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Main points

The Ministry of Health (Ministry) has made progress to address our past recommendations but more work remains. The Ministry still needs:

- ◆ better reports from health agencies to monitor those agencies' progress towards achieving the Ministry's objectives
- ◆ a capital asset plan to help ensure it can carry out its strategic plan
- ◆ a written, tested, and approved business continuity plan to help ensure it can continue to provide critical services in the event of a disaster
- ◆ a formal agreement with its payroll service provider—the Public Service Commission
- ◆ to revise its human resource plan to quantify its human resource needs and measurable indicators and targets for all strategies

Also, the Ministry must collect overpayments totalling about \$4 million resulting from job evaluations of employees of regional health authorities.

The Ministry's Health Information Solutions Centre (HISC) has also made some progress to address our past recommendations to help improve integrity, confidentiality, and availability of its own systems and data and those that it maintains for other health agencies. However, it needs to do more to meet service level commitments to its clients for firewall management and disaster recovery, comply with its procedures for controlling user access to systems and data, protect systems and data from security threats, and have an approved and tested disaster recovery plan.

We also report that Saskatchewan Cancer Agency needs to follow its processes to control its bank account when making payments to employees.

Introduction

The Ministry of Health (Ministry) is responsible to support Saskatchewan residents in achieving their best possible health and well-being. To do this, the Ministry works with many partners including regional health authorities and the Saskatchewan Cancer Agency. The Ministry establishes policy direction, sets and monitors standards, and provides funding. The Ministry's primary roles are to provide leadership in defining and implementing a vision for health and healthy living and to provide essential and appropriate services to residents. The Ministry also works with other stakeholders to help ensure adequate recruitment, retention, and regulation of health care providers such as nurses and doctors.¹

Government spending on health

For the year ended March 31, 2009, the Ministry received about \$4.0 billion from the General Revenue Fund and spent this money on its programs. The Ministry's annual report contains information about the Ministry's expenses (the annual report is available at www.health.gov.sk.ca/).

Table 1 shows total health sector revenues of \$4.4 billion by source for the year ended March 31, 2009. Table 2 shows total health sector costs of \$4.0 billion by program for the year ended March 31, 2009. The costs in Table 2 do not include health services paid directly by the Government of Canada, nor the costs that individuals and private sector organizations pay directly for health services.

¹ Obtained from the Ministry of Health 2008-09 Annual Report.

Chapter 10A – Health

Table 1

Total Health Sector Revenues by Source for the years ended March 31
(in millions of dollars)

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
General Revenue Fund	\$ 3,976	\$ 3,504	\$ 3,203	\$ 2,991	\$ 2,774	\$ 2,516	\$ 2,343	\$ 2,200	\$ 2,076	\$ 1,956
Service fees revenue	172	160	143	136	126	121	113	110	109	99
Transfers from other governments ²	32	25	20	28	26	28	18	28	23	21
Ancillary revenue	21	18	19	19	17	26	22	20	18	17
Donations	38	23	17	19	16	15	18	15	17	12
Investment income	9	11	8	5	4	5	7	9	11	11
Other	<u>105</u>	<u>96</u>	<u>91</u>	<u>86</u>	<u>74</u>	<u>59</u>	<u>69</u>	<u>43</u>	<u>38</u>	<u>43</u>
Total revenues	<u>\$ 4,354</u>	<u>\$ 3,837</u>	<u>\$ 3,501</u>	<u>\$ 3,284</u>	<u>\$ 3,037</u>	<u>\$ 2,770</u>	<u>\$ 2,590</u>	<u>\$ 2,425</u>	<u>\$ 2,292</u>	<u>\$ 2,159</u>

Table 2

Total Health Sector Costs by Program for the years ended March 31
(in millions of dollars)

	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
Acute Services	\$ 1,527	\$ 1,460	\$ 1,293	\$ 1,259	\$ 1,169	\$ 1,063	\$ 963	\$ 900	\$ 824	\$ 797
Supportive care services	755	716	673	634	585	554	512	507	482	447
Medical services and education	639	590	585	533	496	455	446	421	401	384
Community care services	407	364	329	314	286	277	305	276	252	235
Prescription drugs	316	294	246	229	212	194	173	156	141	128
Provincial health services	272	234	205	190	175	162	144	136	122	102
Central Support Services	49	53	49	50	44	46	23	21	16	32
Other	37	37	31	30	26	34	44	60	43	38
Inter-entity expenses	<u>27</u>	<u>(97)</u>	<u>(66)</u>	<u>(17)</u>	<u>(49)</u>	<u>(40)</u>	<u>(52)</u>	<u>(53)</u>	<u>(58)</u>	<u>11</u>
Total costs	<u>\$ 4,029</u>	<u>\$ 3,651</u>	<u>\$ 3,345</u>	<u>\$ 3,222</u>	<u>\$ 2,944</u>	<u>\$ 2,745</u>	<u>\$ 2,558</u>	<u>\$ 2,424</u>	<u>\$ 2,223</u>	<u>\$ 2,174</u>

Source: *Public Accounts 2008-09: Volume 2: Details of Revenue and Expenditure* (see www.finance.gov.sk.ca/public-accounts) and March 31, 2009 financial statements of the RHAs and other Crown agencies.

Total health sector costs by program have been reclassified and restated to conform with the Ministry of Health's current expense categories. The total cost agrees to the Government's summary financial statements for each year.

Crown agencies

The Ministry is responsible for the following Crown agencies:

Year-end March 31

Twelve Regional Health Authorities
 Health Quality Council
 North Sask. Laundry & Support Services Ltd.
 Saskatchewan Association of Health Organizations (SAHO)
 Saskatchewan Cancer Agency
 Saskatchewan Health Information Network
 Saskatchewan Health Research Foundation
 Saskatchewan Impaired Driver Treatment Centre Board of Governors

² Transfers from other governments do not include the Canada Health transfer from the Federal Government.

Year-end December 31

SAHO, Disability Income Plan – C.U.P.E.
SAHO, Disability Income Plan – S.E.I.U.
SAHO, Disability Income Plan – S.U.N.
SAHO, Disability Income Plan – General
SAHO, Core Dental Plan
SAHO, In-Scope Extended Health/Enhanced Dental Plan
SAHO, Out-of-Scope Extended Health/Enhanced Dental Plan
SAHO, Group Life Insurance Plan
SAHO, Master Trust Combined Investment Fund

Audit conclusions and findings

We have completed the audits of the Ministry and its Crown agencies listed earlier for the year ended on or before March 31, 2009. Our audit opinions below exclude the results of our audits of the 12 regional health authorities. The results of those audits are reported in Chapter 10B.

In our opinion, for the year ended on or before March 31, 2009:

- ◆ **the Ministry and its agencies had adequate rules and procedures to safeguard public resources except for the matters reported in this chapter**
- ◆ **the Ministry and its agencies complied with the authorities governing their activities relating to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing**
- ◆ **the financial statements for the agencies listed earlier are reliable**

Later in this chapter, we report the result of our follow-up work to assess the progress of Health Information Solutions Centre, and SAHO to address our past recommendations. We also provide an update on the Standing Committee on Public Accounts' (PAC) past recommendations that the Ministry has not yet implemented.

Monitoring performance needs improvement

In our 2007 Report – Volume 3, we recommended that the Ministry obtain timely and complete performance information from health agencies and review the information to ensure that public money is used for the intended purposes.

In January 2008, PAC considered this matter and agreed with our recommendation.

The Ministry makes annual service agreements with health agencies to deliver health related services on its behalf. Those service agreements require agencies to provide the Ministry certain information (e.g., quarterly and annual financial reports comparing actual to budget and explanations of differences, quarterly operational performance reports) on specified dates. Without this information, the Ministry would not know if the health agencies used the money the Ministry gave them for the intended purposes. In 2008-09, the Ministry paid about \$207 million to such health agencies including the University of Saskatchewan.

During the year, most of the health agencies that provided information did not do so on time. Delays in receiving the required reports increase the risk that the Ministry may not be able to take timely corrective action when needed.

The Ministry still does not have a process to ensure that all health agencies provide timely reports as the service agreements require. Nor does it have a process to ensure it reviews those reports in a timely manner.

We continue to recommend that the Ministry of Health:

- ◆ obtain timely and complete performance information from health agencies
- ◆ review the information to ensure that public money is used for the intended purposes

Control of capital assets needs improvement

Since 2002, we have recommended that the Ministry of Health develop a capital asset plan to help ensure it can carry out its strategic plan.

In June 2004, PAC considered this matter and agreed with our recommendation.

The Ministry still does not have a capital asset plan. Lack of a capital asset plan increases the risk that the Ministry may not have the capital assets it needs to deliver the services citizens require or have idle capital assets that it could use at some other location. The Ministry uses over \$1 billion of capital assets (buildings and equipment) to deliver healthcare.

We note that the Ministry has identified the development of a 10-year capital plan as a key action in its plan for 2009-10.

We continue to recommend that the Ministry of Health develop a capital asset plan to help ensure that it can carry out its strategic plan.

Service agreement required

In our 2008 Report – Volume 3, we recommended that the Ministry of Health make an agreement with the Public Service Commission for providing payroll services.

In December 2008, PAC considered this matter and agreed with our recommendation.

In October 2007, the Ministry transferred to the Public Service Commission (PSC) certain employees working in the Ministry's payroll and human resource branches. Since then, PSC has been providing payroll services to the Ministry. The Ministry has not made an agreement with PSC setting out the roles and responsibilities of both PSC and the Ministry. Lack of a formal service agreement increases the risk that the Ministry may not receive the services it needs.

We continue to recommend that the Ministry of Health make an agreement with the Public Service Commission for providing payroll services.

Collection of overpaid salary needed

Since 2006, we have recommended that the Ministry of Health and Regional Health Authorities collect the overpayments resulting from the reconsideration of joint job evaluations.

In June 2007, PAC considered this matter and agreed with our recommendation.

At March 31, 2006, the Regional Health Authorities (RHAs) had overpaid about \$4 million for wages because of the average downward impact of the reconsideration appeal process on job evaluations. The Ministry and RHAs began to collect the overpayments. However, a ruling in October 2006 from the Labour Relations Board disallowed the collection process and RHAs returned the overpayments to the employees.

Because the Ministry has not established an agreed-upon collection process, it and RHAs may not be able to collect all the overpayments. This may result in a loss of about \$4 million of public money.

Management told us the Ministry is awaiting a further ruling from the Labour Relations Board on how RHAs can collect this money. As of August 2009, the Board has not considered this matter.

We continue to recommend that the Ministry of Health and the Regional Health Authorities collect the overpayments resulting from the reconsideration of joint job evaluations.

Complete business continuity plan needed

Since our 2005 Report – Volume 3, we have recommended that the Ministry of Health prepare a complete business continuity plan.

In March 2006, PAC considered this matter and agreed with our recommendation.

The Ministry has documented some parts of a business continuity plan (BCP).³ For example, the Ministry completed a business continuity threat and risk assessment during the year. Documenting risks and key services is needed to develop a complete BCP. The assessment identified key services that need to be provided during a disaster or emergency such as a pandemic. However, this assessment does not ensure that the Ministry would have the capacity or capability to deliver the necessary services in the time required.

The Ministry needs to prepare a complete BCP that sets out the services to be provided, the recovery time objectives, and staffing requirements to effectively respond to a crisis. Staff should be aware of their roles and responsibilities for carrying out the plan. Once the plan is complete, regular testing would be needed to ensure the plan would work when needed.

Management told us that after year-end the Ministry updated its BCP for the H1N1 pandemic. The Ministry plans to complete and test its BCP in 2010.

We continue to recommend that the Ministry of Health prepare a complete business continuity plan.

Human resource plan needs improvement

Since 2006, we have recommended that the Ministry of Health revise its human resource plan to quantify its human resources needs and to provide measurable indicators and targets for all strategies.

In June 2007, PAC considered this matter and agreed with our recommendation.

The Ministry has not revised its human resource plan to address our recommendation.

³**Business Continuity Plan (BCP)**—Plan by an organization to respond to unforeseen incidents, accidents, and disasters that could affect the normal operations of the organization's critical operations or functions.

We continue to recommend that the Ministry of Health revise its human resource plan to:

- ◆ quantify its human resources needs
- ◆ provide measurable indicators and targets for all strategies

Saskatchewan Cancer Agency

The Saskatchewan Cancer Agency (Agency) is responsible to conduct treatment, supportive care, research, education, prevention, and early detection programs for the control of cancer in Saskatchewan. The Agency operates cancer treatment centres in Regina and Saskatoon.

In 2009, the Agency had operating revenues of \$93.9 million, operating expenses of \$ 93.0 million, and surplus of \$0.9 million. At March 31, 2009, it held assets of \$48.9 million. The Agency's financial statements are included in its 2009 Annual Report.

Better compliance with established processes needed

The Agency needs to follow its established processes for controlling its bank account when making payments to its employees.

The Agency has established appropriate processes to control its bank accounts. Those processes require approval of employee timecards. Hourly paid employees record hours worked on timecards. Timecards determine the amount an employee is paid. Timecards also update information such as vacation time used. If timecards are not accurate, employees may be paid inappropriately.

The Agency's policies require managers to approve all timecards. Managers, however, did not always approve employee timecards. Lack of approval of timecards increases the risk of inaccurate timecards and inappropriate payments to employees.

1. **We recommend the Saskatchewan Cancer Agency follow its processes to control its bank account when making payments to employees.**

Better information technology processes needed

In 2005, we recommended that the Saskatchewan Cancer Agency strengthen the preparation, approval, and implementation of information technology (IT) processes for its information systems that are based on a formal threat and risk assessment.

In March 2006, PAC considered this matter and agreed with our recommendation.

The Agency has made progress towards addressing the above recommendation but more work remains. Not all of the Agency's IT processes are based on a threat and risk assessment.

We continue to recommend that the Saskatchewan Cancer Agency strengthen the preparation, approval, and implementation of information technology (IT) processes for its information systems that are based on a formal threat and risk assessment.

Health Information Solution Centre information technology security—a follow-up

In 2007, we audited processes the Ministry of Health's Health Information Solutions Centre (HISC) used for the period from March 1, 2007 to August 31, 2007 to protect the confidentiality, integrity, and availability of client information technology systems and data.

HISC is a branch of the Ministry of Health. The role of HISC is to facilitate the development, coordination, and use of information and technology solutions to support continuing improvements in health care delivery in Saskatchewan. In addition to coordinating health sector information technology (IT) and information management (IM) standards and planning, HISC develops and integrates health care information systems, supports the use of information for health care planning and accountability, and manages the provincial network that links health regions, facilities and agencies.⁴

⁴ <http://www.health.gov.sk.ca/about-hisc>

HISC provides services to government agencies such as the regional health authorities, the Saskatchewan Association of Health Organizations, Saskatchewan Cancer Agency, as well as other health-related agencies in the province. HISC uses the Saskatchewan Health Information Network (SHIN), a Treasury Board Crown corporation that HISC manages, to help provide IT services. For example, most agreements with service providers are signed by SHIN. However, since SHIN has no employees, the IT work is managed by HISC staff at the Ministry of Health.

To protect the Ministry, clients' systems, and to support their effective use, HISC needs adequate controls for its data centre and network. Unauthorized disclosure, loss, or inappropriate modification of information could harm individuals and larger population groups and would result in loss of public confidence in the Ministry. Inaccurate or missing information would impede effective planning and decision making at the regional and provincial level. Inadequate controls to protect the availability of systems or information could interfere with providing much needed health services.

In our 2007 Report – Volume 3 (Chapter 11F), we reported results of our audit. We concluded that HISC did not have adequate controls to protect the confidentiality, integrity, and availability of client information technology systems and data for the period March 1, 2007 to August 31, 2007. We made six recommendations.

On January 8, 2008, PAC agreed with our recommendations.

The following sections set out the recommendations (in italics) and HISC's actions up to September 30, 2009 to address those recommendations. HISC has made progress in responding to our recommendations. However, more work remains.

Security policies implemented

We recommended that HISC approve and implement its draft security policies and procedures.

HISC has met our recommendation. It has approved security policies. Now it is developing and implementing more detailed guidelines and

procedures. HISC has also undertaken education activities to raise awareness of its policies.

Security controls monitored

We recommended that HISC monitor the security of systems and data by reviewing regular reports on the adequacy of its controls.

HISC has met our recommendation. HISC now prepares regular reports for senior management on its security controls. Senior management uses these reports to help monitor security. In addition, HISC has done additional work and analysis on security, both on its own systems and to help assess the security of its clients. HISC has hired external resources to assist it in this work. The resulting reports assist in HISC's monitoring of security.

Need to meet service level commitments

We recommended that HISC meet its service level commitments to its clients related to firewall management and disaster recovery.

HISC uses service level agreements to manage client expectations. These agreements set out the responsibilities of HISC and its clients. HISC is now managing client firewalls as its agreements require. However, HISC is not yet monitoring client firewall logs to identify security threats as they occur. Also, HISC does not yet have an approved and tested disaster recovery plan as required in its service level commitments to clients (see discussion of disaster recovery plans below).

We continue to recommend that Health Information Solution Centre meet its service level commitments to its clients related to firewall log monitoring and disaster recovery.

Controlling user access

We recommended that HISC follow its procedures for controlling user access to systems and data.

HISC has taken steps to better control user access to systems. HISC should complete its work to ensure that its password and account

management policies are followed. For example, passwords must be changed regularly and accounts no longer needed must be removed on a timely basis.

We continue to recommend that Health Information Solution Centre follow its procedures for controlling user access to systems and data.

Protection from security threats required for systems and data

We recommended that HISC protect systems and data from security threats by adequately configuring, updating, and monitoring its computers and network equipment.

HISC has improved its protection of systems and data from security threats. It has improved its processes for configuring and updating its computers and network equipment. HISC implemented additional security measures and now collects additional information regarding security threats. HISC does not regularly review or analyze logs to identify security threats. HISC is in the process of installing equipment and software that will allow it to do so.

We continue to recommend that Health Information Solution Centre protect systems and data from security threats by adequately monitoring its computers and network equipment.

Approved and tested disaster recovery plan

We recommended that HISC have an approved and tested disaster recovery plan for systems and data.

HISC does not have a tested disaster recovery plan for its data centre. It has completed a business impact analysis and has carried out some work to help prepare for different types of workplace and human resource disruptions. Management told us that the Ministry is working to identify and remove single points of failure for critical systems while it examines options for addressing its full disaster recovery needs.

We continue to recommend that Health Information Solution Centre have an approved and tested disaster recovery plan for systems and data.

SAHO's controls to secure the payroll system—a follow-up

SAHO is responsible to provide leadership, support, and services to assist its members in effectively delivering a comprehensive range of health services to the people of Saskatchewan⁵. Services SAHO provides to its members include communications and advocacy, collective bargaining, human resources, administration, payroll, materials management, workplace, health and safety, and education. Its members are various healthcare providers within the province. The largest members are the regional health authorities (RHAs).

SAHO provides payroll services on a cost recovery basis. SAHO processes payroll for approximately 40,000 people. In 2009, the total payroll expenses (excluding benefits) from the payroll system exceeded \$1.67 billion. SAHO has a Human Resource Management Steering Committee (Committee) made up of members from the RHAs. The Committee makes recommendations to SAHO management about changes to the human resource and payroll system.

The payroll system is comprised of three separate computer systems known as Payroll Front End (PFE), Batch Calculations (BATCH), and Internet Personnel Front End (IPFE). PFE is a system some SAHO members still use to transfer payroll data to SAHO for processing. This system is several years old and is in the process of being replaced. BATCH does all payroll calculations. BATCH also maintains data such as sick day and vacation accruals. IPFE is designed to replace PFE. In addition to allowing SAHO members to transfer information to BATCH, IPFE also stores all payroll transactions processed. Therefore, SAHO members can use IPFE for reporting purposes.

In 2006, we audited SAHO's central controls to secure transactions on the payroll system. The central controls are SAHO's policies and procedures to ensure the confidentiality, availability, and integrity of the payroll system. We reported our audit results in Chapter 2E of our 2006 Report - Volume 3 and made four recommendations for SAHO to help improve its processes. PAC agreed with our recommendations in June 2007.

⁵ SAHO's Annual Report, 2008-2009.

In 2008, we completed our first follow-up to assess SAHO's progress towards addressing our recommendations. We concluded SAHO needed to do more work to fully address one of our recommendations. That recommendation required SAHO to monitor the security controls of its Internet Personnel Front End (IPFE) service provider to protect SAHO's systems and data.

The section below describes our second follow-up of SAHO's progress up to June 2009 towards the one outstanding recommendation.

Monitoring the IPFE service provider

In 2007, SAHO began receiving monthly security reports from the IPFE service provider. These reports include information on system availability, security breaches, and system vulnerability scans. However, these reports do not provide enough details to allow SAHO to assess whether security controls are working effectively. For example, SAHO should receive detailed findings of system vulnerability scans and review follow-up actions of the IPFE service provider. Management told us SAHO is making arrangements with its service provider to receive this information.

SAHO also needs to include monthly reporting requirements in its agreement with its IPFE service provider. Management told us that SAHO is drafting a new agreement with its IPFE service provider. Management also told us that the new agreement will include monthly reporting requirements.

We continue to recommend that Saskatchewan Association of Health Organizations monitor the security controls of its Internet Personnel Front End (IPFE) service provider to protect systems and data.

Status of other outstanding recommendations of the Standing Committee on Public Accounts

The following table provides an update on recommendations previously made by PAC that are not yet implemented and are not discussed earlier in this chapter.⁶

PAC REPORT YEAR ⁷	OUTSTANDING RECOMMENDATION	STATUS
Ministry of Health		
2002	CR5. The Standing Committee on Public Accounts recommends that the Department of Health continue to develop, as one component of resource allocation, processes that involve stakeholders and experts to identify and communicate priority health needs for the province, and health status objectives for the long term (e.g. 10 years or more) for the highest provincial health needs.	Partially implemented (as at March 31, 2009). The Ministry has determined priority health needs but needs to set specific health status objectives.
2002	PAC concurs: 1E-2 that the Department of Health should monitor and report the impact of resource allocation on the achievement of provincial objectives for service delivery and for health status.	Partially implemented (as at March 31, 2009). The Ministry has increased its capacity to monitor and report on the achievement of its objectives.
Health Sector Human Resources		
2007	PAC concurs: 2-1 that the Department of Health should present information on significant shortfalls or surpluses in human resources in its health sector human resource plan.	Not implemented (as at March 31, 2009). The Ministry has identified the development of a ten-year comprehensive health human resource plan as a key action for its 2009-10 Plan. We plan to do a follow-up in the future.

⁶ For the definitions of the key terms used in the table, see Chapter 20 – Standing Committee on Public Accounts.

⁷ PAC Report Year refers to the year that PAC first made the recommendation in its report to the Legislative Assembly.

PAC REPORT YEAR⁷	OUTSTANDING RECOMMENDATION	STATUS
2007	PAC concurs: 2-2 that the Department of Health should present information on succession planning and development strategies for its current workforce in its health sector human resource plan.	Not implemented (as at March 31, 2009). The Ministry has identified the development of a ten-year comprehensive health human resource plan as a key action in its 2009-10 Plan. We plan to do a follow-up in the future.
Ministry of Health (Reducing workplace injuries)		
2009	PAC concurs: 10C-7 that the Ministry of Health set long-term, provincial targets to reduce the rate and severity of health-sector workplace injuries.	Not implemented (as at September 30, 2008). We plan to do a follow-up in the future.
Métis Addictions Council of Saskatchewan Inc.		
2005	PAC concurs: 2E-3 that Board of Directors of the Métis Addictions Council of Saskatchewan Inc. should establish a long-term strategic plan and annual business and financial plans for the Métis Addictions Council of Saskatchewan Inc.	Partially implemented (as at March 31, 2009). MACSI prepared an annual business and financial plan. It has not yet prepared a strategic plan.
2005	PAC concurs: 2E-6 that Board of Directors of the Métis Addictions Council of Saskatchewan Inc. should periodically assess its own performance.	Not implemented (as at March 31, 2009). The permanent Board has not been in place long enough to assess its own performance yet.
2005	PAC concurs: 2E-13 that Department of Health should ensure the Métis Addictions Council of Saskatchewan Inc. (MACSI) implements recommendations 1-8 of 2004 Report – Volume 3.	Partially implemented (as at March 31, 2009). The Ministry has implemented all recommendations except the two noted above.
Saskatchewan Prescription Drug Plan		
2005	PAC concurs: 4-1 that the Department of Health should develop a plan to monitor and evaluate drug use in the population.	Not implemented (as at March 31, 2009). The Ministry has not developed a plan but has procedures for monitoring drug use in the population.

PAC REPORT YEAR ⁷	OUTSTANDING RECOMMENDATION	STATUS
2005	PAC concurs: 4-2 that the Department of Health should set, evaluate, and report on performance measures for the Saskatchewan Prescription Drug Plan.	Partially implemented (as at March 31, 2009). The Ministry has implemented a new system to collect statistical information on drug usage. We plan to do a follow-up on the Ministry's progress to set, evaluate and report on performance measures in 2009-10.
Saskatchewan Cancer Agency		
2009	PAC concurs: 10C-2 that the Saskatchewan Cancer Agency monitor its information technology service provider to ensure its systems and data are adequately protected.	Not implemented (as at March 31, 2009). We plan to do a follow-up in 2010.
2009	PAC concurs: 10C-3 that the Saskatchewan Cancer Agency follow its policies for accessing computer systems and data.	Not implemented (as at March 31, 2009). We plan to do a follow-up in 2010.
2009	PAC concurs: 10C-4 that the Saskatchewan Cancer Agency adequately protect its wireless computer systems against unauthorized access.	Not implemented (as at March 31, 2009). We plan to do a follow-up in 2010.
2009	PAC concurs: 10C-5 that the Saskatchewan Cancer Agency protect its computer systems and data by updating (patching) its computers against known security weaknesses.	Not implemented (as at March 31, 2009). We plan to do a follow-up in 2010.
2009	PAC concurs: 10C- 6 that the Saskatchewan Cancer Agency protect its information technology systems and data by adequately monitoring its systems and data for security threats.	Not implemented (as at March 31, 2009). We plan to do a follow-up in 2010.

PAC REPORT YEAR ⁷	OUTSTANDING RECOMMENDATION	STATUS
2009	PAC concurs: 10C-7 that the Saskatchewan Cancer Agency adequately test its disaster recovery plan.	Not implemented (as at March 31, 2009). We plan to do a follow-up in 2010.

Glossary

Account—A unique identity set up on a computer or network that allows access to specific systems and data.

Configure—To set up or arrange in order to achieve a specific purpose (e.g., maximize security).

Data centre—A central location for computer network hardware and software, especially storage devices for data.

Disaster recovery plan—A plan for an organization to restore necessary IT services in the event of an emergency or disaster. A disaster recovery plan is one part of a larger, organization-wide business continuity plan.

Firewall—Software and/or hardware intended to restrict or block access to a network or computer. Firewalls can be set up to only allow certain types of data through.

Log—A record of computer, network, or application use.

Network—A group of computers that communicate with each other.

Service level agreement—An agreement of one agency to provide IT services to another agency. Agreements usually specify the extent and quality of services to be provided.