

Workers' Compensation Appeals Tribunal

2025
2026



Annual Report
For the Year Ending March 31, 2026



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Workers' Compensation Appeals Tribunal Annual Report
For the Year Ending March 31, 2026
Workers' Compensation Appeals Tribunal, June 2026



Nova Scotia
Workers' Compensation Appeals Tribunal

Scott Armstrong
Minister of Justice

Dear Honourable Minister:

The Workers' Compensation Appeals Tribunal is pleased to present its annual report for the fiscal year ending March 31, 2026.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Sandy MacIntosh', written over a horizontal line.

Sandy MacIntosh
Chief Appeal Commissioner

2025
2026

Our Team

Michelle Ritchie
Supervisor, Office Services

Michael Chandler
Klairissa Kassal
Clerks

Tricia Hines
Clerk/Scheduling Coordinator

Charlene Downey
Secretary/Receptionist

Sandy MacIntosh
Chief Appeal Commissioner

Sharon Pierre Louis
Executive Assistant to the
Chief Appeal Commissioner

Lianne Chang
Alison Hickey
Brent Levy
Andrew MacNeil
Diane Manara (Registrar)
Richard Pace-Ola
David Pearson
Andrea Smillie
Genna Squires (Deputy Registrar)
Appeal Commissioners



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Executive Summary

The Workers' Compensation Appeals Tribunal (the tribunal) decides appeals from final decisions made by hearing officers of the Workers' Compensation Board (the board). We also decide whether the Workers' Compensation Act (the act) prevents legal claims against employers.

This report covers our fiscal year, which ran from April 1, 2025, to March 31, 2026.

The number of appeals received decreased, and our decision output increased. This resulted in a decrease in the overall inventory of appeals at the tribunal.

We continue to collaborate with participants to resolve appeals more quickly. Most of the unscheduled appeals are waiting for medical evidence that has been requested by the Workers' Advisers Program and, on occasion, by employers.

The time to resolve appeals increased this year. However, we have been largely successful in ending appeals taking more than two years.

The most common appeal issue is claim acceptance. About half of appeals go ahead by oral hearing.

About 38 per cent of appeals were allowed, at least in part. There was a decrease in appeals allowed compared to last year. A legislative change has resulted in more appeals being sent back to the board for reconsideration instead of the tribunal making final decisions.

Two per cent of our decisions were appealed to the Court of Appeal, the same as last year. Only one appeal from a tribunal decision was successful and that was by consent of all participants, so the court did not issue a written decision.

A review of the appeals system is taking place. The tribunal turned 30 years old this year, and reviews like this are essential to continuous improvement.

Our total expenditure was within 74 per cent of the original authority and final forecast. Net expenditure was \$2,106,378, an increase from the previous year.



Sandy MacIntosh
Chief Appeal Commissioner

Introduction

The Workers' Compensation Appeals Tribunal (the tribunal) hears appeals from final decisions of Workers' Compensation Board (the board) hearing officers. We also decide whether the Workers' Compensation Act (the act) prevents legal claims against employers.

The tribunal was created 30 years ago to enhance confidence in the workers' compensation system by having an independent organization hear appeals of board decisions. We are legally and physically separate from the board, which ensures an independent and impartial review of board decisions.

Appeal commissioners decide appeals according to the act, regulations, and board policies. We consider the following:

- the board claim file
- the decision under appeal
- evidence the participants may present
- submissions of the participants
- any other evidence we may request or obtain

All decisions are based on the real merits and justice of the case.

Once an appeal is assigned to an appeal commissioner, the chief appeal commissioner cannot intervene to influence the commissioner's judgment. In our adjudicative role, we are guided by the principles of independence, fairness, and consistency.

We are part of the Workplace Safety and Insurance System. The larger system includes the board, the Workers' Advisers Program, and the Occupational Health and Safety Division of the Department of Labour, Skills and Immigration.



Relationship to the Board

We are independent from the board. However, we interact with the board in five ways: funder, appeal participant, policy maker, IT sharer, and system partner.

1. Board as funder

We are funded by the board-managed Accident Fund. Expenses are first paid by the province, then the province is reimbursed from the Accident Fund. The board has no financial influence over us. We are accountable to the legislature for budgetary matters through our reporting to the Minister of Justice.

2. Board as appeal participant

The board has the same rights and obligations as other participants in a tribunal appeal. As a participant in every proceeding, the board's legal department is aware of the status of every appeal before us. In most cases, the board does not actively take part in appeals. Instead, the board monitors what is happening.

3. Board as policy maker

The board's board of directors adopts policies that all decision-makers, including appeal commissioners, must follow. However, we do not need to follow a policy if we find it inconsistent with the act or the regulations.

4. Board as IT sharer

The board gives us access to Guidewire, its claim management system. This allows us access to worker claim files.

5. Board as system partner

We are a partner, as is the board, in the Workplace Safety and Insurance System and take part in joint committees, such as the Heads of Agencies Committee and the Issues Resolution Working Group.

The Heads of Agencies/coordinating committee's mandate is to oversee the implementation of a strategic plan for the system. The mandate recognizes that co-operation and communication between agencies is crucial.

We are careful to ensure that co-operation with partner agencies does not compromise, and must not be perceived to compromise, our independence.

Tribunal Mandate and Performance Measures

We strike a balance between efficiency and fairness in the management and adjudication of appeals. Our performance is measured using factors drawn from the act and the expectations of participants.

Our decisions are written. The act requires decisions to be released within 60 days of a hearing, or the date final written submissions have been received, whichever is later. Appeal commissioners often release decisions within 30 days of an oral hearing or of the final deadline for written submissions. We can extend the 60-day deadline, but it is rare for us to do so. Unexpected absences from the office or unusually complex appeals can make it necessary to extend the 60-day requirement.

New appeals are usually processed and acknowledged within four days of receipt. We can hear an appeal within 30 days of participants letting us know they are ready to go ahead.

Most appeals take much longer to schedule. The biggest factor is participants seeking medical evidence, often from specialists. Representatives often limit how many hearings they wish to do in a month. Contested hearings often take longer to schedule. Disputes between participants concerning disclosure can slow the setting down of appeals for hearing.



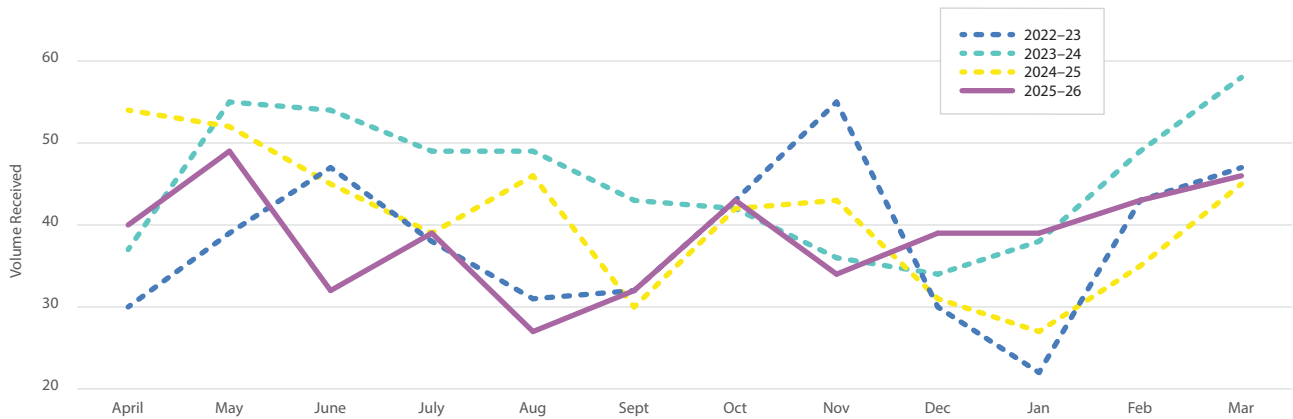
60 Days

Operations

This report covers our fiscal year, which ran from April 1, 2025, to March 31, 2026 (this year). When we refer to last year, we are referring to April 1, 2024, to March 31, 2025.

The number of appeals received decreased. We received 463 appeals this year, compared with 489 last year (see Figure 1).

FIGURE 1
Appeals Received



463
appeals

Please see Appendix (pages 23–25) containing specific data for the following figures.

Appeals were predominantly filed by workers (91 per cent). A total of 519 appeals were resolved this year, compared with 500 last year.

Our decision output increased this year from 330 to 383 (see Figure 2). At year-end, 463 appeals remained to be resolved, compared with 522 last year (see Figure 3).

There is one appeal that has been with us for over two years, which is a decrease of six compared with the end of last year.

We must balance between resolving appeals quickly and ensuring maximum fairness. A sizable number of the appeals are awaiting medical evidence that has been requested by the Workers' Advisers Program and, on occasion, by employers.

FIGURE 2
Decisions Rendered

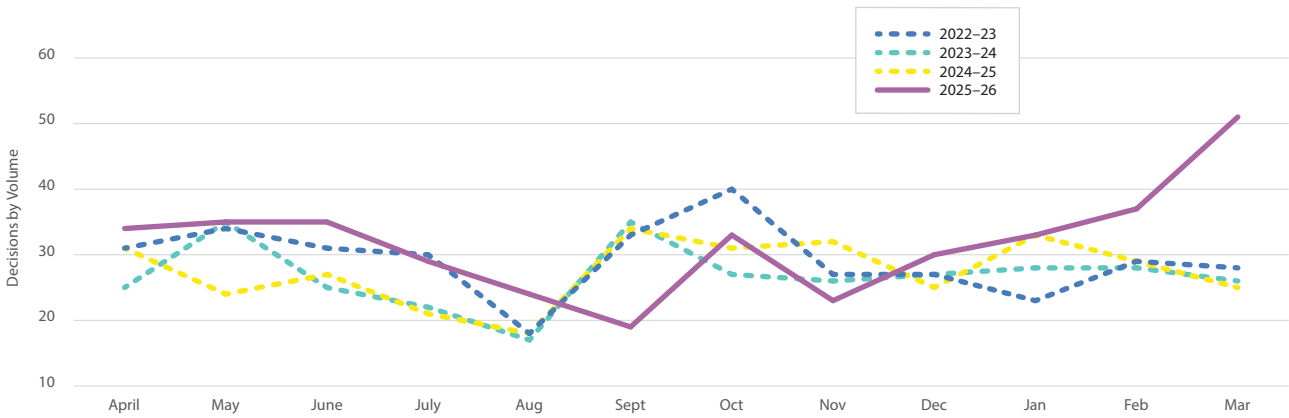
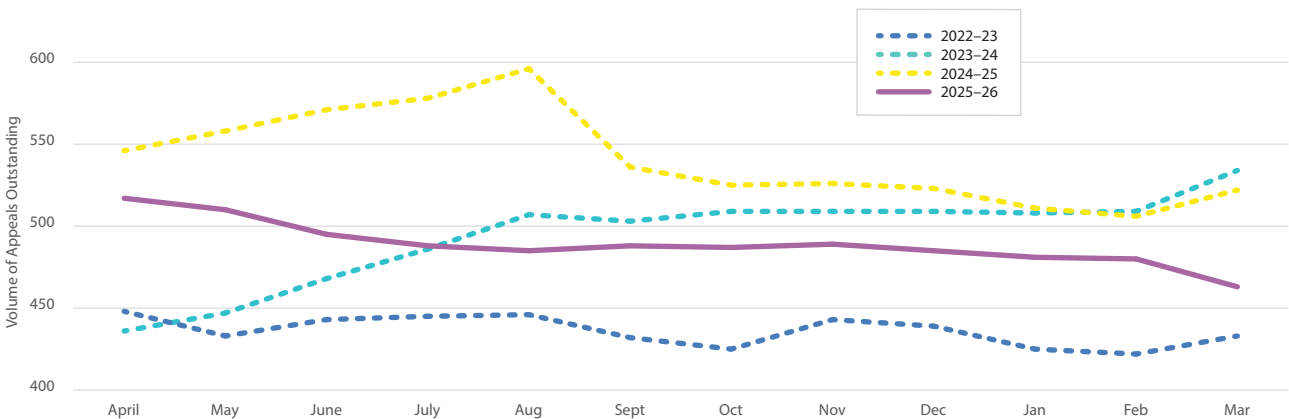


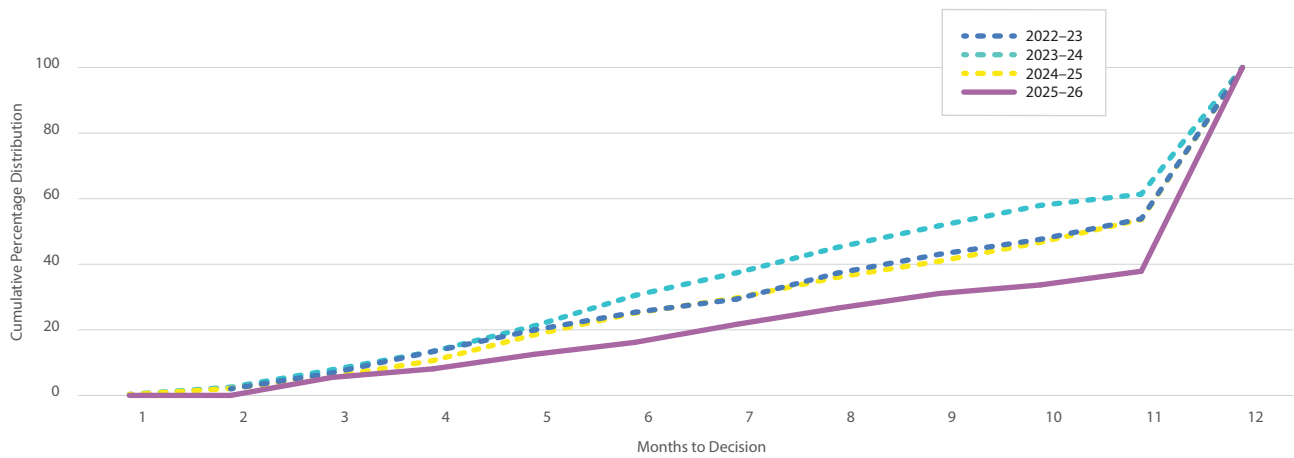
FIGURE 3
Appeals Outstanding at Year-end



Approximately 16 per cent of decisions were released within six months of the date the appeal was received. Approximately 31 per cent of decisions were released within nine months of the date the appeal was received. About 62 per cent of appeals took more than 11 months to resolve (see Figure 4). The time to resolve appeals increased this year.



FIGURE 4
Timeliness to Decision



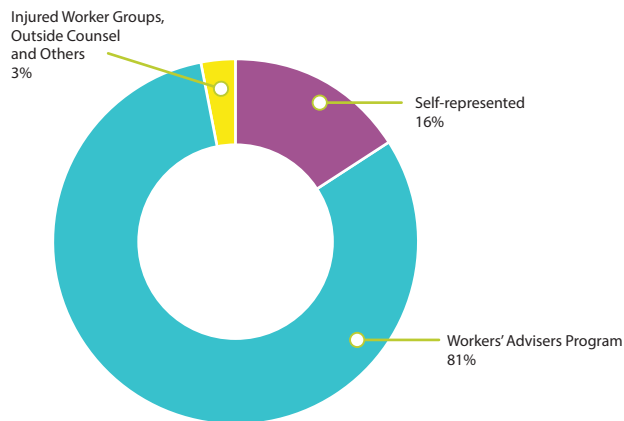
2023
decisions

We report on decisions by representation at the time of decision release (see Figure 5). Of the 383 decisions issued this year, 81 per cent of workers were represented by the Workers' Advisers Program, which is an increase from the previous year when it was 75 per cent.

Employers took part in 33 per cent of resolved worker appeals, an increase from last year.

The issues most appealed to us by workers were recognition of a claim (28 per cent) and new/increased temporary benefits (18 per cent). Employers most often appealed acceptance of claim decisions or the extent of benefits (see figures 6 and 7).

FIGURE 5
Decisions by Representation



We heard 49 per cent of appeals by way of oral hearing, a decrease from last year's total of 64 per cent (see Figure 8). Oral hearings can be in person, by telephone, or by video.

A lower percentage of hearing officer decisions were overturned and there was an increase in the percentage of referrals back to hearing officers for more adjudication. The overturn rate (appeals allowed or allowed in part) decreased to 38 per cent compared to 46 per cent the previous year (see Figure 9).

The act was amended this year. One of the changes made it mandatory for the tribunal to refer appeals back to hearing officers when certain types of evidence are filed. This has resulted in an increased number of referrals and has also increased the proportion of appeals decided without an oral hearing. This amendment has resulted in cancelled hearings and placed significant pressure on tribunal resources.

The number of appeals returned to hearing officers for reconsideration increased to 35.5 per cent from 18 per cent. The percentage of appeals denied decreased to 25 per cent from 35 per cent the previous year.



FIGURE 6
Decisions by Issue Categories – Worker

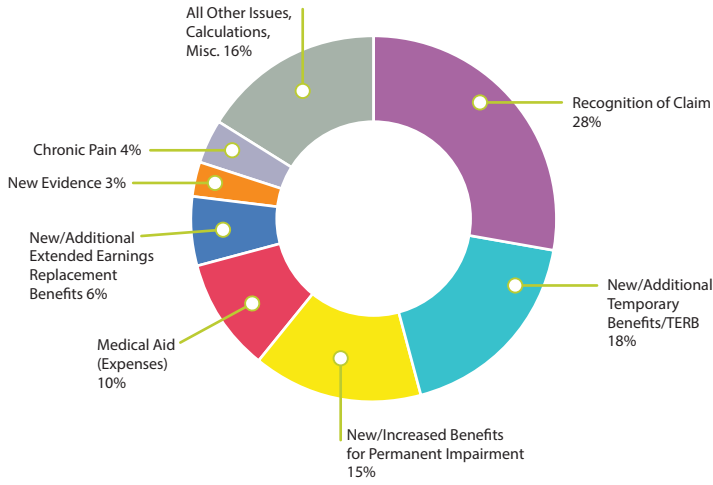


FIGURE 7
Decisions by Issue Categories – Employer



FIGURE 8
Decisions by Mode of Hearing

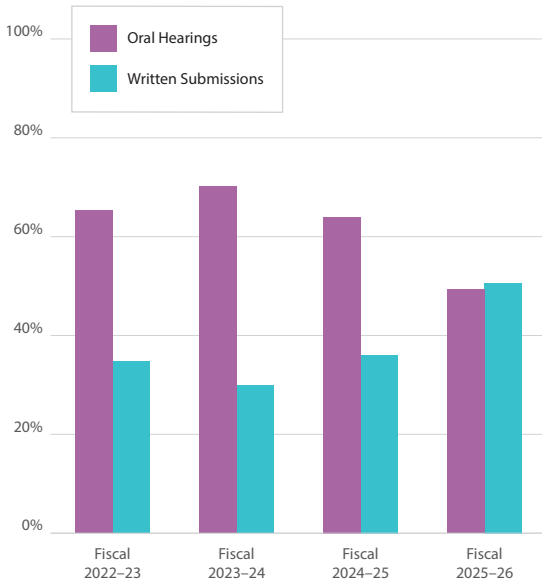
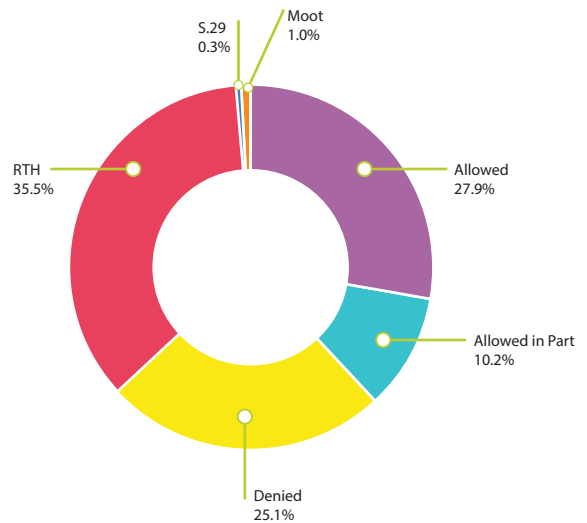


FIGURE 9
Decisions by Outcome



Ninety-three per cent of decisions resulted from worker appeals (see Figure 10). We resolved 136 appeals without the need for a hearing, a decrease from last year's total of 170.

There were eight appeals to the Court of Appeal. The percentage of decisions appealed was 2 per cent, the same as the previous year. At year-end, four appeals remained at the Court of Appeal (see Figure 11).

Appeal commissioners continue to produce well-reasoned decisions in the face of complex issues and a high volume of evidence.

FIGURE 10
Decisions by Appellant Type

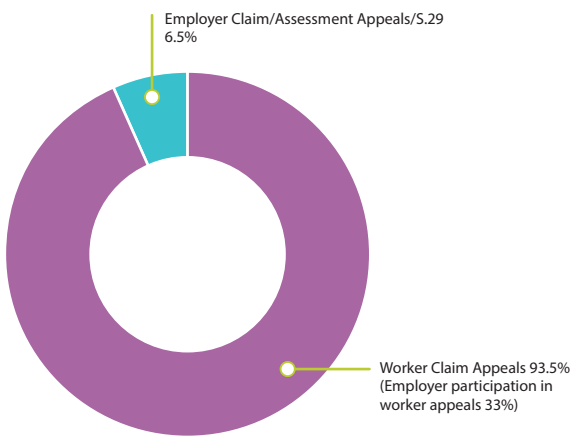
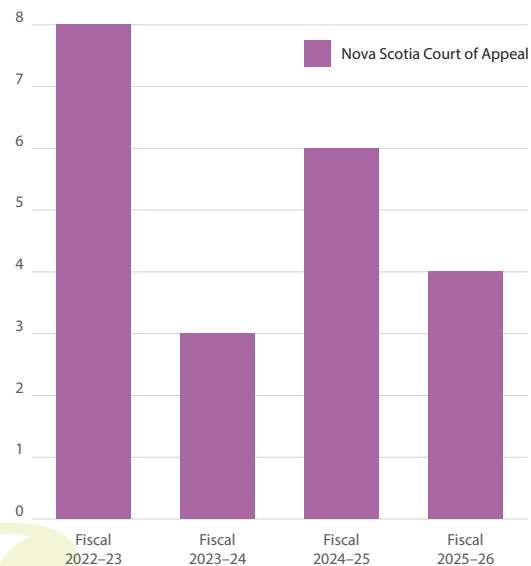


FIGURE 11
Appeals before the Courts at Year-end



136 appeals

Appeal Management

Diane Manara, our registrar, and Genna Squires, our deputy registrar, actively schedule and manage appeals as they are filed.

We are committed to moving appeals through to resolution as efficiently as possible while keeping fair procedures. The collaborative practices put in place with our system partners are useful in achieving the balance necessary for effective, fair, and prompt adjudication of appeals.

Communication with appeal participants by telephone is a significant aspect of the registrar's duties. Unrepresented participants are called and given information about the appeal process. We regularly hold conference calls when there is more than one participant to an appeal. This keeps participants informed on the appeal status, ensures compliance with our deadlines, and streamlines issues.

Early identification and resolution of disclosure issues is encouraged. We can refuse late disclosure requests. Some of the more complex files are assigned early to individual appeal commissioners who take the necessary steps to move appeals toward a decision.

The tribunal tells participants that it expects appeals to be completed within a year. Generally, we allow appeal participants to schedule appeals at a time of their choosing within the first year of an appeal being filed. After a year, the tribunal is less likely to grant oral hearings, and it may schedule appeals even if the participants wish more time. We simplify the process for appeals involving new evidence with short deadlines for quick resolution.

A new amendment to our practice manual requires all evidence be filed within eight months and requires the appeal be heard within a year. We are applying this to all appeals filed after January 1, 2026.



Interagency Co-operation

The chief appeal commissioner is a member of the Heads of Agencies Committee. The Heads of Agencies Committee meets a few times a year with the Department of Labour, Skills and Immigration’s coordinating committee to consider the overall direction of the compensation and safety system. This includes holding a joint public annual meeting.

The tribunal took part in a review of the workers’ compensation appeals system a few years ago. This resulted in a multi-year plan for appeal system improvement. A more detailed review of the appeals system started in early 2026. It is being conducted by Douglas Reid, who chaired the 2024 review of the workers’ compensation system. We expect Mr. Reid will provide directions for improvements and modernization of the appeals system.

The Issues Resolution Working Group is made up of the chief appeal commissioner, the tribunal’s registrar, the chief workers’ adviser, the Workers’ Advisers Program’s registrar, and senior board representatives.

The Issues Resolution Working Group was formed to discuss issues arising from the adjudication of claims and appeals. The committee’s mandate is to develop and implement issue resolution initiatives to improve the overall efficiency of the workers’ compensation system. The Issues Resolution Working Group holds meetings every two months at which appeal statistics from each agency are shared and methods to improve the appeal system are discussed. The committee provides an open, frank exchange of ideas and information.

The Appeals Issues Discussion Group is a subcommittee of the Issues Resolution Working Group. Its focus is operational. Its membership includes appeal commissioners, hearing officers, and workers’ advisers.

We belong to a national association of workers’ compensation appeals tribunals. This association allows for the exchange of best practices and new initiatives from across the country.



Freedom of Information and Protection of Privacy

We rarely receive access to information applications. There were two this year.

Applications about claim files are managed by the board as they remain the property of, and are held by, the board. No access to information application needs to be made by an appeal participant because the act provides for disclosure of claim files to workers, and employers are entitled to relevant documents to respond to an appeal.

Most access to information applications for generic information about us are addressed through our routine access policy, which is posted on our website.

Our decisions have personal (including medical) and business information.

Our decisions are provided to appeal participants, including the worker, the board, and the employer.

Decisions from January 2010 to date are published on the Canadian Legal Information Institute's (CanLII) free public website (canlii.org).

All personal identifiers are removed from published versions of decisions. This includes removing all names of participants and board claim numbers. A small number of decisions are not published because they have extremely sensitive information.

We have adopted a decision quality guide that outlines standards for decision-making. It includes a section concerning privacy issues, which says that "decisions should be written in a manner that minimizes the release of personal information." However, as decisions must be transparent, they need to include a description of the relevant evidence supporting the findings in the decision.

Worker claim files are released to employers after we have vetted them for relevancy. We are

concerned that personal information is not used for an improper purpose, improperly released, or made public by a third party. Our correspondence that goes with the file copies reflects these requirements.



Internal Developments

Colleen Bennett, our supervisor, office services, retired this year. Colleen had been with us for 20 years. She managed our support staff and oversaw day-to-day operations of our office. Colleen was great at planning and implementing process changes.

We are pleased to welcome Michelle Ritchie as our new supervisor, office services.



Noteworthy Decisions

Assessments

Decision 2023-390-AD (December 10, 2025, NSWCAT) dealt with a firm's appeal seeking a decrease in its assessment rate, placement in a different industry group, and a change in its rate group. The firm argued that s.121(5) of the act allows the board to adjust rates outside of adjustments allowed by policy. A panel of appeal commissioners found that the board could not meet its obligation to manage the Accident Fund if it were to adjust assessments on a case-by-case basis. The firm's request for assessment rate relief was denied.

The firm is almost the sole firm in both its industry and rate group. The tribunal found that the composition of the industry group should be revisited. The board, contrary to policy, had taken into consideration cost experience when determining which firms should be in the industry group.

The firm also argued that, as the dominant firm in the rate group, its ability to take advantage of collective liability was compromised contrary to board policy. The firm sought placement in a different rate group. The tribunal found that the policy allowed for the existence of a dominant firm in a rate group. The tribunal denied this aspect of the appeal.

Claim Recognition

Decision 2024-407-AD (June 4, 2025, NSWCAT) considered whether a worker's fall and resulting injuries were compensable. The worker worked for two businesses, operated by the same owner, which were located on either side of a street. The worker frequently went back and forth between the businesses during the workday. The worker also frequently went to an adjacent coffee shop. On the date of injury, the worker went from one business to the coffee shop and was on her way to the other business when she fell.

The appeal commissioner rejected the argument that the trips to the coffee shop were a job duty or incidental to her employment. The trip to the coffee shop was not considered a risk created by her employment. The appeal commissioner concluded that the trip to the coffee shop was a significant deviation that removed her from her employment and broke the chain of causation. The worker's injuries were not compensable and the appeal was denied.

Decision 2024-515-AD (July 14, 2025, NSWCAT) considered the compensability of an ankle injury suffered by a worker while running on a paid lunch break. The worker argued that physical activity was encouraged and incidental to her employment as a police officer.

The appeal commissioner noted that there was no indication that there was regular fitness testing or that physical fitness was a requirement beyond the initial hiring requirements. The lunch break was paid whether she ran or not. The appeal commissioner concluded that the injury happened in the community, did not happen in the course of her employment, and was not compensable.

Decision 2024-464-AD (September 22, 2025, NSWCAT) considered whether a worker’s right-sided carpal tunnel syndrome was compensable. The worker was employed from home on a full-time basis performing administrative work involving the use of a keyboard and mouse.

There was conflicting medical opinion evidence from the worker’s family physician, a neurologist, an occupational therapist, and a board medical advisor. The appeal commissioner assessed the evidence and studies cited, and concluded that the worker’s duties materially contributed to her carpal tunnel syndrome. The right-sided carpal tunnel syndrome was accepted as compensable and the appeal was allowed.

Earnings-Replacement Benefits

Decision 2024-508-AD (February 23, 2026, NSWCAT) considered an employer’s appeal of the board’s finding that it breached the act by reducing a worker’s salary. The worker was awarded a partial extended earnings-replacement benefit. The worker later found alternate employment with the employer that fully mitigated his earnings loss.

To prevent overcompensation, the employer, who is self-insured, deducted from the worker’s salary the amount equal to the partial extended earnings-replacement benefit.

The appeal commissioner found that nothing in the act allows the employer to make decisions determining the nature and terms of compensation. This is the board’s role. The appeal commissioner found that reconsideration of the compensation payable was for the board to do under s.73 of the act.

The appeal commissioner upheld the board’s finding that the employer breached s.88 of the act.

Decision 2024-481-RTH (March 26, 2026, NSWCAT) considered a worker’s request to have her extended earnings-replacement benefit reconsidered. The board awarded her a partial extended earnings-replacement benefit that was final under the review rules then in effect. The worker later had surgery affecting her employability and requested that the board reconsider extended earnings-replacement benefits.

The appeal commissioner noted that Bill 144 repealed the review provisions for extended earnings-replacement benefits allowing an extended earnings-replacement benefit to be reviewed “at any time.” The appeal commissioner noted the absence of current policy guidance applicable to extended earnings-replacement benefit reviews. The appeal commissioner referred the appeal to the hearing officer so that the worker’s extended earnings-replacement benefit entitlement can be reviewed since Bill 144 removed the statutory barrier to further review.

Personal Care Allowance

Decision 2024-431-AD (December 22, 2025, NSWCAT) considered a worker’s request for post-operative care for 692 hours rather than the 250 hours awarded by the board. The treating surgeon believed full-time care was reasonable.

The worker argued that her entitlement should be considered under the board’s general discretion to provide necessary or expedient medical aid under s.102 of the act. The appeal commissioner rejected this argument finding that the care allowance was appropriately provided under s.103 of the act and policy 2.1.6R1.

The appeal commissioner determined that the worker’s entitlement was limited to the 250-hour limit set out in a benefit schedule. The appeal was denied.

Procedural Issues

Decision 2022-360-PAD-2 (April 3, 2025, NSWCAT) considered a worker's request for extensive disclosure from his employer and the board. The worker's appeal pertains to the calculation of his permanent impairment benefit and whether the cap on assessable earnings violates his Charter rights.

The worker sought information from his employer about a counselling program and information concerning the period between his reporting of post-traumatic stress disorder (PTSD) to the employer and when it was reported to the board. From the board, the worker sought general and statistical information about the application of penalties for late reporting of injuries and information about whether his employer was penalized.

All the requested disclosure was denied. The appeal commissioner concluded that the requested disclosure would not prove or disprove any matter and was not relevant or necessary to the adjudication of the issues before the tribunal.

Decision 2022-360-PAD-3 (November 27, 2025, NSWCAT) dealt with a worker's request that the appeal commissioner not hear the appeal due to a reasonable apprehension of bias. The worker's position relied on the fact that two of the appeal commissioner's extended family members worked for his former employer.

The appeal commissioner reviewed key court cases on reasonable apprehension of bias noting the high burden of proof to support such allegations. The appeal commissioner concluded that there was no evidence that her relatives had any involvement with the worker's appeal or personal interest in its outcome. The appeal commissioner found that there was no reasonable apprehension of bias.

Section 29 Application

Decision 2025-78-TPA (July 14, 2025, NSWCAT) considered a worker's application that his right to sue his employer, and the board, was not barred by s.29 of the act. The board's position was that s.29 requires that a civil action be filed before an application to the tribunal. The tribunal concluded that the worker's s.29 application could not proceed because he had not filed a civil action in court.

Statutory Bar

Decision 2024-260-AD (March 10, 2026, NSWCAT) considered whether a worker's claim for recognition was statute-barred. The worker's counsel cited the tribunal's traditional approach that an over period-of-time injury or disablement was treated akin to an occupational disease, which required that the worker have knowledge of the occupational disease before the obligation to report the injury was triggered.

The appeal commissioner relied on policy 1.3.11 and its definition of disablement and the criteria to determine an accident date. Knowledge of a disablement is not required to trigger the obligation to report an injury. The appeal commissioner found that the worker sought medical attention for symptoms consistent with the diagnosis seven years before the filing of the accident report and that the claim was consequently filed too late.

Workplace Stress

Decision 2023-456-AD & 2025-261-AD (December 31, 2025, NSWCAT) considered whether the worker sustained a psychological injury under policy 1.3.10. The appeal commissioner found that there does not have to be a complete absence of labour relations issues or conflicts to have a compensable psychological injury.

The appeal commissioner accepted that the worker developed PTSD due to his exposure to traumatic events. Interpersonal conflict and labour relations issues played a role in the injury. However, it was predominantly caused by events that were objectively traumatic and significant work-related stressors. The appeal commissioner accepted that the worker had a compensable psychological injury.

Decision 2024-239-AD (February 18, 2026, NSWCAT) considered an employer appeal of the board's decision accepting that the worker suffered a compensable psychological injury. The worker, an educational assistant, was sexually assaulted in the course of her employment. The employer argued that the student's behaviour was an expected behaviour experienced by educational assistants.

The appeal commissioner found that the work of an educational assistant can be physically demanding, with a risk of physical injury, but that the prospect of a sexual assault was not an expected behaviour. The appeal commissioner found that the assault was a significant work-related stressor and was the predominant cause of her stress, time loss, and need for treatment. The employer's appeal was denied.



Appeals from Tribunal Decisions

We are the final decision maker in the workers' compensation system. The act allows appeals from our decisions to the Nova Scotia Court of Appeal.

A participant who disagrees with one of our decisions can ask the Court of Appeal to hear an appeal of the decision. An appeal must be filed with the court within 30 days of the decision. Under exceptional circumstances, the court can extend the time to file an appeal.

The Court of Appeal can only allow an appeal of one of our decisions if it finds a legal error or an error of jurisdiction. The court does not re-weigh evidence or investigate a claim.

An appeal has two steps:

First, the person bringing the appeal must seek the court's permission to hear the appeal. This is called seeking leave to appeal. Where it is clear to the court the appeal cannot succeed, it denies leave without giving reasons and no appeal takes place.

Second, if leave is granted, there is an appeal hearing and the court will allow or deny the appeal.

Eight appeals were filed with the Court of Appeal:

- five were filed by workers
- three were filed by the board

Ten appeals were resolved as follows:

- leave to appeal was denied seven times
- two appeals were discontinued by the board
- one appeal was allowed by consent of all participants

At the beginning of the fiscal year, there were six appeals before the Court of Appeal. At the end of the fiscal year, four appeals remained.



Decisions of the Court of Appeal

Nova Scotia (*Workers' Compensation Board*) v. *O'Brien*, 2026 NSCA 5

The court issued one decision on a preliminary matter, whether the board should be relieved of its obligation to pay compensation while it appealed a decision.

In a 2025 appeal decision, the tribunal accepted Ms. O'Brien's claim. The board appealed the tribunal's decision to the Court of Appeal. The board made a "stay application" asking the court's permission not to pay Ms. O'Brien compensation until its appeal was decided.

The court refused to relieve the board of its obligation to pay compensation. The court found there was no irreparable harm from paying compensation, which might not be recovered if the appeal were successful. It noted that the nature of the workers' compensation scheme, including the historic compromise, meant that workers are entitled to immediate compensation. Many employers share the risk of compensation payments not being recovered.

The impact on an individual worker not receiving compensation is far greater, including not being assessed for necessary medical aid.

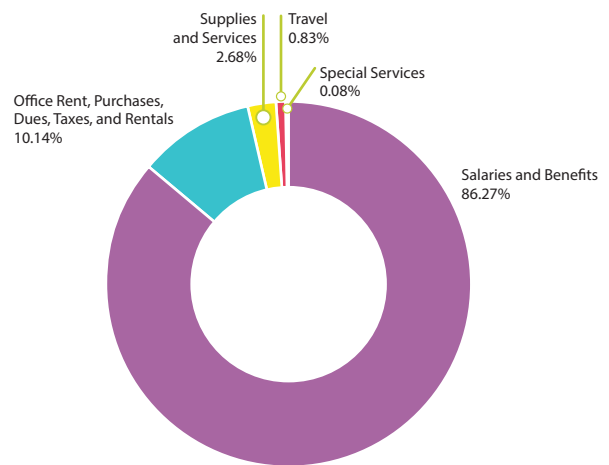
The appeal on the merits is scheduled to be heard later in late 2026.

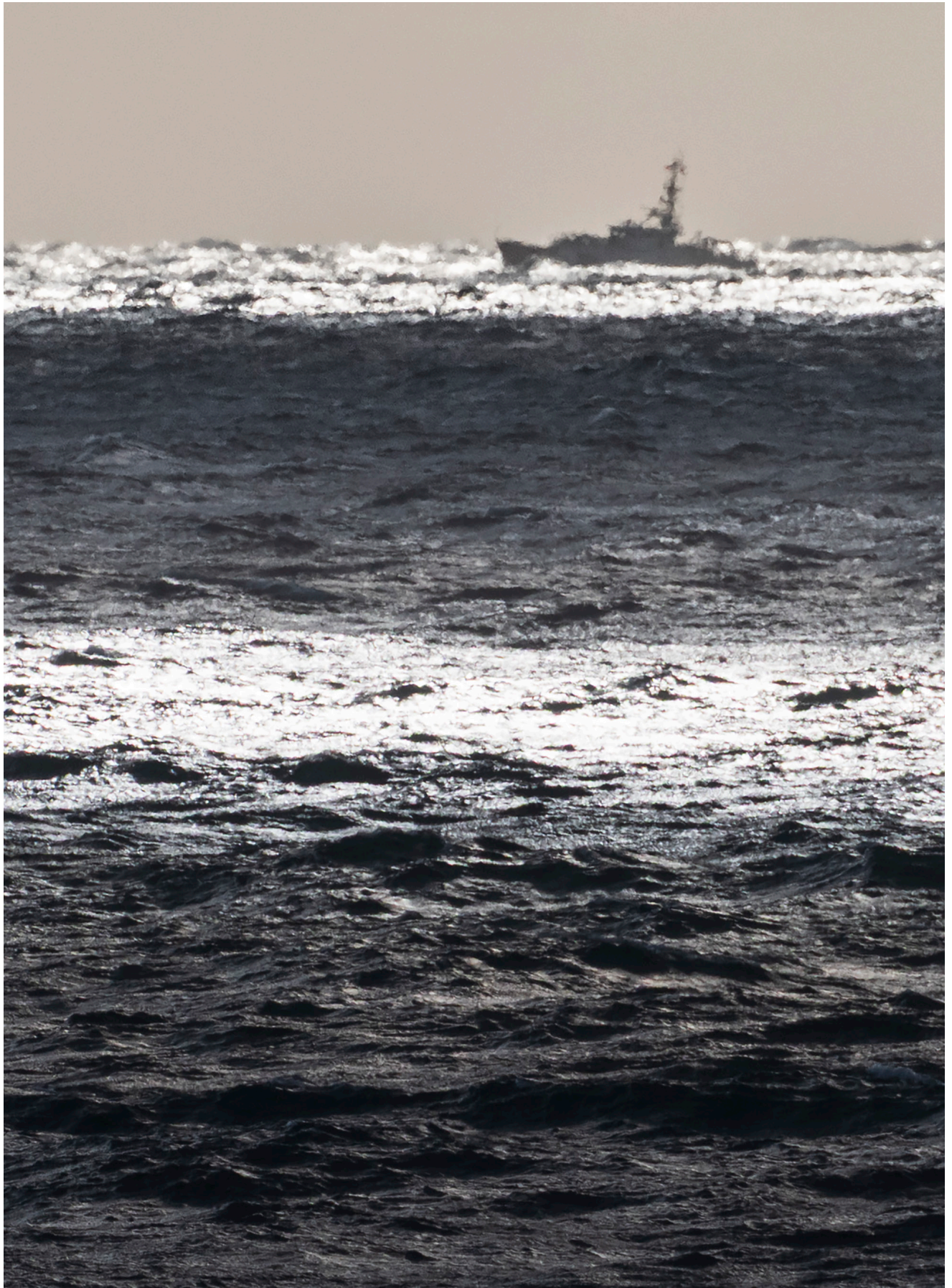


Financial Operations

Our total expenditure was within 74 per cent of the original authority and final forecast (see Figure 12). Net expenditure was \$2,106,378, an increase from the previous year.

FIGURE 12
Budget Expenditures
(for the Fiscal Year Ending March 31, 2026)





Appendix

FIGURE 1
Appeals Received

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 2022–23	30	39	47	38	31	32	43	55	30	22	43	47	457
Fiscal 2023–24	37	55	54	49	49	43	42	36	34	38	49	58	544
Fiscal 2024–25	54	52	45	39	46	30	42	43	31	27	35	45	489
Fiscal 2025–26	40	49	32	39	27	32	43	34	39	39	43	46	463

FIGURE 2
Decisions Rendered

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 2022–23	31	34	31	30	18	33	40	27	27	23	29	28	351
Fiscal 2023–24	25	35	25	22	17	35	27	26	27	28	28	26	321
Fiscal 2024–25	31	24	27	21	18	34	31	32	25	33	29	25	330
Fiscal 2025–26	34	35	35	29	24	19	33	23	30	33	37	51	383

FIGURE 3
Appeals Outstanding at Year-end

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Fiscal 2022–23	448	433	443	445	446	432	425	443	439	425	422	433
Fiscal 2023–24	436	447	468	486	507	503	509	509	509	508	509	534
Fiscal 2024–25	546	558	571	578	596	536	525	526	523	511	506	522
Fiscal 2025–26	517	510	495	488	485	488	487	489	485	481	480	463

FIGURE 4
Timeliness to Decision (cumulative age by month)

Months	1	2	3	4	5	6	7	8	9	10	11	>11
Fiscal 2022–23	0.28	1.99	6.84	13.39	19.94	25.36	29.36	37.32	43.02	47.58	53.84	100
Fiscal 2023–24	0.31	2.49	7.79	13.40	21.18	30.53	37.38	45.17	51.71	57.94	61.37	100
Fiscal 2024–25	0.30	2.12	5.76	10.61	18.48	25.15	29.70	36.06	40.91	46.67	53.64	100
Fiscal 2025–26	0.00	0.00	5.48	8.09	12.53	16.19	21.67	26.63	31.07	33.68	37.86	100

FIGURE 5
Decisions by Representation

Self-represented	60
Workers' Advisers Program	312
Injured Worker Groups, Outside Counsel and Others	11
Total	383

FIGURE 6
Decisions by Issue Categories – Worker

Recognition of Claim	121
New/Additional Temporary Benefits/TERB	77
New/Increased Benefits for Permanent Impairment	67
Medical Aid (Expenses)	45
New/Additional Extended Earnings Replacement Benefits	27
New Evidence	14
Chronic Pain	18
All Other Issues, Calculations, Misc.	70
Total	439

FIGURE 7
Decisions by Issue Categories – Employer

Acceptance of Claim	7
Extent of Benefits	5
Other Claim Issues	5
Total	17

FIGURE 8
Decisions by Mode of Hearing

	Oral Hearings	Written Submissions	Total
Fiscal 2022–23	229	122	351
Fiscal 2023–24	225	96	321
Fiscal 2024–25	211	119	330
Fiscal 2025–26	189	194	383

FIGURE 9
Decisions by Outcome

Allowed	107
Allowed in Part	39
Denied	96
RTH	136
S.29	1
Moot	4
Total Final Decisions	383
Appeals Withdrawn	136
Total Appeals Resolved	519

FIGURE 10
Decisions by Appellant Type

Worker Claim Appeals*	358
Employer Claim/Assessment Appeals/S.29	25
Total	383

*Employer participation in worker appeals 33%

FIGURE 11
Appeals Before the Courts at Year-end

	Nova Scotia Court of Appeal	Supreme Court of Canada	Total
Fiscal 2022–23	8	0	8
Fiscal 2023–24	3	0	3
Fiscal 2024–25	6	0	6
Fiscal 2025–26	4	0	4

FIGURE 12
Budget Expenditures

(For the Fiscal Year Ending March 31, 2026)

	Authority	Final Forecast	Actual Expenditures
Salaries and Benefits	\$2,178,000	\$2,178,000	\$1,817,083
Travel	\$56,000	\$56,000	\$17,421
Special Services	\$280,600	\$280,600	\$1,641
Supplies and Services	\$84,500	\$84,500	\$56,544
Office Rent, Purchases, Dues, Taxes, and Rentals	\$236,900	\$236,900	\$213,689
Sub Total	\$2,836,000	\$2,836,000	\$2,106,378
Less Recoveries	\$0	\$0	\$0
Totals	\$2,836,000	\$2,836,000	\$2,106,378

2025
2026