

## ALBERTA HEALTH SERVICES - MANDATE AND ROLES

This Mandate and Roles Document has been developed collaboratively between Alberta Health and Alberta Health Services (AHS) to reflect a common understanding of their respective roles and responsibilities, as required under the *Alberta Public Agencies Governance Act*.

### OVERVIEW

The Alberta Government is responsible for the delivery of health care in Alberta. AHS was established as the delivery arm for a substantial part (but not all) of health care. It is a regional health authority governed by the *Regional Health Authorities Act*, RSA 2000, c. R-10 (RHAA) and is responsible for administering the Alberta Health Region, which covers the entire province.

### A. ALBERTA HEALTH SERVICES MANDATE

AHS is a corporate body consisting of members (Members), who are commonly referred to as the “Board”. The Board governs AHS, overseeing the management of its business and affairs. In accordance with the AHS Amended General Bylaws and subject to legislation governing public agencies, the Board may recruit, direct, evaluate, determine the compensation of and, if required, dismiss a chief executive officer (CEO). The CEO is responsible for the general supervision over the business and affairs of AHS. The Board has a fiduciary duty to carry out its responsibilities for the benefit, and in the interests, of AHS, within, and in accordance with, the applicable legislation.

### B. ROLES AND RESPONSIBILITIES

#### 1. Alberta Health Services

The RHAA charges AHS with responsibility to:

- promote and protect the health of the population in Alberta and work toward the prevention of disease and injury;
- assess on an ongoing basis the health needs of Albertans;
- determine priorities in the provision of health services in Alberta and allocate resources accordingly;
- ensure that reasonable access to quality health services is provided in and through Alberta; and
- promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in Alberta.

The scope of AHS’ responsibilities under the above mandate is subject to the direction of, and the resources provided by, the Minister of Health (Minister).

AHS is required to prepare and submit to the Minister a proposal for a Health Plan that addresses how AHS intends to carry out its responsibilities and measure its performance in alignment with Alberta Health’s policy direction and subject to the Minister’s oversight and approval.

The Board is accountable to the Minister and is responsible to ensure that it carries out its responsibilities in compliance with relevant Government policies and Ministerial directives, a Budget, Health Plan and Board bylaws, as approved by the Minister, and legal and regulatory requirements.

AHS may make bylaws respecting the conduct of its business and affairs, which are not effective until approved by the Minister. In accordance with the AHS Amended General Bylaws, the Board may establish committees, the roles of which will be set out in terms of reference.

## **Accountability**

The Board is accountable to the Minister and, through the Board Chair (Chair), shall keep the Minister informed about material issues, service delivery, and ensure compliance with ministerial policies and directives.

The Board will have an annual internal evaluation process and tools to assess Member performance and Board success. The Chair will report annually to the Minister on the summary findings of the evaluations and any actions planned to improve Board governance and performance, and as may be requested by the Minister. The Minister may consult with the Chair prior to making any Board appointments unless the appointment is for the Chair.

The CEO is accountable to the Board to provide leadership for and management of AHS, including administration of all its operations and programs within an approved Budget and in a fiscally responsible manner, and to work in coordination with the Department of Health (Department), primarily through the Deputy Minister of Health (Deputy Minister).

## **2. Alberta Ministry of Health**

### **Minister**

The Minister is authorized under the RHAA to, among other matters:

- establish one or more health regions;
- recruit and appoint the Board members of the regional health authority, prescribe terms of office and remuneration and appoint the Chair and Vice-chair;
- give direction to the Board for the purpose of:
  - Providing priorities and guidelines for it to follow in the exercise of its powers, and
  - Coordinating the work of the health authority with the programs, policies and work of the Government;
- approve, amend or refer back to the Board any Health Plan proposal that the health authority submits to the Minister;
- determine the funding and financial framework under which AHS operates including approving the AHS annual Budget;
- in accordance with the *Alberta Public Agencies Governance Act* participate with AHS in setting long and short-term objectives and monitor whether the organization is acting within its mandate and focused on achieving its objectives;
- monitor the performance of AHS against the AHS Health Plan, the AHS Budget and other documents, and may request any records, reports or returns from AHS and to inspect any place to ensure compliance with the RHAA; and
- approve or request changes to the Board's proposed bylaws

When the Minister considers that it is in the public interest the Minister has the power to:

- provide or arrange for the provision of health services in any area of Alberta; and
- do any other thing that the Minister considers necessary to promote and ensure the provision of health services in Alberta.

The RHAA states that AHS has final authority in respect to certain mandated items in the RHAA. While this provision highlights the core mandate of AHS, it does not override the authority or responsibilities of the Minister nor does it diminish the statutory responsibilities of other provincial health boards and organizations. For example, the Minister has final authority over the establishment of the requisite AHS Health Plan, AHS Budget, and health system policy.

All directions or directives from the Minister, Deputy Minister or Department to AHS shall be in writing when requested by AHS.

### **Deputy Minister**

The powers, duties and functions of the Minister, including those mentioned above but excluding the making of regulations, may be exercised by the Deputy Minister. The Deputy Minister is accountable to the Minister to provide leadership for and management of the Department and to work in coordination with the AHS, primarily through the CEO.

### **Department**

The Department operates under the direction of the Deputy Minister, and in support of the Minister. The Department is involved in the overall design, establishment and monitoring of the health system. Core functions include funding the system, general system governance and oversight, advising the Minister and Government on health policy, monitoring the implementation and compliance with policy and providing legal advice and services.

The Deputy Minister and the Department provide information and advice to AHS on the preparation and submission of the AHS Health Plan, AHS Budget and other accountability documents listed in Appendix A, and monitor AHS' performance.

### **Chief Medical Officer of Health (CMOH)**

The CMOH is appointed by the Minister under the *Public Health Act*, which is paramount to all other provincial legislation with the exception of the *Alberta Bill of Rights*. The CMOH is responsible to:

- monitor the health of Albertans and make recommendations to the Minister and the Board on measures to protect and promote the health of the public and prevent disease and injury;
- act as a liaison between the Government, the Board, medical officers of health (MOH) and executive officers (EO) in the administration of the *Public Health Act*;
- monitor the activities of the Board, MOHs and EOs in the administration of the *Public Health Act*;
- give directions to the Board, MOHs and EOs in the exercise of their powers and the carrying out of their responsibilities under the *Public Health Act*;
- on notice to the MOH, EO, the Board and Minister, assume the powers and duties of the MOH or EO and act in that person's place in the event that the CMOH considers that a MOH or an EO is not properly exercising powers or carrying out duties under the *Public Health Act*.

### 3. Communication, Collaboration and Consultation

The Minister, Deputy Minister, Board Chair and CEO will engage in meaningful dialogue on a regular basis. Communications will be timely, clear, transparent and constructive.

Communication between AHS and the Department will be conducted in an open and collaborative manner, at all times respecting requirements around patient privacy and confidential matters.

In accordance with applicable legislative obligations, the Board will ensure that the Minister is provided with any information the Minister considers necessary, within the requisite timelines, for the operation of the health system and carrying out the Minister's roles and responsibilities.

In regard to the Board's accountability to the Minister, including its duty to keep the Minister informed about material issues, service delivery and to ensure compliance with ministerial policies and directives, AHS and the Department will provide each other with timely information of relevant related matters.

Recognizing the Minister's and Cabinet's overarching accountability to Albertans, AHS will provide prior notice of all significant communications and reasonable time for the Department to review and provide input.

#### Administration

This Document is to be renewed, amended, or replaced in accordance with the requirements of the *Alberta Public Agencies Governance Act*. Appendices A through D, attached, are included in and form an integral part of this Document.

A review of the Board's mandate and roles will be carried out by the Department in accordance with the review process required under *Alberta Public Agencies Governance Act*.

This Document is effective upon signing and replaces the Mandate and Roles Document dated December 2, 2010.

Original Signed by  
Linda Hughes  
Board Chair  
Alberta Health Services

Date: November 4, 2016

Original Signed by  
Sarah Hoffman  
Minister of Health  
Alberta Health

Date: October 26, 2016

## **APPENDIX A**

### **Accountability Documents**

The accountability documents identified in this section are to be provided to the Minister as set out in legislation or, if not set out in legislation, as directed by the Minister.

#### **1) Health Plan**

The Health Plan is required by the RHAA. It is a public, multi-year strategic document that articulates AHS' priorities and how AHS intends to a) meet its RHAA obligations and b) provide health services and resources to carry out its mandate. The Health Plan includes performance measures and targets to compare against results.

#### **2) Business Plan**

The Business Plan is required under the *Fiscal Planning and Transparency Act* and includes a multi-year financial plan and the budget for the next fiscal year.

#### **3) Budget**

The RHAA directs the Board to submit an annual budget to the Minister for approval; the Minister may give directions to AHS respecting the form, content and submission timelines for the budget, as well as any other information that must be submitted.

#### **4) Annual Report**

In compliance with the RHAA and the *Fiscal Planning and Transparency Act*, the Board prepares and submits to the Minister an Annual Report that reports how AHS has fulfilled its legislated responsibilities and any other responsibility delegated by the Minister.

The Annual Report provides annual consolidated financial statements and performance measurement information for the Health Plan and Business Plan, including an explanation for any significant variation between actual and planned results, and financial results. The Annual Report also highlights completed initiatives as they relate to the Health Plan.

#### **5) Mandate and Accountability Letters**

Mandate and Accountability letters are issued to the Board Chair and the CEO, respectively by the Minister and Deputy Minister. The letter to the Board Chair sets out the mandate and expectations for AHS and the letter to the CEO provides additional detail on such matters as funding envelopes, performance measures and evaluation of performance.

#### **6) Quarterly Performance Reports**

Quarterly Performance Reports provide narrative updates, performance measures, targets and actual results as requested by the Minister on actions AHS has started, continued, or completed relative to the strategies presented in its three-year Health Plan including explaining any variation between planned and actual performance.

#### **7) Code of Conduct**

AHS has a Code of Conduct that supports good governance by establishing fundamental principles and outlining organizational values, ideals and expectations for all who provide care and services on behalf of AHS.

The Board's Governance Committee is responsible for reviewing the Code of Conduct and for recommending changes to the Board. Day to day administration and management of the Code of Conduct has been delegated to AHS' Chief Ethics and Compliance Officer.

**Other Reports and Documents to be submitted to the Minister**

In accordance with Legislation, the Board will provide to the Minister any data or information and reports as may be requested by the Minister, including and without limitation:

- an annual report on corporate governance and Board effectiveness.
- all internal audit and compliance reports prepared for the Audit & Risk Committee.
- results of all client satisfaction/experience surveys conducted or commissioned by, or on behalf of, the Board.
- results of all accreditation reviews
- results of all surveys, studies or reports relating to the quality and safety, efficiency and effectiveness of health care service delivery conducted or commissioned by, or on behalf of, the Board.
- Conflict of Interest Bylaw and Safe Disclosure/Whistleblower Policy.
- prior to each public Board meeting, the Board's meeting agenda and meeting materials and recommendations, as may be required by the Minister.
- approved minutes of all public Board meetings.
- quarterly financial reports.
- a report on any accumulated deficit and a plan to eliminate such deficit, in accordance with the legislated requirements.

## APPENDIX B

AHS, the Minister and the Department function within the legal framework established by Alberta legislation and have responsibilities under, and are subject to, a number of statutes and corresponding regulations and policies. The primary statutes are:

Alberta Evidence Act (section 9)	Health Professions Act
Alberta Health Act	Hospitals Act
Alberta Health Care Insurance Act	Human Tissue and Organ Donation Act
Alberta Public Agencies Governance Act	Mandatory Testing and Disclosure Act
Auditor General Act	Mental Health Act
Crown's Right of Recovery Act	Nursing Homes Act
Emergency Health Services Act	Pharmacy and Drug Act
Emergency Medical Aid Act	Prevention of Youth Tobacco Use Act
Financial Administration Act	Protection for Persons in Care Act
Fiscal Planning and Transparency Act	Protection of Children Abusing Drugs Act
Freedom of Information and Protection of Privacy Act	Public Health Act
Government Organization Act (Section 7 and 7.1)	Regional Health Authorities Act
Health Care Protection Act	Supportive Living Accommodation Licensing Act
Health Disciplines Act	Tobacco and Smoking Reduction Act
Health Information Act	Tobacco Reduction Act

## **APPENDIX C**

Other Government Departments and Agencies, and Councils

### **Agency Governance Secretariat (AGS)**

- AGS supports the Department and the Board regarding compliance with the *Alberta Public Agencies Governance Act*.

### **Alberta Office of the Information and Privacy Commission (OIPC)**

- The OIPC monitors and oversees AHS' compliance with the HIA and FOIP.
- The OIPC may review or investigate HIA- and FOIP-based complaints against AHS.
- The OIPC has the power to hold inquiries as to alleged violations of the HIA and FOIP.
- The OIPC will review and accept privacy impact assessments prepared and submitted by AHS, which identify risks to privacy and describe safeguards to mitigate these risks.

### **Alberta Infrastructure (AI)**

(Note: the interaction and roles between AI and AHS may also be subject to agreements and MOU's between AI and AHS, in which case those documents will apply in the event of any conflict with this section.)

- Delivers capital projects approved in the capital plan for which funding exists.
- Develops provincial delivery policies with respect to infrastructure that includes the design and construction of health facilities.
- Works with the Department and AHS in the implementing and upgrading of AHS supported capital infrastructure.
- Provides the Department with cost management, procurement and contracting expertise for capital development.
- Leads the preparation of project business cases.
- Works with the Department and AHS to monitor approved capital projects delivered by AHS with a value of up to \$5 million, ensuring facility standards are met, contracting practices are appropriate and value for investment is achieved.



### **Office of the Auditor General (Auditor General)**

- This is an independent office. The Auditor General has been appointed by the Board as auditor for AHS.
- The Auditor General provides independent auditing services to AHS.
- The Board conforms to the audit requirements in the RHAA and to the financial directives and associated policy statements issued by the Minister.

### **Alberta Capital Financing Authority (ACFA)**

- ACFA may provide long-term loans to AHS for purposes including, but not limited to, the financing of the construction of parkades.

### **Alberta Treasury Board and Finance (TBF)**

- TBF addresses financial matters including remittances and other accounting matters.
- TBF may provide AHS with other banking and cash items.

### **Alberta Seniors**

- Alberta Seniors works with the Department and AHS in developing appropriate continuing care accommodation options to help Albertans age in the right place.

### **Health Quality Council of Alberta (HQCA)**

- The HQCA has been established under the *Health Quality Council of Alberta Act* for the purpose of promoting and improving patient safety and health service quality on a province-wide basis.
- The HQCA is responsible for undertaking the following activities in co-operation with health authorities:
  - measure, monitor and assess patient safety and health service quality;
  - identify effective practices and make recommendations for the improvement of patient safety and health service quality;
  - assist in the implementation and evaluation of activities, strategies and mechanisms designed to improve patient safety and health service quality;
  - survey Albertans on their experience and satisfaction with patient safety and health service quality; and
  - other activities as provided for in the regulations.
- The Council's mandate includes the responsibility to advise the Minister on the quality of health services in the health care system, results and recommendations of the work of the HQCA on patient safety and health service quality, and other matters as requested by the Minister.
- In accordance with its governing legislation the HQCA has reasonable access to information held by health authorities as necessary to carry out its mandate.

## Appendix D: AHS Subsidiaries, Health Advisory Councils, Foundations and Contractors

**Three subsidiaries** are wholly-owned by the Board for the purpose of operating significant segments of AHS' responsibilities. Each of the three subsidiaries has different levels of interaction with AHS as each has a distinct governance structure, reporting obligations and decision making authorities. They are:

- a) Calgary Laboratory Services Ltd. which operates as a medical diagnostic laboratory in the Calgary region and parts of Southern Alberta.
- b) Capital Care Group Inc. which operates continuing care centres in Edmonton and surrounding area. Capital Care Group Inc. provides services to adults of all ages and includes long-term care, rehabilitation and recovery services, and community programs and services.
- c) Carewest which operates continuing care centres in Calgary. Carewest provides services to adults of all ages and includes long-term care, rehabilitation and recovery services, and community programs and services.

The Board shall approve the creation and dissolution of all directly or indirectly wholly-owned subsidiary corporations and ensure that they have appropriate governance in place.

**Community health councils**, known as “advisory councils” have been established under the RHAA for the purpose of advising the Board and AHS management on community health needs and priorities. In carrying out this advisory role, the advisory councils may engage with residents to gather local perspectives about health care delivery in communities across the province. Advisory councils are established and members are appointed, by the Board. The Board has the ability to disestablish an advisory council by submitting to the Minister a proposal to disestablish. Additionally, the Minister has the authority to give directions to the Board to disestablish an advisory council.

**Foundations** are established by the Board and Alberta Health for the purpose of seeking private financial support for equipment, infrastructure, research and programs that will improve patient care in Alberta. Each foundation is governed by a volunteer board of directors with responsibility to ensure all funds received are managed prudently and disbursed in keeping with the wishes of the donor and in alignment with AHS priorities. These priorities are reviewed by foundations and AHS site and zone leadership on an annual basis. The Board approves the bylaws and appointment of members for established foundations (but not continued or exempt foundations – the former existing prior to regionalization and established under other legislation; the latter formed under other legislation such as the *Societies Act* or the *Companies Act*).

Subject to Ministerial approval, the Board shall establish and disestablish community health councils and foundations, create their bylaws, and ensure appointments and removals give Albertans a voice in health service delivery at a local level.

AHS is responsible for monitoring the performance of all contracts and the compliance of contractors with the terms and conditions of their contracts.