



May 2019

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



Performance

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May 28, 2019

Honourable Kevin Murphy
Speaker
House of Assembly
Province of Nova Scotia

Dear Sir:

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

Respectfully,

MICHAEL A. PICKUP, FCPA, FCA

Auditor General of Nova Scotia

5161 George Street

Royal Centre, Suite 400

Halifax, NS B3J 1M7

Telephone: (902) 424-5907

Fax: (902) 424-4350

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

: @OAG_NS

<https://www.facebook.com/Office-of-the-Auditor-General-of-Nova-Scotia-434965506899059/>



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Chapter 1

Public Service Commission, Agriculture, Community Services, and Justice: Diversity and Inclusion in the Public Service



Overall Conclusions

- The Public Service Commission promotes diversity and inclusion, but has not completed all actions outlined in its diversity and inclusion strategy or assessed whether the goals of the strategy were met.
- The Public Service Commission does not have an adequate process to identify, collect, and analyze data needed to evaluate the effectiveness of its diversity and inclusion work.
- The departments of Agriculture, Community Services, and Justice promote diversity and inclusion, but improvements are needed.

Raising the Bar: A strategy to promote diversity and inclusion in the public service

- The Public Service Commission did not use implementation and evaluation plans to manage its diversity and inclusion strategy
 - 8 of 16 strategic actions tested were not completed
- The Public Service Commission did not evaluate whether the goals of its diversity and inclusion strategy were met
- Despite shortcomings in implementation and evaluation, actions were taken to promote diversity and inclusion

Diversity and Inclusion Data

- The Public Service Commission does not have an adequate process to identify and collect diversity and inclusion data
- Data gathered through the Province's biannual demographic survey is based on self-reporting and as a result may not be complete
- Data needed to evaluate the diversity and inclusion strategy was not collected

Employment Equity Policy

- The Public Service Commission does not assess department compliance with the Employment Equity policy or assess the effectiveness of the policy
- Public Service Commission, Agriculture, Community Services, and Justice have limited tracking of staff completion of mandatory diversity and employment equity training
 - Only 3 of 25 Public Service Commission employees tested had completed diversity and employment equity training
- Processes are needed to regularly review human resources practices to reduce barriers for designated groups
- Agriculture, Community Services, and Justice promote diversity and inclusion, but did not clearly assess if goals are achieved

Communication

- Public Service Commission, Agriculture, Community Services, and Justice regularly communicate diversity and inclusion information



Recommendations at a Glance

Recommendation 1.1

The Public Service Commission should develop and use an implementation plan for future diversity and inclusion strategies.

Recommendation 1.2

The Public Service Commission should develop and use evaluation plans for future diversity and inclusion strategies. There should be regular reporting on progress toward achieving the goals of the strategies.

Recommendation 1.3

The Public Service Commission should implement a process to identify, collect, and analyze data needed to assess diversity and inclusion programs and initiatives.

Recommendation 1.4

The Public Service Commission should implement a process to assess the effectiveness and consistent application of the Employment Equity and Respectful Workplace policies.

Recommendation 1.5

The Public Service Commission and the departments of Agriculture, Community Services, and Justice should communicate to staff the need to complete mandatory training, as well as track the completion of training by all staff.

Recommendation 1.6

The Public Service Commission should evaluate how training is delivered to make it as accessible as possible to staff. Policy guidance should also be developed and include timeframes for when training should be completed and whether it needs to be retaken at regular intervals.

Recommendation 1.7

The departments of Agriculture, Community Services, and Justice should work with the Public Service Commission to develop and implement formal processes to regularly review their human resources practices to identify and remove barriers to employment, retention, and advancement for members of the designated groups.

Recommendation 1.8

The departments of Agriculture, Community Services, and Justice should ensure diversity and employment equity progress reports clearly assess the status of diversity and inclusion goals. These reports should also be communicated to staff throughout the departments.

1 Public Service Commission, Agriculture, Community Services, and Justice: Diversity and Inclusion in the Public Service

Raising the Bar: A strategy to build diversity and inclusion in the public service

- 1.1 The Government of Nova Scotia manages a workforce of over 11,000 employees, including individuals of differing ethnicity, gender, age, and sexual orientation. It states that it is committed to being a workforce that is free of discrimination and is representative of the designated groups: Aboriginal People, African Nova Scotians and Other Racially Visible Persons, Persons with Disabilities, and Women in Under-represented Positions. This involves promoting an inclusive and culturally competent workforce that values cultural perspectives and recognizes how a diverse workforce may increase employee engagement, create new approaches to problem solving, and improve productivity.
- 1.2 The Public Service Commission is responsible for ensuring the Government of Nova Scotia has the human resources required to create and deliver high-quality programs and services to citizens. This includes leading efforts to attract, retain, and celebrate diversity and equity within the public service by focusing on attracting, hiring, and promoting workers from diverse backgrounds.
- 1.3 While the Public Service Commission leads the efforts, responsibility for diversity and inclusion is shared amongst all government departments and employees. Departments are responsible for supporting the Government's overall direction on diversity and inclusion by implementing policies and participating in programs and initiatives.

Implementation and evaluation plans were not used for the Province's diversity strategy

- 1.4 The Public Service Commission did not use an implementation plan to guide work related to *Raising the Bar: A strategy to build diversity and inclusion in the public service*. No assessment was completed to determine whether the goals of the Strategy were met.
- 1.5 This four-year strategy was developed with assistance from an external consultant and released in 2014. It identified four overall goals supported by 32 strategic actions to promote diversity and inclusion in the public service. The goals are listed below.
 - We demonstrate, and are accountable for, our ongoing commitment to diversity and inclusion.



- We equitably represent the public we serve at all levels of the workforce.
 - We ensure an inclusive and respectful workplace, free of harassment and discrimination.
 - We are a culturally competent workforce that values diversity and inclusion.
- 1.6 One of the strategic actions included in the Raising the Bar strategy was the development of implementation and evaluation plans. Despite both being created when the strategy document was prepared, neither was used by the Public Service Commission. The implementation plan outlined important details including who would lead the work, timelines for completion, as well as potential challenges when completing strategic actions and how these could be mitigated. The evaluation plan identified potential measures and data that could be used to assess progress towards the goals of the strategy.
- 1.7 Over the four-year period of the strategy, the Public Service Commission provided updates on work completed to promote diversity and inclusion. However, these updates did not include the status of strategic actions or assess progress toward reaching the goals of the strategy. We selected a sample of 16 strategic actions and found 8 were incomplete. Appendix II provides an overview of the strategic actions included in the strategy, as well as our testing results. Examples of strategic actions that have not been completed include:
- develop and implement a diversity recruitment strategy
 - increase the participation of under-represented groups on hiring panels
 - explore opportunities for the inclusion of women in non-traditional roles in government workplaces
- 1.8 Implementation and evaluation plans, along with regularly assessing and reporting on progress towards goals, are necessary to ensure ongoing work is focused on achieving the goals of the strategy. These processes would have helped the Public Service Commission identify strategic actions that had not been completed and provided a chance to work on them.
- 1.9 Despite the weaknesses noted above, various actions were completed by the Public Service Commission to promote diversity and inclusion. For example, the Commission created guidelines to support transgender employees, implemented a program to build awareness of diverse sexual orientations and gender identities, and established new positions within the Public Service Commission restricted to people from designated groups (Aboriginal People, African Nova Scotians and other Racially Visible Persons, and Persons with Disabilities).
- 1.10 Public Service Commission management indicated they are currently developing a new diversity and inclusion strategy to replace Raising the Bar.



We encourage them to continue this work and ensure the proper processes are in place to guide implementation and evaluation.

Recommendation 1.1

The Public Service Commission should develop and use an implementation plan for future diversity and inclusion strategies.

Public Service Commission Response: The Public Service Commission agrees with this recommendation. In 2014, the PSC launched a four-year diversity and inclusion strategy, which was the first of its kind for the Province of Nova Scotia. The goals and objectives were identified to advance diversity and inclusion in a coordinated manner. Four goals, and over 30 strategic actions, were identified, and the PSC has directed its efforts toward all four goals. We recognize that more is required. With the first strategy now concluded, we are currently developing the next strategy. As a part of the new strategy, we will develop an implementation plan, including deliverables, project leads, timelines, and risks, that will be utilized as work is undertaken. Timing: October 2019

Recommendation 1.2

The Public Service Commission should develop and use evaluation plans for future diversity and inclusion strategies. There should be regular reporting on progress toward achieving the goals of the strategies.

Public Service Commission Response: The Public Service Commission agrees with this recommendation. The PSC agrees that evaluation, monitoring, and regular reporting are critical to ensure efficacy, efficiency, and that we are meeting the outcomes that we strive toward. We will develop and implement regular reporting and evaluation techniques in the new diversity and inclusion strategy. We have already started consultation with monitoring and evaluation experts internally and with ResearchNS for the development of an evaluation plan for the new strategy. The requirement to report on progress under the Employment Equity Policy will continue to be communicated through an annual report tabled in the legislature. This report will also reflect more robust and detailed reporting on both progress and effort by the Public Service Commission and other departments. Timing: September 2019 and annually thereafter

Diversity and Inclusion Data



Adequate diversity and inclusion data is not collected to monitor effectiveness of diversity and inclusion work

- 1.11 The Public Service Commission does not have an adequate process to identify and collect data needed to assess the effectiveness of diversity and inclusion initiatives. The need for improved data to assess diversity and inclusion in the Nova Scotia public sector was a consistent theme heard during the audit. Adequate data is needed to identify areas where diversity and inclusion work should be focused, as well as determining if programs and initiatives are achieving their objectives.



- 1.12 The evaluation plan developed for Raising the Bar outlined data that could be collected and used to evaluate the impact of the Strategy. For example, Raising the Bar aimed to improve the recruitment, screening, and selection processes for under-represented groups. The evaluation plan identified measures such as the ratio of qualified under-represented applicants to hires, and the percentage of hiring personnel that have received diversity training, as measures that could be used to determine if the objective had been met. However, as noted earlier, this plan was not used, and the necessary data was not collected.
- 1.13 Currently, the Public Service Commission relies on the *Count Yourself In!* survey to collect information on the diversity of the Government of Nova Scotia workforce every two years. This survey aims to gather information including the age, gender, and ethnicity of employees. However, this is a voluntary survey that relies on participants to self-report. As a result, the data may not give a complete measure of diversity within the provincial government workforce. For example, people may choose to not complete the survey or people who are part of a designated group may choose to not self-identify. Management indicated there are a variety of reasons for this, including anxiety experienced by some people related to self-identifying and a lack of understanding of why the information is being collected and how it is used.
- 1.14 While we recognize there are challenges to gathering diversity and inclusion data, it is important for the Public Service Commission to identify what data is needed, and available, as well as how this data can be collected and used. Otherwise, programs and initiatives may not be meeting their intended goals, and resources might not be focused on areas where they are most needed, or can have the biggest impact.

Recommendation 1.3

The Public Service Commission should implement a process to identify, collect, and analyze data needed to assess diversity and inclusion programs and initiatives.

***Public Service Commission Response:** The Public Service Commission agrees with this recommendation. Data collection and analysis are a key component to assess effectiveness of diversity programs and initiatives. The Deputies Council has decided that the new diversity and inclusion strategy will include a focus on measurement, to be implemented through the Public Service Commission. Our present data collection processes are under review and we will be developing both technological and process solutions. The PSC will also develop a robust process to identify, collect, and analyze data related to the new goals of the diversity strategy which will be critical in the achievement of the next diversity and inclusion strategy. Timing: October 2019*



Diversity and Inclusion Policies

The Public Service Commission does not assess department compliance with Employment Equity and Respectful Workplace policies

- 1.15 The Public Service Commission does not assess department compliance with the Province's Employment Equity and Respectful Workplace policies or assess the effectiveness of these policies. These are the two key provincial government policies related to the promotion of diversity and inclusion.
- 1.16 The Employment Equity Policy includes requirements such as mandatory training, reporting on diversity and inclusion initiatives undertaken by departments, and continuous monitoring of human resources practices to identify and remove barriers for members of designated groups. The Respectful Workplace Policy aims to promote an awareness and understanding of what is considered offensive behavior, as well as provide a way to address it when it occurs.
- 1.17 Each policy states that the Public Service Commission is responsible for assessing the effectiveness and consistent application of the policy, but we were told by management this is not done. Regular assessments are necessary to ensure departments are satisfying the requirements under the policies. Our work at the departments of Agriculture, Community Services, and Justice identified areas where improvements are needed to comply with the Employment Equity Policy. These are discussed in more detail below.

Recommendation 1.4

The Public Service Commission should implement a process to assess the effectiveness and consistent application of the Employment Equity and Respectful Workplace policies.

***Public Service Commission Response:** The Public Service Commission agrees with this recommendation. These policies are reflective of our Public Service values and build a foundation toward providing safe, inclusive work environments. As a part of the new strategy on diversity, the PSC will regularly monitor the effectiveness and consistent application of the Employment Equity and Respectful Workplace policies. The Public Service Commission will develop reporting criteria, measurement parameters and a reporting template to monitor the consistent application of these policies across all departments in the NS public service. Both Employment Equity and Respectful Workplace policies are currently under review and will explicitly state that the PSC is responsible for monitoring and evaluation of effectiveness. Timing: May 2020*

Mandatory training is not completed or tracked

- 1.18 Public Service Commission employees have not completed mandatory diversity and respectful workplace training. We selected a sample of 25 Public Service Commission employees and found only 3 had completed the



diversity and employment equity course and only 12 had completed respectful workplace training. We were told managers are responsible for ensuring all staff have done this training, but there is no documentation to demonstrate that this monitoring is done.

- 1.19 The Public Service Commission does not monitor the completion of training within other departments. The Employment Equity Policy states that each department shall ensure employees participate in mandatory diversity and employment equity training. However, management at the departments of Agriculture, Community Services, and Justice indicated there is limited tracking of staff completion of this training. They indicated that if they wanted this information, they would rely on the Public Service Commission to provide it. We also found limited communication by management within the departments of Agriculture, Community Services, and Justice on the need for staff to complete this training.
- 1.20 In addition, while the Public Service Commission has the tools available to track staff training, we found potential issues with the accuracy of information in the database. For example, we were told attendance sheets from training sessions are not always entered into the database. There is risk some staff may have completed the training, but it has not been entered.

Recommendation 1.5

The Public Service Commission and the departments of Agriculture, Community Services, and Justice should communicate to staff the need to complete mandatory training, as well as track the completion of training by all staff.

***Public Service Commission Response:** The Public Service Commission agrees with this recommendation. As a part of the new diversity and inclusion strategy and revised Employment Equity and Respectful Workplace policies, communicating with employees about available training courses will remain a key priority. The PSC will coordinate with departments to ensure that training is tracked. A new Learning Management System has already been implemented, which will provide a technological solution to better monitor completion of training. Timing: May 2020*

***Department of Agriculture Response:** The Department of Agriculture agrees with this statement. A list of all mandatory training will be provided in the orientation package for new staff by June 2019. In addition, the listing will be provided to managers and supervisors who will ensure mandatory training is completed by all their staff. Agriculture will work with the Public Service Commission to ensure all mandatory training is tracked through their learning management system.*

***Department of Community Services Response:** The Department of Community Services accepts this recommendation. We support the need for all employees to complete all mandatory training in a timely manner, including mandatory diversity and employment equity training. We believe in the importance of providing culturally competent services to the Nova Scotians that we serve, and training is an important component of ensuring staff can achieve this goal. We*



will complete an initial assessment of how many staff have not yet completed mandatory training. Training will be made a regular recurring agenda item at senior management meetings in order to communicate and reinforce the importance among managers to individually support and monitor their staff in completing mandatory training. We will work with the PSC to develop a training plan over the next 12 months, after which we will regularly monitor the completion of training.

Department of Justice Response: *The Department of Justice is supportive of this recommendation. Although information on mandatory training has been communicated to staff, we recognize the need for consistency across all Divisions. The Department recognizes the importance of all staff being made aware of the mandatory training requirements and will take the necessary steps to ensure that this is widely communicated in a consistent manner. Managers and Supervisors will be supported to ensure they are aware of these requirements and that they are well positioned to support and monitor all direct reports to meet the mandatory training requirements. The Department will include this in our orientation for all new employees. Department of Justice will work closely with our colleagues at the Public Service Commission to ensure that all mandatory training requirements are tracked through the learning management system. This will be included in the Department's Diversity and Inclusion Plan.*



Inconsistent information related to mandatory training

- 1.21 We found inconsistent information for the timeframes staff have to take mandatory training and whether the training needs to be retaken at regular intervals. We found some documentation indicating the training must be completed within six months of an employee's start date, while other documentation did not provide any timeframe. Public Service Commission staff told us the completion of classroom-based training, such as the diversity and employment equity course within six months of hire, was unrealistic given the limited number of times the training is offered and the number of people who need to complete it.
- 1.22 The Employment Equity Policy does not comment on whether the diversity and employment equity training must be retaken at regular intervals, but the guidelines that accompany the policy suggest it should be retaken every three to five years. Public Service Commission staff we interviewed said the training need only be completed once. We also found no documentation indicating if respectful workplace training has to be refreshed.
- 1.23 While we recognize delivering training to over 11,000 provincial government employees is challenging, if the training is considered mandatory, there should be clear and consistent information around timeframes for completion and whether and how frequently the training must be retaken.



Recommendation 1.6

The Public Service Commission should evaluate how training is delivered to make it as accessible as possible to staff. Policy guidance should also be developed and include timeframes for when training should be completed and whether it needs to be retaken at regular intervals.

Public Service Commission Response: The Public Service Commission agrees with this recommendation. The PSC agrees that making training accessible to all employees will continue to be a priority. We are currently reviewing our course offerings, course content, delivery methodologies and alternative offerings. In collaboration with other departments, we are identifying and training a greater number of facilitators across the public service. We will continue to provide high quality, experiential training. The Employment Equity and Respectful Workplace policies and guidelines are currently under review. In the new guidelines we will identify priorities to address department needs, client service and timelines consistent with the new diversity strategy. Timing: September 2020



No process in place to regularly review human resources practices to reduce barriers for designated groups

- 1.24 The Public Service Commission, along with the departments of Community Services and Justice, have recently taken steps to address and remove barriers for employment equity groups by designating positions that can only be filled by people from designated groups. For example, the Department of Justice designated certain correctional officer positions that had to be filled by African Nova Scotians or Aboriginal applicants and provided additional support to assist applicants with the hiring process. Justice also has a program to hire law students from designated groups as summer students or articling clerks within the Legal Services Division of the department. In addition to designating positions, the Department of Justice has delivered training to some staff to develop a better understanding of Aboriginal and Mi'kmaq culture.
- 1.25 Management at the Department of Agriculture indicated employment equity is considered in all hiring decisions, but specific examples of work completed to identify and reduce barriers could not be provided. The Province's Employment Equity Policy requires each department to continually monitor their human resources processes to identify and remove barriers to employment, retention, and advancement for members of designated groups. This could include the processes used to recruit, hire, and train staff, such as reviewing position descriptions to ensure only necessary qualifications are included, or ensuring interview panels include members from designated groups.
- 1.26 It is important for departments to continue to work toward removing barriers for designated groups. Despite some of the work completed, department staff we spoke with expressed the need for improvements. Specific concerns included:



- the need for more diversity in departments, especially at the senior levels
- improved cultural awareness and unconscious bias training for hiring managers
- better use of Public Service Commission diversity and inclusion programs and initiatives

1.27 The guidelines that accompany the Employment Equity Policy provide suggestions for how departments can review their human resources practices to better promote diversity. The guidelines provide suggestions for processes that can be reviewed and criteria for identifying barriers. The Public Service Commission and the departments of Agriculture, Community Services, and Justice could all benefit from a more formalized approach to review their practices around recruitment, selection, and retention. A more formalized approach could assist departments in ensuring regular reviews are completed and resources are focused on areas that could have the greatest impact.

Recommendation 1.7

The departments of Agriculture, Community Services, and Justice should work with the Public Service Commission to develop and implement formal processes to regularly review their human resources practices to identify and remove barriers to employment, retention, and advancement for members of the designated groups.

***Public Service Commission Response:** The Public Service Commission agrees with this recommendation. The PSC will develop and implement a consistent methodology for the review of systemic barriers regarding recruitment, retention, and advancement of equity candidates and employees. The PSC has recently conducted an organizational restructuring, where the Recruitment, Diversity, and Organizational Development units will reside within the same division. This restructuring was conducted, in part, to clearly reflect the linkages between these areas and to create further synergies toward reducing barriers in recruitment and advancement for equity-seeking groups. The PSC agrees that, while the Employment Equity policy requires departments to monitor human resource practices regarding diversity, we would benefit from a formalized approach to review these practices. The new diversity and inclusion strategy, and Employment Equity policy review, will define a process to assist departments in a coordinated and meaningful manner. Timing: January 2020*

***Department of Agriculture Response:** The Department of Agriculture agrees with this statement. Agriculture will work with the Public Service Commission to implement the corporate methodology developed to achieve this recommendation through supervisory awareness and training. This training will occur as soon as operationally possible following the development of the corporate methodology, but not exceeding six months of the development.*



Department of Community Services Response: *The Department of Community Services accepts this recommendation. We now have work underway in this area and are proud to have designated two management positions in 2018. We are also working with the PSC to set specific targets for DCS regarding continuing to increase diversity of staffing across the department. We will collaborate with the PSC so that by the end of 2020 we will have developed and implemented processes to regularly review our human resource practices to ensure we take every effort to remove barriers to employment, retention, and advancement for members of designated groups. As part of this work we will complete an initial review of our departmental human resource practices, using the Employment Equity Hiring Policy Guidelines, to inform the creation of an action plan that would address areas for improvement.*

Department of Justice Response: *The Department of Justice is supportive of this recommendation. Recent additions include two Indigenous Liaison Officers; an African Nova Scotian Program Officer and a Cultural Liaison Provincial Program Officer. These positions meet the needs of those in the justice system; serve as a cultural resource for staff; and work closely with community. The Department continues to hire graduates from the Indigenous Black and Mi'kmaq (IB&M) Program to article with Legal Services Division. The Department's diversity and inclusion plan will focus on recruitment, retention and advancement and cultural events. The Department just completed a workshop with colleagues from the Public Service Commission to identify targets to improve recruitment of designated groups. The Department continues to work closely with our colleagues from the Public Service Commission to have formal processes in place to regularly review the human resource practices and this has been captured in our diversity and inclusion department wide plan.*



Progress toward goals is not assessed in employment equity progress reports

- 1.28 The departments of Agriculture, Community Services, and Justice submitted annual diversity and employment equity progress reports to the Public Service Commission as required in the Province's Employment Equity Policy. These reports outlined departmental diversity and inclusion goals and work completed to promote diversity and inclusion within the departments. However, the departments did not clearly assess the status of their goals based on the work completed. For example, the Department of Community Services has a goal to promote a diverse and inclusive workforce that is representative, at all job levels, of the citizens they serve. However, in the employment equity progress reports, there was no assessment of the progress toward this goal or what specific actions had been taken. This is similar to the issue identified earlier of the Public Service Commission not assessing the status of goals included in Raising the Bar.
- 1.29 The Public Service Commission prepared a template to guide departments in completing their diversity and employment equity progress updates. However, the template does not include guidance for assessing the status of diversity and inclusion goals. The departments of Agriculture, Community Services, and Justice each used this template in preparing their annual progress updates.



- 1.30 We also noted that the departments of Agriculture, Community Services, and Justice are not communicating the employment equity progress updates with department staff. While the reports are sent to the Public Service Commission, we saw no evidence of the reports being circulated within the departments. Sharing these reports would help ensure staff are aware of departmental diversity and inclusion goals and encourage staff commitment to the diversity and inclusion work.
- 1.31 The departments of Agriculture, Community Services, and Justice promote diversity and inclusion in a variety of ways that are consistent with the goals of *Raising the Bar: A strategy to build diversity and inclusion in the public service*. In addition to designating positions for people from designated groups, departments provide training and development opportunities for staff and share diversity and inclusion related information and events.
- 1.32 While we are pleased to see the promotion of diversity and inclusion at the departments of Agriculture, Community Services, and Justice, it is important to use the work completed to assess the departments' progress toward their goals. This would help to ensure goals are met and also encourages continual progress toward improving diversity and inclusion within departments.

Recommendation 1.8

The departments of Agriculture, Community Services, and Justice should ensure diversity and employment equity progress reports clearly assess the status of diversity and inclusion goals. These reports should also be communicated to staff throughout the departments.

Department of Agriculture Response: The Department of Agriculture agrees with this statement. Starting with the 2018-2019 Diversity and Employment Equity Progress Report, the Department will include an assessment of the stated goals. In addition, the finalized Departmental Reports will be posted on our intranet site and communicated through a weekly internal news bulletin.

Department of Community Services Response: The Department of Community Services accepts this recommendation. We have consistently produced this annual report and are open to making improvements, beginning with the 2018-19 report, that will make clear connections between the work completed and assessing progress toward our stated goals. We will produce a report with strong and clear assessment of the status of progress toward employment equity goals. We commit to sharing and promoting the completed report with our staff as part of our ongoing efforts to increase awareness of diversity and inclusion issues, training, and initiatives.

Department of Justice Response: The Department of Justice is supportive of this recommendation. The Department has produced a report every year and submitted same to the Public Service Commission. Beginning with the 2018-19 progress report, extra effort will be given to ensure the report clearly assesses the status of diversity and inclusion goals. The Department continues to improve internal communication



efforts and will have a communication plan in place to ensure this important information is shared broadly and consistently department wide in all Divisions. This will be completed through regular email communication, staff meetings as well as being posted on the department's recently revamped internal SharePoint site.

Departmental Diversity Committees



Diversity and inclusion committees were established

- 1.33 Both the departments of Agriculture and Community Services have committees focused on promoting diversity and inclusion within each department. The committees play a role in preparing the annual diversity and employment equity progress updates and help communicate diversity and inclusion information to staff. The Department of Justice did not have a diversity committee during our audit period, but established one in January 2019.
- 1.34 We are encouraged to see that the Department of Community Services' diversity committee established goals to work toward in 2018 to 2021. Goals include:
- enhancing awareness of the importance of diversity and inclusion
 - providing input on departmental diversity and inclusion policies and programs
 - developing partnerships to promote diversity and inclusion across the provincial government.
- 1.35 The Department of Agriculture's diversity committee is in the process of developing a plan to guide its work. It is important for the departments of Agriculture, Community Services, and Justice to continue to support the work the diversity and inclusion committees.

Communication



Diversity and inclusion information is regularly communicated within the public service

- 1.36 The Public Service Commission uses a variety of methods to communicate diversity and inclusion policy requirements and initiatives across the public service including:
- government-wide emails
 - Province of Nova Scotia website
 - employee intranet
 - new employee orientation



- employee training
- biannual Diversity Conference

1.37 We also found that the departments of Agriculture, Community Services, and Justice communicate diversity and inclusion initiatives within their departments using many of the same methods as the Public Service Commission as well as looking for ways to improve their communication. In each department, Deputy Ministers were directly involved in the communication of diversity and inclusion information using methods such as emails to staff and webinars. The involvement of senior management helps highlight each department's commitment to the promotion of diversity and inclusion.



Additional Comments from the Public Service Commission

The Public Service Commission welcomes the report of the Office of the Auditor General and recommendations on how to best advance diversity and inclusion within the Nova Scotia Public Service.

The PSC has been recognized as an organizational leader in diversity across Canada and we remain committed to our diversity, inclusion, and equity goals. We are currently developing a new diversity and inclusion strategy and are revising the Employment Equity and Respectful Workplace policies, guidelines, and procedures. As decided by Deputies Council this new strategy will focus on senior leadership accountability, building leadership capacity, diversifying leadership, measuring progress and effort, and barrier and solution identification.

The PSC is responsible for human resource management policies and programs to help create an engaged and diverse workforce. Creating safe, respectful workplaces, where all employees feel supported, is of utmost importance. Using fair human resource practices which remove employment systems barriers, providing training so employees have the knowledge and skills they need, and collecting relevant data to inform program decisions, are among our highest priorities. We are eager to continue our work and are confident that our new diversity strategy and implementation plan will address the recommendations contained in the Auditor General's report.



Appendix I

Reasonable Assurance Engagement Description and Conclusions

In winter 2019, we completed an independent assurance report of the Public Service Commission and the departments of Agriculture, Community Services, and Justice. The purpose of this performance audit was to determine whether the Raising the Bar strategy was implemented, and diversity and inclusion was promoted across the government and within the departments.

It is our role to independently express a conclusion about whether the Public Service Commission and the departments of Agriculture, Community Services, and Justice comply in all significant respects with the applicable criteria. Management at the Public Service Commission and the departments of Agriculture, Community Services, and Justice acknowledged their responsibility for the promotion of diversity and inclusion.

The audit was performed to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada; and Sections 18 and 21 of the Auditor General Act.

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

In conducting the audit work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia, as well as those outlined in Nova Scotia's Code of Conduct for public servants.

The objectives and criteria used in the audit are below:

Objective:

1. To determine if the Public Service Commission has successfully implemented *Raising the Bar: A strategy to build diversity and inclusion in the public service*.

Criteria:

1. The Public Service Commission should have information to demonstrate completion of the diversity and inclusion strategy.
2. The Public Service Commission should assess whether the goals and objectives of the diversity and inclusion strategy were achieved.



Objective:

2. To determine if the Public Service Commission is implementing policies and initiatives to promote diversity and inclusion within the provincial public sector.

Criteria:

1. The Public Service Commission should have policies related to diversity and inclusion in the public sector.
2. The Public Service Commission should be monitoring compliance with policies related to diversity and inclusion in the public sector and taking steps to address noncompliance, along with assessing the effectiveness of policies.
3. The Public Service Commission should develop and implement initiatives that promote diversity and inclusion in the public sector.
4. The Public Service Commission should communicate diversity and inclusion policy requirements and initiatives to the public sector.

Objective:

3. To determine if the Public Service Commission is collecting, analyzing, and reporting data related to diversity and inclusion, and using it to inform decisions.

Criteria:

1. The Public Service Commission should have a process to identify the data it needs related to diversity and inclusion in the public sector.
2. The Public Service Commission should collect, analyze, and report identified data related to diversity and inclusion in the public sector.
3. The Public Service Commission should use data to inform decisions related to diversity and inclusion.

Objective:

4. To determine if the departments of Agriculture, Community Services, and Justice are promoting diversity and inclusion.

Criteria:

1. The departments of Agriculture, Community Services, and Justice should be taking steps to promote diversity and inclusion, including compliance with government policy and participation in PSC programs and initiatives.
2. The departments of Agriculture, Community Services, and Justice should be taking steps to promote diversity and inclusion that are consistent with the goals of *Raising the Bar: A strategy to build diversity and inclusion in the public sector*.
3. The departments of Agriculture, Community Services, and Justice should communicate diversity and inclusion initiatives, priorities, and policy requirements within their department.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Public Service Commission and the departments of Agriculture, Community Services, and Justice.

Our audit approach consisted of reviewing any relevant legislation, policies, and procedures, along with testing for compliance. We interviewed management and staff within the Public



Service Commission and the departments of Agriculture, Community Services, and Justice. We also reviewed the strategy and supporting documentation. Our audit period covered April 1, 2016 to March 31, 2018. We examined documentation outside of that period as necessary. We obtained sufficient and appropriate audit evidence on which to base our conclusions on May 16, 2019, in Halifax, Nova Scotia.

Based on the reasonable assurance procedures performed and evidence obtained, we have formed the following conclusions:

- The Public Service Commission has completed work to promote diversity and inclusion, but all actions outlined in *Raising the Bar: A strategy to build diversity and inclusion in the public sector* were not completed and an assessment of whether the goals of the strategy were met has not been done.
- The Public Service Commission has not established a process to identify, collect, and analyze diversity and inclusion data.
- The departments of Agriculture, Community Services, and Justice are promoting diversity and inclusion, but improvements are needed.



Appendix II

Raising the Bar: A strategy to build diversity and inclusion in the public service – Goals and Strategic Actions

Raising the Bar included 32 strategic actions to promote diversity and inclusion. We selected 16 of these for testing to determine if the strategic action had been completed.

	Strategic Action Item	Tested (Yes/No)	Results of Testing
Goal 1: We demonstrate, and are accountable for, our ongoing commitment to diversity and inclusion			
1	Develop an implementation plan and evaluation frameworks.	Yes	Incomplete
2	Resource the Respectful Workplace & Corporate Diversity Unit and strengthen its accountability.	No	N/A
3	Align the Respectful Workplace & Corporate Diversity Unit with Public Service Renewal, including the National Psychological Health & Safety in the Workplace Standard.	No	N/A
4	Work with partners to foster the development of a broader service-delivery strategy.	Yes	Complete
5	Review diversity and inclusion-related policies and guidelines.	No	N/A
6	Review tools and processes to identify and remove systemic barriers.	Yes	Complete
7	Collaboratively assess the application of the new Intercultural and Diversity Proficiency competency.	Yes	Incomplete
8	Review and analyze classification of positions dedicated to diversity and inclusion work to inform further work.	Yes	Complete
9	Develop and implement a reciprocal mentorship program for senior leaders and employees from Under-represented Groups.	No	N/A
10	Enhance Employment Equity planning and reporting processes.	No	N/A
11	Improve collection and analysis of diversity data.	No	N/A
12	Identify ways to incorporate the use of qualitative research methods for evaluating diversity and inclusion in our work.	Yes	Incomplete
Goal 2: We equitably represent the public we serve at all levels of the workforce			
13	Develop and implement a diversity recruitment strategy to support recruitment of Under-represented Groups.	Yes	Incomplete
14	Ensure hiring processes are accessible to all.	No	N/A
15	Strengthen awareness of hiring panels about diversity and inclusion, including the Employment Equity Policy and Guidelines.	No	N/A
16	Increase participation of Under-represented Groups on hiring panels.	Yes	Incomplete



	Strategic Action Item	Tested (Yes/No)	Results of Testing
Goal 2 (continued): We equitably represent the public we serve at all levels of the workforce			
17	Imbed diversity and inclusion in orientation for all new government employees.	No	N/A
18	Ensure orientation is accessible to all, including availability in English and French.	Yes	Complete
19	Develop capacity to support employees from Under-represented Groups so they can navigate their career development and advancement pathways.	Yes	Complete
20	Ensure the leadership experience gained through diversity and inclusion work is recognized and valued in career development and advancement pathways.	No	N/A
Goal 3: We ensure an inclusive and respectful workplace, free of harassment and discrimination			
21	Implement Positive Spaces Initiative and Guidelines to support transgender and gender-nonconforming employees.	Yes	Complete
22	Explore opportunities for the inclusion of Women in Non-traditional Roles in government workplaces.	Yes	Incomplete
23	Explore opportunities for the inclusion of Persons with Disabilities in government workplaces.	No	N/A
24	Develop tools and resources for conducting diversity and inclusion workplace assessments.	Yes	Incomplete
25	Develop expertise within the public service to carry out diversity and inclusion workplace assessments.	No	N/A
Goal 4: We are a culturally competent workforce that values diversity and inclusion			
26	Create a diversity and inclusion lens for reviewing and developing learning programs and materials.	Yes	Complete
27	Review and enhance current Respectful Workplace and Diversity training courses.	No	N/A
28	Imbed diversity and inclusion in the development process for new learning offerings.	No	N/A
29	Develop and implement diversity and inclusion guidelines for all external learning and development service providers.	No	N/A
30	Develop and implement a plan to engage employees and partners in the Diversity and Inclusion Strategy.	Yes	Incomplete
31	Create platforms for dialogue, learning, and collaboration about ongoing diversity and inclusion work.	Yes	Complete
32	Consider new networks and partners.	No	N/A

Chapter 2

Transportation and Infrastructure Renewal: Selection and Quality Management of Bridge Projects in Central and Western Districts



Overall Conclusions

- The Department of Transportation and Infrastructure Renewal's bridge information system does not give management all the necessary information needed to make decisions to select bridge replacement, rehabilitation, and maintenance projects.
- The Department of Transportation and Infrastructure Renewal appropriately monitors whether bridge projects meet established standards during construction, but fails to properly monitor warranties.

Selection and Quality Management of Bridge Projects

- If the Province were to replace all provincially-owned bridges, it would take approximately 200 years at the current rate of replacement
- The Department's information system does not provide complete and accurate information to support management in making decisions on bridge projects
- Management does not have documented criteria to objectively rank and assess projects
 - Three bridges were in poor condition and management could not explain why they were not on the district priority listing
- The Department has effective processes to verify that bridge projects meet established standards; however, warranty monitoring is lacking
 - 75% (9 of 12) of projects were not inspected at the end of the warranty period
- Inspectors did not complete all regular inspections as required
 - 23% (7 of 30) of bridges tested were not inspected as required in 2018-19
 - Two of seven bridges with issues noted had no follow-up inspection
 - 27% (7 of 26) of level two inspections tested were completed at least a year late
- The Department has, and follows, standards to guide bridge replacement, rehabilitation, and maintenance projects
- Management has a documented inspection policy, but does not ensure staff follow policy requirements
- No annual quality assurance audits have been completed since October 2017
- The Department has not defined training requirements for inspectors



Recommendations at a Glance

Recommendation 2.1

The Department of Transportation and Infrastructure Renewal should review its processes and systems used to track bridge information and inspections. The Department should identify and take appropriate action to ensure information about bridges, including recommended repairs and maintenance history, is complete, accurate, and accessible.

Recommendation 2.2

The Department of Transportation and Infrastructure Renewal should implement a process of using consistent criteria to assist management to determine bridge priorities at the district and provincial levels.

Recommendation 2.3

The Department of Transportation and Infrastructure Renewal should complete bridge inspections as required by Department policy.

Recommendation 2.4

The Department of Transportation and Infrastructure Renewal should implement regular monitoring of information system data, inspection results and documentation, and project files to ensure there is complete and accurate information on the condition of bridges and to monitor compliance with Department policies and processes.

Recommendation 2.5

The Department of Transportation and Infrastructure Renewal should annually review the *Project Engineer's Field Manual* and the *Standard Specification: Highway Construction and Maintenance* manual. Updates should be made as needed based on the outcome of the reviews.

Recommendation 2.6

The Department of Transportation and Infrastructure Renewal should implement a process to monitor bridge-related warranties.

Recommendation 2.7

The Department of Transportation and Infrastructure Renewal should document training requirements for inspectors and monitor to ensure training is completed as required.

2 Transportation and Infrastructure Renewal: Selection and Quality Management of Bridge Projects in Central and Western Districts

 **The number of bridges exceeds current financial capacity for repairs and replacement**

- 2.1 The Department of Transportation and Infrastructure Renewal is responsible for approximately 4,200 bridges throughout its Western, Central, Northern, and Eastern districts in Nova Scotia. Generally, it is not responsible for municipal bridges or bridges owned by other parties. The Department defines a bridge as a structure greater than three meters in span that provides a roadway or walkway for the passage of vehicles, pedestrians, or cyclists across an obstruction or gap. Annually, the Department spends approximately \$45 million across the four districts to maintain, repair, and replace bridges.
- 2.2 In its January 2019 draft needs assessment for bridges, the Department estimated that \$2.1 billion is required over the next 10 years to reduce the current bridge infrastructure deficit. This level of funding would allow for preservation work on bridges in good condition, maintenance work on bridges in fair condition, and replacement of bridges in poor condition. We did not audit the accuracy of the Department's estimate.
- 2.3 Management told us they typically replace between 15 and 20 bridges a year, and that modern bridges have a design life of approximately 75 years, while older bridges have a design life of 50 years. If the Province were to replace all 4,200 provincially-owned bridges, it would take approximately 200 years at the current rate of replacement. As an alternative, the Department could choose to reduce the number of bridges requiring replacement by identifying bridges which are close in proximity to each other to determine if this is the most efficient use of limited resources.
- 2.4 While we recognize there are many competing priorities, these numbers make it clear the Department needs to make careful decisions on which bridges should receive attention first.

 **The Department's information system does not provide complete and accurate information about bridges**

- 2.5 The Department does not have a process to centrally record work completed on bridges, even though the Department's information system is capable of recording maintenance history. We found that staff did not consistently record maintenance activity; they could record repairs in spreadsheets, paper format, or in the information system. Having records in a variety of



formats in the districts does not easily provide for full and complete records being available to decision makers. The Department should have complete information about the maintenance history of bridges including work and repairs completed to assist staff to properly assess the condition of a bridge, and to support management decision making.

- 2.6 Staff are not clearly or consistently documenting the recommended work resulting from their inspections. Each district has its own format for tracking deficiencies and recommended work using spreadsheets which staff update over time, but this information is not maintained in the information system. This means there is no centralized, easily accessible, permanent record of repairs recommended from each inspection. When we reviewed inspection files, we found it difficult to determine which recommended repairs related to which deficiency, or the action the Department took to address the deficiency. This further reduces the completeness of information available on any specific bridge.
- 2.7 Users of the information system can create inspection records for inspections they did not complete and are not trained to complete. For instance, staff who are only trained to complete a level one inspection can create a record indicating a level two inspection occurred. This happened for 5 of the 30 bridges we selected for testing from the Central and Western districts; a level one inspector had created a level two inspection in error. Head office staff told us that although inspectors can flag inspections created in error, the system does not consider this when calculating the next required inspection date. This can lead to the system incorrectly scheduling the next inspection.
- 2.8 The Department's listing of bridges in the information system contains errors. We identified 28 of approximately 2,100 bridges in the Central and Western districts which staff should have removed from the information system because either the bridge was closed or the structure did not meet the Department's definition of a bridge. Inaccurate information in the system could result in inaccurate reports on the number of structures the Department is responsible to inspect, or the frequency of inspections.
- 2.9 We identified six bridges which are either municipal bridges or bridges owned by other parties. Management told us the responsibility for these structures had not been clearly determined between the Department and the bridge owners. This leads to a risk that neither party is inspecting these bridges to ensure they are safe to use.



Recommendation 2.1

The Department of Transportation and Infrastructure Renewal should review its processes and systems used to track bridge information and inspections. The Department should identify and take appropriate action to ensure information about bridges, including recommended repairs and maintenance history, is complete, accurate, and accessible.

Department of Transportation and Infrastructure Renewal Response: The Department will review the processes and systems used to track bridge information and inspections and determine appropriate actions for ensuring information about bridges, including recommended repairs and maintenance history, is complete, accurate and accessible. This will include an investigation of software upgrades and updating of policies and procedures. This review, and any subsequent implementation, will be in place within 24 months. The Department is also hiring a maintenance planner who will prioritize maintenance, inspections and upkeep of all highway infrastructure including bridges. This position should be in place within 6 months.



Management does not have documented criteria to objectively rank and assess projects

- 2.10 Management does not have documented criteria to objectively rank and assess projects. Criteria could include bridge condition, traffic volume, travel time to the nearest detour, or whether the bridge is on a main route for emergency vehicles. Without documented criteria, it is impossible to assess decisions made in the past and it creates a risk that management may not identify bridges that are the highest priority for repair or replacement.
- 2.11 In addition to the lack of criteria, the poor quality of information available from the Department's information system further reduces the Department's ability to make consistent and supportable decisions. Staff cannot be reasonably expected to have complete and detailed knowledge of the approximately 4,200 bridges across the province.
- 2.12 The lack of comprehensive information also elevates the risk that management will incorrectly prioritize or overlook bridge maintenance and repair projects. We identified 75 of approximately 2,100 bridges in the Central and Western districts with a rating of two or lower in the information system. The Department considers any bridge with a rating of four or lower as being in poor condition, meaning these 75 bridges are in the lower half of the poor-condition category.
- 2.13 We reviewed inspection results, district work priorities, and other documentation for these 75 bridges to better understand the situation and were satisfied with the information provided for 72 bridges – the bridge was on a closed road or the bridge had been replaced or repaired to improve its condition. However, district management could not provide a satisfactory



explanation for the remaining three bridges. We noted that management had put weight restrictions in place on two of the three bridges to mitigate the risks associated with it being in poor condition, but we are concerned there was no further information available to show that the Department had made a conscious decision to leave these bridges off its five-year capital plan, or take other action to improve the condition of the bridge. This is the sort of situation that can occur when there is not sufficient information available to allow criteria-based evaluation to support decision making.

- 2.14 Management has an annual process to establish priorities for major bridge replacements and capital maintenance for the next five years. District management is responsible to identify priority projects. They told us they consider inspection results of bridge condition, available funding, and timing of other planned work such as paving. Management in the districts told us they would like to have more information available to help with the management decision-making process.
- 2.15 Annually, management from each district submit their priority projects to the head office. Head office management and staff, in consultation with district management and staff, develop the annual five-year capital plan which the Department publishes on its website.
- 2.16 We found that management is appropriately incorporating district priorities when determining the five-year capital plan priorities. We selected a sample of 10 priority projects submitted by management from the Central and Western districts. Head office management reasonably addressed all 10 projects. They accepted four projects as submitted and documented explanations for changes to the timing and extent of work approved for the six remaining projects.

Recommendation 2.2

The Department of Transportation and Infrastructure Renewal should implement a process of using consistent criteria to assist management to determine bridge priorities at the district and provincial levels.

Department of Transportation and Infrastructure Renewal Response: The Department will ensure the process currently in place is formalized and made provincially consistent for the decisions around bridge repairs and replacement. This will include the parameters used in the prioritization process. This process will be implemented for the 2021-22 Capital Plan.



Inspectors did not complete all regular inspections as required

- 2.17 Inspectors did not always complete level one visual inspections each year as required under Department policy. A level one inspection provides a general overview of bridge condition and identifies any obvious structural problems



or safety concerns. The Department’s inspection procedure requires all bridges be visually inspected between April 1 and July 31 of each year. Prior to August 2017, the Department did not require a level one inspection if the bridge had received a more thorough level two inspection in the same year. The results of our testing are shown below.

Level One Inspection Results from a Sample of 30 Bridges in the Central and Western Districts from April 1, 2016 to September 30, 2018			
	2016-17	2017-18	2018-19
Bridges requiring a level one inspection	24	30	30
Bridges with a level one inspection completed	19 79%	30 100%	23 77%
Bridges without a level one inspection completed	5 21%	0	7 23%

2.18 In addition, management did not complete a follow-up inspection for two of the seven bridges when staff identified concerns during the initial inspection and requested a follow-up inspection take place.

2.19 Inspectors did not always complete the indepth level two inspection as required. The Department’s inspection procedures require all bridges have an indepth level two inspection every two to six years, with the frequency based on factors such as the type of road the bridge is on and the condition of the bridge. The level two inspection provides a more detailed examination of the bridge during which inspectors identify structural problems or safety concerns which may not be evident during a level one inspection. The results of our testing are shown below.

Level Two Inspection Results from a Sample of 30 Bridges in the Central and Western Districts from April 1, 2016 to September 30, 2018	
Number of level two inspections required	26
Number of level two inspections completed on time	19 73%
Number of late level two inspections (at least a year later than required)	7 27%

The seven bridges with late level two inspections were late between 1 and 11 years.

2.20 The Department’s inspection policy requires inspectors to complete additional verification inspections on higher risk bridges in the years they do not complete a full level two inspection. Inspectors complete the verification inspection to confirm that the bridge’s condition has not changed since the last indepth inspection. Fourteen of the bridges we tested required verification inspections during our audit period. Four of the 14 bridges did not receive verification inspections as required.



Recommendation 2.3

The Department of Transportation and Infrastructure Renewal should complete bridge inspections as required by Department policy.

Department of Transportation and Infrastructure Renewal Response: The Department will review the processes and systems used to track bridge inspections and determine if any additional resources are required to ensure Department policy is met. This review, and any subsequent implementation, will be in place within 24 months.



The Department has an inspection policy, but weaknesses exist with monitoring of policy requirements

- 2.21 The Department has documented policies for bridge inspections. Department policies include clear roles and responsibilities for inspections and clearly-defined inspection schedules. Inspectors in the Central and Western districts are required to take photos and complete an inspection template to note any deficiencies identified during the inspection. In our testing of a sample of 30 bridges from the Central and Western districts, we found that inspectors completed the templates as required.
- 2.22 We found issues with documenting and monitoring inspections. The policy requires inspectors to document level one inspections in the information system within 10 days of the inspection. Management did not monitor this requirement and we were unable to test this timeframe requirement because the system does not clearly indicate the timeframe between the inspection date and the date it was recorded in the system. In addition, there is no required timeframe for inspectors to enter level two inspections in the information system. This creates a risk that inspection information may not be available to management in a timely manner to support decision making and prioritizing projects.
- 2.23 Department inspection policies do not define a timeframe to complete a follow-up inspection if inspectors identify issues during a level one inspection, or when a level two verification inspection requires a new level two inspection. Without established and monitored timeframes, there is a risk that inspectors will not identify and correct safety concerns or other issues in a timely manner.
- 2.24 The Department does not have a monitoring process in place over data in the information system or for the inspection of bridges. As noted above, the information system contains errors and, depending on the district, varying levels of information. Regular monitoring of the data and inspection results should identify data quality issues and instances of inspectors having not completed or documented inspections in accordance with Department policy and expectations.



- 2.25 For significant construction projects, the Department has an internal quality assurance process which requires an annual audit of the project files to make sure the files meet the requirements defined in the contract and the standard specification. The Department did not complete the required annual reviews. Management told us they expect staff to review three major construction projects annually, but said staff have not completed reviews since October 2017 due to there being vacancies. Regular monitoring helps management to know if staff are complying with Department policies and procedures, and whether contractors are meeting the Department's quality standards.

Recommendation 2.4

The Department of Transportation and Infrastructure Renewal should implement regular monitoring of information system data, inspection results and documentation, and project files to ensure there is complete and accurate information on the condition of bridges and to monitor compliance with Department policies and processes.

Department of Transportation and Infrastructure Renewal Response: The Department will review the processes and systems used to track bridge inspections and determine if any additional resources are required to ensure information system data, inspection results and documentation, and project files are complete and accurate. The Department will also monitor compliance with policies and processes. This review and any subsequent implementation will be in place within 24 months. The Department is also hiring a maintenance planner who will prioritize maintenance, inspections and upkeep of all highway infrastructure including bridges. This position should be in place within 6 months.



The Department has effective processes to verify that bridge projects are completed to established standards; however, warranty monitoring is lacking

- 2.26 The Department has documented its specifications in its *Standard Specification: Highway Construction and Maintenance* manual which incorporates nationally accepted standards for the quality of bridge projects.
- 2.27 The Department includes references to the standard specifications in contracts for tendered bridge projects. Contractors are required to complete work to the standards specified in the contract. The contracts include project-specific provisions such as warranty periods and requirements for quality and testing of materials.
- 2.28 The Department has clearly-defined roles and responsibilities for overseeing the quality of bridge projects. The Department's policy manual states that a project engineer or a district bridge engineer is responsible for ensuring work is completed in accordance with project plans and Department specifications. Other responsibilities described in the manual include the engineer's



responsibility to ensure materials used in the work meet the requirements of the Department's standard specification.

- 2.29 The Department has an effective process to verify that bridge projects meet established quality standards. We tested 15 replacement and rehabilitation bridge projects from the Central and Western districts. For each project, we selected three deliverables included in the contract and confirmed that staff had verified that the work met the Department's quality standards. Forty-two of the 45 deliverables required verification by staff, and in each instance, we found that staff had clearly documented that the requirement met the quality standard defined in the standard specification or appropriate corrective action had been taken if the work did not meet the quality standard.
- 2.30 We also determined if external consultants were used to assess quality standards in the standard specification as required. Thirty-nine deliverables required the Department to use external consultants; 38 either met the Department's quality standard or had appropriate corrective action if the initial work did not meet the quality standard. The one remaining deliverable had no documentation showing the external consultant had verified the work, but we determined staff had documented that they were satisfied with the quality of the work and therefore, we did not consider this to be a significant finding.
- 2.31 Management and staff did not annually review or update the project engineer's manual as required. The last revision to the manual was in May 2006. The manual requires staff to annually review and update it as necessary to reflect changes in specifications or procedures. Regular review and updates to the manual reduce the risk that staff have unclear or outdated expectations.
- 2.32 The committee responsible for annually reviewing the section of the standard specifications which includes bridges has not met since December 2016. Staff told us there were no significant issues in either 2017 or 2018 requiring updates to the standards. The minutes from the most recent meeting in December 2016 include eight items with a status of ongoing. We found no further information on the status of those ongoing issues. Regular review and revision to the standard specifications helps to make sure there are clear and current quality standards available when completing work on bridges.

Recommendation 2.5

The Department of Transportation and Infrastructure Renewal should annually review the *Project Engineer's Field Manual* and the *Standard Specification: Highway Construction and Maintenance* manual. Updates should be made as needed based on the outcome of the reviews.

Department of Transportation and Infrastructure Renewal Response: The Department has recently completed an update of the Standard Specification



Manual and will continue to review annually as needed. The Department feels the Project Engineer's Field Manuals do not require an annual review. TIR will review and determine a more practical update cycle. There is a quality assurance position which has been vacant but will be filled within 6 months. This position will also be responsible for updating the Project Engineer manual.

- 2.33 Staff did not complete the required check of contractors' work for 9 of the 12 (75%) projects we tested. These were projects entering or completing their one-year and/or three-year warranty period. The failure to monitor warranties could result in the Department eventually paying for repairs that a contractor should have corrected under the warranty.

Recommendation 2.6

The Department of Transportation and Infrastructure Renewal should implement a process to monitor bridge-related warranties.

Department of Transportation and Infrastructure Renewal Response: The Department has already started implementation of a monitoring process related to bridge warranties which includes a notification procedure. This will be in place within 6 months and monitoring will ensure effectiveness.



Management does not have defined training requirements for inspectors

- 2.34 Department policy requires inspectors to receive training, but it does not define the type of training required. Management told us they require level one inspectors to take training delivered by the Department and level two inspectors to take a one-week training course offered by the United States Department of Transportation Federal Highway Administration. We selected a sample of 3 of the 18 inspectors in Central District and 3 of the 10 inspectors in Western District who are responsible for completing level one and level two inspections. We determined inspectors had taken the training which management told us was required; they had also taken additional training relating to bridge inspections and maintenance.
- 2.35 Staff told us a training refresher is recommended for level two inspectors every five years. The training records for Western District indicated the last refresher for level two inspectors was in July 2012, more than 6 years ago. The training records also showed one inspector received their initial training in March 2002 and did not have refresher training until 2012, leaving a ten-year span over which the inspector did not receive any refresher training. Central District did not have a system to track inspector training, although they were able to provide evidence that training took place. It is important for the Department to define training requirements and to ensure staff are trained to perform inspections in accordance with guidelines.



2.36 Management periodically conducts training sessions with all inspectors responsible for level two inspections. The training has all inspectors complete an inspection on the same bridge and compare their results. This is a good practice to ensure inspectors are consistent in how they assess the condition of bridges. However, there is no policy outlining the requirement for the training or how often it should be done.

Recommendation 2.7

The Department of Transportation and Infrastructure Renewal should document training requirements for inspectors and monitor to ensure training is completed as required.

Department of Transportation and Infrastructure Renewal Response: The Department bridge inspectors already receive adequate training to complete inspections as required by policy. The Department will formally document training requirements for inspectors to be included in the bridge inspection policy. This will include reporting when training has been completed and when further training or refresher training is required. This will be updated within 6 months.



Appendix I

Reasonable Assurance Engagement Description and Conclusions

In spring 2019, we completed an independent assurance report of selection and quality management of bridge projects at the Department of Transportation and Infrastructure Renewal. The purpose of this performance audit was to determine whether the Department of Transportation and Infrastructure Renewal had adequate processes to effectively and efficiently manage the selection and quality of bridge projects.

It is our role to independently express a conclusion about whether management of the selection and quality of bridge projects complies in all significant respects with the applicable criteria. Management at the Department of Transportation and Infrastructure Renewal acknowledged their responsibility for management of the selection and quality of bridge projects.

This audit was performed to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada; and Sections 18 and 21 of the Auditor General Act.

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

In conducting the audit work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia, as well as those outlined in Nova Scotia's Code of Conduct for public servants.

The objectives and criteria used in the audit are below:

Objective:

1. To determine whether the Department of Transportation and Infrastructure Renewal appropriately identifies and selects bridge projects.
2. To determine whether the Department of Transportation and Infrastructure Renewal appropriately monitors whether bridge projects meet established standards.

Criteria:

1. The Department should have appropriate standards for bridge projects.
2. The Department should have an effective process to assess the condition of the Province's bridges.
3. The Department should justify, rank, and select bridge projects using criteria which considers user needs, cost-effectiveness, safety, and long-range plans.
4. The Department should have effective processes to verify bridge projects are completed to established standards.
5. The Department should take appropriate corrective action when quality issues are identified on bridge projects.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Department of Transportation and Infrastructure Renewal.



Our audit approach consisted of interviews with management and staff; a review of policies, plans, and practices at the Central and Western districts of the Department of Transportation and Infrastructure Renewal and the head office in Halifax; and examination and testing of: bridge inspection records, compliance with quality standards, project ranking and selection activities, and corrective action the Department took when bridge quality issues were identified. We did not examine detailed project management activities completed on bridge projects. Our audit period covered April 1, 2016 to September 30, 2018. We examined information outside of that period as necessary.

We obtained sufficient and appropriate audit evidence on which to base our conclusions on May 1, 2019, in Halifax, Nova Scotia.

Based on the reasonable assurance procedures performed and evidence obtained, we have formed the following conclusions:

- The Department of Transportation and Infrastructure Renewal's bridge information system does not give management all the necessary information needed to make decisions to select bridge replacement, rehabilitation, and maintenance projects.
- The Department of Transportation and Infrastructure Renewal appropriately monitors whether bridge projects meet established standards during construction, but fails to properly monitor warranties.



Appendix II

Background information on the Province of Nova Scotia's Bridges

The Department spends approximately \$32 million to replace and rehabilitate and approximately \$13 million to maintain the Province's bridges. In its January 2019 draft needs assessment, Department management estimated \$210 million per year is needed over the next 10 years to get the Province's bridges to a desired, sustainable condition. The \$210 million estimate includes \$150 million per year to replace poor-rated bridges, \$40 million per year to maintain fair-rated bridges, and \$20 million per year for preventative maintenance on bridges in good condition. We did not audit the accuracy of the Department's estimate.

The needs assessment further provided a summary of the number of bridges in each of the good, fair, and poor categories.

Condition	Rating	Number of Bridges	Description of Bridge Condition as Defined by the Department
Good	6-9	2,122 (51%)	<ul style="list-style-type: none"> Bridges in excellent to satisfactory condition The bridge may show some minor problems or deterioration Bridges commonly need preventative maintenance
Fair	5	1,447 (34%)	<ul style="list-style-type: none"> Bridges rated as fair condition All primary structural elements are sound, but may have some deterioration Bridges commonly need maintenance and rehabilitation to extend their service life in a cost-effective manner
Poor	4 or less	618 (15%)	<ul style="list-style-type: none"> Bridges rated as poor or worse condition The bridge may have advanced deterioration or fatigue cracks These structures commonly need rehabilitation or replacement
Total		4,187	

Source: Transportation and Infrastructure Renewal's 2019 Draft Needs Assessment of Bridges in Nova Scotia; condition description provided by Department staff.

Chapter 3

Workers' Compensation Board: Claims Management



Overall Conclusions

- The Workers' Compensation Board generally manages workplace injury claims effectively, in compliance with policies and procedures. However, we identified 12 recommendations for improvement.
- Weaknesses identified include not being timely and inadequate complaint and privacy processes.

Claims and Benefits Administration

- Our testing showed that decisions on workers' claims met policies and were supported
- Over half the time, our testing showed workers did not receive written claim decisions within 30 days
- Half of workers tested did not receive communication about the calculation of their benefits
- Workers' complaints may not be addressed properly due to significant deficiencies in the complaint process

Internal Appeals

- Our testing showed that appeals were evaluated in line with policies
- Almost half of our tests showed that employers inappropriately received sensitive private medical information that was not claim related
- Several workers' appeals were not processed in line with the WCB's 90-day target
- Our testing showed that workers' appeals, on average, took 50 business days to assign
- Almost half of the approved appeals tested took more than 2 weeks for the implementation process to begin

Return-to-Work Planning

- WCB managed workers return to work on a timely and appropriate basis in accordance with policies
- Most files tested needed improved documentation to support effective monitoring and to prevent potential errors

Quality Assurance and Staff Development

- Quarterly manager file reviews were not done as required for half of caseworkers tested
- Poor tracking of training records meant it was unclear if WCB workers took their required training
 - 65% of WCB employees tested had no record to show crisis prevention training had been taken
- Performance management processes were not always completed
 - 30% of tested employees did not have a six-month performance review in 2017

Service Provider Contracts

- The service contract for complex sprain and strain injuries was awarded in line with procurement policy
- WCB monitors services to workers and evaluates results against performance targets
- WCB could improve its required quarterly reporting meeting process
- Services were received, and payments made, in accordance with contract terms
- Reported incidents were investigated with actions taken as required



Recommendations at a Glance

Recommendation 3.1

The Workers' Compensation Board should ensure that they are consistently communicating with injured workers on a timely basis and providing all relevant details regarding decisions, including how benefits were calculated.

Recommendation 3.2

The Workers' Compensation Board should review performance standards for requesting permanent impairment benefit assessments and implement processes to ensure these standards are monitored.

Recommendation 3.3

The Workers' Compensation Board should improve the complaint resolution process, including implementing proper segregation of duties, and the creation of a formal complaint log that includes all complaints received, as well as documenting the actions taken, both to make an initial decision on the validity of the complaint and to ensure service delivery standards are met. Management should also implement a quality review process over complaints.

Recommendation 3.4

The Workers' Compensation Board should ensure that both the injured worker and employer accept the initial accident report.

Recommendation 3.5

The Workers' Compensation Board should review benefit payment processes and implement controls to ensure that only authorized additions and changes to benefits happen, and that supporting documentation for all payments is on file.

Recommendation 3.6

The Workers' Compensation Board should review current practices and implement an updated process, including review and document retention standards, for vetting workers' files to ensure all sensitive unrelated information is removed before being sent to a third party.

Recommendation 3.7

The Workers' Compensation Board should establish processes to ensure that appeal decisions are made within targeted timeframes, case management is clearly documented to support reasonable actions were taken to resolve the file in an efficient manner, and proper oversight exists.

Recommendation 3.8

The Worker's Compensation Board should establish implementation and monitoring processes to ensure that all appeal decisions are implemented in a timely and efficient manner.

Recommendation 3.9

The Workers' Compensation Board should ensure the return-to-work case management process is accurately documented and tracks the steps taken to return the worker to work, including any changes made during the process.

Recommendation 3.10

The Workers' Compensation Board should ensure that file reviews are completed as required, and document actions taken to resolve issues identified.



Recommendation 3.11

The Workers' Compensation Board should implement a system to monitor the completion of training by staff, including notification for when training updates are required.

Recommendation 3.12

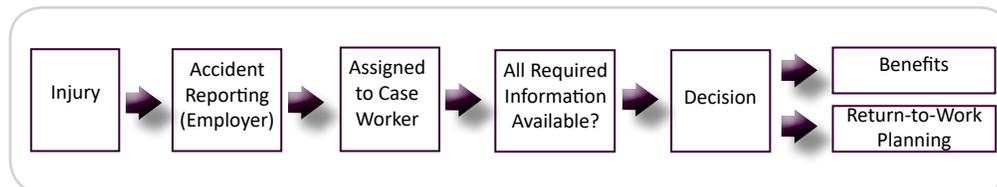
The Workers' Compensation Board should ensure that all parts of the performance planning and assessment process are completed and documented.



3 Workers' Compensation Board: Claims Management

- 3.1 In December 2018, we released an independent assurance report on governance practices and plans for the long-term sustainability of the Workers' Compensation Board. This report continues our look at workplace injury insurance and examines operational performance around claims and benefits administration, internal appeal processes, return-to-work programs, and contract management.
- 3.2 Background information on the Workers' Compensation Board is available in Appendix II.

Claims and Benefits Administration



Workers' Compensation Board follows policies and procedures when making claims decisions

- 3.3 When a worker experiences an injury on the job, employers are required to notify the Workers' Compensation Board within five business days. Upon receipt, the Workers' Compensation Board assigns the claim to a caseworker based on the nature of the injury and risk level. In 75% of cases, a decision regarding initial approval of compensation is expected to be made within two weeks of when the claim was registered. The remaining 25% are more complex cases which require additional time to adequately review and, when necessary, obtain additional information.
- 3.4 Overall, we found that the Workers' Compensation Board followed its policies and procedures when forming initial decisions regarding the award of compensation in the 30 claims decisions tested. While claims decision-making often involves professional judgment, we found that decisions were reasonable, consistent with information in the file, and sufficiently supported.
- 3.5 In instances when claims contained conflicting information, we found that caseworkers took reasonable action and consulted with internal medical advisors as appropriate.



➤ **Workers' Compensation Board did not complete written decisions on a timely basis**

- 3.6 When a claim is denied, the worker is first informed of the decision generally by phone, and then a formal written decision explaining the full rationale is prepared. Either the injured worker or the employer can request this written decision after any decision is reached. The internal policy states this written decision should be completed within 2 days of the decision being made; however, management stated that 30 days is used in practice.
- 3.7 The written decision must be prepared prior to either the injured worker or employer launching an appeal of a claim decision, so having it completed in a timely manner is a key step in the process. It is important that the Workers' Compensation Board determine and consistently define the expected length of time to prepare these decisions, so everyone involved in the system knows what to expect.
- 3.8 Of the 30 claims examined, written decisions were required in 8 instances. Of the eight, none were prepared within 2 days, and only three were prepared within 30 days. The remaining five were prepared from between 38 and 160 days. This means injured workers did not get the information they needed to understand the decision process and their ability to begin an appeal was significantly delayed.

➤ **Workers' Compensation Board did not consistently communicate how benefits were calculated**

- 3.9 Compensation awarded to replace lost wages due to an injury is calculated based on a formula set out in the Workers' Compensation Act. All 30 claims we examined awarded, at a minimum, short-term compensation; however, half the workers were not issued a letter detailing how the compensation was calculated. If an injured worker does not have these details, it is very difficult for them to know if they are being treated fairly and receiving what they are entitled to.

Recommendation 3.1

The Workers' Compensation Board should ensure that they are consistently communicating with injured workers on a timely basis and providing all relevant details regarding decisions, including how benefits were calculated.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. In 2018 the WCB implemented a new service advancement process to ensure case workers are communicating with workers in a timely manner. In Guidewire this will be an automatic activity required to complete, or it will be escalated to the manager. With Guidewire, the WCB will also update letters to provide clarity on how benefits are calculated. The WCB has also implemented a tracking process for decisions and appeals to ensure timely claim decisions and appeal decision implementation.



Workers' Compensation Board did not process permanent impairment benefits in a timely manner

- 3.10 Injured workers who suffer an injury with lasting impact could be eligible for a permanent impairment benefit, which is calculated separately from earnings replacement benefits. Once an injured worker reaches a level where no further improvement in their condition is expected, the worker is referred to a medical professional who conducts an assessment to determine if a permanent impairment exists and the degree of impairment. This is then factored into the benefit calculation.
- 3.11 There is no clear performance expectation regarding timelines for the caseworker to request a permanent impairment assessment. The caseworker is responsible to consult with the medical advisor to determine if the worker has reached their maximum improvement and then to request an assessment.
- 3.12 We examined 20 claims which were awarded a permanent impairment benefit and found that 9 were not issued in a timely manner; assessments were delayed from two months to a year.
- Five did not have assessments requested in a timely manner once the medical advisor confirmed maximum recovery.
 - Four were not referred to the medical advisor for confirmation in a timely manner, if at all.
- 3.13 Permanent impairment benefits cannot be calculated until the assessment is completed. Therefore, not conducting assessments in a timely manner results in unnecessary delays to the injured worker receiving compensation they are entitled to.
- 3.14 We found 4 of 19 cases were not calculated in a timely manner, even once the necessary medical assessments and information were provided. While most cases took an average of 9 days, these four cases ranged from 38 to 185 additional days to finalize the calculations, adding further delay for the injured worker.

Recommendation 3.2

The Workers' Compensation Board should review performance standards for requesting permanent impairment benefit assessments and implement processes to ensure these standards are monitored.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. Over the next 12 months the WCB will explore best practice for requesting permanent impairment assessments. The new Guidewire system will allow for an activity to be added for case workers once the assessment has been added to the file to ensure benefits are implemented in a timely manner.



Significant deficiencies noted with the Workers' Compensation Board complaint process

- 3.15 The Client Relations Officer is responsible for the entire complaint process, from receiving the initial intake by phone, email, or in person, through to the final investigation. There is no review by management or an alternative quality control process in place at any stage. We were therefore unable to obtain any assurance that records included all complaints received.
- 3.16 Communications received are classified as either an inquiry or a complaint. A complaint is considered a formal expression of dissatisfaction with a request for the problem to be resolved. There is no formal process to file a complaint, such as the use of a standard form. Therefore, it is reliant on the Client Relations Officer's interpretation of whether a communication should be considered a complaint, as opposed to an inquiry which does not require extensive investigation.
- 3.17 Once classified as a complaint, the Client Relations Officer decides whether it is valid. If determined to be not valid, no record of the investigation is retained. Because of this, we could not assess whether the decision to deem a complaint as not valid was appropriate.
- 3.18 In examining a sample of ten complaint files which were found to be valid, and therefore investigated further, we found that reasonable action was taken based on the nature of the complaint. However, action was not always timely, and in several instances, information to support that the complaint was resolved was not maintained in the complaint file. Instead, it was located by reviewing correspondence in the worker's claim file. The lack of proper support makes review and oversight of this process difficult.
- 3.19 Many of the complaints received relate to timeliness and communication challenges with caseworkers. These types of concerns are consistent with the issues identified throughout our audit and emphasize the importance of an effective complaint resolution process. Based on the existing processes in place, there is a high risk that not all complaints are documented and adequately addressed, and there is no way to confirm this.

Recommendation 3.3

The Workers' Compensation Board should improve the complaint resolution process, including implementing proper segregation of duties, and the creation of a formal complaint log that includes all complaints received, as well as documenting the actions taken, both to make an initial decision on the validity of the complaint and to ensure service delivery standards are met. Management should also implement a quality review process over complaints.



Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. Over the next 12-18 months we will undertake a best practice review of complaint resolution processes and revise our program and processes based on that review.



Workers' Compensation Board did not ensure injured workers sign accident reports

- 3.20 When a worker is injured on the job and either misses time from work or medical attention is needed, employers are required to use an injury report form to notify the Workers' Compensation Board. The form indicates that both the employer and worker must sign the report; however, more than half of the accident reports we examined did not contain the signature of the injured worker.
- 3.21 It is important that the worker's signature is present to show they agree that the information submitted, which forms the initial basis for the claim, is accurate and complete. It also provides consent that the Workers' Compensation Board may need in order to obtain and distribute information from MSI and Medavie Blue Cross to process the claim.

Recommendation 3.4

The Workers' Compensation Board should ensure that both the injured worker and employer accept the initial accident report.

Workers' Compensation Board Response: The Workers' Compensation Board agrees that workers should have access to the information on their workplace injury submitted by their employer, and they should understand that the WCB may need to obtain and process information from MSI and Medavie Blue Cross to process their claim. Increasingly, accident reports are submitted electronically by the employer without employer or worker signatures. Over the next 12-24 months the WCB will explore options on how to leverage the new Guidewire system to ensure workers have this information. In the meantime, when the worker has not signed the accident report, the case worker, as part of their initial contact, will read the description of accident to the worker to ensure it is accurate and complete and explain the ability of WCB to obtain medical information needed in relation to the injury from any current or previous health care person.



Workers' Compensation Board has control deficiencies in payment authority

- 3.22 All caseworkers at the Workers' Compensation Board can establish and/or modify compensation benefits for lost wages for any injured worker. There is no quality review or other monitoring process in place to ensure only authorized additions and changes are made. During detailed examination, we determined that initial rate calculations for short-term claims were appropriately supported. 16 of the 30 claims had additional adjustments and all were appropriately supported with a new rate sheet.



- 3.23 We did not identify any instances of unauthorized additions or changes. However, with no quality review or other monitoring process, benefits could be awarded or withheld from a worker without detection by the Workers' Compensation Board and therefore, should be addressed.
- 3.24 While rate sheets and authorizations were in place for all benefit payments, we identified several concerns including:
- three had no supporting documentation so we could not confirm the accuracy of the benefit calculation
 - two contained minor mathematical or input errors resulting in under or over payments to the injured worker of less than \$100 in total
- 3.25 Benefits are specifically set out in the Act and it is imperative that these are calculated correctly to ensure that workers receive what they are entitled to.

Recommendation 3.5

The Workers' Compensation Board should review benefit payment processes and implement controls to ensure that only authorized additions and changes to benefits happen, and that supporting documentation for all payments is on file.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. With the implementation of the Guidewire system, all payments and history is recorded in the claim file and cannot be paid without the record. Over the next 12-24 months the WCB will review the current benefit calculation and payment processes and research best practice to ensure we have appropriate controls in place. Currently long-term benefits are calculated by a quality assurance position for the case worker and then authorized by the case worker.

Internal Appeals

- 3.26 Internal appeals are the first step in the process if a worker or employer disagrees with a claim decision. 1,450 notice of appeals were received by the Workers' Compensation Board in 2016, and 1,418 in 2017. Approximately, 15% of internal appeals result in the appeal being approved, at least in part.
- 3.27 We found the Workers' Compensation Board generally followed its process. In all 20 internal appeals we tested, both parties were appropriately notified of the appeal and provided the opportunity to make a submission. When submissions, and other documents requested by the hearing officer were received, the appeal was reviewed in full and a decision was made. A written decision was prepared for all internal appeals tested, and it explained the reasoning of the hearing officer, including references to legislation, as required.



- 3.28 Although the appropriate process to come to a decision was followed, we were concerned to find privacy breaches, and more issues around timeliness, which could continue to cause delays for some injured workers to receive proper benefits.



Privacy breaches occurred in files provided to employers during the internal appeal process

- 3.29 During the internal appeal process, an employer may request access to information in a worker's claim file. Documents provided are to be limited to information relevant to the Board's decision and redacted as necessary to remove irrelevant information. Of concern, is the sharing of any medical information unrelated to the injury or medical issue in question.
- 3.30 We tested 20 files that were sent to employers and found 9 included sensitive information that was not clearly relevant to the claim and decision. It included, for example, medications the worker was taking and information on current and past illnesses and injuries.
- 3.31 In six of the nine files, sensitive information was redacted in some places in the file, but not in all. This clearly showed that the staff member who performed the vetting believed the information to be sensitive and unnecessary to the decision, but they failed to redact it in all instances.
- 3.32 Workers' Compensation Board policy requires that a manager review all files containing sensitive information prior to the file being sent to the employer; however, no manager reviewed three of the nine files. Even when a manager reviewed a file, privacy breaches still occurred.
- 3.33 Vetted files are destroyed one year after they are sent to the employer. This process is not documented in policy. Provincial document retention policies require similar records be kept for a longer period. For example, redacted FOIPOP case documents must be retained for at least nine years. Due to the Board's process, we were only able to select claim files sent to employers within the year prior to our testing.
- 3.34 Disclosure of an injured worker's medical records is a high-risk area, as unauthorized release of information not related to the claim decision could have a significant and potentially detrimental impact for the worker. Processes in place to release these types of sensitive documents must reflect the importance of a worker's privacy and ensure only necessary information is provided to employers.

**Recommendation 3.6**

The Workers' Compensation Board should review current practices and implement an updated process, including review and document retention standards, for vetting workers' files to ensure all sensitive unrelated information is removed before being sent to a third party.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. Over the next 12-24 months the WCB will explore best practice options for document review, retention and vetting sensitive information removal.

 **Decisions on internal appeals often exceed the targeted timeframe**

- 3.35 Six of 20 appeals tested did not meet the overall timeline established, and there was no support to justify why the target was exceeded in four cases.
- 3.36 The Workers' Compensation Board has a target of 90 days to complete an appeal from the date a notice of appeal is received to the decision date. In the 4 of 20 appeals with delays that did not appear reasonable, decisions were made from between 140 to 458 business days. Management stated all targets are based on business days. This is not clearly defined in documentation and this expectation should be clarified for stakeholders.
- 3.37 When a worker files an appeal they have already gone through the initial claim process to obtain a written decision, and as discussed above, many have experienced delays in that process. It is therefore essential that appeal decisions be rendered in a timely manner.

 **Case management and monitoring of internal appeals is not adequate**

- 3.38 There is no standardized process to indicate what specific documentation should be in each claim file, and no clear expectations of what steps in the process hearing officers should document. As a result, it is difficult to track the status of appeals as it is necessary to read each document on file, one-by-one, to follow the process. This is a time-consuming practice and makes efficient monitoring by management difficult.
- 3.39 We also noted a lack of direction on what to do when delays are requested by a worker, employer, representative, or Workers' Compensation Board staff. A delay results in the appeal taking longer to be decided and can negatively impact the worker or employer through delaying the receipt of benefits or paying increased fees. We noted two examples of this occurring in the files we tested.
- For one file tested, the appeal did not require additional information; however, the hearing officer placed a delay request on the file before



scheduling a hearing. Neither the reason for the delay, nor the expected timeframe for the hearing, was documented.

- In the other example, various pieces of additional information, that did not appear to be requested by the hearing officer, were provided over an extended time period by the employer. This resulted in the decision taking 308 business days to make, with no explanation for why the information was required, or even deadlines for the employer to provide the additional information.

- 3.40 Each week, the manager works with the hearing officers to prioritize files, but there is no policy defining how this should be done. The current procedure only states that the hearing officers will identify any priority appeals. A more descriptive policy would help ensure files are consistently prioritized.
- 3.41 We found there were significant delays in assigning files to a hearing officer to begin the appeal process. For the 20 appeals tested, we found the average time it took a file to be assigned to a hearing officer was 50 business days, more than half the 90-day timeframe in which an appeal is to be decided. There is no justification for files not to be assigned to a hearing officer in a timely manner. Assigning files in a timely manner allows hearing officers to perform the initial review to request additional documents, if required.

Recommendation 3.7

The Workers' Compensation Board should establish processes to ensure that appeal decisions are made within targeted timeframes, case management is clearly documented to support reasonable actions were taken to resolve the file in an efficient manner, and proper oversight exists.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. Over the next 12-24 months the WCB will review the current process and research best practice to ensure an efficient and timely internal appeals process within the policy timelines, including developing standards for documentation and monitoring of performance to standards. To improve timeliness of appeal decisions, the WCB has hired an additional Hearing Officer.



No process for implementing internal appeal decisions

- 3.42 There is no formal written procedure specifying the process or timelines to implement the results of any appeal, whether internal or from the Workers' Compensation Appeals Tribunal. The Appeals Tribunal is an independent office from the Workers' Compensation Board and is the next step in the process if someone disagrees with the internal appeal decision.
- 3.43 Management told us they use a target of two weeks to begin implementation after a decision is rendered, but we could not find any documentation



indicating how long it should take to implement each decision nor anything to show who is responsible for implementation or to monitor that it happens. We found that in 5 of 10 internal appeal decisions, and 4 of 10 Workers' Compensation Appeals Tribunal decisions, implementation began more than two weeks after the decision.

- 3.44 The Workers' Compensation Board should use a centralized monitoring approach to ensure that appeal decisions are implemented. Without monitoring processes, there may be further delays to a worker obtaining benefits.

Recommendation 3.8

The Worker's Compensation Board should establish implementation and monitoring processes to ensure that all appeal decisions are implemented in a timely and efficient manner.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. We have implemented a process to centralize the review of appeal decisions, document and monitor implementation. With Guidewire, an activity will be added to the file for the case worker to ensure the appeal is implemented. Notification will be escalated to the manager if the activity is not completed.



Medical review process is not in line with Workers' Compensation Act

- 3.45 The Workers' Compensation Act includes reference to a Medical Review Commission from whom medical opinions could be requested by the Workers' Compensation Board. This panel of medical experts would be appointed by the Minister of Labour and Advanced Education, but the panel was never established.
- 3.46 The 2002 Dorsey Report stated that the committee found no support to establish the Medical Review Commission and the current appeal systems were working well. Management at Labour and Advanced Education stated that this view was widely accepted based on the general response to take action on the Dorsey Report, although the Medical Review Commission was not explicitly addressed.
- 3.47 The Act has seen several changes since the Dorsey report in 2002; however, the section regarding the Medical Review Commission remains in legislation. The Act and current practice should be consistent so that everyone understands what to expect.



Return-to-Work Planning

➡ Approach to return-to-work is timely and appropriate

- 3.48 Guidance on return-to-work scenarios is provided to caseworkers through a case management toolkit. We found there is an appropriate level of guidance provided to caseworkers regarding return-to-work planning and, if needed, caseworkers have channels available to them to seek additional direction.
- 3.49 In all 30 of the claims we reviewed, we found that the caseworker managed the worker's return-to-work process in a timely and appropriate manner, following the defined process for coordinating their return to work. All 30 files included initial medical reports, regular medical updates, and evidence of meetings held with relevant parties when progress towards a worker's return to work did not occur as anticipated.

➡ Return-to-work plans are not clearly documented

- 3.50 Only 5 of the 30 claims tested had the return-to-work approach adequately documented on the action plan which is supposed to be the central location for the return-to-work plan. All claim files contained correspondence discussing the return-to-work process and medical documentation to support the approach to be used; however, this information and status updates were spread throughout the worker's file and were not clearly outlined on the action plan.
- 3.51 This situation is further complicated by the fact that the action plan is currently a living document that can be edited by the caseworker at any point. This results in it not being reliable as a historical record of the return-to-work process.
- 3.52 For example, one of the fields to be documented on the action plan is the final return-to-work date. We found 11 claims with the return-to-work date noted on the action plan not matching the return-to-work date noted in the claims administration system. Management told us this may have happened because the date was initially input then later changed on the action plan; however, there was no record of the change, therefore it is unclear which system is accurate. The claims administration system must be accurate because it is used to evaluate performance targets which are periodically reported to the Board of Directors.
- 3.53 Sufficient and accurate documentation of the return-to-work plan is important for monitoring and resolving claims on a timely basis. By not documenting the return-to-work plan, there is a risk that caseworkers could miss certain pieces of information in the process, resulting in a less efficient and effective return to work.



Recommendation 3.9

The Workers' Compensation Board should ensure the return-to-work case management process is accurately documented and tracks the steps taken to return the worker to work, including any changes made during the process.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. Over the next 12-24 months the WCB will review the capabilities of the new Guidewire system to determine what the best approach will be to ensure accurate documentation of the return to work process.

Quality Assurance and Staff Development



File review processes are not consistently followed

3.54 In 2018, the Workers' Compensation Board created a new file review specialist role with responsibility to review select caseworker caseloads. The file review process is in place to provide guidance to caseworkers regarding the timely resolution of their active claims and provide feedback to improve overall quality of service delivery. We found issues around completeness and timeliness of the reviews done by the file review specialist.

3.55 Managers also complete a sample of file reviews on each caseworker. We found managers had not completed these quarterly reviews for half of the ten caseworkers we tested. We encourage management to ensure these are addressed going forward, as both review processes have a direct impact on improving the quality of service provided to injured workers.

Recommendation 3.10

The Workers' Compensation Board should ensure that file reviews are completed as required, and document actions taken to resolve issues identified.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with this recommendation. This was added to the WCB's Enterprise Risk Management process last year and it is reviewed annually.



Limited to no tracking of training completion

3.56 All new caseworkers are required to complete a six to eight-week training program that consists of classroom training, self-study, eLearn training, and meetings with their coach and manager. Those responsible for higher risk claims must also complete an onboarding process focused on advanced practical application of the theory learned during the caseworker program.

3.57 Prior to late 2018, the completion of both the caseworker program and the advanced onboarding process were manually tracked on paper which was then provided to the employee to use as a reference tool. There were no



records available during the audit period to determine if workers had completed either program as required.

- 3.58 The Workers' Compensation Board does not currently have a schedule to track who needs to complete training updates. They rely on the information recorded by the employee which is reviewed by management. We found this information was not consistently completed.
- 3.59 Management indicated that the human resources department is responsible to ensure that all orientation training courses are completed and to track when employees need to complete training updates. This is contrary to the view of the human resources department which indicated that this is the responsibility of management.
- 3.60 Internal policies require that various courses be updated at different times, but there is no system or process to ensure this happens. For example, all employees are required to have crisis prevention training and update it every three years. We selected a sample of 26 employees for testing and found 17 had no record of having ever completed the crisis prevention training. Of the remaining nine employees who completed the initial training or update, four did not complete it on schedule.

Recommendation 3.11

The Workers' Compensation Board should implement a system to monitor the completion of training by staff, including notification for when training updates are required.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with the recommendation. We will utilize our Learning Management System for this purpose if possible, or we will resolve it through the planned implementation of a new Human Resources Information System in 2020. By policy, Managers are responsible to ensure employee training is completed and we will reinforce this message to the leadership team in 2019.



Annual and interim performance evaluations were not completed as required

- 3.61 Annual performance evaluations of caseworkers were done on time; however, not all sections of the performance planning and assessment form were completed. We found that only 11 of 24 assessments were completed correctly in 2016 and only 17 of 26 assessments were completed correctly in 2017.
- 3.62 Part of the performance planning and assessment process is a six-month interim performance review. We found that only 10 of 22 assessments requiring an interim review had one completed for 2016 and only 18 of 25 assessments requiring an interim review for 2017 had one completed.

**Recommendation 3.12**

The Workers' Compensation Board should ensure that all parts of the performance planning and assessment process are completed and documented.

Workers' Compensation Board Response: The Workers' Compensation Board agrees with the recommendation. We will update our performance planning and assessment process by the end of 2019 and work with the leadership team to ensure all elements of the performance planning and assessment tool are consistently completed and documented.

**Caseworkers have required qualifications and security checks**

3.63 We selected a sample of 16 caseworkers hired during the audit period and found that all 16 had the required qualifications noted on their resumes and had a successful security check on file.

Service Provider Contracts**Contracts for treatment services cover key requirements and are properly awarded**

3.64 The Workers' Compensation Board has contracts with chiropractic and physiotherapy clinics to provide rehabilitation services for injured workers. There are three levels of service: tier 1, 2 and 3, which range from simple sprains, to more complex care cases. All credentialed service providers can apply to provide tier 1 services, whereas since May 2016 the more comprehensive tier 2 and 3 services are only provided across the province through one service provider.

3.65 As required by policy, the Workers' Compensation Board issued a request for proposals to award the contract for tier 2 and 3 services. Proposals were evaluated based on established criteria and the contract was awarded appropriately.

3.66 All contracts for tiered services include clear terms and conditions, including funding, performance expectations, and accountability requirements. Payments to service providers were well supported, appropriate and accurate, and no significant issues were identified.

**Tier 2/3 contract performance is monitored**

3.67 As required in the tier 2/3 service contract, there are two committees in place to monitor the performance of the contract and improve upon services provided. Committee memberships consist of representatives from both the Workers' Compensation Board and the service provider and both functioned as intended to meet their defined objectives.



- 3.68 The contract and tier 2/3 service guides include performance measures and indicators to help determine if the service provider is achieving the program's goals and objectives. The Workers' Compensation Board has developed reports to monitor the service provider's performance against these pre-determined targets and the outcomes are reviewed and discussed with senior management at reporting meetings.
- 3.69 The contract requires quarterly performance reporting meetings; however, there was no documentation to provide evidence that these meetings occurred quarterly. Management noted that the reporting dashboard is available in real time; however, a clearly documented review process should be in place for the required check-in points to ensure there is evidence that performance results are reviewed.



Workers' Compensation Board has an incident investigation process

- 3.70 A process is in place for managing and tracking any incident or injury that takes place while an injured worker is attending a contracted clinic for treatment. We examined 10 incidents and found they were all investigated and appropriate action was taken, when required, to resolve the issue with the service provider.



Additional Comments from the Workers' Compensation Board

Overall, we are pleased this report confirms the WCB is managing workplace injury claims effectively.

In particular, the important aspects of managing return to work for those Nova Scotians hurt on the job and health services contract management, are foundational aspects of the WCB's contributions to this province, and we are pleased your review shows they are functioning appropriately overall.

When developing the WCB Strategic Plan 2016-2020 we recognized that workers and employers expect service improvements and your recommendations reaffirm this. We are, at this moment, implementing the biggest piece of the most extensive modernization in our history. Over time, this will bring improvements to the way we deliver service across people, process, and technology. The enhancements will begin to address many of the challenges associated with our current operations.

Your report includes many important opportunities for us to improve, particularly with regards to timeliness, complaints, documentation and some aspects of the way we handle employer access to claim file information.

We accept all of the recommendations and look forward to their implementation.



Appendix I

Reasonable Assurance Engagement Description and Conclusions

In spring 2019, we completed an independent assurance report of claims management at the Workers' Compensation Board. The purpose of this performance audit was to determine whether the Workers' Compensation Board is effectively managing workplace injury claims. The audit did not include the operations of the Workers' Compensation Appeals Tribunal or the Workers' Assistance Program. This is the second of a two-phase audit, following our report released in December 2018 that looked at governance practices and planning for long-term sustainability.

It is our role to independently express a conclusion about whether claims management complies in all significant respects with the applicable criteria. Management at the Workers' Compensation Board acknowledged their responsibility for claims management.

This audit was performed to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001—Direct Engagements set out by the Chartered Professional Accountants of Canada; and Sections 18 and 21 of the Auditor General Act.

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

In conducting the audit work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia, as well as those outlined in Nova Scotia's Code of Conduct for public servants.

The objectives and criteria used in the audit are below:

Objective:

1. To determine whether the Workers' Compensation Board follows defined policies and procedures to process claims and benefits in accordance with legislation and performance expectations.

Criteria:

1. The Workers' Compensation Board should have policies and procedures in place to ensure claims and benefits are processed in accordance with the Workers' Compensation Act.
2. The Workers' Compensation Board should make claim decisions based on the established process and communicate decisions in a clear and timely manner.
3. The Workers' Compensation Board should accurately calculate benefits and make payments in compliance with claim decisions.
4. The Workers' Compensation Board should have a quality control process.
5. The Workers' Compensation Board should provide adequate training and resources to staff to effectively fulfill their roles.



Objective:

1. To determine whether the Workers' Compensation Board follows a defined appeals process in accordance with legislation and performance expectations.
2. To determine whether the Worker's Compensation Board implements appeal decisions in a timely manner.

Criteria:

1. The Workers' Compensation Board should have processes in place to support timely and appropriate decision making for appeals.
2. The Workers' Compensation Board should make appeal decisions based on the process and communicate decisions in a clear and timely manner.
3. When a new decision is made as the result of an internal appeal, the Workers' Compensation Board should implement the decision in a timely manner.
4. When a new decision is made as the result of an appeal to the Workers' Compensation Appeals Tribunal, the Workers' Compensation Board should implement the decision in a timely manner.
5. The Workers' Compensation Board should provide adequate training and resources to staff to effectively fulfill their roles.

Objective:

1. To determine whether the Workers' Compensation Board follows a defined process to coordinate return-to-work plans.
2. To determine whether the Workers' Compensation Board is evaluating the effectiveness of return-to-work plans.

Criteria:

1. The Workers' Compensation Board should have a defined process in place to develop and coordinate return-to-work plans.
2. The Workers' Compensation Board should coordinate return-to-work plans based on the process.
3. The Workers' Compensation Board should monitor and evaluate the performance of return-to-work plans and consider changes to policies based on outcomes.
4. The Workers' Compensation Board should provide adequate training and resources to staff to effectively fulfill their roles.



Objective:

1. To determine whether service provider contracts are awarded based on the Workers' Compensation Board's procurement policy and monitored to ensure services are received, and payments made, in accordance with contract terms.
2. To determine how the Workers' Compensation Board assesses the performance of service provider contracts in meeting the goals and objectives of the Workers' Compensation Board.

Criteria:

1. The Workers' Compensation Board should follow its procurement process when procuring services.
2. Contracts should include clear terms and conditions, including funding, performance expectations, and accountability requirements.
3. The Workers' Compensation Board should monitor providers to ensure services are provided in compliance with contract terms prior to issuing payment.
4. There should be processes to evaluate contract performance to determine if the goals and objectives of the Workers' Compensation Board are met.
5. Timely action should be taken when performance issues are identified.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Workers' Compensation Board.

Our audit approach consisted of interviews with management and staff of the Workers' Compensation Board, review of policy, examination of processes for claims management, and detailed file review. We examined relevant processes, plans, reports and other supporting documentation. Our audit period covered January 1, 2016 to December 31, 2017. We examined documentation outside of that period as necessary.

We obtained sufficient and appropriate audit evidence on which to base our conclusions on May 10, 2019, in Halifax, Nova Scotia.

Based on the reasonable assurance procedures performed and evidence obtained, we have formed the following conclusions:

- The Workers' Compensation Board follows the defined policies and procedures in place to process claims and benefits in accordance with legislation; however, issues related to timeliness and communication of key benefit information were identified.
- The Workers' Compensation Board follows a defined appeal process in accordance with legislation and performance expectations; however, issues were identified with privacy breaches and timeliness.
- The Worker's Compensation Board has no process to monitor that appeal decisions are implemented, and the implementation process was often not started within the target timeframe.
- The Workers' Compensation Board follows a defined process to coordinate return-to-work plans.



- The Workers' Compensation Board evaluates the effectiveness of return-to-work plans through performance targets and regular reporting to the Board of Directors; however, documentation of action plans should be improved to facilitate monitoring and evaluation.
- Service provider contracts are awarded based on the Workers' Compensation Board's procurement policy and monitored to ensure services are received, and payments made, in accordance with contract terms.
- The Workers' Compensation Board assesses the performance of service provider contracts in meeting the goals and objectives of the Workers' Compensation Board.



Appendix II

Background Information on the Workers' Compensation Board

Workers' insurance systems in Canada are based on the Meredith Principles, which include a historic trade-off between workers and employers. In the event of a work-related injury, workers surrender their right to pursue legal action in exchange for benefits defined in legislation. Employers are responsible for funding the cost of the system in exchange for immunity when work-related injuries occur.

The Workers' Compensation Act established by government provides the framework for the administration of workplace insurance in Nova Scotia, including injuries covered and benefit levels.

The Workers' Compensation Board is responsible for administering workers' compensation in line with the Act and operates at arm's length from government. The WCB provides regular reporting to the Department of Labour and Advanced Education and collaborates by providing input in areas of mutual interest, such as legislative changes ultimately decided by government.

Employers are required to register for coverage if they are conducting business in a mandatory industry and have three or more workers at one time. Compensation is paid to injured workers out of the Accident Fund, which is funded by annual assessments collected from employers.

	2017	2016
Number of Covered Employers	19,500	19,100
Labour Force Covered	75%	75%
Number of Claims Registered	23,952	24,311
Claims Costs Incurred	\$219.8 million	\$212.5 million

Source: WCB 2017 Annual Report

• • • **Office of the Auditor General** • • •

5161 George Street, Royal Centre, Suite 400

Halifax, Nova Scotia

B3J 1M7

www.oag-ns.ca

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