Ombudsman
SASKATCHEWAN

Annual Report 2012

WHAT WE ARE

Fair
Independent
Impartial

WHAT WE DO

Negotiate
Review
Mediate

PROMOTING FAIRNESS
40
SINCE 1973

HAS GOVERNMENT BEEN FAIR?

Ombudsman
SASKATCHEWAN

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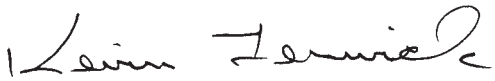
April 2013

The Honourable Dan D'Autremont
Speaker of the Legislative Assembly
Province of Saskatchewan
Room 129 Legislative Building
2405 Legislative Drive
Regina, Saskatchewan S4S 0B3

Dear Mr. Speaker:

In accordance with section 38 of *The Ombudsman Act, 2012* it is my duty and privilege to submit to you the fortieth annual report of Ombudsman Saskatchewan for the year 2012.

Respectfully submitted,



Kevin Fenwick Q.C.
Ombudsman

Vision, Mission, Values & Goals

Vision

Our vision is that government is always fair.

Mission

Our mission is to promote and protect fairness in the design and delivery of government services.

Values

In pursuit of fairness, we will demonstrate in our work and workplace:

- independence and impartiality
- respectful treatment of others
- competence and consistency
- timely delivery of our services

Goals

Our goals are:

- to provide effective service to individuals, using appropriate methods of service.
- to lead by example, demonstrating fairness in all we do.
- to assess and respond to issues from a system-wide perspective.
- to provide education and training to promote the principles and processes of fairness throughout the province.
- to have a safe, healthy, respectful and supportive work environment.
- to promote, provincially, nationally and internationally, Ombudsman Saskatchewan and the institution of the ombudsman.

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How to Reach Us

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Ombudsman's Observations

Kevin Fenwick Q.C., Saskatchewan Ombudsman

The Evolving Work of the Ombudsman

Things change. And things change in the world of the ombudsman.

By way of an amendment to its constitution in 1809, Sweden is generally credited with establishing the modern version of the ombudsman. The rapid expansion of ombudsman offices, however, especially in Commonwealth countries, is more recent. Australia, New Zealand, Britain and Canada have a history with ombudsman offices of about 50 years. It was in 1972 that the first ombudsman statute was passed by Saskatchewan's legislature and the office opened in 1973. We celebrate our 40th anniversary in 2013, and indeed, things have changed in 40 years.

Speaking at the 10th World Congress of the International Ombudsman Institute in Wellington, New Zealand in November, 2012, Professor Anita Stuhmcke described the changing roles of ombudsman offices as an evolution.[1] As an illustration of this evolution, she talked about three forms of ombudsmanship.

The first category is the "reactive ombudsman" whose emphasis is resolving disputes between government administration and the individual complainant.

The second category is the "variegated ombudsman." The essential core features of this group are similar to that of the reactive ombudsman but include the additional role of "inspecting, auditing and monitoring functions to ensure agencies comply with legislative requirements."

The third category described by Professor Stuhmcke is the "proactive ombudsman." To describe the philosophy of this group, she quotes Bruce Barbour, Ombudsman for New South Wales, Australia, who says the following:

> We need to accept that change will happen, and we need to be the driver of this change, to look for better and more effective ways to operate, to reshape the ombudsman model to keep pace with community needs and expectations, to explore and question – to see as possible what we have previously thought was not... We have evolved from a reactive complaint handling body into a forward thinking, strategic, community-focused and proactive office.[2]

Ombudsman Saskatchewan believes in this philosophy of proactivity.

Different models of ombudsmanship can also be described in terms of a needs hierarchy. In some countries the work of an ombudsman must focus on the protection of basic human rights. If there is reasonable respect for human rights, the work of the ombudsman may advance to the protection of basic democratic rights. In those countries where basic human and democratic rights are recognized, an ombudsman can concentrate on complaints about how government programs are administered.

1. A. Stuhmcke (November 2012). *Discretion, Direction and the Ombudsman: To Steer the Ship or to Choose the Ship?* IOI World Conference New Zealand.
2. B. Barbour (2009). *Actions speak louder than words: An Ombudsman's office and children.* IOI World Conference Stockholm.

In Saskatchewan, we believe that is not enough. It is not enough to simply describe what is wrong and recommend correction of individual instances of unfairness. While the review of individual complaints will always be the core of our business, the philosophy and methodology of our reviews has changed. It includes encouraging government to do better and to adopt best practices. In Saskatchewan we talk about our work as "raising the bar." We don't just look at whether a basic minimal level of fairness was achieved with a particular administrative decision of a government agency. We look at how citizens should be treated by their government, how governments can improve the decision-making processes and how they can make better decisions in the future.

There are many advantages to this approach. Incorporating this philosophy in all the work we do means that it is more likely that an ombudsman intervention that benefits one citizen can have broader implications for many.

A few years ago a young couple came to see us. They were both attending university in the United States and had young children. For most purposes they were considered to be Saskatchewan residents and based on their income, qualified for Family Health Benefits, which they hoped to receive during the times in the year when they were back home in Saskatchewan. They had been informed, however, that they would not be entitled to receive those benefits. We started to review the fairness of the policy that was excluding them from health coverage. Shortly after our review commenced, there was a policy change. The change meant that this young Saskatchewan couple was entitled to Family Health Benefits while they were home in Saskatchewan. And, significantly, the change resulted in similar coverage for approximately 2,800 other people in similar situations.

A proactive ombudsman is often asked to provide answers to specific questions. But sometimes a more valuable role is simply to ask pertinent questions. Citizens often come to the Ombudsman looking for an arbitrator to decide for them about particular substantive issues. Who should have decision-making authority for this disabled person? Is this medical treatment necessary? Is the specialized piece of equipment that I want better for me than the one that the government is prepared to pay for? Sometimes it is not within the scope of expertise of the Ombudsman to answer these specific questions. However, we can question the thought process used to make the decision about which the citizen is unhappy.

Sometimes the most valuable thing that an ombudsman can do is to bring a fresh perspective to challenge existing paradigms. We can act as a catalyst for others to apply their expertise. We had a good example of this approach in 2012. During our review of the removal of some residents from St. Mary's Villa in Humboldt, Saskatchewan, we determined that *The Residential Tenancies Act, 2006* did not apply to these residents or to others in similar living arrangements. We could not understand why individuals in these situations did not have the protection of that Act. The application of such laws is beyond the scope of authority of the Ombudsman. But that did not prevent us from asking why, or why not. We asked government to examine those questions. The result was a change in the regulations to *The Residential Tenancies Act, 2006*. Because we asked those questions, senior citizens living in Saskatchewan now have protection that they did not have previously.

Our ability to intervene effectively is enhanced because we operate within a model of co-operative influence. Co-operative influence means that we do not tell others what they should do, but work with them to develop the best solutions and best practices. Whether it is citizens who bring issues to us for examination, or government workers who are responsible for implementing policies, people are more likely to be satisfied with decisions that affect them if they have been involved in the decision-making process. Another advantage of the co-operative influence model is that those who are most directly affected by the decisions are able to lend their experiences and expertise to the decision-making processes. Those most directly affected sometimes make the best decisions.

The co-operative influence model is sometimes more difficult and usually requires a greater investment of our time and resources. That greater investment is worthwhile, however, if the solutions found are doable and durable. While the model is not the only one available to us and may not be appropriate in all circumstances, it is our preferred approach, whether we are responding to individual complaints, working on a review that was initiated by the Ombudsman, or reviewing a matter based on a referral from a Minister of the government.

Sometimes the most valuable thing that an ombudsman can do is to bring a fresh perspective to challenge existing paradigms.

The aspect of our office that never changes, however, is our independence. Whether applying the co-operative influence model or other approaches, it is vital that we remain free of bias at all times. That freedom is the foundation of ombudsmanship around the world and enables us to fulfill our role here in Saskatchewan.

More people are aware of the Ombudsman's role with respect to health issues than ever before and we have seen a corresponding increase in contacts with our office.

Some Highlights From 2012

The Ombudsman Act first became law in Saskatchewan in 1973. Although the Act provided for referrals to the office by cabinet ministers, in the history of the office no such referral had ever been made. In 2012 we had two of them.

We were asked by the Minister of Health and the Chair of the Board of the Saskatoon Health Region to review the circumstances and processes by which 10 residents of St. Mary's Villa in Humboldt were required to relocate.

The report, entitled *In the Name of Safety... A Review of the Saskatoon Health Region's Decisions and Actions in Relation to the Former Enriched Housing Residents of St. Mary's Villa, Humboldt, Saskatchewan* was tabled in the Legislative Assembly. All of the recommendations contained in the report were accepted by the Saskatoon Health Region and the Ministry of Health. The report was described by the former residents and their families and by the Saskatoon Health Region and the Ministry of Health as thorough and balanced. One result of the report will be that procedures in the Saskatoon Health Region and across the province will be improved if similar situations arise in the future.

The second ministerial referral came from the Minister Responsible for the Public Service Commission. It involved the case of a public servant who sought permission for outside employment so that he could seek municipal elected office. His request had been denied and the matter was raised in the Legislative Assembly. After an extensive review of best practices with respect to conflicts of interest in the public sector, we tabled a report in the Legislative Assembly entitled *Achieving the Right Balance: A Review of Saskatchewan's Conflict of Interest Policy Respecting the Provincial Public Service Sector*. The report made several recommendations, all of which were accepted by the Public Service Commission. As it works to review and revise its policies with respect to conflict of interest and outside employment, the Public Service Commission will create a modern and fair set of guidelines that will have a significant positive impact for the public and for public servants across the province.

After several years of relative stability in the numbers of complaints brought to Ombudsman Saskatchewan, we saw a 15% increase in those numbers in 2012. We took the time to analyze possible reasons for that increase. We have not seen a dramatic increase in any one particular ministry or agency that accounts for the difference. Instead, our analysis leads us to the conclusion that the increase is due to a higher level of awareness of who we are and what we do.

Historically the office has done very little advertising. We were able to engage in some public awareness advertising in 2012 and those efforts had a positive impact. In addition, we know that every time the Ombudsman is referred to in the Legislative Assembly or the media we are likely to receive more calls. Our office was referred to frequently in 2012 in the Assembly, and the media coverage that we received from the two ministerial referrals previously mentioned also helped to raise the level of public awareness. The more people know about us, the more likely they are to call us.

Nowhere is this more evident than in the health sector. Over the past three years the Legislative Assembly has provided us with some additional resources to expand our services with respect to health issues. We have targeted some of our public awareness initiatives at the health sector and have deliberately engaged health stakeholders in conversations about our office. Those efforts have returned results. More people are aware of the Ombudsman's role with respect to health issues than ever before and we have seen a corresponding increase in contacts with our office. The number of people who contacted us in 2012 about health issues is double what it was just a few years ago.

In 2012 the Legislative Assembly passed a new statute for the Ombudsman. *The Ombudsman Act, 2012* contains a number of important changes from the previous Act. Changes were made to recognize current practices and will allow us to do our work more effectively and efficiently. For example, it is now easier for people to contact us without the requirement that the complaint be in writing. Another provision makes it easier for public servants to provide us with information when requested to do so. We can now work with agencies and institutions that do not fall under our formal jurisdiction, provided they ask us to do so and if we think that we have something to offer them.

Some of the most important changes contained in the new Act have to do with our jurisdiction. We now have the authority to review decisions of a broader range of publicly-funded health entities including some privately-owned health care organizations. We are the only Ombudsman office in Canada to have this jurisdiction. The philosophy behind the amendment is that, at least within the health sector, we should "follow the money." If an agency is publicly funded, then citizens using that agency should have access to the Ombudsman with respect to administrative decisions of the agency.

We now have the authority to review decisions of a broader range of publicly-funded health entities including some privately-owned health care organizations. We are the only Ombudsman office in Canada to have this jurisdiction.

Looking Ahead

While we celebrate our 40th anniversary in 2013, we look forward to the future. Our mission is to promote and protect fairness in the design and delivery of government services and while we work to ensure that government delivers its services fairly, we also believe that we should demonstrate the behaviours that we want others to emulate. We will continue to make our own practices as fair and transparent as possible. We want to share as much information as we can about our office and how we operate. For example, we will now be posting our audited financial statements on our website.

I began these observations with a reference to Professor Anita Stuhmcke. I will close with another. In her presentation to the World Congress of the International Ombudsman Institute in 2012, Professor Stuhmcke described six principles of ombudsmanship.[3]

- integrity – independent, fair and impartial
- responsiveness and flexibility
- accountability and transparency
- aspiration to create and improve standards of public administration
- accessibility
- catalyst of change - "they say that sunlight is the best disinfectant"

We commit ourselves to these principles.

3. Stuhmcke, *Discretion, Direction and the Ombudsman, supra* note 1.

Complaints from Individuals

When individuals believe a government ministry or agency has been unfair to them, they are often able to raise the issue and work out a resolution with the office involved. Unfortunately, there are also times when resolutions do not come about so easily. Sometimes, for example, policies are applied too rigidly, clear explanations are lacking, or people on both sides become hardened in their respective positions.

Whatever the case, by the time people contact us, they are often frustrated and in addition to looking for a solution, also want someone to listen. Listening, indeed, is our first step in beginning to understand the situation. From there, we determine whether the issue fits within our mandate and which of our services will be the most useful.

We may provide information and coaching so the person can return to the situation and work it out or pursue an avenue of appeal not yet tried.

We may facilitate communication between parties who are no longer talking to each other or who are having trouble understanding each other. We may work with all the parties involved to bring about an agreed-upon resolution. We may conduct an investigation, and may make recommendations to the government ministry or agency.

The solutions that result are often co-operative ones – the result of shared discussions in light of facts, policies, discretionary considerations, fairness principles, best practices and the interests of the parties involved.

In addition to working towards a fair resolution for the individual involved, this kind of process can also bring about lasting change within government offices so that similar situations can be prevented or resolved at an earlier stage.

Another, more proactive version of this process is also available. When government offices are launching a new program or would like to review an existing one, they can request our "fairness lens" service. It provides an opportunity to look at services through a fairness perspective, which includes what is decided, how it is decided and how people are treated while those decisions are being made.

Following is a series of case examples that demonstrate the range of our work on individual files – from consultation and early resolutions through to investigations and recommendations.

Names have been changed to protect the confidentiality of those involved.

Early Resolution

A Fitting Policy

Ministry of Health – Drug Plan and Extended Benefits Branch

Edgar has used special orthopedic supports for many years, which he buys at low cost from a community-based organization that manufactures them. When he needed new supports, however, he was told that there was nothing on his file to show that an orthopedic surgeon had prescribed them – and that this was a new requirement. He and his family doctor were told that he would have to be referred to an orthopedic surgeon. There would be a lengthy wait for this appointment and would require a long trip that would be costly for Edgar. He did not think it was fair that a prescription should be required now, when he had been using the same kind of supports in his shoes for years. He contacted our office.

Although the community-based organization was not within our jurisdiction, it was upholding a policy set by the Ministry of Health. We contacted the Ministry and learned that, although there had been a change in the policy, it did not affect Edgar's access to the program and he was not actually required to see the orthopedic surgeon. The community-based organization informed its staff of this nuance so they could better serve others in a similar situation.

Status: Resolved

Why Should We Have to Move?

Residential Tenancies Office

Ed and Eileen were living in the downstairs of a two story rental unit. The tenants upstairs were disruptive, had physically threatened them and caused damage to the premises. They worried about their safety and had advised the landlord several times, but to no avail. They also had called the police about a recent knife threat incident. They went to the Office of Residential Tenancies (ORT) for advice. Based on the advice, they wrote a letter to the landlord, but nothing happened, so they filed an application for a hearing with the ORT stating that the landlord had not provided them with quiet possession of the premises.

Later, they received a hearing notice, but when they attended the hearing, they discovered this was not the hearing they had requested. It was the landlord's hearing, which resulted in an order in favour of the landlord, which gave him immediate possession of the upstairs, and possession of the downstairs premises (the one they were renting) in just over a month.

Ed and Eileen were stunned and they did not understand why they were being evicted. They did not think the hearing had been conducted fairly as they were not permitted to present their case at the landlord's hearing and did not understand why the landlord's hearing should be held before the one they requested. When they asked the ORT why, they were told that hearings related to possession were given higher priority. When they attended our office for help, they were advised that they would have to file an appeal of the ORT order to the Court of Queen's Bench on a point of law, but that our office could look at the hearing process and find out why the landlord's hearing was first and why things were done the way they were.

We contacted the Director of the ORT, who explained that hearings of possession are given priority over hearings about monetary issues, but since the couple had requested a quiet possession hearing, he said their hearing and the landlord's hearing could have, in this case, been held together. He advised that since the landlord's hearing, Ed and Eileen's hearing date was now set – but it was for a date after their eviction date.

In the meantime, new neighbours had moved in upstairs. Ed and Eileen said they were quiet and pleasant, so Ed and Eileen were determined and more hopeful to stay in their rental premises if they could find a way to do so.

As a result of our inquiry, the ORT Director offered to meet with Ed and Eileen. At the meeting, he explained their options and helped them sort out what to do next. He explained that, even though the order gave the landlord the authority to evict them, the landlord did not have to follow through with it. They decided on the following strategy:

- They would try to connect with the landlord, explain how well things were going with the new tenants upstairs and ask if they could continue renting the downstairs space.
- They would file an application with the Court of Queen's Bench, appealing the ORT decision on the eviction.
- They would keep their hearing date for the issue about the land-

lord's failure to provide safe and quiet possession of the rental unit.

- If the contact with the landlord worked out and they were not being evicted, they would not follow through with the appeal or the second hearing.

Ed and Eileen were relieved to have a plan in place, and followed through on the plan. They contacted us later to let us know that they had to go ahead with their ORT hearing regarding the landlord's obligation to provide quiet possession of the premises. They were pleased with the results, as they would not have to move after all.

Status: Resolved

Where Did That Bill Come From?

SaskPower

Ernie owned a home and was renting it out. He lived several hours' drive away from the rental property, so was concerned that, if the tenant moved out without notifying him, he might be left with a hefty utility bill or, if the power were turned off, the pipes might freeze and cause damage. He contacted SaskPower to request that he be notified if a tenant did not pay the power bill. The person he spoke with suggested that he complete and sign a form, which he believed to be for this purpose. He did so.

A new tenant moved in and about eight months later, Ernie received a power bill for over $1,000, the total of all the power used so far. He learned that the power was not in the new tenant's name and because he had signed the form – a Landlord Service Transfer Agreement – he now had to pay the bill. This was not how he had understood the agreement to work and he couldn't understand why no bills had been issued for the first eight months. He contacted SaskPower a few times and was told that the bill was his and he must pay it. He did not think this was fair and contacted our office.

We talked with SaskPower and Ernie, and we learned that the tenant had called SaskPower upon moving in. When asked for the meter information, the tenant had provided it – but it was the wrong meter. As a result, the tenant had been paying the neighbour's power bill and the neighbour had not been receiving one.

The person we spoke with at SaskPower said that Ernie would not have to pay the power bill he had received – also that the Landlord Service Transfer Agreement was not the service Ernie had been looking for and it would be cancelled.

Status: Resolved

Was There a Stay?

Ministry of Justice, Corrections and Policing, Regina Correctional Centre

Emery had almost finished serving a six-month sentence and was looking forward to his release. Staff at the correctional centre, however, said that there was a warrant of remand on his file on another matter – which meant he would have to remain in custody until that matter came before the Court of Queen's Bench. Emery told the staff that the charges had been stayed by the Crown prosecutor, but staff said they had no such information, so he would not be allowed to leave on his release date. Emery did not think this was fair and contacted our office.

We obtained a copy of the stay of proceedings from the Court of Queen's Bench and provided it to the correctional centre. Based on this information, Emery was released when his time was served.

Staff at the correctional centre told us that they have a computer link to the provincial court system, which keeps them updated on stays and other relevant information. There was no computer link to the Court of Queen's Bench, but they usually received updated information when needed. When we contacted the Court of Queen's Bench, we learned that staff there usually do provide this kind of information to correctional centres, but the practice had not been formalized.

To prevent a recurrence of Emery's situation, staff at the Court of Queen's Bench willingly developed a new policy. They consulted with the prosecutor's office as part of the process and the new policy is now in effect.

Status: Situation Improved

Facilitated Communication

Mail-Ordered Fairness

Saskatchewan Government Insurance (SGI)

The Eaton family live on a farm in rural Saskatchewan in a 1915 mail-ordered catalog home. In the summer of 2012 the home was badly damaged in a hail storm, forcing the family to re-locate to a trailer on the property. The family had insurance through SGI and thought that the home would be repaired, and if it could not be repaired, then the home would be replaced. The Eatons filed a claim with SGI, only to then learn that their particular coverage had limits as to what would or could be covered under the policy. They believed that they were actually under-insured and that the true replacement and/or repair costs would not be covered.

The Eatons and SGI began a series of conversations about what needed to be done to determine what would and would not be covered. The family sought out several quotes, as required by SGI. The quotes ranged dramatically in dollar amount and added to the family's confusion as to what could or could not be repaired or replaced, and the eventual cost of repairs. SGI chose the lowest bid. The family was unhappy with this bid and questioned whether the contractor could perform the work needed within the estimate provided. They believed the quoted dollar amount would not cover all the upgrades and repairs that were needed. Further, they believed that SGI was forcing them to accept the lowest bid despite their concerns about the company that submitted the bid and the costs as outlined in the bid. The Eatons felt at a loss and did not trust that what SGI was telling them was allowable under their policy and did not trust that the bid chosen by SGI was the best choice for them. The family felt SGI was treating them unfairly.

SGI also had limitations on what they could and could not cover under the existing insurance policy held by the family. The insurance the family had was the standard insurance and one that was subject to several conditions. Given its age, the home was not eligible for Home Owner's Guarantee coverage, which would have allowed for upgrades to meet current building code requirements. The home also had asbestos which had to be removed: a cost that was not covered under the existing policy. Finally, the home had structural damage that was evident prior to the storm and could not be considered as storm damage. Following their assessment, SGI had a bottom-line figure that would cover the costs allowable under the insurance policy and provided that information to the family.

The parties appeared to be at an impasse. The family believed that SGI was not providing the coverage they thought was needed to repair their home. SGI believed that they provided the amount of coverage as dictated by the policy. The family no longer trusted that SGI had properly determined the level of coverage. They were concerned that they continued to be without a home and had many unanswered questions about replacing the contents of the home that were not covered under the policy. The family contacted us for assistance.

We offered to meet with the family and SGI and facilitate discussions about the claim, the expectations of the family, the reality of what SGI could or could not cover given the language of the policy and any other options the family may have at this juncture. Both parties were willing to meet in hopes that a solution could be found.

During the subsequent discussion, the family was able to outline their concerns and SGI was able to outline the Eatons' insurance policy to them in detail: what was covered under the policy, what was not and why not, how a tendering process was conducted and how the information was used to formulate a settlement of the claim. SGI was also able to explain what other options were available to cover the family's additional losses not covered under their existing policy. With the additional information SGI provided, the Eatons were able to recognize that the amount offered by SGI was reasonable and in accordance with the policy. SGI was able to provide a final settlement offer that the family accepted as fair. The parties agreed and the Eatons were able to make arrangements to replace their home with a home that would meet their family's needs.

Status: Situation Improved

Investigations (Reviews) – No Recommendations

Could She Apply as a Family?

Ministry of Social Services, Income Assistance and Disability Services, Income Supplement Programs – Other

Elsa was divorced and shared the custody of her two children with their father. She applied for the Saskatchewan Employment Supplement (SES) but was denied. SES is for families with children under 18 years of age, so the Ministry of Social Services checked Elsa's health card records to see if either of the children's health records was listed under her name. Both were listed under their father's name and he was not willing to make a change, so Social Services deemed Elsa to be applying as an individual (not a family) and therefore ineligible for SES.

Elsa had been able to work out an arrangement with the federal government where she and the children's father each received benefits for one child, so she didn't understand why the provincial government couldn't do something similar. She did not think this was fair and contacted our office.

We contacted the Ministry of Social Services and learned that this problem had come up before. When a person applies for SES, the Ministry checks the health card information. For the person to be considered eligible as a family, the children must be listed on the applying parent's health card records. The person we spoke with agreed that it should be possible to accept Elsa into SES, and in fact, Elsa was eligible based on the regulations.

At about this time, the children's father agreed to put one of the children's health cards under Elsa's name, so she was accepted for SES – but the contact person at the Ministry recognized the importance of correcting the issue for future applicants and took the time to develop proposals for temporary and long-term solutions.

Status: Resolved

Investigations (Reviews) – Recommendations Made

Following are summaries of all the recommendations we made on files closed in 2012.

In the Spirit of the Act

Workers' Compensation Board (WCB)

Esther had an injury and reported that it had originated at work. The Workers' Compensation Board and Appeals Committee both denied her claim. Over the next two years, she twice attempted to return to work and was not able to do so. Her doctor recommended that she find other work and she decided to take a course that would help her get a more sedentary job.

Meanwhile, more became known about the severity of her medical condition and its likely causes. The Board accepted that the original injury had occurred at work and awarded her compensation for the first few months of work she had missed. Another year later, a report by the Medical Review Panel concluded that Esther had a five percent permanent impairment and the Appeal Tribunal approved payment for the impairment and for eight more weeks of physiotherapy. The Operations Division was directed to consider paying her tuition and this was approved, but turned out to be unnecessary since Esther had been funded for the tuition from elsewhere.

The Appeal Tribunal decided not to provide wage loss benefits for the retraining period because Esther had decided on her own to change occupations. She did not think this was fair and felt that she had no choice but to retrain. She contacted our office.

Our review found that the reason these benefits were denied was because Esther had made her decision to retrain before the WCB accepted that her injury had been work related. As a result, she had not gone through the WCB's vocational assessment process, nor had the WCB had the opportunity to monitor her progress as they would have if her claim had been accepted earlier.

When the WCB agreed to retroactively pay her for the first few months after the injury, it in essence accepted that Esther would need training for a different kind of work. She had not been able to return to her previous type of work since the injury. We found that her decision to take the course was in the spirit of section 5.1(a) of *The Workers' Compensation Act, 1979*, which requires her to take all reasonable action to mitigate her loss of earnings resulting from an injury. Her decision was also consistent with the WCB's policy to "provide a worker with the appropriate services and programs to... facilitate a return to suitable, productive employment or a status of employability at comparable earning potential with pre-injury level."

In light of these facts and the WCB's willingness to provide tuition for the course, we found that it would be fair and reasonable for the WCB to

pay Esther benefits for the retraining period. We put forward a tentative recommendation to that effect and the WCB reviewed it and agreed, but noted some considerations that we acknowledged as fair. We amended the recommendation accordingly.

Recommendation

1. That the Board pay Esther for wage loss while she was retraining from the time she enrolled in her course and the one-year certificate program until the original program would have ended had she not decided to extend it.

   Status: Accepted

Seeking a Fair Process

The name of the government organization has been left out to protect the identity of the complainant.

The government office where Edmund worked conducted an investigation into allegations that he had committed fraud. During the course of the investigation, Edmund quit.

After the investigation was complete, an official from the office met with him and provided a letter that outlined the findings. The letter stated that Edmund needed to pay back an overpayment of under $2,000 and that he had one week to do so or the amount would increase by about 30%.

Edmund believed that making the payment would be an admission of guilt and he did not think that a week was enough notice. He asked to see the investigation report and for information on how he could appeal the decision, but both requests were refused. Edmund did not think this was fair and contacted our office.

We reviewed Edmund's complaint to determine whether he had received a fair process. Based on *The Public Service Act*, a current employee would have been provided a copy of the investigation report and an appeal opportunity. The fact that Edmund was no longer an employee had complicated matters, but a fair process could and should still be provided. For example, section PS 806-A of the Human Resource Manual states that employees who are out of scope and do not have access to an appeal mechanism under *The Public Service Act* and its regulations may direct their concern to the Public Service Commission for review. It would be reasonable to also apply this section to employees who have left government to pursue other employment opportunities. In fact, a review of this nature would further ensure fairness because the decision would be reviewed by a party that was not involved in the original decision.

We made the following recommendations, which the government office accepted and attempted to implement. In the end, they were unable to do so because Edmund withdrew himself from the process.

Recommendations

1. That Edmund be provided with a full copy of the investigation report.

2. That section PS 806-A be applied in this case and that Edmund be allowed to appeal the decision against him to the Public Service Commission within 30 days of the receipt of the investigation report.

   Status: Accepted

The Benefit of the Doubt

Saskatchewan Crop Insurance Corporation (SCIC)

Evan had over 300 acres seeded to alfalfa/grass forage and had previously purchased the Forage Establishment Benefit Option (FEBO) to protect himself from losses on this crop. In February, he received a Coverage Detail Sheet from SCIC that outlined the renewal costs for all his crop insurance premiums and noted March 31 was the deadline to make any changes.

Evan noticed that his risk zone had changed and his FEBO premium had almost doubled, so in late March, he went into his local SCIC office to find out what caused the changes. He did not think staff provided a good explanation of the reasons for the changes and he told them the FEBO premium was too costly for him to continue with the coverage. He then left, believing that his FEBO would be cancelled.

When his insurance invoice came in July, he was surprised that it showed he owed the FEBO premium. He went back to SCIC and was told that he had not cancelled the FEBO, and because it was not cancelled on or before March 31, he still owed the premium. He appealed the premium billing to the Regional Managers Group and was denied on the basis he had not cancelled the coverage before March 31. He then appealed to the SCIC Appeal Panel on the basis that he had gone into SCIC before March 31 to ask specifically about the change in FEBO premium and had said it was too costly to continue based on their explanation for the increase.

The Appeal Panel determined and recommended to the SCIC Board of Directors that during his March contact with SCIC, neither Evan nor the SCIC staff had clarified that he

wanted the FEBO cancelled. The Panel determined both parties were at fault, and their recommendation to the Board was to give Evan the benefit of the doubt and that he should only pay half of the premium. The SCIC Board of Directors accepted this recommendation and advised Evan of their decision. Evan still did not think this was fair and contacted our office.

Our review found that producers are able to make changes to their insurance coverage by March 31st in a variety of ways, including telling SCIC in a face-to-face conversation at their customer service centre. However in this case, it appears staff did not clearly understand what Evan was saying and they did not ask for clarification or tell him he had to do anything else if he wished to cancel. When we interviewed SCIC officials about the case, they agreed that, based on what staff knew about Evan's concerns, they should have asked him directly whether he wanted the FEBO coverage cancelled as of that day.

We also found that the Appeal Panel went beyond its mandate. The role of the Appeal Panel is to determine and recommend to the SCIC Board of Directors whether the decision of the Regional Managers Group should be upheld or set aside. In this instance, the Panel did neither. While we acknowledge the Panel's attempt to provide an innovative compromise, this action was beyond its authority.

Recommendation

1. SCIC credit the remaining half of the FEBO premium and any accrued interest to Evan's SCIC account, the effect of which will be to cancel the entire amount of the FEBO premium.

   Status: Accepted

Providing Complete Information

Workers' Compensation Board (WCB)

Ethan had been injured at work and was receiving benefits from the WCB, but he had some concerns.

- He did not agree with the way his benefits were being calculated and believed that the WCB was using the wrong year as a basis for these calculations.
- He did not think that his EI and CPP deduction amounts had been correctly assessed.
- He had completed the classes for a retraining program and all that remained was a practicum. Part way through the practicum, he aggravated his injury and had to take some time to recover. When he was ready to return, the practicum placement was no longer available and he believed that his case worker had cancelled it. He believed that he should have been paid the benefits he would have received while on the placement.

Ethan had appealed all three of these decisions but none of them changed. He did not think the WCB was acting fairly, so he contacted our office.

We reviewed the concerns that Ethan brought forward and found that, in the instance of the first two, the calculations and deductions were correct. In the third instance, we learned that the workplace providing the practicum had decided that it could no longer support practicum placements. At the same time, the university offering the program had decided that a practicum was no longer necessary. Since Ethan had already completed his classes, he was deemed ready to work. The WCB had continued benefits for several weeks to allow for a period of job readiness, acclimatization and transition. Our office found that the WCB was not responsible for the change in the university's program and that it could not be expected to provide funds for a practicum that was no longer required.

During the course of our review, however, we determined that there was a fourth issue: Ethan was not provided the summary document related to his appeal.

We found that this was a general practice of the Board. Prior to hearing an appeal, Board members would

review a summary of the file, which had been prepared by WCB staff. The information in the summary was not new, and the worker and his or her advocate would be familiar with the details in the file, but there was the possibility that the summary might contain errors or present information in a way that the worker or advocate would disagree with. Procedural fairness requires that any information that the decision-maker is relying on, and that may be potentially adverse in interest, be shared with the affected parties – even if it is a summary of existing information. As a result, we made the following recommendation.

Recommendation

1. In any appeal where a summary report is prepared for the Board, the summary report be automatically provided to the worker and his or her advocate prior to the hearing. The summary report should be provided prior to the hearing and in a timeframe that would allow the worker and their advocate the opportunity to review the report.

   WCB Response
   The WCB reviewed our recommendation and considered any impact it may have on the timing of the overall process. In the end, the Board agreed to begin releasing copies of the summary on any cases where hearings are scheduled after February 1, 2012. A copy of the summary will now be provided in any case where the appellant has previously obtained a copy of the file. The Board will provide the copy far enough in advance of the hearing for the worker or advocate to review it. Since the summary is a recap of existing information, the amount of time provided for review may be shorter than it would be if new information were being provided.

   On non-hearing cases, the Board will not provide a copy of the summary unless there are other reasons to provide the worker with an update of the information on file. However, the summary will be placed on the claim file.

   Based on the WCB's response, we consider this recommendation to be accepted.

   Status: Accepted

Which Program Was Right for Her?

Ministry of Social Services, Income Assistance and Disability Services, Transitional Employment Allowance (TEA)

Eva was working, but did not always make enough money to cover her expenses. It would be a few years before she was eligible for Old Age Security and despite a previous injury, she felt that she was able to continue working. She had applied for and was receiving the TEA to help her make ends meet.

Eva was accepted into a two-month employment program for older workers. The program included a living allowance, so Eva contacted Social Services to let them know that she would not require TEA for two months. After the course, she contacted the Client Service Centre to re-apply. She was told that her TEA file was closed and was directed to apply for the Saskatchewan Assistance Program (SAP).

During the assessment process, the reviewers found that some months earlier, she had received a sum of money from an acquaintance. It was determined that she should still have some of that money, so she was not accepted into SAP. She appealed at the regional level and some allowances were made that would reduce her waiting time for eligibility, but the Ministry appealed to the Social Services Appeal Board (SSAB) and the allowances were altered and her waiting time increased. Eva did not think this was fair and contacted our office about the appeal decision.

We reviewed Eva's concerns and found that the decision of the SSAB had been reasonable.

In addition, we noticed that there was a two-month lag time between the end of the course and a job that made Eva self-sufficient for a few months. It was during this lag time that she had applied for (and been denied) SAP. Although those referring her did not realize what the outcome would be, the end result was that she had been referred from a program for which she was eligible to one for which she was not. (It is interesting to note that, when the job ended, Eva again applied for TEA, was again referred to SAP, appealed the referral and won – so was back on TEA.)

We contacted the Ministry of Social Services with a tentative recommendation for TEA benefits to be provided retroactively for the two-month lag time. The Ministry responded that it had provided some interim benefits during that time, which enabled us to make a more appropriate recommendation.

Recommendation

1. That the Ministry reassess Eva's entitlement to benefits during the two months as if she was eligible for TEA benefits and pay her accordingly.

   Status: Accepted

An Accumulation of Fees

Regina Qu'Appelle Health Region (RQHR)

Emma's husband was in a care facility for a number of years and then passed away. While he was in the care facility, she had found it difficult to pay his residency fees and the cost of some additional supplies that were required. After he passed away, she received a letter stating that she owed a large sum of money in unpaid fees. She offered to pay about half the amount owing to see if the RQHR would accept that amount as settlement of the debt. It did not. She appealed the decision and the official who conducted the appeal agreed that she could pay 80% of the amount owing. Her account later went into a collection process.

Emma contacted our office because she had several concerns about the process. For example, she did not think that she had been provided adequate notice of the amount in arrears nor of the expected payment schedule and she did not think that the appeal process had been fair.

We began a formal review of the matter and the RQHR asked that we also review the program's collection processes and the Region's appeal processes.

The review resulted in a number of findings in several categories.

Notification and Invoicing of Residency Fee and Schedule of Payment Requirement

When her husband was admitted, Emma acted on his behalf and signed an agreement with the facility. Included in the agreement was the expectation that residency fees be paid monthly. Shortly after the agreement was signed, the care facility sent Emma a letter that stated that the residency fees were to be paid monthly and that no monthly invoice would be issued. Monthly invoices were issued, however, for the additional supplies. Although Emma had difficulty paying, the payment record showed that she had attempted to make monthly payments. She had also received two written notices of the amount in arrears. For a time, one of the staff wrote in the residency fee amount on the supply invoice to assist Emma in seeing the amount owing each month. We found that Emma had been notified of both types of fees and the amount in arrears, and that she understood the payment schedule.

The First Payment Arrangement

Two years after her husband entered the facility, Emma entered into an arrangement. Her understanding of the arrangement was that the residency fees would be reduced. The facility's representatives had intended that the fees would not be reduced, but she would be allowed to pay a minimum amount each month, with the flexibility of paying the remainder when she could. The shortfall would then be added to the accumulated arrears. The facility sent Emma a letter describing the arrangement. We found that the letter was not clear and could be interpreted to mean that the residency fees had been reduced. This misunderstanding was not clarified until about four years later.

Emma was also of the understanding that the arrangement forgave previously outstanding arrears, but, apart from mentioning the amount, the letter does not state this.

During our review we heard differing information from staff at the facility about whether residency fees could be reduced.

The Second Payment Arrangement

After the payment arrangement had been in place for almost four years, the facility and RQHR chose to end the arrangement. Emma felt that this was an arbitrary decision.

Facility staff had also written to her lawyer, stating that if she did not meet the requirements of the new arrangement, the matter would be turned over to the Public Trustee. Emma said she felt that this was a threat and that she felt pressured to accept the new arrangement. Facility staff told us that the Public Trustee had been mentioned as an option, but since she did not want this option, they had not acted on it. We found that the letter could be interpreted as a threat.

We also found that Emma received sufficient notice of the changes. Staff had met with Emma several times to discuss the new arrangement and had provided written notice three months in advance.

The Payment Offer

After her husband passed away, Emma offered to pay a lump sum of about half the amount to clear the debt. The RQHR rejected this offer and Emma appealed the decision.

We reviewed the process involved and found that the offer was forwarded to senior administrators in a

timely manner, was considered, and that the decision was communicated to Emma in a timely manner. The decision was reviewable and correctable as Emma was afforded an appeal of the decision. The weakness of the process was that the reasons were not adequately documented or provided to Emma.

Confidentiality and the Estate

Emma believed that some of the actions of the RQHR interfered with her ability to properly administer her husband's estate. It would not be appropriate for our office to comment on those actions and we explained to Emma that she could choose to seek a review through the courts.

She also felt that program staff breached her right to confidentiality during a meeting when they provided unsolicited advice on how she could cover the debt by selling or leasing some property she owned. Since she had previously discussed the property as a source of revenue, the information was already known. Also, since the purpose of the meeting was to address the arrears, discussion of the availability of any financial resources, such as the property, would be expected.

The Draft Collection Process

In the latter stages of the process, the financial services staff at the facility attempted to collect the outstanding residency fees. We found that, at that time, it did not have a consistent collection process, but had since drafted a new process. At the request of the RQHR and the facility, we reviewed the draft and found it to be generally reasonable, although we did note some concerns which include:

- The draft collection process involves a series of meetings. It would appear that the goal of the process is for the parties to reach consensus. However, the process does not clearly state what happens if the parties are unable to reach a consensus agreement.
- The draft process outlines very limited timelines but attaches no alternatives or options if those timelines cannot be met.
- The collection process needs to make room for the exercise of discretion. There may be times where case circumstances dictate payment arrangements or agreements not contemplated by the draft process. Discretion for reaching other types of arrangements or decisions should be part of the process.

The Internal Appeal Process

When RQHR rejected Emma's offer to pay about half of the amount owing (to be taken as payment in full), she appealed the decision.

Our review of the appeal process found that, while the Region's policy was generally followed and the decision-maker made a timely decision, the decision was not well communicated. The decision-maker wrote to Emma stating that he determined that the Region should receive 80% of the amount owing, but his letter did not fully explain the scope of his review and the reasons for his decision. He also sent an e-mail to staff stating that, if Emma did not accept his decision, the Region should exercise its right to collect 100% of the money owing. He told us, however, that he did not see the decision as final, but as the start of a new discussion.

As permitted by the policy, the decision-maker chose a narrow scope for the review and that it would include these questions:

- Was the bill accurate?
- Have we applied our policies and procedures in a fair and reasonable manner?
- Did we deviate from the policies and procedures?
- If so, did we do so to the disadvantage of Emma?

The policy was silent, however, on what the adjudicator could decide. Given the scope that he had defined for the review, the next logical step would be for him to affirm or overturn the Region's decision. He chose to create a new payment arrangement, which appeared to be beyond the scope of the review.

The purpose of an appeal is to address and bring finality to a conflict between two parties. In this case, the policy did not address procedural fairness, did not define the extent of the decision-maker's authority and did not outline the scope of the review. As a result, the adjudicator, though well-intentioned, seemed to have chosen to engage the parties in a new round of negotiation, rather than render a decision on the merits of the case.

The Ministry of Social Services and the Social Assistance Program

When Emma's husband was admitted to the facility, his residence fees were based solely on his income, assessed at the minimal level allowable by regulation. As the substitute decision-maker, Emma was required to pay the residency fees.

The Saskatchewan Assistance Program (SAP) allows a couple with dependent children to apply for assistance benefits individually where one of the parties is medically disabled and lives in a care facility. That is what Emma's family did. She applied for assistance for herself and her four dependent children and he applied as a single person. Both applications were approved.

Human Resources and Skills Development Canada advised that Emma's husband would receive lump sum CPP disability benefits and a monthly pension. In addition, there would be a lump sum and monthly

benefit for the four children. The lump sum payment for him and his children was provided in his name.

Upon verification that he had received this lump sum payment and would be receiving the ongoing payments for himself and the children, the Ministry of Social Services deemed him to be no longer eligible for any SAP benefits.

The Ministry of Social Services was correct in including his own lump sum and ongoing benefits in its calculation, but not the children's lump sum and benefits. Based on the couple's applications for SAP, he had no dependents. If the calculations had been made correctly, he would only have been ineligible for SAP temporarily and could have re-applied in six months.

Given that the mistake was several years old and that Emma had chosen not to appeal, we did not make a recommendation to the Ministry of Social Services. Emma's situation does highlight, however, the interconnection between Social Services and the health system. If residents or family members do not act or do not know what to do when such decisions are made, it may fall to health regions or program staff to take on a stronger advocacy role with the Ministry of Social Services.

Recommendations

While we did not make recommendations specific to Emma, we found a number of areas where the RQHR could have done better and made the following recommendations.

1. The RQHR and the facility consult with the Ministry of Social Services and provide training to all social work staff and financial services staff at the facility about the Saskatchewan Assistance and other related income assistance programs, its legislation, policies and procedures, eligibility requirements, benefits, and appeal processes.

   Status: Accepted

2. The RQHR and the facility provide to their social work and financial services staff training specific to their job functions as it relates to procedural fairness in decision making and the application of fair practices in their daily work. Such training is offered by Ombudsman Saskatchewan, specifically "The Fine Art of Fairness."

   Status: Accepted

3. The RQHR and the facility introduce standard documentation requirements outlining the content of the residency fee discussions with residents and their families upon and after admission to the Extended Care / Veterans Program for all staff, including social work and financial services staff, who may engage in such discussions. At minimum the documentation should accurately record and reflect the discussions, issues or concerns raised, and information or services provided by the financial staff and include only information directly relevant to the resident's fee and other related charges.

   Status: Accepted

4. The facility assign a senior staff person to act as liaison with the Ministry of Social Services – Income Assistance and Disability Services Program (IADS). The purpose of the liaison function would be to raise specific case issues and other larger IADS issues affecting residents.

   Status: Partially Accepted

   The RQHR responded that, with the training planned in response to Recommendation #1, the social services staff at the facility would take on this liaison role and the RQHR would arrange a process with the Ministry of Social Services.

5. In cases where a resident of the facility is receiving SAP and decisions are made by SAP that are reviewable as per *The Saskatchewan Assistance Act* and the Saskatchewan Assistance Regulations, the program social worker or other responsible staff person ensure that the resident has the necessary support and assistance to conduct the appeal and, if necessary, directly assists the resident with the SAP appeal including, where necessary, acting as the resident's representative.

   Status: Partially Accepted

   The RQHR did not commit to allowing social work staff to represent residents at SAP appeals, but felt that the training planned in response to Recommendation #1 would help staff better advocate for residents who are dealing with the Ministry of Social Services.

6. The RQHR and the facility review the February 2011 draft collection process and amend the draft process to ensure it addresses the requirements of procedural fairness.

   Status: Accepted

7. Once the draft collection process is finalized, the RQHR and the facility ensure that all residents are aware of the process and any new admissions are provided with the process as part of the initial discussion surrounding residency fees.

   Status: Accepted

8. The RQHR review its Management of Client/Patient Concerns, Reference Number: 801-1 and separates from this process both the first level of appeal (review by senior administrator) and second level of appeal (review by vice president). The RQHR then develops a review/appeal process based on an inquiry-based model along with policies and procedures to accompany both the first level and second level of review/appeal. The model and accompanying policies and procedures should reflect the minimal requirements of procedural fairness – specifically the right to be heard and the right to an independent and impartial hearing.

   Status: Accepted

9. Once developed, the RQHR makes these procedures available to all staff and clients/patients of the Region.

   Status: Accepted

10. The RQHR provide training to all staff involved in first level and second level of appeals about the appeal process and their specific role within that process.

    Status: Accepted

11. The RQHR consider the question of whether or not the Region can accept a lower residency fee than the one set by the Ministry of Health as per the Special-care Home Regulations and, if so, under what circumstances a lower fee would be considered.

    Status: Accepted

    The RQHR clarified that the fees are set by the Ministry of Health as set out in the Special-care Home Regulations so a lower fee could not be considered.

12. Should the RQHR determine that a lower fee can, in specific circumstances, be accepted, the Region create policies and procedures to guide staff when dealing with cases where a lower fee may be considered.

    Status: Accepted

    The RQHR clarified that the fees are set by the Ministry of Health as set out in the Special-care Home Regulations so a lower fee could not be considered.

Costly Advice

Labour Relations and Workplace Safety – Occupational Health and Safety

When Eloise filed a harassment complaint at work, her employer brought in a third party to conduct an investigation. Eloise began to have doubts about whether the investigation would address her issues, so she contacted Occupational Health and Safety (OHS). She was provided a questionnaire to complete and information on the issues OHS could examine. By this time, the investigator hired by her employer determined that her complaint was not substantiated. Eloise did not agree with the outcome and asked OHS to re-investigate her case.

OHS did not conduct a separate investigation, but reviewed the third party's report and decided that it addressed her issues and the outcome was sound. Eloise was not satisfied and notified OHS that she wanted to appeal its decision, but her lawyer was away. OHS advised her that as long as she provided notice that she intended to appeal, she could 'perfect' (give details and grounds for) her appeal later. OHS felt that the legislation allowed for this flexibility and knew that other appeal hearings had proceeded when a similar notice of an intention to appeal was filed. Eloise filed a notice based on their advice.

Eloise's employer then argued that because the notice did not meet the legislative requirements, it was out of time and therefore no longer within the jurisdiction of the adjudicator. The adjudicator reviewed the legislation and ruled that this was indeed the case. Eloise's appeal could not be heard. The Registrar of Appeals then notified all parties of the option to appeal to the Court of Queen's Bench on a matter of law or jurisdiction. Eloise applied for a judicial review but later dropped the appeal based on legal advice.

Eloise thought that the outcome and process had not been fair and contacted our office. Our review found that:

- The advice provided to Eloise about what she needed to submit for the appeal was incorrect and caused her to lose the ability to appeal to an adjudicator.
- The loss of the ability to appeal prompted Eloise to seek legal advice so she could pursue a legal remedy to the ruling. Though she was advised that she did not have a legal remedy, she incurred legal costs, which was an unnecessary consequence of the incorrect advice she received from OHS.

Recommendations

1. That the Ministry apologize to Eloise for the erroneous advice given to her with respect to perfecting her appeal.

   Status: Accepted

2. That the Ministry revise its practice and policy to ensure the advice given with respect to an appeal to a special adjudicator is consistent with the decision of the special adjudicator.

   Status: Accepted

3. That the Ministry compensate Eloise her legal costs.

   Status: Not Accepted

   The Ministry's position was that OHS staff, in providing the advice they did, could not predict how the adjudicator would interpret the Act. The Ministry also noted that it did not require Eloise to seek legal counsel and had no input into her decision to do so.

Travel Costs

Ministry of Social Services, Income Assistance and Disability Services Division, Saskatchewan Assistance Program: Social Services Appeal Board (SSAB)

Eliot had a condition that sometimes required him to travel to medical appointments outside his home community. His disability made travel difficult and he usually requested and received additional social assistance funding to cover these costs.

One of his doctors referred him to another type of specialist for assessment. Eliot then received a letter from that specialist's office that stated the wait time for non-urgent visits was 18 – 20 months and that if there was more information that would indicate a greater urgency, then the office should be informed. Eliot did not think he should have to wait so long, so asked the referring doctor if there was a way to be seen sooner. The doctor gave him the names of three specialists in other provinces and suggested he take these names to his local family physician. He did so and was referred to an out-of-province specialist who had an opening within a few weeks.

Based on this turn of events, Eliot believed the out-of-province appointment was medically necessary and requested social assistance funding for his travel costs. His request was denied, so he asked for an appeal, which was scheduled for after the appointment date. He went to the appointment and upon his return, attended the local appeal committee hearing. The appeal was denied, so he took it to the Social Services Appeal Board, where it was denied again.

In addition to disagreeing with the outcome, Eliot noticed that staff at the Ministry of Social Services had made some factual errors when they presented information to the appeal bodies. They had also included information about Eliot that he believed was not relevant and that contributed to the Board viewing him in a negative light. He did not think this was fair and contacted our office.

Our review found that the Ministry staff had made a couple of errors that confused the facts somewhat, and did present unflattering information that was irrelevant. We determined that, fortunately, this information did not affect the outcome of the appeals. We found that better training could prevent this in the future, and appreciated the Ministry's commitment to address the matter with the staff involved.

We found that it was reasonable for Social Services staff to examine the circumstances in light of policy and to try to determine whether it was necessary for Eliot to travel outside the province for the appointment. Eliot firmly believed that his earlier appointment outside the province was medically necessary because his doctors were willing to work with him to expedite the appointment. When Social Services staff interviewed Eliot's family physician, however, they did not believe he considered the matter urgent and in fact the physician indicated that Eliot had "referred himself." Much weight had been given to this wording, even though the initial referral did come from Eliot's other doctor. Given that there was some understandable confusion around Eliot's expectations and that, at a minimum, he would have had to travel to a city within the province for the appointment, we decided to make a recommendation.

We discussed our conclusions with representatives from the Ministry and the Social Services Appeal Board (SSAB) and advised them of the recommendation we intended to make. We also noted that the letter the SSAB sent to Eliot could have provided a more complete explanation of the reasons for its decision, and we discussed this matter with them as well.

Recommendation

1. That the Ministry of Social Services cover the cost that Eliot would have incurred, had he travelled within the province for the prescribed testing, at the rate that is regularly provided to him for travel associated with medical appointments where expenses are incurred over several days due to his disability.

   Status: Accepted

Things That Go Bump in the Night

SGI – Auto Claim

Eddie was driving on the highway one night when he felt a bump. There was ice and snow on the road and his traction control was kicking in and out, so he thought that must have been the cause. A while later his engine light came on and his vehicle shut down. When he got out, he noticed there was damage to the front bumper and coolant on the ground, so he called a tow truck. The tow truck driver also noticed and commented on the loss of coolant.

The next day, Eddie noticed a dead raccoon on the road about 20 km from where he was towed and he thought that that may have been what he hit.

He contacted SGI and SGI agreed that the damage was consistent with hitting an animal, so he would not have to pay the deductible. Based on the estimated repair time, SGI provided a rental vehicle for three days. He did not think that would be enough time.

His vehicle was ready several days later than expected and his wife Ellen went to drive it home. Before leaving, she noticed that a coolant warning light was on. She asked about this and the dealership re-checked the vehicle, and assured her that as long as there was some coolant, it would be ok to continue driving. On the way home, she noticed that the vehicle was not heating properly and a couple of days later the warning light came on again. She checked the coolant level and the reservoir was full, so she drove to the dealership. They found engine problems.

When Eddie contacted SGI, he learned that these repairs would not be covered because SGI concluded that he knew he had hit a raccoon and had caused the engine damage by continuing to drive. Eddie tried to convince SGI to change this decision, but it did not. He did not think this was fair and contacted our office.

Our review found that SGI had been reluctant to accept Eddie's explanation that he did not know he had hit something. Given the dark and snowy driving conditions at the time, however, we found it plausible that Eddie did not see the animal and thought the bump was caused by the traction controls. One of the SGI staff Eddie spoke with had also recorded a belief that he was telling the truth.

SGI had photographs of a crack in the radiator and based on the photos concluded that all or most of the coolant had leaked out quickly, which would cause the temperature in the vehicle to drop suddenly and the windows to fog up – signs they believed Eddie should have noticed. We found that SGI had not followed up on this assumption or asked Eddie if he experienced these signs.

SGI had also assumed that the coolant warning light would illuminate when the coolant was low and that Eddie should have noticed this. This assumption was incorrect, however, because the sensor was actually measuring coolant temperature. In addition, Eddie had noted that he and the tow truck driver had seen a significant amount of fluid on the ground, which would be consistent with most of it leaking out after he stopped. SGI did not follow up with the tow truck driver to corroborate this information.

We found that there was not enough evidence to support the view that Eddie had continued to drive once he knew (or should have known) that there was a problem.

During the course of our investigation, we also noted that Eddie had only been covered for use of the rental vehicle for three days when the repairs had taken longer than expected. SGI voluntarily agreed to pay the vehicle rental cost for the additional days.

Recommendations

1. That SGI pay to Eddie the amount of the invoice he paid for repairing the damage to his vehicle engine.

   Status: Accepted

Was the Final Decision Final?

Ministry of Social Services, Income Assistance and Disability Services Division, Saskatchewan Assistance Program: Social Services Appeal Board (SSAB)

Emily is a person with a disability who needs constant care. She lives in a two-bedroom apartment with a support person and has been receiving assistance for 40 years. In 2008, faced with deteriorating health, she asked the Ministry of Social Services for approval to seek a two-bedroom apartment with a bathroom that could accommodate her wheelchair and the lift she needed.

Meanwhile, the rent in her existing apartment was beyond the maximum shelter allowance in the policy and was rapidly increasing. Emily had been granted an exception a few years earlier, so asked if this would still apply. This was denied, although she was provided a temporary measure of three months rent.

She appealed at the regional level to see if she could be granted payment of actual rent on an ongoing basis. This was denied, so she appealed to the SSAB. The SSAB granted Emily actual rent costs, stipulating that she live in a modest two-bedroom wheelchair-accessible apartment.

A few months later, she found an apartment, signed a ten-month lease and moved in. Following this, her landlord offered a 12-month lease based on an increase of $55/month. She signed the lease and requested an increase in rent funding. This was denied, so once again she appealed at the regional level and then to the SSAB. This time, both appeals were denied. Meanwhile, Emily had been paying the additional rent out of her food or disability allowance. She did not think this was fair or consistent with the previous decision and contacted our office.

We reviewed the situation and found that the original SSAB decision was not based on a set amount; it was based on her renting a two-bedroom apartment that was modest and wheelchair accessible. We found that the SSAB had the authority to make the original decision and that the decision was based on a clause in the regulations. *The Saskatchewan Assistance Act* says that decisions of the SSAB are final, so in refusing to pay Emily's rent, the Ministry had reopened a matter that had already been the subject of a final decision. We made the following recommendations to the Ministry and the SSAB.

Recommendation to the Ministry of Social Services

1. That the Ministry of Social Services uphold the Social Services Appeal Board's original 2008 decision by:
   a. Paying Emily a shelter allowance equal to her actual rent for a modest, wheelchair accessible, two-bedroom apartment, including any rent increases she incurs, for as long as she remains living in her current apartment or in any other modest, wheelchair accessible, two-bedroom apartment, and her circumstances do not otherwise change;
   b. Paying Emily $1,239 which is an amount equal to the actual rent shortfall she has covered from when the Ministry first refused to continue paying her actual rent as of October 1, 2009 to May 2012; and
   c. Not consider the amount paid in accordance with (b) above as additional income available to Emily when calculating her Saskatchewan Assured Income for Disability benefits.

Status: Accepted

Recommendation to the SSAB

1. That the Social Services Appeal Board uphold its original September 10, 2008 decision by vacating its February 10, 2010 decision.

Status: Accepted

Accolades

Our thanks – and Accolades – to public servants who showed a dedication to fairness in 2012. Somewhere along the way, we found you making a situation more fair.

Donna Peiris
Supervisor, Income Assistance, Ministry of Social Services – *Income Assistance and Disability Services*, Saskatchewan Assistance Program

Thank you for exercising discretion to ensure a client's needs were met by arranging to have benefits released if there would be further delays in the assessment process.

Allan Stubbs
Director
Lori Herzog
Acting Deputy Director, Standards and Communications
Barry Schraeder
Deputy Director, Programs
Prince Albert Correctional Centre

Thank you for your initiative and willingness to work with our office and use fairness principles to debrief and review the management of a challenging situation.

Reg Cox
Director, Legislation and Administration Services, Ministry of Highways & Infrastructure

Thank you for taking the time to respond directly to a client whose claim was delayed. You listened to her and apologized for the delay in her appeal. As a result of your conversation with her, your Ministry reconsidered her case and provided full compensation.

Lionel McNabb
Director, Family Justice Services, Justice and Attorney General, Ministry of Justice, Maintenance Enforcement Office

Thank you for clarifying for financial institutions that Registered Education Saving Plans (RESP) cannot be garnisheed to cover outstanding maintenance orders.

Randy Daum
Senior Adjuster, SGI

Your willingness to find a workable solution on an old issue and in a very timely manner is appreciated.

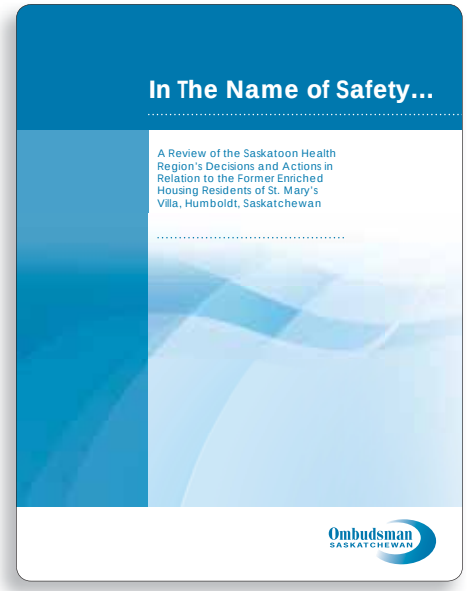
Laverne Warner
Manager of Moose Jaw Claims
Kathy Calwell
Adjustor 3
SGI

Your patience and willingness to help clients better understand a complicated process in a delicate situation was appreciated.

Jennifer Fabian
Registrar/Executive Legal Officer, Court of Queen's Bench, Ministry of Justice, Court Services

Thank you for improving communications between the court, the Crown and provincial correctional centres regarding when stays of proceedings against incarcerated accused are filed.

Public Reports



In the Name of Safety...

Saskatoon Regional Health Authority

In March 2012, at the request of the Minister of Health and the Chair of the Saskatoon Regional Health Authority, we undertook a major investigation of the Region's decision to move 10 elderly residents from the enriched housing wing of St. Mary's Villa in Humboldt, Saskatchewan. Guided by the principles of administrative fairness, we examined the reasons for the decision, the way it was carried out, and how people were treated during the process.

Faced with evidence that the floor of the long-term care wing of St. Mary's Villa was structurally compromised, the Region decided to close the wing and relocate its residents who required speciality care services (long term care) to the enriched housing wing. This meant that the current enriched housing wing residents – whose average age was 89 – would be moved. Although the Region was required to give 30-days' notice, it gave the residents eight days to make new arrangements and move. It was concerned for the safety of the long-term care wing residents and staff.

To compensate for the short notice, the Region offered housing options, moving assistance, and an 11-month rent subsidy.

To facilitate the move, the Region used an Incident Command process which is typically used to manage disasters or emergencies. The process did not go smoothly. Enriched housing residents experienced delays and disruptions. Renovations and asbestos abatement occurring around the time of the move caused additional stress and anxiety. These seniors and their families, upset at the turmoil and the Region's lack of explanation or consideration for them when the decision was made, voiced their complaints.

We found that the Region's decision to close the long-term care wing was reasonable, since it was based on information from a structural engineer. There was, however, insufficient evidence to conclude

that the Region needed to proceed in such an expedited fashion. The Region was highly influenced by prior events to focus on safety. It did not take reasonable steps to understand the engineering data before making its decision. By acting so quickly, the Region missed opportunities to provide more notice or to include the enriched housing residents and their families in decision-making or planning.

The process was affected by poor communication, inadequate planning and staff change-overs. Enriched housing residents and their families did not receive the information they needed and they were not always treated with the respect and courtesy they expected. This was not intentional but driven by concerns that the long-term care wing residents and its staff were in an unsafe situation.

We also determined that the Region was not clear as to whether *The Residential Tenancies Act, 2006* applied even though it was referenced in its leases. St. Mary's Villa is designated as a special-care home, a designation that does not fit with the provision of enriched rental accommodations.

We concluded that the way the Region ended its relationship with these tenants was not administratively fair. While the decision was reasonable, procedural and relational fairness were compromised.

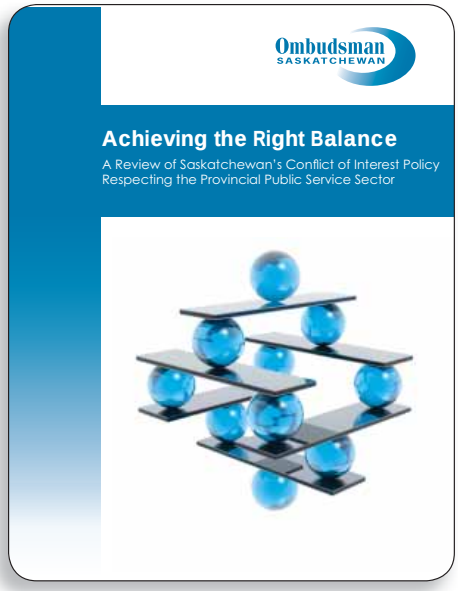
The Region apologized to the enriched housing residents and their families and publicly acknowledged the missteps in its process. The Region and the Ministry of Health accepted our findings and recommendations, which may be summarized as follows:

- Develop a policy to guide the moves of elderly people receiving residential services that considers and includes processes to mitigate the psychological effects of relocation.
- Review and revise the Incident Command Manual to reflect the lessons learned from this case.
- Review the facility designations for all health regions and clarify the applicability of *The Residential Tenancies Act, 2006* to people who are renting living quarters from a health region.

To date, the Region has drafted a policy to guide future residents' moves. We provided feedback on the draft aimed at ensuring that it meets minimum standards of administrative fairness. The Region has also revised its Incident Command process to better define when it is to be used and to improve clarity around roles and responsibilities of its staff when the process is required.

The Ministry of Health has taken the lead on reviewing all facility designations across the province including those in the Saskatoon Health Region. In addition, effective April 1, 2013, amendments to The Residential Tenancies Regulations, 2007 will, among other things, provide seniors residing in independent living facilities with the right to use the Office of Residential Tenancies to resolve disputes. This clarifies the applicability of *The Residential Tenancies Act, 2006* to people who are renting living quarters from a health region.

For a full copy of the report, please see our website at *http://www.ombudsman.sk.ca/documents_and_files/systemic-reviews*



Saskatchewan's Conflict of Interest Policy for the Public Service

Public Service Commission

On October 9, 2012, Ombudsman Saskatchewan tabled a report titled "Achieving the Right Balance: A Review of Saskatchewan's Conflict of Interest Policy Respecting the Provincial Public Service Sector."

On April 18, 2012, Ombudsman Saskatchewan was asked by the Minister responsible for the Public Service Commission (PSC) to review the fairness of Public Services-801 Conflict of Interest (PS-801); the single conflict of interest policy that applies to all public servants employed by the provincial government and *The Public Service Act, 1998*. While our review of PS-801 was in response to the Minister's request, it was also in response to a specific complaint. On April 23, 2012 a provincial public servant had complained to our office that a decision made under PS-801 was unfair to him.

PS-801 came into effect on September 1, 1986 and was last formally revised February 28, 1994. It is meant to deal with all types and levels

of conflicts and outlines a process to manage potential or real conflict of interest situations.

Our review looked at PS-801 and assessed its fairness, and ultimately, its effectiveness across the public service. To evaluate the fairness and effectiveness of the PS-801, we developed a best practices model that incorporated the Ombudsman's standards of fairness. We looked not only at the content of PS-801, but also at the framework required to support the effective application of the policy.

The report recognized that PS-801 likely reflected best practices at the time it was created and updated, but that the policy is now outdated and no longer reflects the best practice requirements of a fair or effective conflict of interest policy in the public service sector. Among our findings we found that:

- The policy lacks a framework to support consistent application of the policy across individual ministries and across the public service as a whole.
- The policy is prohibitive and treats all conflict of interest situations alike.
- The policy does not provide a range of management strategies required to deal with the array of conflict situations that can occur in the public service.
- The policy does not clearly outline what interests are required to be declared, when they should be declared, and who should declare interests, and it does not provide a clear process for disclosure.
- PS-801 does cover situations where an individual moves from public to private sectors or post-employment conflicts of interest.
- Roles and responsibilities of the public servant, the line manager, Permanent Heads and the PSC are not clearly defined under PS-801.
- PS-801 does not outline procedures of how conflicts of interest are identified, disclosed, recorded and then managed.
- There is no recognition of provincial privacy legislation in PS-801.
- There are no timelines with respect to decision-making in PS-801.
- The current appeal process in PS-801 is limited.
- It is unclear what training is provided to public servants about the policy and their responsibilities under it.

The report recognized that changing a 30-year-old approach to dealing with and managing conflicts of interest will take time and is not as simple as writing new policy. To support the development of a new approach to conflicts of interest in the public sector, the report made a total of 15 recommendations: five for immediate implementation directed toward improving PS-801 and ten for the eventual replacement of PS-801 and the development of a principle-based approach to dealing with conflicts of interest in the provincial public service.

The Ministry, following a review of our report, accepted all of our recommendations and has developed a plan for their implementation.

Workshops and Presentations

"Fine Art of Fairness" Workshops

In 2006, we piloted the first "Fine Art of Fairness" workshop for government employees. From the beginning, it served as a way to help government employees understand the nature of our office, how we define fairness, and how government offices can become more fair. From the start, the workshops have broken down pre-conceived ideas about the office and helped those who serve the public to understand how to improve the fairness of the services they provide and when to refer people to our office.

In 2012, we conducted the following workshops:

- Children's Advocate Office
- Federal Tax Ombudsman of Pakistan, Islamabad & Karachi
- Five Hills Health Region
- Ministry of Social Services, Buffalo Narrows
- Ministry of Social Services, Call Centre Staff (four workshops)
- Ministry of Social Services, IADS (SAP) Regina
- Ministry of Social Services, IADS (SAP) Saskatoon
- Ministry of Social Services, Meadow Lake
- Ministry of Social Services, Prince Albert (two workshops)
- Open Workshop for Government Employees, Regina
- Open Workshop for Health Sector Employees, Saskatoon
- Provincial Disaster Relief Assistance Program
- Saskatoon Correctional Centre, Nursing Staff
- Sun Country Health Region
- United Way Regina Funded Partners

Presentations

In 2012, we participated in several conferences, meetings and events where we provided information to the public and to government employees about fairness, the work of our office and when to contact us. These included presentations to community organizations, speaking invitations at conferences, booths at various events and participation in staff training days.

- "Partnerships for Safer Communities" Justice Symposium
- Acquired Brain Injury Network
- AIDS Program South Saskatchewan
- Alzheimer Society of Saskatchewan: conference
- Canadian Cancer Society
- Conseil de la cooperation de la Saskatchewan (CCS): job fairs, Regina & Saskatoon
- Council of Canadian Administrative Tribunals: conference
- Dr. Cooke Special Care Home
- Friends on the Outside: conference

- FSIN: Children and Families First Health Conference
- Health Quality Summit
- Heart and Stroke Foundation
- Connections 2012 Human Services and Volunteer Fair: social work career fair
- Ministry of Justice, Dispute Resolution Office
- National Workers' Advocate Conference
- Network Of Inter-Regulatory Organizations (NIRO)
- Open Door Society, Saskatoon (two presentations)
- Phoenix Residential Society
- Pine Grove Correctional Centre: new staff training (three presentations)
- Prairie North Regional Health Authority
- Prince Albert Correctional Centre: new staff training
- Prince Albert Indian and Métis Friendship Centre
- Provincial Affiliate Resource Group (PARG), Special Care Homes Group
- Provincial Home Care and Special Care Home Directors
- Provincial Long Term Care and Home Care Directors
- Regina Qu'Appelle Health Region
- Saskatchewan Abilities Council
- Saskatchewan Administrative Tribunals Association
- Saskatchewan Council of Social Sciences Conference
- Saskatchewan Health
- Saskatchewan Home Economics Teachers' Association / Association of Saskatchewan Home Economists (SHETA/ASHE): Conference
- Saskatchewan Registered Nurses Association discipline panel: education day
- Saskatchewan Seniors' Association: conference
- Saskatchewan Seniors' Mechanism
- Saskatoon Convalescent Home
- Saskatoon Correctional Centre: new staff training
- SIAST: Corrections Worker Training Program
- SIAST: nursing program presentation
- St. Marshall's Ambulance Service
- Saskatchewan Student Leadership Conference
- SUN: Health Innovators Conference
- Teachers' Institute on Parliamentary Democracy
- The Future is Yours: opportunity fair for Aboriginal youth

"A great workshop on the art of fairness. It's very interactive where you get to practice the tools you learn. I am looking forward to trying this in the workplace. – Cheryl Harrison, Nurse Manager, St. Joseph's Hospital, Sun Country Health Region

"You really don't understand the meaning of fair until taking this workshop. I will be putting these new skills into practice right away. Thanks!" – Amanda Barton, Acting Assistant Supervisor, Child & Family Services

"This was an excellent workshop that made me more aware about what the Ombudsman does. I also learned the tools of fairness to employ not only in the organization I work with but also in my own life. – Anita Hopfauf, Executive Director, Schizophrenia Society of Saskatchewan

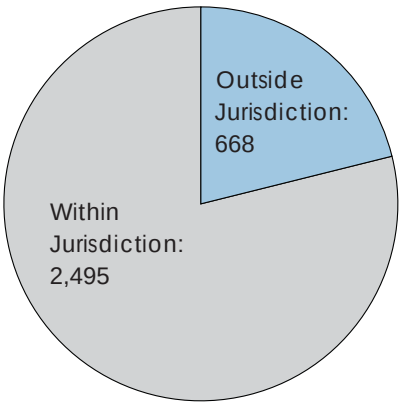
Statistics

Tracking Files and Progress

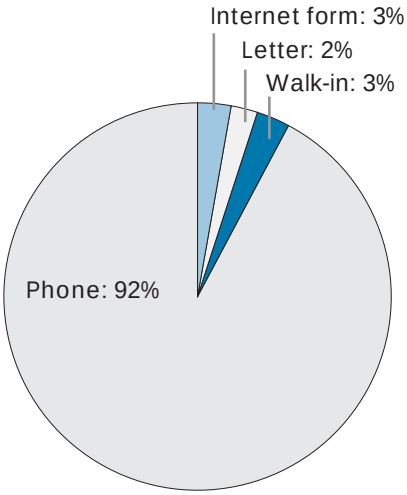
Receiving Files

Each day, we hear from people who are concerned about the impact a government service is having on their lives. Most queries fit within our jurisdiction, but a significant minority do not. In those instances, we take the time to redirect the person, as best we can, to the most appropriate office or service.

Overall in 2012, we received 2,495 complaints within jurisdiction and 668 that were not.



How do people reach us? The vast majority contact us by phone, but there are several other methods of contact available, including mail, fax, walk-ins and a secure online form.



Time to Process Files

The time it takes to complete and close a file varies, depending on the circumstances and the amount of work required. Many can be closed within a few days, while others may take several months. Overall, our goal is to complete most of our files within three to six months.

Files Closed Within 90 Days
Target: 90%
Actual: 94%

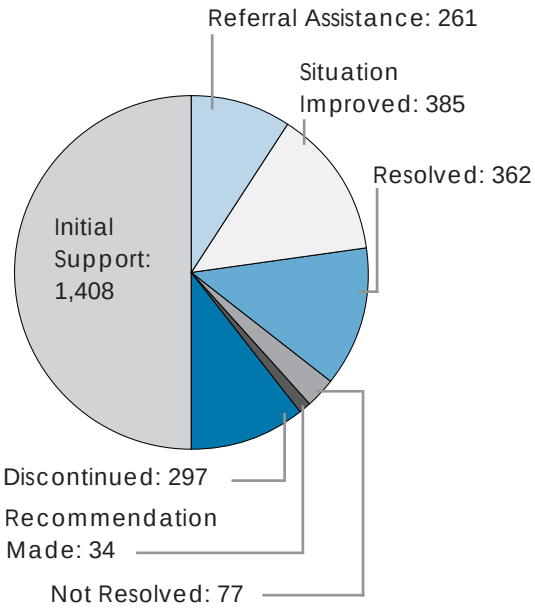
Files Closed Within 180 Days
Target: 95%
Actual 97%

Tracking Outcomes

Since each file is unique, service methods and outcomes may vary greatly. In some instances, we will coach the person to try an avenue of appeal that is available. In other instances, we may progress to a more formal investigation (review), complete with recommendations. Sometimes our role will be that of facilitator, to bring the individual and the government office together to work out a resolution.

Some complaints are complex and can be divided into more than one issue – and each issue can have a different outcome.

We can group our file outcomes for 2012 as follows:



We do not formally notify the applicable government office each time we receive a complaint. In many instances, the matter can be resolved quickly and informally, but in cases where we determine that a formal investigation (review) is the most appropriate route, the Ombudsman sends a notice letter to the Deputy Minister or CEO of the ministry or agency. As the review wraps up, the Ombudsman provides a second letter, outlining our findings and, when applicable, any tentative recommendations he is considering. This provides the ministry or agency an opportunity to respond before recommendations are finalized.

While ministries and agencies are not required to follow our recommendations, most do. This year, of the 34 issues that resulted in recommendations, 75 recommendations were made, 62 were accepted, seven were not accepted and six were partially accepted.

Glossary

Following are definitions of the terms used in the statistical charts on pages 28–39.

Complaints Received

The number of complaints received are counted from January 1 to December 31 of a given year. These complaints are considered within jurisdiction, although a very small number of them may later be determined not to be.

Complaints Closed

The complaints closed are counted from January 1 to December 31 of a given year. When we review each situation brought to our attention, we find that some contain multiple issues. Since each issue may have a different end result, each is closed separately and assigned an appropriate status.

Closed Account Statuses

Initial Support
Our office provided initial support for these complaints. For example, we may have linked the complainant to a more appropriate step – perhaps an appeal process not yet tried, an advocacy service, or an internal complaints process.

At this stage, we also encourage people to bring their complaint back to our office if they still feel there is an unfairness after they have tried all the appeal routes available.

Referral Assistance
After beginning a negotiation, mediation or investigation (review) process, we have referred the complainant to an appeal route they have not yet tried or a more appropriate remedy.

Situation Improved
The complainant may not consider the complaint to be completely resolved, but the situation has improved – perhaps for them and perhaps also for others who may encounter a similar situation.

Resolved
The complaint has been completely or largely resolved. This may mean that the complainant feels the complaint has largely been resolved, or that we have determined the complaint to be largely resolved.

Not Resolved
The complaint has not been resolved. For example, the complainant's situation is not significantly better and they remain dissatisfied with the government's decision or action, or there was no appropriate remedy available.

Recommendation Made
Our office has made one or more recommendations. This includes recommendations that are accepted and rejected on files closed in the past year.

Discontinued
Our office or the complainant has chosen to withdraw or discontinue the complaint. This includes situations where we find, after some involvement, that the complaint is outside our jurisdiction.

Complaints Received		Ministries
2012	2011	
16	**15***	**Advanced Education** ** 2011 number for the previous Ministry of Advanced Education, Employment and Immigration*
4	**4**	**Agriculture**
		Central Services
7	3	Public Service Commission
1	2*	Central Services – Other ** 2011 number for the previous Ministry of Government Services*
8	**5**	**Totals – Central Services**
10	**2***	**Economy** ** 2011 number for the previous Ministry of Energy and Resources*
6	**2**	**Education**
8	**15**	**Environment**
2	**0**	**Executive Council**
8	**2**	**Finance**
		Government Relations
20	13*	Public Safety ** 2011 number for the previous Protection and Emergency Services branch of the Ministry of Corrections, Public Safety and Policing*
5	3*	Government Relations – Other ** 2011 number for the previous Ministry of Municipal Affairs and the Ministry of First Nations and Métis Relations*
25	**16**	**Totals – Government Relations**
		Health
19	18	Drug Plan & Extended Benefits
48	58	Health – Other
67	**76**	**Totals – Health**
7	**11**	**Highways and Infrastructure**

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
8	**3**	**3**	**1**	**0**	**0**	**3**
2	**0**	**2**	**1**	**0**	**0**	**0**
2	0	2	0	0	0	0
1	0	0	0	0	0	0
3	**0**	**2**	**0**	**0**	**0**	**0**
4	**0**	**1**	**1**	**0**	**0**	**0**
4	**2**	**0**	**0**	**0**	**0**	**0**
6	**0**	**0**	**1**	**0**	**0**	**3**
1	**0**	**1**	**0**	**0**	**0**	**1**
4	**0**	**0**	**0**	**0**	**0**	**4**
14	1	3	2	6	0	1
0	1	1	0	0	0	4
14	**2**	**4**	**2**	**6**	**0**	**5**
7	3	3	8	1	0	2
19	2	10	15	7	0	8
26	**5**	**13**	**23**	**8**	**0**	**10**
6	**0**	**0**	**2**	**0**	**2**	**1**

Complaints Received		Ministries
2012	2011	
		Justice
27	14	Adult Corrections – Pine Grove Correctional Centre
121	74	Adult Corrections – Prince Albert Correctonal Centre
255	220	Adult Corrections – Regina Correctional Centre
161	190	Adult Corrections – Saskatoon Correctional Centre
28	19	Adult Corrections – Other
7	8	Corrections and Policing – Other
5	4	Court Services
34	23	Maintenance Enforcement Branch
14	13	Public Guardian and Trustee
37	32	Office of Residential Tenancies / Provincial Mediation Board
17	15	Justice – Other
706	**612**	**Totals – Justice**
25	**27**	**Labour Relations and Workplace Safety**
5	**7**	**Parks, Culture and Sport**
		Social Services
109	83	Child and Family Services
15	18	Housing – General
8	7	Housing – Regina
5	8	Housing – Saskatoon
45	26	Housing – Other Locations
6	6	Income Assistance and Disability Services Division – Community Living Service Delivery
17	32	Income Assistance and Disability Services Division – Income Supplement Programs – Other
28	3	Income Assistance and Disability Services Division – Saskatchewan Assured Income for Disability
564	499	Income Assistance and Disability Services Division – Saskatchewan Assistance Program
51	51	Income Assistance and Disability Services Division – Transitional Employment Allowance
11	11	Social Services – Other
859	**744**	**Totals – Social Services**

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
15	2	3	5	0	0	2
67	12	35	16	8	0	8
117	17	49	58	6	0	28
87	23	42	26	4	0	31
15	7	3	3	1	0	4
5	0	0	0	0	0	2
4	0	0	0	0	0	1
15	4	9	2	0	0	7
8	1	4	2	0	0	1
19	7	4	4	0	0	6
10	2	2	0	0	0	2
362	**75**	**151**	**116**	**19**	**0**	**92**
13	**2**	**6**	**2**	**1**	**2**	**7**
3	**0**	**1**	**0**	**0**	**0**	**1**
92	3	6	2	0	0	8
9	4	4	0	0	0	0
25	5	5	2	4	0	2
2	3	0	2	0	0	0
4	0	0	0	0	0	3
1	0	1	0	0	0	0
4	3	6	3	0	0	2
14	3	10	3	1	0	0
309	74	79	116	4	2	58
25	5	6	15	0	1	4
8	1	1	0	0	8	1
493	**101**	**118**	**143**	**9**	**11**	**78**

Complaints Received		Boards
2012	2011	
1	0	Farmland Security Board
9	8	Highway Traffic Board
1	0	Labour Relations Board* ** The 2010 complaints received number was reported as three, but should have been two. We apologize for the error.*
2	0	Saskatchewan Arts Board
2	4	Saskatchewan Municipal Board
1	3	Saskatchewan Social Services Appeal Board
1	1	Social Services Regional Appeal Committees
1	1	Surface Rights Arbitration Board
121	117	Workers' Compensation Board

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
0	1	0	0	0	0	2
3	1	1	1	0	0	2
0	0	0	1	0	0	0
1	0	0	0	0	0	1
0	0	0	0	0	0	1
1	0	0	0	5	5	0
1	0	0	0	0	0	0
0	0	0	0	0	0	1
96	14	9	2	2	2	7

Complaints Received		Regional Health Authorities and Entities
2012	2011	
		Regional Health Authorities
1	1	Athabasca Regional Health Authority
2	2	Cypress Regional Health Authority
4	6	Five Hills Regional Health Authority
0	1	Heartland Regional Health Auhority
4	0	Keewatin Regional Health Authority
4	6	Kelsey Trail Regional Health Authority
3	1	Mamawetan Churchill River Regional Health Authority
6	11	Prairie North Regional Health Authority
6	2	Prince Albert Parkland Regional Health Authority
29	22	Regina Qu'Appelle Regional Health Authority
42	20	Saskatoon Regional Health Authority
2	3	Sun Country Regional Health Authority
4	6	Sunrise Regional Health Authority
107	**81**	**Totals – Regional Health Authorities**
		Health Entities* * These entities are grouped and listed based on the health region in which they are located and not on their governance structure.
2	0	Health Entities in the Prince Albert Parkland Region
5	0	Health Entities in the Saskatoon Region
7	**0**	**Totals – Health Entities by Region**

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
0	1	0	0	0	0	0
2	0	0	0	0	0	0
1	3	0	0	0	0	4
0	0	0	0	0	0	0
1	0	2	0	1	0	1
2	2	0	0	0	0	0
1	0	0	0	0	0	2
5	1	4	0	0	0	1
5	0	0	0	0	0	0
24	0	2	4	0	6	3
24	7	9	6	2	0	2
2	0	0	0	0	0	0
3	0	0	0	0	0	0
70	**14**	**17**	**10**	**3**	**6**	**13**
1	0	0	0	0	0	0
3	0	0	0	0	0	1
4	**0**	**0**	**0**	**0**	**0**	**1**

Complaints Received		Crown Corporations
2012	2011	
0	**1**	**Crown Investments Corporation of Saskatchewan**
0	**4**	**Financial and Consumer Affairs Authority**
9	**12**	**Information Services Corporation of Saskatchewan**
2	**3**	**Liquor and Gaming Authority**
8	**9**	**Saskatchewan Crop Insurance Corporation**
		Saskatchewan Government Insurance (SGI)
41	36	Auto Fund
78	79	Claims Division – Auto Claims
59	42	Claims Division – No Fault Insurance
25	21	Claims Division – Other / SGI Canada
16	12	SGI – Other
219	**190**	**Totals – SGI**
0	**1**	**Saskatchewan Research Council**
2	**2**	**Saskatchewan Transportation Company**
27	**13**	**SaskEnergy**
1	**0**	**SaskGaming**
80	**50**	**SaskPower**
63	**54**	**SaskTel**
1	**3**	**SaskWater**
6	**11**	**Water Security Agency**

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
0	**0**	**0**	**0**	**0**	**0**	**0**
0	**0**	**0**	**0**	**0**	**0**	**1**
4	**2**	**0**	**2**	**0**	**0**	**2**
0	**0**	**0**	**0**	**0**	**0**	**2**
0	**2**	**3**	**4**	**1**	**1**	**0**
24	6	4	2	0	0	4
55	4	3	5	6	0	8
41	5	4	3	1	0	10
17	1	4	2	2	0	4
11	0	1	0	1	0	5
148	**16**	**16**	**12**	**10**	**0**	**31**
0	**0**	**0**	**0**	**0**	**0**	**0**
2	**0**	**0**	**0**	**0**	**0**	**0**
13	**0**	**4**	**5**	**4**	**0**	**5**
1	**0**	**0**	**0**	**0**	**0**	**0**
39	**8**	**13**	**20**	**2**	**0**	**2**
25	**6**	**13**	**13**	**2**	**0**	**5**
1	**0**	**0**	**0**	**0**	**0**	**0**
3	**1**	**1**	**0**	**0**	**0**	**2**

Complaints Received		Commissions
2012	2011	
4	4	Apprenticeship and Trades Certification Commission
2	1	Automobile Injury Appeal Commission
7	6	Saskatchewan Human Rights Commission
41	37	Saskatchewan Legal Aid Commission
5	2	Saskatchewan Public Complaints Commission
0	1	Saskatchewan Teachers' Superannuation Commission

Complaints Received		Agencies and Other Organizations
2012	2011	
1	1	Saskatchewan Assessment Management Agency
4	2	Saskatchewan Cancer Agency
1	0	Saskatchewan College of Midwives
1	0	Saskatchewan Human Rights Tribunal
2	0	Saskatchewan Institute of Applied Science and Technology (SIAST)

Complaints Received		Totals – All Categories
2012	2011	
2,495	2,160	

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
3	0	0	0	0	0	1
1	0	0	0	0	0	1
5	1	0	0	0	0	4
32	3	4	0	0	0	1
3	0	0	0	0	0	3
0	0	0	0	0	0	0

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
0	0	0	0	1	0	1
1	2	2	0	4	5	2
0	0	0	0	0	0	0
0	0	0	0	0	0	1
2	0	0	0	0	0	0

Complaints Closed in 2012

Initial Support	Referral Assistance	Situation Improved	Resolved	Not Resolved	Recommendation Made	Discontinued
1,408	261	385	362	77	34	297

Budget

		2010–2011 Audited Financial Statement*	2011–2012 Audited Financial Statement*	2012–2013 Budget*
REVENUE				
	General Revenue Fund appropriation	$2,223,264	$2,887,659	$3,075,000
	Miscellaneous		$23	
TOTAL REVENUE		$2,223,264	$2,887,682	$3,075,000
EXPENSES				
	Salaries and benefits	$1,833,885	$2,161,323	$2,391,000
	Office space & equipment rental	$163,125	$220,200	$223,600
	Communication	$27,689	$28,696	$29,200
	Misc services	$63,897	$73,839	$74,700
	Office supplies & expenses	$14,216	$23,743	$25,000
	Advertising, promotion & events	$23,935	$146,866	$97,000
	Travel	$38,054	$68,699	$72,800
	Amortization	$24,646	$32,928	-
	Dues & fees	$25,309	$67,671	$83,700
	Repairs & maintenance	$24,427	$45,162	$78,000
	Loss on disposal of capital assets	-	-	-
TOTAL EXPENSES		$2,239,183	$2,869,127	$3,075,000
ANNUAL (DEFICIT) SURPLUS		$(15,919)	$18,555	

* Due to the timing of this report, 2012–13 numbers reflect the budgeted amount rather than the actual.

Staff

Regina Office

Kevin Fenwick, Ombudsman

Gordon Mayer, General Counsel
January – April 2012

Gregory Sykes, General Counsel
April 2012 – onward

Janet Mirwaldt, Deputy Ombudsman

Brian Calder, Assistant Ombudsman

Jaime Carlson, Assistant Ombudsman

Kelly Chessie, Assistant Ombudsman

Sherry Davis, Assistant Ombudsman

Arlene Harris, Assistant Ombudsman

Pat Lyon, Assistant Ombudsman
(Term)

Aaron Orban, Assistant Ombudsman/
Public Interest Disclosure Investigator

Carol Spencer, Complaints Analyst

Leila Dueck, Director of
Communications

Debra Zick, Executive
Administrative Assistant
January – August 2012

Beverly Yuen, Executive
Administrative Assistant
September 2012 – onward

Azteca Landry,
Administrative Assistant
(Permanent Part-Time)

Saskatoon Office

Joni Sereda, Deputy Ombudsman

Renee Gavigan, Program Manager,
Intake

Christy Bell, Assistant Ombudsman

Jeff Cain, Assistant Ombudsman

Sherry Pelletier, Assistant Ombudsman

Karen Topolinski, Assistant
Ombudsman

Rob Walton, Assistant Ombudsman

Diane Totland, Complaints Analyst

Kathy Upton, Complaints Analyst

Lynne Fraser,
Manager of Administration
(Term January – April 2012)

Andrea Smandych,
Manager of Administration
April 2012 – onward

Michelle Baran,
Administrative Assistant
January – September 2012

Ryan Kennedy,
Administrative Assistant
(Permanent Part-Time)

promoting **fairness**