

Chapter 7 Health

1.0 MAIN POINTS

The Ministry of Health, six of its agencies, and nine benefit plans reported in this chapter complied with authorities governing their activities. Each of these agencies and benefit plans' 2017-18 financial statements are reliable. The Ministry and the six agencies had effective rules and procedures to safeguard public resources except for the matters related to the Ministry.

The Ministry needs to follow its established procedures for promptly removing unneeded user access to its computer systems and data. Not following the established procedures increases the risk of inappropriate access.

2.0 INTRODUCTION

2.1 Background

The Ministry of Health provides provincial oversight for the healthcare system. It is responsible for providing leadership for the health sector on strategic policy, allocating funding, and monitoring and enforcing health standards.

The Ministry oversees and funds the provincial healthcare system. This system includes the Saskatchewan Health Authority, Saskatchewan Cancer Agency, affiliated healthcare organizations, Athabasca Health Authority, and health professionals.^{1,2}

The Ministry directly administers key health programs such as the Saskatchewan Medical Care Insurance Plan and the Saskatchewan Prescription Drug Plan. In addition, it assists the Saskatchewan Health Authority, Saskatchewan Cancer Agency, and other stakeholders in recruiting and retaining healthcare providers, including nurses and physicians.

2.2 Financial Overview

For the year ended March 31, 2018, the Ministry had revenues of \$15.8 million including \$4.9 million from transfers from the Federal Government for healthcare initiatives.³ As reflected in **Figure 1**, the Ministry spent almost \$5.3 billion to deliver its programs and services in 2017-18.⁴ Information about the Ministry's revenues and expenses appears in its annual report.

¹ Affiliated healthcare organizations are privately owned agencies that are contracted by the Saskatchewan Health Authority to deliver healthcare (e.g., St. Paul's [Grey Nuns] Hospital of Saskatoon, Providence Place for Holistic Health Inc. in Moose Jaw).

² At March 31, 2018, the Athabasca Health Authority operated under an agreement between the province, Canada, and six northern First Nations. The Ministry funds the Authority for acute care expenses.

³ Ministry of Health, *2017-18 Annual Report*, p. 23.

⁴ *Ibid.*, pp. 21-22.

**Figure 1 – Major Programs and Spending**

	Estimates 2017-18 ^A	Actual 2017-18
	(in millions)	
Central Management and Services	\$ 10.1	\$ 9.3
Provincial Health Services	209.4	212.9
Regional Health Authorities ^B	3,706.5	3,756.4
Medical Services & Medical Education Programs	894.9	927.8
Drug Plan & Extended Benefits	384.5	385.4
Total Appropriation	<u>5,205.4</u>	<u>5,291.8</u>
Capital Asset Acquisitions	(0.4)	(0.5)
Non-Appropriated Expense Adjustment	0.8	0.8
Total Expense	<u>\$ 5,205.8</u>	<u>\$ 5,292.1</u>

Source: Ministry of Health, 2017-18 Annual Report, pp. 21-22.

^A During 2017-18, the Ministry received a budget increase of \$93.6 million comprised of a supplementary estimate of \$36.5 million and a special warrant of \$57.1 million. It used the majority of the increase to fund the Regional Health Authorities subvote.

^B On December 4, 2017, the Government of Saskatchewan consolidated the 12 regional health authorities into one provincial health authority called the Saskatchewan Health Authority.

3.0 AUDIT CONCLUSIONS

3.1 Related Crown Agencies and Benefit Plans

At March 31, 2018, the Ministry was responsible for the following Crown agencies and benefit plans.

We have reported the results of our audits of agencies in [blue font](#) in the chapter identified. This chapter reports the results of our audits of the Ministry, the six remaining agencies with a March 31 year-end, and nine benefit plans with a December 31 year-end.

Year-End March 31

[Saskatchewan Health Authority \(Chapter 14\)](#)

[eHealth Saskatchewan \(Chapter 3\)](#)

Health Quality Council

Health Shared Services Saskatchewan (3sHealth)

Physician Recruitment Agency of Saskatchewan

Saskatchewan Association of Health Organizations Inc. (SAHO)

Saskatchewan Cancer Agency

Saskatchewan Impaired Driver Treatment Centre Board of Governors

Year-End December 31

3sHealth, Disability Income Plan – C.U.P.E.

3sHealth, Disability Income Plan – S.E.I.U. – West

3sHealth, Disability Income Plan – S.U.N.

3sHealth, Disability Income Plan – General

3sHealth, Core Dental Plan

3sHealth, In-Scope Extended Health Care/Enhanced Dental Plan

3sHealth, Out-of-Scope Extended Health Care/Enhanced Dental Plan
 3sHealth, Group Life Insurance Plan
 3sHealth, Out-of-Scope Flexible Spending Plan

In our opinion, for the years ended December 31, 2017 and March 31, 2018:

- **The Ministry and its six agencies had effective rules and procedures to safeguard public resources except for the matter noted in this chapter**
- **The Ministry, its six agencies, and nine benefit plans each complied with the following authorities governing its activities related to financial reporting, safeguarding public resources, revenue raising, spending, borrowing, and investing:**

An Act to Incorporate Saskatchewan Health-Care Association
The Crown Corporations Act, 1993
The Cancer Agency Act
The Cancer Agency Regulations
The Drug Plan Medical Supplies Regulations
The Saskatchewan Assistance Plan
Supplementary Health Benefits Regulations
The Executive Government Administration Act
The Financial Administration Act, 1993
The Health Administration Act
The Health Facilities Licensing Act
The Health Facilities Licensing Regulations
The Health Information Protection Act
The Health Quality Council Act
The Special-care Home Rates Regulations
The Mental Health Services Act
The Non-Profit Corporations Act, 1995
The Prescription Drugs Act
The Prescription Drugs Regulations, 1993

The Provincial Health Authority Act⁵
The Provincial Health Authority Regulations⁵
The Public Health Act, 1994
The Purchasing Act, 2004
The Regional Health Services Act⁵
The Regional Health Services Administration Regulations⁵
The Saskatchewan Medical Care Insurance Act
The Medical Care Insurance Beneficiary and Administration Regulations
The Saskatchewan Medical Care Insurance Payment Regulations, 1994
The Medical Care Insurance Peer Review Regulations
 Orders in Council issued pursuant to the above legislation
 Plan text and Agreements related to the benefit plans

- **The financial statements of each of the six agencies and nine benefit plans reported in this chapter are reliable**

We used standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (including CSAE 3001) to conduct our audits. We used the control framework published by CPA Canada to make our judgments about the effectiveness of the Ministry's controls. The control framework defines control as comprising elements of an organization that, taken together, support people in the achievement of an organization's objectives.

We paid particular attention to the Ministry's significant programs including payments to physicians for medical services, payments of drug plan and extended benefits, and payments for provincial health services; contract management processes and recording of contractual obligations; and the Ministry's supervision of the Saskatchewan Health Authority.

⁵ On December 4, 2017, 12 health regions combined to form the Saskatchewan Health Authority when *The Provincial Health Authority Act* was proclaimed. This Act and regulations replaced *The Regional Health Services Act* and regulations.



4.0 KEY FINDING AND RECOMMENDATION

4.1 Timely of Removal of User Access Needed

We recommended that the Ministry of Health follow its established procedures for removing unneeded user access to its computer systems and data promptly. (2015 Report – Volume 2; Public Accounts Committee agreement June 12, 2018)

Status – Partially Implemented

The Ministry continues not to be consistent in following its procedures for promptly removing unneeded user access to its computer systems and data.

During 2017-18, its Internal Audit Branch assessed each month whether Ministry staff adhered to procedures for terminating system and network access of employees who no longer worked with the Ministry, or were on a leave. While the Branch found staff's compliance improved since March 2016, it found access was not removed promptly for 28% of employees it tested.⁶

Our audit findings were consistent. We found:

- For requests for removal of network user access, Ministry staff had not promptly requested removal for 3 of 28 individuals we tested. For one individual, the Ministry requested removal 14 business days after the employee left the Ministry.
- For requests for removal of MIDAS (accounting and payroll systems) user access, Ministry staff had not promptly requested removal for 2 of 11 individuals we tested.⁷ For one individual, the Ministry did not request removal of the user's access for 13 business days after the employee left the Ministry.

Not removing unneeded access promptly increases the risk of unauthorized individuals accessing the Ministry's computer systems and data. It makes the Ministry's data and systems vulnerable to access by unauthorized users, including inappropriate access to confidential information.

⁶ The Internal Audit Branch started monitoring of compliance with removal of unneeded IT user access policies in March 2016.

⁷ Multi-Informational Database Applications System (MIDAS) financials includes modules for general ledger, cash management, accounts payable, accounts receivable, purchasing, payments, forecasting, capital assets, and inventory. It accounts for financial transactions of government ministries. There is also a MIDAS payroll system that accounts for payroll.