area

The Nova Scotia Health Authority (NSHA) is divided into four geographic zones:

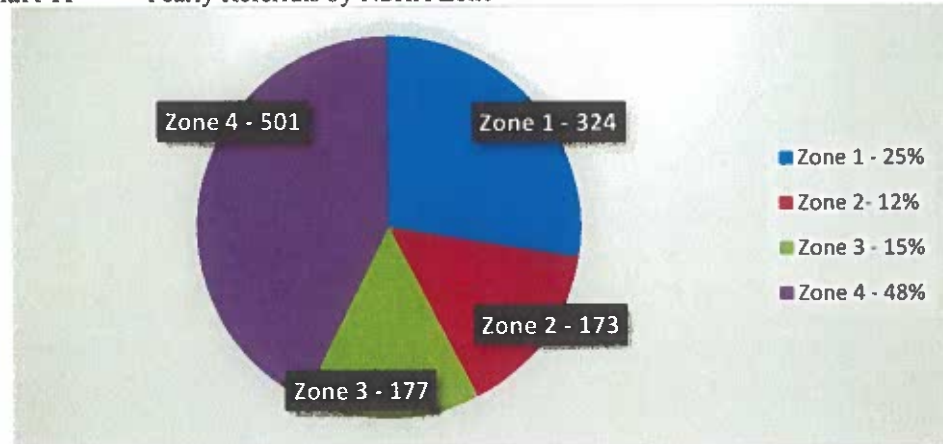
- Zone 1 (Western);
- Zone 2 (Northern);
- Zone 3 (Eastern); and
- Zone 4 (Central).



Table 9 Yearly Referrals by NSHA Zone

Referrals by Zones	Q1	Q2	Q3	Q4	Total	%
Zone 1	63	43	88	130	324	28%
Zone 2	23	26	53	71	173	15%
Zone 3	31	34	38	74	177	15%
Zone 4	90	92	111	208	501	42%
Total	207	195	290	483	1175	100%

**Chart 11** Yearly Referrals by NSHA Zone



## 2.7 Invalid and Withdrawn Referrals

If a referral does not fall within the decision requirements noted in policy, the referral will be marked **invalid** and HCD will inform the service provider via telephone or fax.

If a referral is received and the service provider changes their mind about the referral or finds a higher ranking SDM the referral will be marked **withdrawn**. 91 referrals of the 1175 received in the 2020-2021 fiscal year (7%) were marked Invalid or Withdrawn.

**Table 10** Invalid and Withdrawn Referrals

Invalid/Withdrawn Referrals	Q1	Q2	Q3	Q4	Total
Invalid	9	15	5	22	51
Withdrawn	5	12	9	14	40
<b>Total Referrals for Quarter</b>	<b>14</b>	<b>27</b>	<b>14</b>	<b>36</b>	<b>91</b>

## 2.8 Decisions

In the 2020-2021 fiscal year, HCD entered 3917 decisions, an increase of 0.4% when compared to the previous year with 3900 decisions. 7% of decisions were made under the *Hospitals Act*, 4% were made under *Involuntary Psychiatric Treatment Act*, and 89% were made under *Personal Directives Act*.

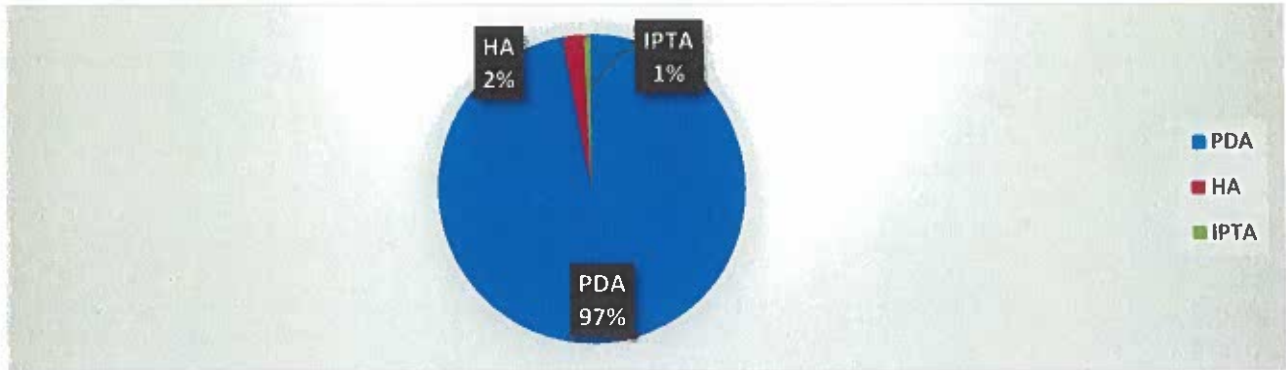
**Table 11** Total Decisions - Yearly Comparison

Yearly Decisions	2019-2020	2020-2021
# of Decisions	3900	3917
% Increase		0.4% Increase

**Table 12** Decisions by Legislation - Quarterly Overview

Legislation	Q1	Q2	Q3	Q4	Total	%
PDA	936	529	960	1072	3497	89%
HA	59	63	87	70	279	7%
IPTA	23	25	56	37	141	4%
Total	1018	617	1103	1179	3917	100%

**Chart 12** Decisions by Legislation



## 2.9 Decision Levels

Each decision is categorized as Level 1, Level 2, or Level 3 in accordance with the degree of risk to the client, with Level 3 decisions having the most risk/restriction. A supporting guide document was developed this year to further clarify decision levels and expectations.

In 2020-2021 the HCD entered 3917 decisions, 97% under were Level 1, 2% were Level 2 and the remaining 1% were Level 3 decisions.

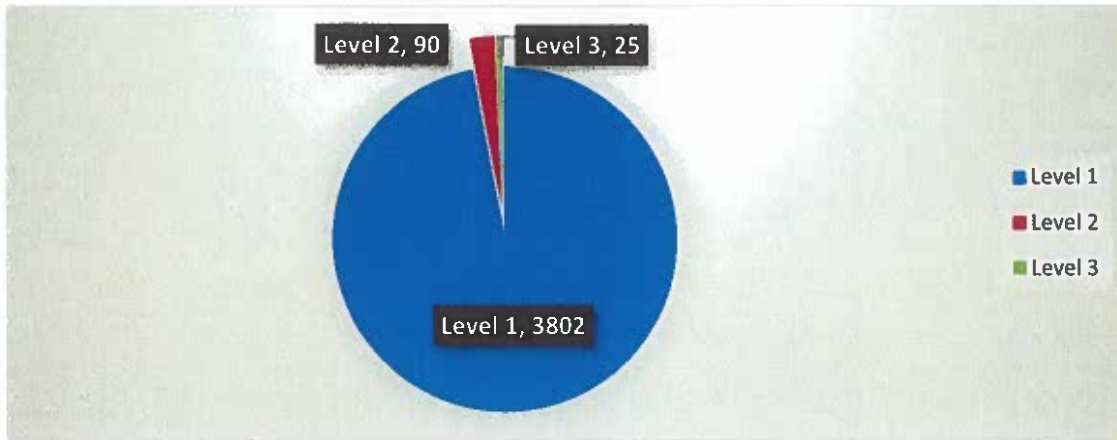
- 3802 decisions were Level 1 (97.1%)
- 90 decisions were Level 2 (2.3%)
- 25 decisions were Level 3 (0.6%)

**Table 13** Decisions by Level – Quarterly Overview

Decision Level	Q1	Q2	Q3	Q4	Total	%
Level 1	990	591	1065	1156	3802	97.1%
Level 2	26	21	27	16	90	2.3%
Level 3	2	5	11	7	25	0.6%
Total	1018	617	1103	1179	3917	100%



**Chart 13** Total Decisions by level



### Level 3 Decisions

There were 25 Level 3 decisions made in 2020-21, no change when compared to 25 Level 3 decisions in 2019-2020.

- 18 Community Treatment Orders/Renewals
- 6 Electroconvulsive Treatment/Maintenance
- 1 Certificate of Leave.

**Table 14** Level 3 Decisions 2020-2021.

Level 3 Decision	Q1	Q2	Q3	Q4	Total
Community Treatment Orders and Renewals	1	4	8	5	18
Certificate of Leave	0	0	1	0	1
Electroconvulsive Therapy/Maintenance	1	1	2	2	6
<b>Total</b>	<b>2</b>	<b>5</b>	<b>11</b>	<b>7</b>	<b>25</b>

### Section 3 Statistical Summary

Below is a summary overview of Files Opened, Closed, Active, Referrals and Decisions, presented in table format.

**Table 15** 2020-2021 Yearly Overview

Activity	Q1	Q2	Q3	Q4	Totals
Files Opened	30	32	43	38	143
Files Closed	-21	-66	-71	-35	-193
Active Files at Quarter End	471	437	409	412	N/A
# of Referrals	207	195	290	483	1175
# of Decisions	1018	617	1103	1179	3917

### Section 4 Quality Indicators

#### 4.1 Complaints

The 2020-21 target was to have zero formal complaints during the fiscal year.

The HCD received no formal complaints during this fiscal year. One physician expressed concern regarding CPR. She believes that as SDM, we can provide advance directives. The goal of care approach was discussed with her and she requested a follow up meeting with the Public Trustee. Meeting was booked and physician did not attend. A follow-up email requesting additional information was sent to the doctor with no response to date.

#### 4.2 Response Times

100% of decision letters were issued within the established response time of 1 business day for referrals marked "urgent" and 3 business days for all other referrals after receipt of all relevant and required referral information. All COVID-19 vaccine requests were escalated to urgent status to ensure that clients could have of the vaccine, when available.

**Table 16** Response Times Overview

Response Times	Q1	Q2	Q3	Q4	Totals
Total Referrals	207	195	290	483	1175
# of Response times met	207	195	290	483	1175

#### 4.3 Education

There was one education session held in the 2020-2021 fiscal year. Social Workers in NSHA Zone 3 requested an overview of HCD division on December 9th, 2020. The presentation took 1 and a half hours to approximately 15 social workers. There was one evaluation form returned stating there were no suggestions for improvement, noting the discussion surrounding differences in Form 1 and A were particularly helpful. HCD continues to offer education sessions to service providers across the province. Another planned session with CB hospital was cancelled.

## Section 5      **ACDMA Capacity Assessment Training Overview**

---

The *Adult Capacity and Decision-making Act* (ACDMA) came into effect on December 28th, 2017. Various accountabilities were assigned to the Public Trustee. Oversight of capacity assessment training and support for allied health professionals was delegated to the Director, Health Care Decisions and Capacity Assessment. The goal is to have an accurate roster of competent allied health professionals who are available to perform ACDMA capacity assessments throughout Nova Scotia. Responsibilities include advertising, screening, selection, coordination and facilitating standardized training. As well as providing ongoing assessor support, guidance, and collaborating with the Capacity Assessment Consultant Psychologist, as necessary. Screening and assessment worksheets and Special Population Guidelines have been drafted and trialed.

The planned refresher course for ACDMA assessors had to be cancelled twice due to the pandemic. The current plan is to offer a two-day workshop on June 3<sup>rd</sup> and 4<sup>th</sup> 2021 for all assessors. Their current designation expires June 30<sup>th</sup>, 2021. Designations will be recommended to be renewed, pending on successful participation in the workshop. The roster was shared widely with the health professional and legal communities as well as posted on the Public Trustee's website. Reminders of the roster was circulated to all the colleges again, in December 2020.

Quarterly check in calls are hosted with the assessor group. The assessors receive enquiries from a variety of sources within the fiscal year. There are eight available allied health assessors. They have collectively completed 9 ACDMA assessments this fiscal year.

Section 71 of the ACDMA requires the Minister of Justice to conduct a review of the ACDMA legislation's effectiveness in meeting its purposes, including consideration of supported decision-making, and file a report on the review with the Clerk of the Assembly by December 28, 2021.

Supported decision-making is a term used to describe arrangements that allow adults with cognitive impairment to make decisions about their lives with support from a person or team of people they choose. The adult retains legal capacity to make decisions for him or herself. The ACDMA incorporates supported decision-making principles but does not currently recognize formal supported decision-making arrangements. Informal supported decision-making has been happening within families in Nova Scotia for some time.

A cross-departmental working group, led by the Department of Justice, is carrying out the review and includes representatives of the Departments of Justice, Health and Wellness, Seniors, and Community Services, as well as the Public Trustee's Office. The ACDMA Review Project Working Group began its work in September 2020.

Treasury and Policy Board (TPB) has approved public consultation to inform the review. In this engagement, government needs to hear from those who have experience with the legislation, and/or with informal supported decision-making arrangements, including persons with



intellectual disabilities or other cognitive impairment, their families, representatives, and organizations representing their interests. Government also needs to hear from academic experts, the legal community, health professionals, Adult Protection Workers, Care Coordinators, Seniors Safety Coordinators, the Nova Scotia Residential Agencies Association, Dalhousie Health Law Institute, certified capacity assessors, the Centre for Ageing, Seniors Advisory Council, and others. The Working Group will also seek advice through an ad hoc group of experts.

Horizons, an external vendor was hired to assist with final consultation design, hosting/facilitation, collection of feedback, analysis of feedback, and reporting of results. The consultation is expected to launch in April 2021.

Ensuring persons with cognitive impairment are aware of the consultation and able to meaningfully participate is a key issue. Advice has been sought from the Accessibility Directorate and key stakeholders, who expressed support for providing multiple ways to give feedback: online survey, toll-free telephone line, online focus groups, written submissions, interviews. Stakeholders emphasized that levels and types of cognitive impairment will vary widely. Participants will be asked what supports they may need to participate in interviews or online focus groups.

## Section 6      **COVID-19 Pandemic**

---

On March 11, 2020, the World Health Organization (WHO) announced a worldwide pandemic related to the coronavirus. The Chief Medical Officer of Health, in collaboration with the Premier issued a variety of directives under the *Health Protection Act* aimed at reducing the risk of exposure for vulnerable individuals to the virus. Being a new virus with many unknowns, it was assessed to be highly contagious spreading easily between people who are within about 6 feet of each other, and through droplets produced when an infected person coughs or sneezes. It can also be spread by people who are asymptomatic and from contact with infected surfaces by touching a surface or object with the virus and then touching your face. The CDC believes COVID-19 spreads “easily and sustainably in the community”.

People were directed to physically distance themselves from each other and ‘Stay Home’ if possible. This directive was enacted in the office and effective March 16<sup>th</sup>, 2020 modified work strategies were implemented because of the COVID-19 Pandemic. Limiting the number of people in the office at any one time while maintaining core operations was in effect.

The virus affects frail and health compromised people more aggressively and they are less likely to be able to fight the disease. Restriction were put into place for LTC facilities with visiting restrictions, staggering meals times and hosting smaller recreational programs. The Provincial directive to “Treat People in Place” has been communicated with us by various sites. We have reviewed their clients and goals of care and discussed the risks of the disease and if there would be any benefit to hospital admission to ICU, intubation and ventilation. We have received ongoing communication from many homes about the measures they have put in place to limit the

spread of the virus. Dr Strang, Chief Medical Officer of Health has issued guidelines for LTC to follow as well as the circumstances to swab for COVID. Therefore, we are not consenting to swabs as a directive is in place. <https://novascotia.ca/coronavirus/health-protection-act-order-by-the-medical-officer-of-health.pdf>

In the first quarter, there was a virus outbreak at Northwood Long Term Care Facility resulting in eight HCD Clients contracting COVID-19, unfortunately three of these clients succumbed to the virus and died, the other five clients recovered. There were no confirmed cases of COVID-19 in HCD clients for the rest of the fiscal year. In the 3rd quarter, there was an in-office COVID-19 exposure that led to the Health Care Division being reduced to one staff for several days while the rest of the team were tested. There were no other reported positive cases in the office due to the exposure, indicating that the practices of wearing masks, one-way system, and capacity limitation in conjunction with cleaning routines were effective in limiting the spread.

On December 9th, 2020, Health Canada approved the Pfizer-BioNTech COVID-19 vaccine, manufactured by Pfizer Canada ULC and BioNTech Manufacturing GmbH. The approval was granted under the Interim Order Respecting the Importation, Sale and Advertising of Drugs for Use in Relation to COVID-19. The vaccine is recommended to be administered in two doses, two weeks apart by injection into arm and found to be 95% effective against the virus one week after the second dose. On December 23rd, 2020 Health Canada approved the Moderna COVID-19 vaccine.

Since December 23rd, 2021 three more vaccines have been approved in Canada- AstraZeneca, COVishield and Janssen. As of April 7th, 2021, at 9:35p.m. Nova Scotia has been distributed 13,000 COVishield vaccines, 38,800 AstraZeneca vaccines, 168,090 Pfizer vaccines, and 44,900 Moderna vaccines. As of April 3rd, 2021, 8.56% of Nova Scotia's population has received at least one dose of a COVID-19 vaccine. Prime Minister Trudeau has stated it is the government's aim to have every individual who wants a vaccination, vaccinated by the end of September 2021.

COVID-19 vaccine requests were received throughout the fourth quarter. Each request for a vaccine requires a copy of the physician's order from the client's authorized prescriber and a completed referral form recommending the vaccine. The COVID-19 vaccine consent is general as we do not always know which brand each site will get and the consent will cover both doses. We have 279 clients in residential care (DHW =130 & DCS= 149) and as of April 13th, 2021, 220 of these clients have received at least their first dose of vaccine. 6 clients not in the care of a facility (hospital, CTO, or community) have received at least one dose of vaccine.

HCD Division worked tirelessly over the quarter to ensure that proper documentation was received and all clients in care, recommended the vaccine, received consent. There were 414 Active Cases as of April 13th, 2021. Department of Community Services facilities, 130 clients in care at Department of Health and Wellness facilities, for a total of 279 clients in care as of April 13th, 2021. 226 COVID-19 vaccination consents have been completed for clients in care. In addition, consents for clients in hospital and younger clients in care are also filtering in.

**Table 17** COVID-19 vaccination consents as of April 13<sup>th</sup>, 2021.

Total HCD Files (as of April 13 <sup>th</sup> , 2021)	414
Clients in Hospital/CTOs/Community/Other	135
Clients in Care (as of April 13 <sup>th</sup> , 2021)	279
149 Clients Dept. Community Services	
130 Clients Dept. Health and Wellness	
COVID-19 Consents (as of April 13 <sup>th</sup> , 2021)	226
Potential COVID Clients in Care Referrals	53

### 2021-2022 HCDD Annual Work Plan

- Supply excellent service to care providers and timely responses to complete referrals.
- Seek creative learning methods for external stakeholder education such as workshops, regarding the role of the Health Care Decisions division and associated processes.
- Implementation of the revised HCD policy manual.
- Refresh HCD referral forms to consolidate into one referral form per legislation.
- Determine best practices in regard to IPTA client files.
- Represent the division at the IPTA advisory committee.
- Represent the Office at the ACDMA working group and participate in the development of the report and recommendations to the Minister.
- HCD consultants will continue to attend IPTA Review Board Hearings in person/confidential phone line to support the best interests of our clients.
- “Unusual Events” will be tracked and reported quarterly.
- Develop new tracking system to facilitate the delay in placements pending COVID-19 results to ensure that post placement letters are issued.
- Two education sessions booked for ACDMA information sessions (IWK Valley) for parents of children with disabilities who will be turning 19 years old, will be rescheduled when public health guidelines permit.
- Planning and preparing for the two-day ACDMA workshop booked for June 3<sup>rd</sup> and 4<sup>th</sup> 2021.
- HCD webpage refresh with a goal to make it more user friendly.
- Develop a brochure outlining the process of what legislation is triggered for different issues/setting is being explored.
- Operations will continue to be adjusted to comply with the current pandemic situation such as postponing information and education sessions.
- Q1-Q2 will focus on rebuilding operations and relationships post COVID.
- Safely relocate to new office premises with minimal impact to operations.