The Provincial Health Authority Act
Legislation Introduction
RHA Q&A - March 28, 2017

General

Q. What is the vision of the new Provincial Health Authority?
A. One Provincial Health Authority that is focused on better coordination of health services across the province will ensure patients receive high quality, timely health care, regardless of where they live in Saskatchewan.

Taking a truly provincial approach to plan and deliver services will improve collaboration and sharing of expertise, increase efficiencies and reduce duplication across the health system, and ensure we are putting resources where they are most needed.

Q. What is the goal of the new Provincial Health Services Act legislation?
A. The new legislation facilitates the creation of a Provincial Health Authority and removes geographic boundaries and service silos, enabling a unified health system to plan and act as one in providing high quality frontline patient care to Saskatchewan people.

Q. What are the highlights of the new legislation?
A. The legislation is focused on critical administrative and operational requirements that must be in place the day the new organization begins. The Provincial Health Authority Act will enable the transition of the existing 12 Regional Health Authorities (RHAs) to a single Provincial Health Authority, and will:

- remove arbitrary geographical areas of responsibility (RHA boundaries);
- provide oversight of compensation levels to the contracts of the CEO and those that report to the CEO;
- allow for the creation and continuation of Community Advisory Networks to ensure community needs and interests are identified and advanced;
- ensure donations raised by local foundations continue to be used for the local health services or facilities they were raised for;
- establish the specific roles and responsibilities of the Minister and Provincial Health Authority; and
- repeal The Regional Health Services Act.

Q. When will the new Act come into force, and when will the new Provincial Health Authority be created?
A. Following passage of the new Act and the establishment of bylaws and regulations, the new Provincial Health Authority will begin operations (anticipated in fall 2017).
**Legislation – Board and CEO**

Q. **What does the legislation outline for a new Board of Directors?**  
A. The legislation provides the authority for the Lieutenant Governor in Council to appoint a Board of Directors with up to 10 members (including a designated Chairperson and Vice-Chairperson) to serve for terms of three years.

Q. **How is this different from the current RHA Boards of Directors?**  
A. Currently, each RHA has a Board of up to 12 members. There will now be one Board for the new Provincial Health Authority that will have up to 10 members.

Q. **Will there be cost savings with one Board?**  
A. Moving from 12 Boards to a single Board will save approximately $700,000 a year in Board governance costs.

Q. **When will this Board be appointed?**  
A. It is anticipated the Board will be put in place this spring to help guide the transition and prepare for operations. While the Board will not take over operations until the Act is proclaimed, it will need to begin getting ready by recruiting and hiring a CEO, and providing input into early governance and organizational decisions.

Q. **The Advisory Panel recommended First Nations and Métis representation on the Board. Is that going to happen?**  
A. Yes. The composition of the Board is not specifically outlined in the legislation. First Nations and Métis representation will be considered as the Board is appointed.

Q. **What happens to the current RHA Board of Directors?**  
A. The existing Board members remain very important to the governance and operations of the current RHAs, and they will continue in their roles until the new Provincial Health Authority is created.

Q. **When will a CEO be hired?**  
A. The target is for a CEO to be in place during summer 2017. Ensuring a new CEO is in place prior to the official start of operations supports a seamless transition. Early duties will include leading organizational decisions and recruiting a senior leadership team.

**Legislation – Other Provisions**

Q. **What will the name of the new organization be?**  
A. A name for the new Provincial Health Authority has not been chosen yet. The legislation provides the ability for the Lieutenant Governor in Council to assign the name.
Q. **How will Community Advisory Networks be established under the legislation?**
A. It is important to ensure the voice of local people and communities is heard. As recommended by the Advisory Panel, the creation and continuation of Community Advisory Networks will ensure effective links to the new Provincial Health Authority exist. The existing networks will remain until new Community Advisory Networks are established. Transition planning is considering the criteria for establishing these networks, to ensure community needs and interests are identified and advanced.

Q. **What will the Integrated Service Areas look like in the new Provincial Health Authority, and how many will there be?**
A. The legislation enables the creation of Integrated Service Areas, but does not outline the number or composition. This is a key element of the organizational structure of the new Provincial Health Authority and is being considered as part of transition planning.

As recommended by the Advisory Panel, three to six Integrated Service areas are being considered to ensure management capacity exists close to where services are delivered, and to ensure effective integration and coordination of care. Engagement on design principles is occurring across the health system, and analysis of existing and appropriate care seeking patterns will influence the final determination on number and composition of the Integrated Service Areas.

Q. **How does the legislation outline the transfer of employees from RHAs to the new organization?**
A. When proclaimed, *The Provincial Health Authority Act* will legally transition the 12 Regional Health Authorities (RHAs) to a single Provincial Health Authority, including the transfer of employees and operations. This is anticipated to occur in fall 2017.

Q. **Will Saskatchewan Disease Control Laboratory (SDCL) employees, who are currently employed by the Ministry of Health, transition to the new Provincial Health Authority on day one of operations?**
A. The proposed *Provincial Health Authority Act* enables the transfer of SDCL employees and assets to the new Provincial Health Authority, as recommended by the Advisory Panel. However, the date that transfer will occur is still being determined.

Q. **Along with enabling the transfer of RHA and SDCL employees to the new Provincial Health Authority, the proposed legislation enables the staff from the Provincial Health Authority to other health care organizations. Why?**
A. The proposed legislation acknowledges the potential for changes in the future after the Provincial Health Authority is established. There is nothing planned at this time.

Q. **What does the proposed legislation outline for Foundations?**
A. Foundations will continue to be independent fundraising organizations. The proposed legislation allow for the funds raised by local fundraising foundations to continue to be used for the local health services or facilities they were raised for.
**Legislation – Not included**

**Q.** Does this legislation deal with all of the recommendations made by the Advisory Panel on Health System structure?

**A.** This legislation is focused on enabling the administration and operational requirements to legally transition the 12 RHAs to a single Provincial Health Authority in fall 2017.

Many of the transformational initiatives recommended by the Advisory Panel will take time to fully implement. This includes system-wide improvements to consolidate clinical services (including laboratory and diagnostic imaging and Emergency Medical Services) and better coordinate tertiary acute care services. Additional legislative changes may be required in the future to assist the new Provincial Health Authority in implementing these initiatives after it launches.

**Q.** Why aren’t changes to EMS included in the proposed legislation?

**A.** The move to consolidation of planning, dispatch and delivery of EMS, as recommended by the Advisory Panel, will require time and engagement across the health system to plan and implement. There are currently a large number of ground ambulance providers and substantial variations in service volumes, service delivery, staffing models and availability of EMS across the province. The goal is to consolidate EMS under a Provincial Health Authority to standardize delivery, ensuring patients across the province, regardless of location, are assured of consistent, responsive and quality care. Additional legislative changes may be required in the future to assist the new Provincial Health Authority in better coordinating EMS delivery. Engagement with current providers and stakeholders will occur as part of that process.

**Q.** Why are there no changes to acute care services included in the proposed legislation?

**A.** Better coordination of tertiary acute care services, as recommended by the Advisory Panel, may be impacted by upcoming decisions on structure of the new organization. Planning and collaboration with the health system will occur in coming months, but implementation will be led by the new Provincial Health Authority after it launches.

**Q.** Why isn’t consolidation of lab and diagnostic services included in the proposed legislation?

**A.** The legislation does enable the transfer of Saskatchewan Disease Control Laboratory (SDCL) employees from the Ministry of Health to the new Provincial Health Authority at a date still to be determined. The SDCL is a key diagnostic support to clinicians throughout the province and its transfer is a key first step to ensure the appropriate governance and administrative structure for lab and diagnostic services. The full coordination and integration of lab and diagnostic imaging services across the province will take more time. Planning and collaboration with the health system will occur in coming months, but implementation will be led by the new Provincial Health Authority after it launches.
Q. Does this legislation outline how the health system will implement the recommendations of the Advisory Panel regarding improved engagement with Indigenous people?
A. Early engagement is underway with First Nations and Métis representatives from across the province regarding the Advisory Panel recommendations to ensure appropriate representation in the governance of the Provincial Health Authority, adding a senior administrative role focused on the Indigenous and Métis patient experience, and ensuring community advisory networks are reflective of the ethnicity and culture of the community. Legislation does not outline how this will specifically occur, as this will be considered as part of governance and organizational structure planning taking place.

Q. Does the proposed legislation include changes to structure of union representation in the new Provincial Health Authority?
A. No. There are no changes regarding the structure of union representation outlined in the legislation. Any issues that may arise following the transition to a single Provincial Health Authority that require attention would be brought before the Labour Relations Board.

Q. Are there any changes to the way health care organizations and affiliates operate in the proposed legislation?
A. No. The responsibilities of health care organizations and affiliates remain the same under this proposed legislation. The only change is that they will report to, and work with, the new Provincial Health Authority.

Other Impacted Legislation

Q. What happens to The Regional Health Services Act?
A. The Provincial Health Authority Act will carry forward many of the existing provisions of the Regional Health Services Act (which will be repealed and be replaced by the new Act when it is proclaimed).

Q. Are there other Acts that will be impacted by The Provincial Health Authority Act?
A. Yes, there are a number of Acts that are impacted, mostly requiring the replacement of the reference to The Regional Health Services Act with The Provincial Health Authority Act, as well as other minor housekeeping changes.

Q. What are the impacts of a new Provincial Health Authority on The Mental Health Services Act?
A. The Mental Health Services Act service model was based on health regions. The service model will remain the same (regions will still be included in the Act), but changes will occur to ensure the regions will align with the new Integrated Service Areas that will be developed as part of the Provincial Health Authority structure.
Because the new mental health regions will be larger, it is likely that more than one mental health centre will be located in a region. Changes to the Act will enable official representatives and mental health review panels to be appointed for a region, a part of a region or a specific centre to allow for flexibility to address needs.

Another proposed change to this Act is enabling a new “head of mental health services” position to be created in the Provincial Health Authority who will be responsible for services in the mental health regions.

Q. Why will the Provincial Health Authority be subject to The Financial Administration Act, and what does that mean?
A. The Financial Administration Act currently does not apply to RHAs due to an exemption clause in The Regional Health Services Act. The Provincial Health Authority will be a single consolidated entity, and is considered to be a government public agency within the meaning of The Financial Administration Act. As a result, the Provincial Health Authority will be subject to the same financial controls, treasury board policies and directives as all other public agencies. It is not anticipated that this will have a significant impact on operations of the PHA.

PHA Implementation

Q. Can you confirm the date the new Provincial Health Authority will be launched?
A. The date is still being determined, but the target remains fall 2017.

Q. What will be in place on day one of Provincial Health Authority operations?
A. The existing 12 RHAs will legally be transitioned to a new Provincial Health Authority, a new Board will be prepared to govern, a new executive team will be in place to lead the organization and all employees will have clear reporting structures on day one. The ultimate goal is that mission critical tasks have been completed to ensure the transition is as seamless as possible and the Provincial Health Authority is operational on day one.

Q. What will the impact be to RHA employees on day one?
A. The Provincial Health Authority will be the new employer of all Regional Health Authority employees. The Provincial Health Authority will have an established structure in place, with clear reporting structure for all employees on day one of operations. Most frontline health care providers are unlikely to experience any change in work, roles or reporting on day one.

Q. What will the new structure of the Provincial Health Authority be?
A. Transition planning is still considering the structure of the new organization. Engagement is underway across the health system to develop a set of design principles to guide recommendations for the organizational design of the Provincial Health Authority, including Primary Healthcare Networks and Integrated Service Areas.
Q. Why can’t all of the Advisory Panel recommendations be implemented when the new PHA launches?
A. The full implementation of recommendations made by the Advisory Panel will occur over time, and work will continue by the new PHA after the transition project is complete. The immediate goal is to facilitate the creation of the new Provincial Health Authority by identifying and successfully completing “mission critical” work that must be in place on day one of operations in a new Provincial Health Authority. Planning and engagement with the health system on many transformational improvements that will take more time, and will ultimately be coordinated and implemented by the new Provincial Health Authority after it launches.

Q. What are examples of system-wide changes that will take longer to implement?
A. Significant clinical services re-design, full health system policy and program integration, and full staffing re-design of the management and administrative structure for the entire Provincial Health Authority will be completed over time, after the new Provincial Health Authority launches.

Q. Will any clinical services re-design work be completed now, or will that be on hold until the new PHA is launched?
A. Engagement will continue to occur with representatives across the health system, including physicians and other stakeholders on system-wide transformation initiatives, including clinical services. Recommendations in these areas will be provided to the Provincial Health Authority to lead implementation after it is created.

Q. Will physicians play a greater role in planning, management and governance of the health system?
A. Yes. As recommended by the Advisory Panel on Health System Structure, physicians are key partners and will play a greater role in the planning, management and governance of the health system within a Provincial Health Authority structure. That structure is still being considered, and physicians are a critical partner in this activity. Two physicians are on the transition team and physicians are being engaged in transition planning overall.

Q. What are the impacts to the Ministry of Health?
A. The proposed Provincial Health Authority Act legislation enables the transfer of SDCL employees and assets to the new Provincial Health Authority, as recommended by the Advisory Panel. However, the date that transfer will occur is still being determined. There could be organizational changes in the future at the Ministry of Health to align with the new structure and responsibilities of the new Provincial Health Authority, but it is not outlined in this legislation. Those decisions will follow the finalization of the new Provincial Health Authority governance and structure.