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11B

Regional Health Authorities

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Main points

Regional Health Authorities (RHAs) continue to make progress towards improving how they safeguard public money. Two RHAs still need to control bank accounts when making payments to their employees and vendors. Some RHAs need to do more work to have complete and tested disaster recovery plans and some still do not have complete information technology (IT) processes. They need disaster recovery plans and IT processes to ensure the security, integrity and availability of their systems and data.

Sun Country RHA needs to follow its established policies when hiring management personnel. Lack of compliance with policies could result in inappropriate hiring decisions. Sun Country RHA also needs to establish processes for administering its relocation incentives. Lack of clear processes resulted in the loss of public money.

Cypress RHA has implemented three of our past recommendations to secure its information technology systems and data and needs to do more to fully address the remaining four. Five Hills RHA has fully addressed all of our past recommendations to improve its processes to achieve planned results.

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Introduction

The Regional Health Services Act (the Act) makes the 12 Regional Health Authorities (RHAs) responsible for the planning, organization, delivery, and evaluation of health services in their health regions.

In 2010, the RHAs had revenues totalling \$2.9 billion (\$2.5 billion from the Ministry of Health). They had a combined annual deficit of \$147 million (2009 - \$317 million surplus). At March 31, 2010, the RHAs held total assets of \$1.6 billion (2009 - \$1.6 billion). Each RHA's annual report includes its audited financial statements.

Under the Act, RHAs have the authority to appoint auditors. We work with appointed auditors using the framework recommended in the *Report of the Task Force on Roles, Responsibilities and Duties of Auditors* (www.auditor.sk.ca/rrd.html).

The following lists the RHAs and their appointed auditors. We audit the Regina Qu'Appelle RHA directly.

<u>RHA</u>	<u>Appointed Auditor</u>
Cypress	Stark & Marsh
Five Hills	Virtus Group LLP
Heartland	KPMG LLP
Kelsey Trail	Neupath Group, PC Inc.
Keewatin Yatthé	Meyers Norris Penny LLP
Mamawetan Churchill River	Deloitte & Touche LLP
Prairie North	Menssa Baert Cameron Oldershaw
Prince Albert Parkland	Meyers Norris Penny LLP
Saskatoon	KPMG LLP
Sun Country	Virtus Group LLP
Sunrise	Parker Quine LLP

This chapter reports the results of our annual audits of RHAs, and our follow-up work on the RHAs described below:

- ◆ Cypress – processes to secure (i.e., protect confidentiality, integrity, and availability) its information technology systems and data
- ◆ Five Hills – processes to achieve planned results

We also provide an update on the status of recommendations that the Standing Committee on Public Accounts made in the past that the RHAs have not yet implemented and are not discussed elsewhere in this chapter.

Audit conclusions and findings

In our opinion, for the year ended March 31, 2010:

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

To complete our work, we relied on the work and reports of appointed auditors, except for the work and report of the appointed auditor of Sun Country. We did not rely on the appointed auditor's work and report related to the RHA's information technology policies including disaster recovery processes. We describe this matter later in this chapter under the heading "Protecting Information technology (IT) systems and data".

When we do not rely on the work and reports of an appointed auditor, *The Provincial Auditor Act* requires us to do additional work and report the results of our work. Our additional work consisted of examining Sun Country's information technology policies, disaster recovery processes, and discussions with management.

Controlling bank accounts

In our 2007 Report – Volume 3, 2008 Report – Volume 3, and 2009 Report – Volume 2, we recommended that Mamawetan Churchill River, Cypress, Kelsey Trail, and Prairie North follow their processes to control bank accounts when making payments to employees and vendors. The Standing Committee on Public Accounts (PAC) agreed with our recommendations in January 2008, December 2008, and June 2010. While Kelsey Trail and Cypress have addressed our recommendation, Mamawetan Churchill River and Prairie North have not done so.

Employees at Mamawetan Churchill River did not always follow the established processes to control bank accounts. Employees did not always prepare and obtain approval of purchase orders before receipt of goods and services and managers did not always approve employee expenses before payments. Lack of timely approval of purchase orders and employees' expenses could result in loss or misuse of public money.

We continue to recommend that Mamawetan Churchill River Regional Health Authority follow its established processes to control its bank accounts when making payments to employees and vendors.

In 2009, management of Prairie North told us that it would reinforce the requirement for review and approval of timesheets to all employees. Also, management told us that Prairie North had begun a process of training managers and providing regular feedback to managers to ensure compliance with policies and procedures.

During 2009-10, employees did not always ensure that employees' time sheets had supervisory approval before processing payroll and supervisors continued to ignore the policy of approving all time sheets. Lack of approval of time sheets increases the risk of incorrect payments and benefits.

We continue to recommend that Prairie North Regional Health Authority follow its processes to control bank accounts when making payments to employees.

Protecting information technology (IT) systems and data

In our past reports, we recommended that Kelsey Trail, Keewatin Yatthé, Heartland, Mamawetan Churchill River, Regina Qu'Appelle, and Saskatoon establish IT policies and procedures based on a threat and risk analysis. In October 2005, June 2007, January 2008, and June 2010, PAC agreed with our recommendations.

The RHAs continue to make progress but more work remains. Kelsey Trail and Keewatin Yatthé have addressed our recommendations. Heartland, Mamawetan Churchill River, Saskatoon, and Regina Qu'Appelle need to do more to help improve the confidentiality, integrity, and availability of IT systems and data.

For example, Heartland and Saskatoon need to further improve their policies and procedures to allow and remove user access to IT systems and data. Mamawetan Churchill River has not yet established all policies and procedures necessary to secure its systems and data. Regina Qu'Appelle needs to follow its established procedures for removing user accounts and monitoring firewalls. Lack of adequate policies and procedures to grant and remove user access and non-compliance with established policies increase the risk of inappropriate and unauthorized changes to systems and data.

In our 2008 Report –Volume 3, we reported that Cypress did not have adequate processes to protect its IT systems and data and made recommendations. During the year, we assessed how well Cypress has addressed our recommendations. We report the results of our work later in this chapter (see page 170 for details).

As stated earlier, the appointed auditor for Sun Country did not identify the inadequacy of the RHA's IT policies and procedures. We assessed the RHA's IT policies and procedures and concluded that they were not adequate. For example, Sun Country did not always remove access to systems and data for terminated employees and employees that changed positions. Also, some of its employees had passwords not set to expire.

Without adequate IT processes, the RHAs risk unauthorized disclosure of confidential information, reliance on incomplete and inaccurate information, and the loss of vital information.

We examined Saskatoon's processes to protect its IT infrastructure for the period from February 1, 2010 to July 31, 2010. We report our conclusion, findings, and recommendations in Chapter 11D.

We continue to recommend that Heartland, Mamawetan Churchill River, Regina Qu'Appelle, Saskatoon, and Sun Country Regional Health Authorities establish information technology policies and procedures based on a threat and risk analysis.

Disaster recovery planning

In 2009, we assessed the adequacy of RHAs' IT disaster recovery plans (DRP) and reported that most RHAs have done some work addressing their disaster recovery issues. However, none of the RHAs, except for Prince Albert Parkland and Five Hills, had a complete and tested DRP for the systems and data they manage. We recommended that all regional health authorities establish adequate disaster recovery plans and test those plans to ensure their effectiveness. In June 2010, PAC agreed with our recommendation.

The primary function of a DRP is to rebuild or restore IT resources to provide access to necessary information immediately after a major disaster or other interruption. To protect systems and data that support patient care, RHAs must have adequate DRPs. Lack of adequate disaster recovery planning could result in systems, data, and services not being available to RHAs when needed.

We describe below the status of each RHA's DRP at March 31, 2010.

Cypress:	Incomplete (see page 170 for details).
Heartland:	Incomplete. The DRP does not include all key requirements (e.g., needs to identify recovery time requirements).
Kelsey Trail:	Complete. However, the DRP has not been tested to assess its effectiveness.
Keewatin Yatthé:	The RHA uses Prairie North as its service provider. Prairie North has an adequate DRP but needs to continue regular testing.

Mamawetan

Churchill River: No documented DRP. Threat and risk analysis completed.

Prairie North: Complete. However, the RHA needs to continue regular testing to ensure its effectiveness.

Regina Qu’Appelle: Incomplete. The DRP does not describe how to restore key systems and data.

Saskatoon: No documented DRP (see Chapter 11D for details).

Sun Country: Incomplete. The DRP does not include recovery time requirements for critical systems.

Sunrise: Complete. However, the DRP has not been tested to assess its effectiveness.

We continue to recommend that all regional health authorities establish adequate disaster recovery plans and regularly test those plans to ensure their effectiveness.

Establishing complete policies and procedures

In our past reports, we recommended that Regina Qu’Appelle and Cypress establish complete written financial management policies and procedures. In June 2004 and December 2008, PAC agreed with our recommendation.

Regina Qu’Appelle has fully addressed our recommendation. Cypress needs to finalize its policies for delegation of authority, capital assets, investments, and contract management.

Written policies and procedures provide for the orderly and efficient conduct of business, reinforce the Board’s delegation of authority, and document the responsibilities of staff. Written policies and procedures help reduce the risk of errors, fraud, breakdowns in control, and unauthorized transactions.

We continue to recommend that Cypress Regional Health Authority establish complete written financial management policies and procedures.

Assessing the need for internal audit function

In our 2008 Report – Volume 3, we recommended that the Regina Qu'Appelle Board implement an internal auditor function. In December 2008, PAC agreed with our recommendation.

In our 2009 Report – Volume 3, we recommended that Prairie North and Prince Albert Parkland assess the need for an internal audit function. In June 2010, PAC agreed with our recommendation.

Regina Qu'Appelle, Prairie North, and Prince Albert Parkland have several operating centres (long-term facilities) that receive money, buy goods, and approve invoices for payments. Often, those operating centres do not always agree cash received to cash deposited in the bank and do not adequately segregate employees' duties (i.e., some employees receive cash and record these amounts in the financial records).

Large, diverse organizations with complex management systems need to know if their systems are adequate to meet their objectives. An internal audit function can provide assurance to Boards about the adequacy of their risk management processes, the reliability of their financial reports, the effectiveness of controls to safeguard public resources, and staff compliance with controls.

We urge the Board of Regina Qu'Appelle to implement the earlier Board's decision to establish an internal auditor function.

Management of Prince Albert Parkland told us on August 23, 2010 that the RHA is in the process of hiring a financial analyst for the internal audit function.

The Board of Prairie North continues to gather information to assess its need for an internal audit function.

We continue to recommend that Regina Qu'Appelle Regional Health Authority Board implement an internal audit function.

We continue to recommend that Prairie North Regional Health Authority assess the need for an internal audit function.

Controlling capital assets

In our past reports, we recommended that Keewatin Yatthé and Prairie North periodically count their capital assets and agree their capital asset records to their accounting records regularly. In our 2009 Report – Volume 3, we also recommended that Heartland maintain a current list of its capital assets. In December 2008 and June 2010, PAC agreed with our recommendations.

Prairie North and Keewatin Yatthé have invested about \$58.2 million and \$25.1 million respectively in capital assets. Because Prairie North and Keewatin Yatthé did not periodically count their assets and agree the count to the capital asset records, they did not know if the capital assets exist or their accounting records are accurate. Inaccurate capital asset records could cause the RHAs to make wrong decisions about equipment purchases and disposals.

During the year, Keewatin Yatthé made no progress to address our recommendation. Management of Prairie North has implemented a new assets management system that links to its financial system. However, it has not counted its assets.

Heartland has addressed our recommendation and now has an updated listing of its capital assets.

We continue to recommend that Keewatin Yatthé Regional Health Authority and Prairie North Regional Health Authority periodically count their capital assets and agree their capital asset records to their accounting records regularly.

Changing accounting records

Mamawetan Churchill River needs to authorize all adjustments to accounting records (journal entries).

Mamawetan Churchill River requires managers to review and approve all journal entries before entering adjustments in its accounting records. However, the journal entries that we examined did not always show evidence of managerial approval.

Lack of approval of journal entries increases the risk of fraud and errors without timely detection.

- 1. We recommend that Mamawetan Churchill River Regional Health Authority approve all journal entries before adjusting its accounting records.**

Improving hiring practices

Agencies need rigorous hiring practices to help ensure they hire the right employees for the right jobs. They must then follow those policies when hiring employees for all levels including management personnel.

During 2009, we examined hiring practices at Regina Qu'Appelle, Prairie North, and Sun Country. We looked at the adequacy of these RHAs' hiring policies and procedures and assessed how well they followed those policies and procedures when hiring management personnel.

All three RHAs had adequate hiring policies and procedures. Those policies require officials to review candidates' resumes and credentials (e.g., transcripts, certificates), interview candidates, perform necessary reference checks, and obtain a criminal record check before hiring. Regina Qu'Appelle and Prairie North followed their established policies. Sun Country, however, did not always comply with its established policies.

Officials at Sun Country did not always document the results of interviews, reference checks, and criminal record checks. Nor did they document reasons for hiring a candidate who did not meet the qualifications in the selected position description.

Lack of compliance with policies for hiring management personnel could result in inappropriate hiring decisions.

- 2. We recommend that Sun Country Regional Health Authority follow its policies and procedures when hiring management personnel.**

Relocation incentive policies

Sun Country RHA needs to establish a relocation policy to help control expenses relating to hiring new employees.

For difficult to fill positions, Sun Country gives relocation incentives to help attract new employees to the Region. However, it does not have policies and procedures for administering such incentives. For instance, it has not established policies setting out when to offer relocation incentives, maximum amounts, or the process to disburse payments for such incentives. Lack of clear policies and procedures could result in a loss of public money.

In 2008, Sun Country agreed to pay a newly hired senior employee a relocation allowance of \$15,000 upon the production of original receipts to support the expenses. The employee used a Sun Country purchase card¹ to pay for relocation expenses and continued to do so for nearly two years after commencing employment. The employee did not submit support for the majority of 2009-10 purchase card expenses until March 2010.

By March 31, 2010, the employee had charged about \$25,000 on the purchase card for his relocation expenses. The employee repaid about \$10,000 representing the amount in excess of the agreed upon relocation expenses. The employee has since left Sun Country's employment.

- 3. We recommend that Sun Country Regional Health Authority establish policies and procedures for relocation incentives for new hires.**

Improving human resource plans

In our 2009 Report – Volume 3, we reported the results of our work to assess the human resources plans of Regina Qu'Appelle and Saskatoon against the key elements of a good human resource plan.

¹ A purchase card is a credit card issued in the name of the employee and the employer.

We recommended that:

- ◆ Regina Qu'Appelle analyze the extent of its workforce gaps and estimate their future impact on services delivery
- ◆ Regina Qu'Appelle clarify the resources it needs to implement its human resources plan
- ◆ Regina Qu'Appelle identify human resources risks and monitor them at least quarterly using key performance measures
- ◆ Saskatoon clarify the resources it needs to implement its human resource plan

In June 2010, PAC agreed with our recommendations.

During the year, we assessed the progress of both Regina Qu'Appelle and Saskatoon towards addressing the above recommendations.

Regina Qu'Appelle

Regina Qu'Appelle has clarified the resources it needs for its human resource plan. It has established the Workforce Planning Steering Committee (Committee) for setting direction and making decisions relating to human resource planning priorities, needs, and reporting requirements. The Committee has begun to identify and analyze key staffing risks and human resource performance indicators. However, the Committee has not yet completed its analysis of workforce gaps or established risk assessment processes relating to all significant occupational groups. The Committee needs to do so before it can develop a complete human resource plan.

We continue to recommend that Regina Qu'Appelle Regional Health Authority analyze the extent of its workforce gaps and estimate their future impact on service delivery.

We continue to recommend that Regina Qu'Appelle Regional Health Authority monitor human resource risks at least quarterly using key performance measures.

Saskatoon

Saskatoon identified overall human resource priorities and risks across the region in its Organizational Workforce Plan (Workforce Plan). The Workforce Plan includes 11 human resource strategies. Saskatoon has

also created detail work plans for implementing those human resource strategies.

Saskatoon has clarified the resources needed to implement the human resources strategies and has allocated resources to the functional areas in its work plan.

Saskatoon has fully addressed our recommendation.

Other matters – Loss of public money

During the year, Keewatin Yatthé lost approximately \$3,000 of public money. The loss occurred because staff left cash unattended in a public area of the RHA's facility. Keewatin Yatthé reported this matter to the police and changed the location of the cash box.

During the year, an employee at Sun Country misused a purchase card.² The employee used the purchase card for personal travel and expenses totalling \$6,080. When Sun Country became aware of the misuse, it cancelled the card. Sun Country was setting up a repayment plan when the employee resigned, moved to another province, and claimed bankruptcy. The employee owes Sun Country this money, as well as relocation expenses of \$7,442 and other benefits of \$2,066, for a total of \$15,588 plus interest. Sun Country has forwarded this account to a collection agency for collection.

Furthermore, Sun Country had no evidence of the reference checks when it hired this employee in May 2009. Nor did it obtain a criminal record check or document evidence of its review of the employee's credentials. As we stated earlier, Sun Country's policies require officials to do so before hiring staff.

Cypress RHA's processes to secure IT systems and data—a follow-up

In 2008, we assessed Cypress' processes to secure (i.e., protect confidentiality, integrity, and availability) its information technology systems and data. In our 2008 Report – Volume 3, we concluded that

² A purchase card is a credit card issued in the name of the employee and the employer.

Cypress did not have adequate processes to secure its information technology systems and data. We made seven recommendations. In December 2008, PAC agreed with our recommendations.

In 2010, we assessed the progress Cypress made towards addressing our recommendations. Although Cypress has implemented two of our recommendations, it needs to do more work to fully address the remaining five recommendations.

The following section sets out the recommendations (in italics) and Cypress' progress to July 31, 2010 towards addressing those recommendations.

Assess risks

We recommended that Cypress formally assess the threats and risks to its information technology systems and data.

Cypress has fully addressed our recommendation.

Cypress approved an information technology (IT) plan for 2009-10 that identified IT risks. Cypress has not yet completed its IT strategic plan for 2010-11.

Monitor IT security

We recommended that Cypress monitor the security of its information technology systems and data.

Cypress has partially addressed our recommendation.

To effectively monitor the security of its IT systems and data, Cypress needs policies and procedures for responding to security incidents.

Cypress uses reports from security devices, such as firewalls, to identify and respond to possible security incidents. It also has a system to record incidents reported. At July 2010, it has not established a policy to consistently document and respond to all incidents. Also, it has not defined a communication strategy for reporting incidents to senior management or the Board.

Cypress uses the IT unit of the Ministry of Health (Ministry) for specific IT and security services (e.g., firewall management, disaster recovery for some applications). Cypress received monthly security reports from the Ministry. However, these reports do not provide sufficient information for Cypress to evaluate the impact of security risks on Cypress' systems and data.

We continue to recommend that Cypress Regional Health Authority monitor the security of its information technology systems and data.

Control user access

We recommended that Cypress establish and follow its policies and procedures for granting and removing user access to computer systems and data.

Cypress has partially addressed our recommendation.

Cypress is improving its controls over user access. Cypress has documented its processes for granting user access. It has a process to verify user identity before resetting a user's password or account. Cypress should ensure it promptly removes access when employees leave Cypress' employment.

We continue to recommend that Cypress Regional Health Authority establish and follow its policies and procedures for granting and removing user access to computer systems and data.

Configure computer systems and data

We recommended that Cypress configure its computer systems and data to protect them from external threats including theft or loss.

Cypress has partially addressed our recommendation.

Cypress has taken some steps to improve its configuration of computer systems and data to protect them from external threats. Management told us it plans to deploy laptops with hard drive encryption and is currently investigating encryption of the hard drives for portable media and some desktops. Cypress needs to address other configuration issues. For

example, it should track unsuccessful attempts to gain access to computers and network devices, and consistently enforce password requirements.

We continue to recommend that Cypress Regional Health Authority configure its computer systems and data to protect them from external threats including theft or loss.

Protect computer systems and data

We recommended that Cypress physically protect its computer systems and data from loss or damage.

Cypress has fully addressed our recommendation.

Cypress has appropriately restricted access to its server rooms. It also has relocated equipment to protect critical systems and data with fire suppression systems.

Complete and test disaster recovery plan

We recommended that Cypress complete, approve, and test its disaster recovery plan.

Cypress has not addressed our recommendation.

Cypress has not developed a disaster recovery plan. It is identifying its recovery requirements for key systems and data. Management told us it plans to use this information to assess risk and develop its recovery plans. Cypress also needs to agree with the Ministry on disaster recovery requirements for systems and data hosted by the Ministry.

At July 2010, Cypress had purchased a system to create offsite backups but had not implemented this system. Management told us it plans to implement and document the process in the fall of 2010.

We continue to recommend that Cypress Regional Health Authority complete, approve and test its disaster recovery plan.

Manage IT changes

We recommended that Cypress implement adequate policies and procedures for managing changes to computer systems and data.

Cypress has partially addressed our recommendation.

Cypress has not implemented adequate policies and procedures for managing changes to computer systems (including approval and testing). At July 2010, it had established a system to track changes.

We continue to recommend that Cypress Regional Health Authority implement adequate policies and procedures for managing changes to computer systems and data.

Five Hills RHA's processes to achieve planned outcomes—a follow-up

In our 2007 Report – Volume 1, we concluded that Five Hills had adequate processes to achieve planned outcomes except that it did not:

- ◆ formally analyze results (i.e., activities completed and outcomes achieved) and use that analysis to support decisions
- ◆ have a training or development program to prepare managers to focus on results

We made three recommendations. In June 2007, PAC agreed with our recommendations.

Our 2008 Report – Volume 3 described our first follow-up and reported that Five Hills had fully addressed one recommendation.³

In 2010, we did second follow-up to assess the RHA's progress towards addressing the remaining two recommendations. The following section sets out the remaining recommendations (in italics) and Five Hills' progress up to August 31, 2010.

³ In 2008, Five Hills had implemented the recommendation to support its decisions to align resources to expected outcomes using reports that analyze progress toward planned priorities.

Preparing progress reports and analyzing results

We recommended that Five Hills prepare, at least annually, written progress reports for its strategic priorities that include analysis of results (i.e., activities and outcomes). Analysis should compare actual results to baselines and planned targets, include forecasts, and explain why the results vary from the plan.

Five Hills has fully addressed our recommendation.

In December 2009, the Board approved a policy requiring regular progress reports on Five Hills' strategic priorities. The policy required an analysis of progress on activities and outcomes, forecast completion dates, and explanations for why results differed from the plan or target.

In 2010, the Board received progress reports prepared in accordance with the policy. These reports helped the Board to monitor Five Hills' progress towards its strategic objectives. For example, the Board received quarterly reports on important priorities such as surgical wait times, and comparisons of actual wait times to both the regional target and the provincial average of time waited for similar surgeries.

Five Hills also provided a report on primary health care to the Board. It outlined operational activities and showed quarterly comparisons to targets. The Board also received brief updates on strategic priorities such as retaining and recruiting workers. These updates compared results for three years to the target and described planned activities.

Learning new management skills

We recommended that Five Hills routinely provide its managers with opportunities to learn about outcome-oriented management (i.e., about selecting useful targets, analyzing results in the short, medium, and long term and using performance information).

Five Hills has fully addressed our recommendation.

In 2010, Five Hills routinely provided new staff with a two-week orientation. In addition, new managers completed an orientation checklist. This checklist required discussion with other managers about strategic

priorities and monitoring outcomes.⁴ For example, new managers learned about monitoring results in terms of financial reports and quality improvement projects.

Five Hills also developed a leadership project team. This team promoted leadership training and served as role models for other managers. In 2009 and 2010, the leadership project team improved the managers' orientation, made presentations about management skills, and began long-term planning for training managers.

Five Hills also provided routine quality-improvement training to those carrying out quality-improvement projects. This training included setting targets for improvements and learning to monitor progress toward these targets. Forty-one staff, including many of its managers, received this training. In addition, several members of the Board and senior leadership team attended six training workshops with the Health Quality Council of Saskatchewan. These workshops explained how to measure outcomes in the short and long term.

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.⁵

PAC REPORT YEAR⁶	OUTSTANDING RECOMMENDATION	STATUS
Ministry of Health (Regional Health Authorities)		
2002	PAC concurs: 6D-1 that all RHAs should prepare capital equipment plans that contain the key elements for capital equipment plans in the public sector.	Partially implemented (as at March 31, 2010). Capital equipment plans are improving but still do not contain all key elements of good plans.

⁴ Strategic priorities are set out in Five Hills' Strategic Plan.

⁵ For the definitions of the key terms used in the table, see Chapter 24 – Standing Committee on Public Accounts.

⁶ PAC Report Year refers to the year that PAC first made the recommendation in its report to the Legislative Assembly.

PAC REPORT YEAR ⁶	OUTSTANDING RECOMMENDATION	STATUS
Ministry of Health (Injury reduction)		
2005	PAC concurs: 2-1 that the Boards of Governors of the Regina Qu'Appelle and Saskatoon Health Regions should commit to workplace safety as a priority and that the boards should: - set specific targets to reduce work-related injuries to care staff in the short term - allocate resources to achieve the targets (e.g. staff or mechanical aids) - receive frequent reports about injury rates and actions to reduce injuries - hold senior managers accountable to reduce injuries	Partially implemented (as at September 30, 2008). We plan to do a follow-up in 2011.
2005	PAC concurs: 2-2 that the Regina Qu'Appelle and Saskatoon Health Regions should analyze the unit staffing patterns that are associated with high and low injury rates, and implement the lessons learned.	Partially implemented (as at September 30, 2008). We plan to do a follow-up in 2011.
2005	PAC concurs: 2-3 that the occupational health committees of the Regina Qu'Appelle and Saskatoon Health Regions should: - monitor injury trends at least quarterly - analyze the causes of injuries in areas with high injury rates at every meeting - make written recommendations to senior management and their board to fix unresolved causes of injuries	Partially implemented (as at September 30, 2008). We plan to do a follow-up in 2011.
Ministry of Health (Immunization coverage)		
2009	PAC concurs: 2D-1 that the Prince Albert Parkland Regional Health Authority work with First Nations and federal health agencies to maximize access to immunization for children in the region.	Partially implemented (as at September 24, 2008). We plan to do a follow-up in 2011.

Chapter 11B – Regional Health Authorities

PAC REPORT YEAR⁶	OUTSTANDING RECOMMENDATION	STATUS
2009	PAC concurs: 2D-2 that the Prince Albert Parkland Regional Health Authority set target immunization coverage rates for children in the region and develop plans to achieve those targets.	Partially implemented (as at September 24, 2008). We plan to do a follow-up in 2011.
2009	PAC concurs: 2D-3 that the Prince Albert Parkland Regional Health Authority regularly report to its board an analysis of the causes of its low immunization coverage rate.	Partially implemented (as at September 24, 2008). We plan to do a follow-up in 2011.
Ministry of Health (Hospital acquired infections)		
2009	PAC concurs: 11D-2 that the Sunrise Regional Health Authority provide guidance to help staff fully identify, investigate, analyze and report hospital-acquired infections.	Partially implemented (as at August 31, 2009). We plan to do a follow-up in 2011.
2009	PAC concurs: 11D-3 that the Sunrise Regional Health Authority focus its actions to prevent and manage hospital-acquired infections by reporting and monitoring: -the rates and causes of hospital-acquired infections -progress toward targets by type of infection	Partially implemented (as at August 31, 2009). We plan to do a follow-up in 2011.