

First Nations and Inuit Health Branch Accountability Framework

Originally Released: 2012
Last Updated: October 2015

Table of Contents

Preamble

1.0 Introduction

2.0 Objectives

3.0 Framework Boundaries

4.0 Core Functions

5.0 Organizational Structure (Headquarters)

6.0 Organizational Structures (Regions)

7.0 Mandatory Program and Service Standards

8.0 Responsibilities by Core Function

9.0 Governance and Oversight

10.0 Supplementary Information

Annex A: Draft FNIHB Indicators Framework

Annex B: FNIHB Senior Management Committee Meeting Calendar

Preamble

This document describes the structure and process that supports the accountability relationship between FNIHB Headquarters and regional offices implementing the First Nation and Inuit Health Strategic Plan, with a view to improving access and quality of FNIHB-funded health programs and services in First Nations and Inuit communities. The FNIHB Accountability Framework was developed in the context of the 2012 organizational realignment and is subject to legislation, regulations, Treasury Board policies, directives and standards which serve to strengthen public sector financial management and its leadership thereby contributing to appropriate stewardship of public resources, effective decision-making, and efficient policy and program delivery.¹ The Framework was updated in October 2015 to reflect changes in the governance structure and refinement of the accountability relationship developed over the last 3 years.

¹ Please see section 10.0 (Supplementary Information) for additional resources.

1.0 Introduction

The Department will continue to be challenged to improve access and quality of health services for and with First Nations and Inuit in an even tighter fiscal environment. Following FNIHB realignment, the branch initiated changes resulting in a progressive transformation of the regional structures to better support the implementation of the Strategic Plan. The Branch vision for regionalization includes an increased role for the regions in decision making, policy development and national headquarters placing a greater focus on national policies, relations with central agencies, program oversight and monitoring, provision of common services and active support to regional operations.

The Accountability Framework has been developed to guide FNIHB Headquarters (HQ) and Regions as they implement a new Strategic Plan that will, among its goals and objectives, improve access and quality of health services, develop new partnerships to leverage resources through health service integration and adaptation, and increase First Nations and Inuit capacity to deliver health programs and services.

This document describes the structure and processes that support the accountability among the various branch areas in the national headquarters and the regions as well as the communities they serve. It sets out specific objectives for continuing to improve the reciprocal, supportive relationship between HQ and Regions and identifies respective core functions. The Accountability Framework also demonstrates how form follows function under new organizational models, and outlines specific roles and responsibilities of both HQ and Regional Offices as these relate to implementing and maintaining an effective and more accountable relationship. The Accountability Framework provides for enhanced organizational flexibility at regional levels, balanced with greater accountability through a framework of expectations and controls. The evergreening of the document allows for periodic refinements which reflect on-going evolution of practices, as well as providing clarification on issues not previously addressed in previous versions.

The Framework incorporates standards which establish requirements for core health programs and services. The standards outline the expectations for both Regions and HQ, which are responsible for ensuring the provision of health programs and services that contribute to the health and well-being of First Nations and Inuit.

The FNIHB Accountability Framework is complementary to the FNIHB Strategic Plan which has been developed in close collaboration between HQ, Regions, First Nations and Inuit. As one of several objectives under the strategic goal of High Quality Health Services, the Strategic Plan identifies the need to:

- enhance regional capacity to work with partners to support high-quality service delivery across the continuum of care that is aligned with provincial/territorial health systems;
- orient the national FNIHB office towards a more supportive role to regions in improving the quality of FNIH health services and programs and aligning with provincial/territorial services and systems;

- align regional FNIHB offices towards strengthened health and wellness expertise to more effectively deliver programs and services in communities; and,
 - establish and support bi-lateral and tri-lateral tables in Regions to advise on matters of regional and community planning and priority setting and assist the Region in meeting its outcomes-based accountability.
-

DRAFT

2.0 Objectives

The FNIHB Accountability Framework has been developed to address three key objectives that set the framework for the Branch to act as a more responsive partner in the Canadian health system. The objectives are consistent with provincial advancements in regionalization and include:

- bringing more of a population health and quality-focused approach to service delivery and program management;
- enabling service delivery decisions to be made at the more local level based on population needs, while maintaining alignment with overall national and provincial/territorial priorities; and
- maximizing resources through more cost-effective delivery mechanisms and economies of scale.

Based on a review of provincial/territorial accountability models specific to health care delivery, the following definition is advanced:

“Accountability is a relationship based on the obligation to demonstrate and take responsibility for performance in light of agreed upon expectations.”²

This definition mirrors the one used by Treasury Board in the context of federal results-based management:

“The obligation to demonstrate and take responsibility both for the means used and the results achieved in light of agreed expectations.”³

Accountability frameworks in provincial/territorial healthcare systems are typically guided by the following accountability principles:

- (1) Clear roles and responsibilities;
- (2) Clear performance expectations;
- (3) Balanced expectations and capacities;
- (4) Credible reporting; and
- (5) Reasonable review and adjustment.

In the case of FNIHB, these principles must be considered in the context of the broader set of principles approved in the Strategic Plan which resonate with the main relationship and business activities of the Branch: wellness, excellence, reciprocity and trust, fiscal stewardship, flexibility, culture, communications and engagement.

² <http://www.health.gov.sk.ca/board-governance-toolkit>

³ <http://www.tbs-sct.gc.ca/cee/pubs/lex-eng.asp>

3.0 Framework Parameters

Strengthening accountability of FNIHB HQ and regions while enabling some flexibility in order to more closely align regional approaches with provincial/territorial health systems and better respond to the needs and opportunities of their local populations, is a key challenge. The main parameters used by the FNIHB Senior Management Committee (SMC) to achieve and gauge this balance are captured below.

Central Direction

All Headquarters Directorates and Regional Offices must complete an annual operational plan with **mandatory priorities and activities** determined by SMC, along with Assistant Deputy Minister (ADM) pre-approved budget requirements and performance indicators associated with those mandatory elements. In collaboration with Regions, the Chief Finance Officer, and Corporate Services Branch, HQ ensures that mandatory elements are aligned with Departmental priorities, that approved activities are within available budget and consistent with FNIH Strategic Plan, the Departmental Integrated Operational Plan, and the FNIHB Indicators Framework which is the main feeder into the Departmental Performance Measurement Framework and FNIHB Performance Measurement Strategy. The Assembly of First Nations and the Inuit Tapiriit Kanatami are key FNIHB HQ partners in the development of these national initiatives and priorities.

Regional Flexibility

Regions are responsible for internal and external engagement in the development of their annual operational plan. They work with First Nations/Inuit, provinces/territories, other federal departments and other partners to determine how to operationalize mandatory priorities and activities, as well as identify additional priorities and activities that meet specific population health needs in their Region. They also work with these partners to collect, analyze and disseminate performance data with which they report against the FNIHB Indicators Framework, as well as additional indicators relevant to their particular client population.

Approved operational plan are shared with partners via existing partnership tables.

Mandatory Program and Service Standards.

In collaboration with Regions, HQ regularly updates the set of mandatory program and service requirements that all Regions must monitor, either through direct federal delivery and compliance or by setting reporting requirements in funding arrangements with First Nations/Inuit, provincial/territorial or other agencies. Reporting requirements must be aligned with the Treasury Board approved

Regions identify the most appropriate means to ensure the delivery and monitoring of mandatory program and service standards by engaging with staff and with First Nations/Inuit, provinces/territories, regional health authorities, other federal departments and potentially other partners. Regions are encouraged to build upon mandatory FNIHB standards by **aligning with**

Program Activity Architecture and Performance Measurement Strategy.

provincial/territorial standards and developing innovative and value-for-money approaches in the delivery of programs and services that meet population health needs and support local decision-making.

Budget Management Framework.

All Headquarters Directorates and Regional Offices must comply with all applicable federal legislation under which they receive delegated financial authority and with Health Canada’s Budget Management Framework. They must work within FNIHB ADM and Chief Financial Officer Branch (CFOB) approved regional budgets corresponding to their ADM approved annual operational plan, complete accurate and timely monthly variance reports, comply with audit requirements (including ensuring compliance with management action plans), ensure that all staff with delegated financial authorities have received the necessary training and are acting in compliance with their authorities, and implement an overall effective financial risk management and control framework.

Regions identify resource requirements in their **operational planning process** which includes internal and external engagement. Regions have the opportunity to put forward business cases for better use of regional resources where these may meet population health needs, enhance First Nations/Inuit capacity and/or align with provincial/territorial health system(s).

4.0 Core Functions

In order to inform the development of updated organizational structures in HQ and Regions, core functions have been identified. These core functions are divided into two main themes – Horizontal and Program. Each theme categorizes functions with associated Headquarter and Regional responsibilities which are described later in the document.

Horizontal functions enable closer working relationships and better communication through a better understanding of each other's responsibilities. A horizontal approach reduces the need to devote resources to vertical communication and coordination and results in a flatter and less hierarchical and stove-piped organization which uses resources more efficiently. Horizontal functions are grouped as follows:

- Policy and Partnerships
 - Partnership development, facilitation and management
 - Strategic and horizontal policy
 - Issues management and communications

- Operations
 - Financial management and reporting
 - Internal services, including G&C administration
 - Infrastructure (physical and e-Health)
 - Quality management
- Risk Management
 - Development and implementation of risk related policies, guidelines and frameworks
 - Integration of risk management across the strategic, program and project levels
 - Reporting on the performance of risk management strategies
- Planning and Performance Measurement
 - Strategic and operational planning and reporting
 - Evaluation and audit coordination
 - Performance measurement and indicators framework
- Management Excellence
 - Performance management agreements
 - People management
 - Public Service Code of Values and Ethics

Program functions support the core business of the Branch including Primary Health Care, Public Health Protection, Health Promotion and Disease Prevention and Non-Insured Health Benefits. The functions are:

- Interprofessional practice
- Program policy
- Program operations
- Non-Insured Health Benefits (NIHB)

Figure 1 provides an example of Horizontal and Program Functions within a regional setting.

Figure 1

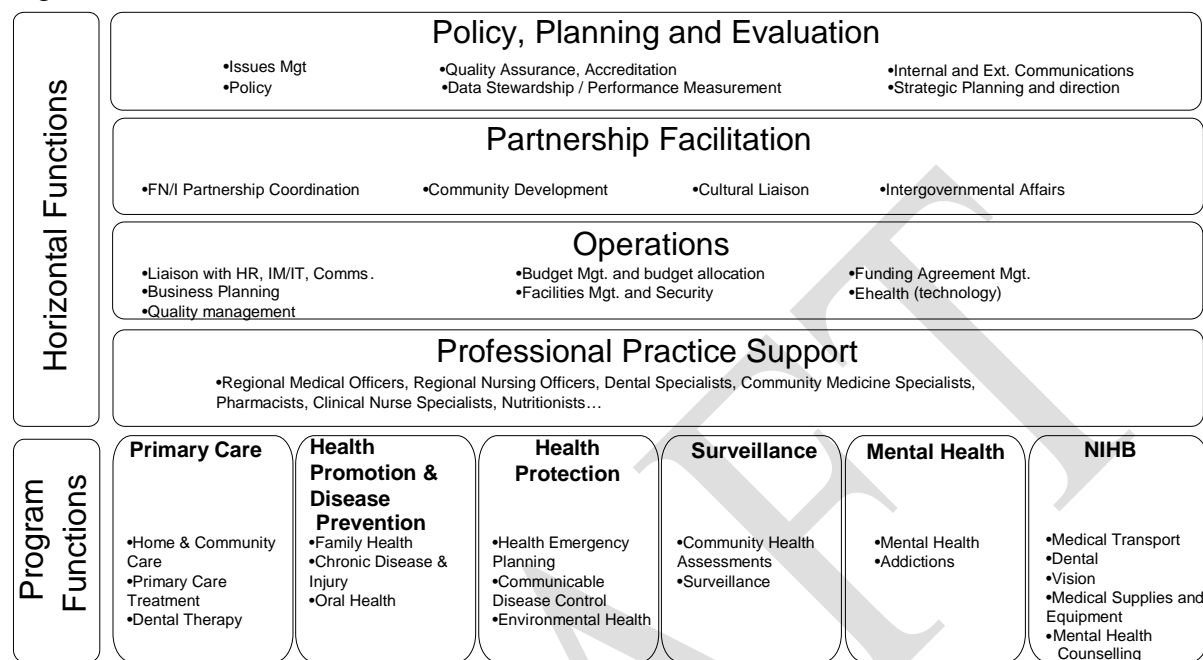


Table 1 describes how core functions apply in the HQ vs. a Regional organizational structure, which is further detailed in sections 5.0 and 6.0.

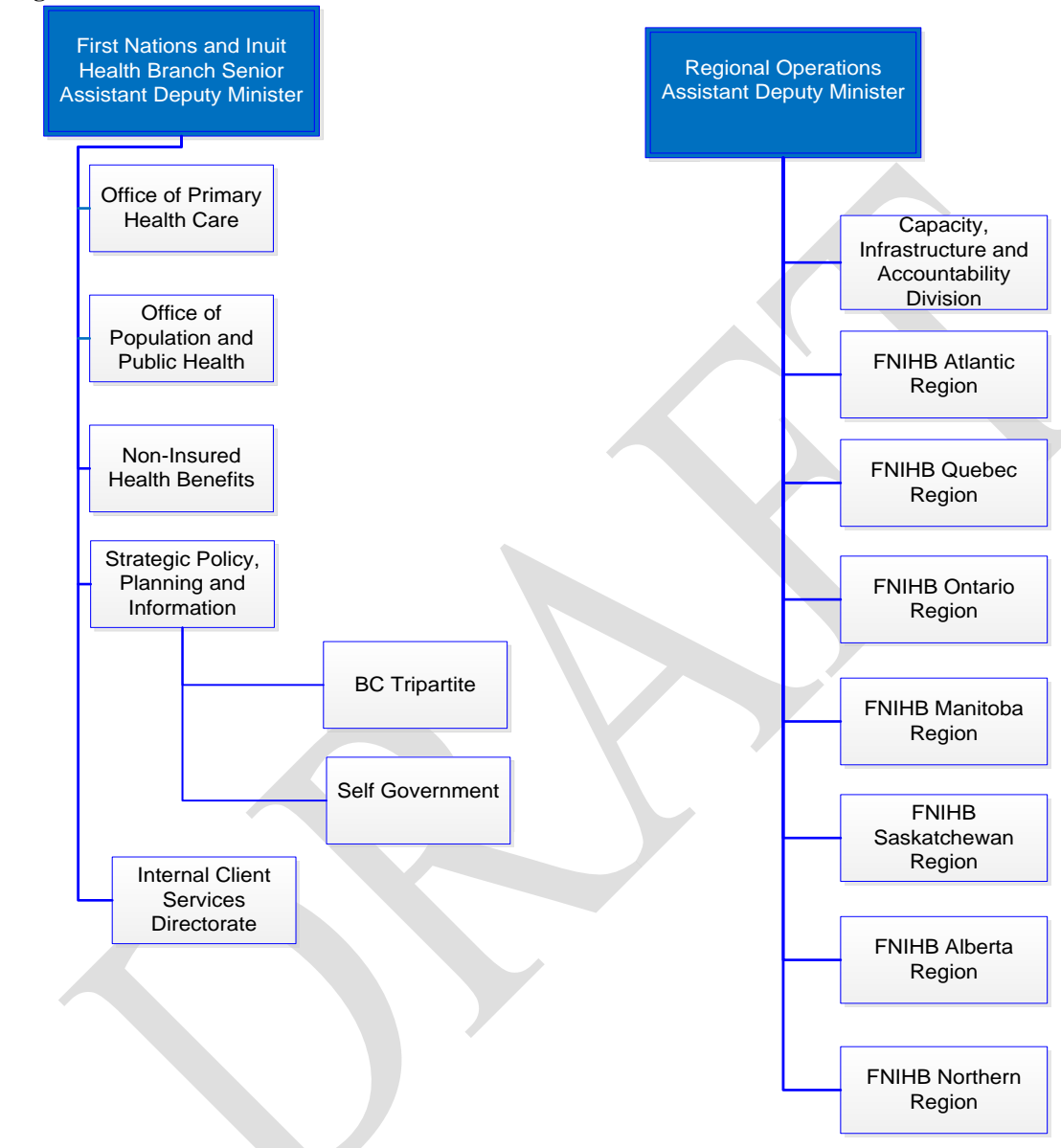
Table 1

	National Core Functions	Regional Core Functions
4.1	Interprofessional Practice Management & Support	Professional Services/Practice Advisors
4.2	Program Policy Development and Support in Collaboration with Regions	Collaboration with HQ on Program Policy Development Program Management and Support
4.3	Program Operational Support and Risk Management <ul style="list-style-type: none"> • Quality Management • Program Plans and Strategies • Oversight and monitoring 	Service Delivery Quality Improvement/Accreditation Grants and Contributions Management/Community Liaison <ul style="list-style-type: none"> • Single window • Field experience Community Capacity Development and Support to Community Health Planning Provision of Mandatory Training

4.4	<p>Non-Insured Health Benefits</p> <ul style="list-style-type: none"> • Policy, Planning and Adjudication of Dental and Pharmacy Benefits • Forecasting, Monitoring and Risk Management • Client and Provider Relations 	<ul style="list-style-type: none"> • Adjudication of Vision Care, Mental Health, Medical Supplies a& Equipment and Medical Transportation Benefits • Forecasting, Monitoring and Risk Management • Client and Provider Relations
4.5	Strategic and Horizontal Policy	Strategic Planning and Policy
4.6	<p>National Partnership Development and Management</p> <ul style="list-style-type: none"> • Self-Government 	<p>Regional Intra/Intergovernmental and First Nations/Inuit relations</p> <ul style="list-style-type: none"> • Self-Government
4.7	Strategic and Operational Planning	Health and Operational Planning
4.8	<p>Health Information Management</p> <ul style="list-style-type: none"> • Surveillance, coordination, integration and support 	Data & Surveillance
4.9	<p>Performance Measurement, Evaluation and Audit</p> <ul style="list-style-type: none"> • Input into corporate reporting requirements 	<p>Performance Measurement</p> <ul style="list-style-type: none"> • Evaluation • Program Reporting • Community Based Reporting Template • Inform national input into corporate reporting requirements
4.10	<p>Internal Services</p> <ul style="list-style-type: none"> • Support to FNIHB HQ in areas of: <ul style="list-style-type: none"> – Finance Operations – Workforce Development – IM/IT – Accommodations Management – Audit Coordination – Evaluation Coordination • National Capital Planning and Management Framework, Policies, Budget Allocation and Tools • eHealth Policy and Program Frameworks 	<p>Operations</p> <ul style="list-style-type: none"> • Information management • Human resources • Workforce development (learning, cultural competency, career development) • Finance • Business Continuity • Communications • Audit • Capital planning and program management • eHealth Project Identification and Implementation

5.0 Organizational Structure (Headquarters)

Figure 2



6.0 Organizational Structures (Regions)

Each Region is led by a FNIHB Regional Executive. The Executive is accountable to the FNIHB ADM for Regional Operations, as well as functionally to the Senior ADM for the implementation of overall national policy direction and budget management. Internal regional realignment is being done in collaboration with staff and partners. The result is a progressive positioning of Regions to better support the implementation of the Strategic Plan while assuming roles and responsibilities as defined in section 8 of this document.

Larger Regions with sub-regional offices based on geographic zones deliver program functions with central regional capacity support. Sub-regional offices do not have separate governance or mandates, but rather should be considered strictly as more localized service delivery arms.

The administration of Non-Insured Health benefits has evolved in order to create centres of expertise for Dental and Pharmacy Benefits to allow for national consistency and the efficient adjudication of services. Other benefits areas with predetermination remain de-centralized, while systems and practices are progressively harmonized and integrated. Regions have concentrated their efforts to putting in place contract services, working with provinces/territories, or putting other models in place to reduce pressure on fee for service benefits and medical transportation.

7.0 Mandatory Program and Service Requirements

In order to provide clear performance expectations, a set of program and service accountabilities and associated reporting requirements of Regions and First Nations or Inuit who are delivering programs on behalf of FNIHB are enshrined in the Branch Program Compendium, Branch policy frameworks (such as in quality assurance, capital and eHealth), clinical practice guidelines and contribution agreement schedules and reporting requirements. Mandatory Program and Service Requirements ensure internal consistency and comparison, while allowing for the ability of Regions to make adjustments that will facilitate integration with provinces or territories. The Branch is advancing with accrediting its nursing station operations for instance, as one measure of ensuring consistency in meeting operational standards comparable to other similar health agencies in provincial health systems.

Health Canada’s Program Activity Architecture for FNIHB (approved by Treasury Board February 2011) comprises the list of programs and services that are used for the development of

operational standards and performance indicators, while FNIHB’s Quality Improvement Framework provides the framework for their development. Operational standards include: clinical care guidelines and mandatory training requirements for remote and isolated nursing practice, the National Capital Program Framework and guidelines for implementation, the National Electronic Medical Records Strategy, and the FNIHB Accreditation Policy Framework. Funding arrangements are adjusted as program requirements, operational standards and performance indicators evolve in order to build in accountability for standards compliance and performance reporting. This exercise is dovetailed with the harmonization of grants and contributions instruments and systems with Indigenous and Northern Affairs Canada (INAC).

In order to ensure oversight of the application of established standards, various methods are applied such as self-assessment attestations where Directors General, Executive Directors and Regional Executives are required to attest to their state of compliance against established standards and practices.

8.0 Responsibilities by Core Function

HQ and Regional responsibilities organized by core function (Table 1) provide a foundation for collaboration and for accountability of the national and regional arms of FNIHB to each other, leading to compliance with FNIHB accountability requirements to the Deputy Minister, Minister, central agencies, Cabinet and to Parliament. While not intended to capture all responsibilities undertaken by HQ or regions, Table 2 focusses on key elements of the management structure and relationship, as well as any responsibility which specifically fulfills an objective of the Accountability Framework.

Table 2

FNIHB HQ Responsibility		FNIHB Regional Responsibility
HORIZONTAL FUNCTIONS		
<i>Policy and Partnerships</i>		
8.1	Define national mandate and policy parameters for tripartite agreements with First Nations/Inuit and provinces/territories in negotiation with the Deputy Minister, Minister and central agencies. Support FNIHB representation in regional trilateral/multilateral partnership committees and initiatives.	Identify, create and support opportunities for trilateral/multilateral partnership committees and initiatives. Lead FNIHB representation in regional trilateral/multilateral partnership committees and initiatives.
8.2	Support the participation of AFN and ITK on the Senior Management Committee - Policy & Planning discussions on oversight and review of the FNIH Strategic Plan, on proposals for new policies and programs, or changes to existing policies and programs. Development of National Frameworks and tools to support regions in negotiating and creating transfer opportunities and guide actions in collaboration with partners.	Establish and/or maintain formalized linkages to engage First Nations and Inuit, provinces/territories, other federal departments and potentially other partners in advising the region on its strategic and operational priorities, activities and reporting, and provide guidance on community/population health plans/assessments. In some regions, First Nations involvement is not limited to an advisory role as processes have been established to ensure co-management by First Nations and FNIHB.
8.3	In collaboration with the Chief Financial Officer Branch, develop and oversee a national collaboration workplan with INAC which mandates the harmonization of grants and contributions, and associated information systems, along with other integrated activities.	Implement harmonized G&C’s package and develop/implement specific regional collaboration workplan with INAC to further collaboration.
8.4	Engage with First Nations and Inuit and other federal partners on advancing initiatives to support community development, including ensuring linkages to Branch requirements in community health plans.	Develop and strengthen effective regional capacity building and community/population health planning support initiatives respectful of community development principles.
8.5	Continue to advance the policy	Advance services/systems integration

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
	frameworks and tools to assist and guide regional service and systems integration initiatives.	with the provincial/territorial system, with the involvement of First Nations and Inuit.
8.6	Assist regions in developing and maintaining effective partnerships with provincial regional health authorities through strategic direction, policy development and information sharing.	Partner with provincial regional health authorities and territories to better serve First Nations/Inuit, integrate programs and services with comparable standards, and enhance performance reporting.
8.7	Identify, lead and coordinate internal and external engagement in the development of national strategic, horizontal and program policy frameworks.	Provide expertise and inform the development of national program policy frameworks by identifying, policy options inform by regional realities as well as internal and external engagement with First Nations/Inuit, P/T and/or regional health authorities.
8.8	Establish and maintain relationships/partnerships in the context of NIHB national policies, program and delivery.	Support HQ and establish/maintain relationships/partnerships to facilitate the delivery of NIHB in the region. Work in partnership with First Nations and Inuit and other partners (e.g. provinces and territories where applicable) to ensure timely and equitable access to non-insured health benefits.
8.9	Provide policy direction and support to regions to develop policies, directives and clear accountability guidelines to support the achievement of performance targets of FNIHB.	Work with First Nations, Inuit and other recipients (e.g. territorial governments) to provide support and ensure compliance with national and develop regional policies, directives and accountability guidelines where these are required to meet national and regional performance targets.
8.10	In consultation with CFOB, and in collaboration with regions where appropriate, prepare and secure the necessary Cabinet and Treasury Board authorities, including program authorities renewal, budget submissions, and negotiation mandates – some of which will specifically support regionally-driven initiatives.	Inform and collaborate with HQ on the development of a program/service/integration initiative requiring new FNIHB authorities, resources and negotiation mandates, and support HQ in obtaining Cabinet or Treasury Board authority in consultation with CFOB.
8.11	Support FNIHB Senior ADM	Based on approved mandate,

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
	oversight role provided by the Federal Steering Committee (FSC) to set negotiation mandates and authorities for Self-Government negotiations and agreements. Develop branch policies and guidelines related to Self-Government in collaboration with regions. Monitor the implementation, coordination and ensure effective continued relationships with INAC and Central Agencies and keep regions informed of the evolution of SG initiatives that may impact their operations or relations with SG First Nations.	participate in INAC led Self-Government negotiations and implementation processes, including engaging with Aboriginal stakeholders at a regional level. Engage with First Nations interested to draw health programming under their SG agreement to facilitate informed decision making.
8.12	Coordinate and lead the development of issues management, including exercising a challenge function, in support of the Minister and Deputy Minister, including QP, briefing notes, correspondence, etc., and communications.	Provide intelligence to FNIHB in support of issues management activities in a timely manner, and develop appropriate plans for response to issues, including liaising with communications. Develop and maintain strong working relationships with First Nations and Inuit, P/T governments and regional health authorities to minimize the frequency and scope of issues management.
Operations		
8.13	As directed by the Chief Financial Officer and in accordance with the Budget Management Framework (BMF), provide and ensure compliance with clear directions and guidelines, including regarding the reporting of financial, administrative, and statistical information at the national and regional levels. Engagement of SMC in the completion of an annual financial	As directed by corporate regional finance, ensure compliance with directions and guidelines in the Budget Management Framework, including by coordinating the reporting of financial, administrative, and statistical information at the regional level. Provide support to First Nations organizations to ensure timely and appropriate reporting. Engagement of regional management

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
	attestation.	team in the completion of an annual financial attestation.
8.14	Establish mandatory national policy and program requirements and coordinate Branch Operational Planning, as part of the Department Integrated Operational Plan. Allocate resources to directorates and regions, informed by priorities identified in their Operational Plans.	Develop a Regional Operational Plan that meets national mandatory policy and program requirements in collaboration with corporate services and the Chief Finance Officer Branch that will feed into the Department Integrated Operational Plan. Allocate resources according to the approved operational plan across internal units and to grants and contribution recipients for local program/service delivery and capacity/governance; and participate in development of HQ directorate operational plans.
8.15	Support and coordinate audits, both internal and external; and ensure national compliance with audit requirements; develop and ensure implementation of Management Response and Action Plans	Coordinate audit requirements at the regional level and ensure compliance with requirements and Management Response and Action Plans. Provide support to First Nations organizations to ensure timely and appropriate reporting.
8.16	In compliance with Corporate Services Branch requirements, develop and maintain a FNIHB Business Continuity Plan for headquarters and coordinate Business Continuity Planning at the national level. In collaboration with the Public Health Agency of Canada, develop and maintain FNIHB Emergency Preparedness plans at the national level.	Work with partners (other federal departments, P/Ts, First Nations/Inuit) to develop regional plans as a component of the FNIHB Emergency Preparedness/Business Continuity Plan to ensure the preparation of appropriate emergency preparedness and business continuity plans and support communities in times of crisis. Also, develop and maintain Business Continuity Plans in order to maintain the delivery of critical services during business disruptions at the regional level. Monitor state of health emergency preparedness of First Nations communities.

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
8.17	Provide internal services support to HQ directorates, including liaising with the Corporate Services Branch and other internal services, such as CFOB; and negotiate with other Branches/Departments internal and corporate services support for regions (including service level agreements).	Collaborate with HQ in identifying the most cost-effective means for providing internal services and monitor their performance. Where this will result in better value for money for FNIHB, regions may – with HQ agreement – create centres of excellence to support multi-regional program or information management support functions/systems (e.g. business intelligence, GIS mapping).
8.18	<p>Harmonize the default prevention and management policy with INAC and support regions to strengthen their monitoring of recipients, including providing them with assistance on improving accountability, autonomy and control of resources.</p> <p>Development of policies and tools for the management of contribution agreements.</p>	<p>Implement the new default prevention and management policy and assist recipients to improve accountability, autonomy and control of resources. Promote economies of scale among First Nations/Inuit recipients and implement agreements with greater degrees of flexibility for low risk recipients. Reduce the overall number of agreements and required amendments/ NOBAs through more effective planning and resource allocation.</p> <p>Management of regional level contribution agreements with recipients.</p>

FNIHB HQ Responsibility		FNIHB Regional Responsibility
8.19	<p>In collaboration with Regions, develop common policies and procedures, and determine capital infrastructure priorities, as well as provide operational support (e.g. streamlining administration, safety and security in health facilities).</p> <p>Maintain Branch Long-Term Capital Plan.</p>	<p>Collaborate with HQ on the development of common policies and procedures and undertake national/regional multi-year capital planning adapting to resource realities.</p> <p>Consistent with the Health Facilities Capital Framework, and FNIHB Policy on Health and Security in Health Facilities, maintain active process to assess the state of First Nation health facilities, prioritize renovation, and address health and safety risks.</p> <p>Maintain regional long-term capital plan.</p>
<i>Planning and Performance Measurement</i>		
8.20	<p>Lead, develop and oversee national strategic and operational planning, including cycle, template, identification of initiatives, review/analysis and reporting.</p>	<p>Actively participate and guide/validate national strategic and operational planning through a joint national/regional planning cycle.</p> <p>Submit regional strategic and operational plans according to this planning cycle and report against these plans accordingly. Plans should be based on community/population health plans/assessments. Key priorities are jointly developed with First Nations and Inuit, with P/T and/or regional health authorities. These priorities then form the basis for the development and implementation of regional strategic and operational plans.</p>
8.21	<p>Ensure completeness and input of strategic and operational planning outcomes into the Department’s national accountability documents such as the Management and Accountability Framework, the Report on Plans and Priorities, the Corporate Risk Profile, Investment Plan etc.</p>	<p>Provide regional strategic and operational planning outcomes to inform national input into Departmental national accountability documents and regional processes in partnership with First Nations/Inuit, provinces/territories.</p>

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
8.22	Establish overall strategic direction and performance targets of FNIHB in collaboration with Regions - including review of the FNIH Strategic Plan, the Program Activity Architecture and the Performance Measurement Framework and Strategy. These will indicate health-related priorities and targets that underline a strengths-based approach, and would be based on community/population health plans/assessments managed regionally	Participate in national review of performance targets, and meet regional performance targets informed by community/population health plans/ assessments. Work in partnership with First Nations and Inuit, P/T and/or regional health authorities to identify and address health-related priorities. This will include gathering and analysing information related to health and the social determinants of health.
8.23	Standardized reporting requirements with respect to data/information requirements and management systems (including data sharing agreements) to meet HQ and regions’ responsibilities and requirements expectations.	Inform national data/information standards, and ensure data/information systems and management practices are in place to meet regional performance reporting responsibilities and expectations.
8.24	Develop, assess and report on the FNIHB Indicators Framework as a feeder into the Departmental Performance Measurement Framework, the FNIHB Performance Measurement Strategy and the Departmental Dashboard. Support regional efforts in gathering required information.	Work with stakeholders to inform the development, collection, analysis and sharing of data/information with FNIHB HQ as specified by the FNIHB Indicators Framework. Use the data/information gathered and analyzed to strengthen the delivery of programs and services to First Nations and Inuit.
8.25	Ensure that program evaluation requirements are met under FNIHB’s Performance Measurement Strategy, as required by Treasury Board and anchored in the Policy on Management, Resources and Results Structures and Evaluation Policy.	Collect, analyze and share quality data/information with FNIHB HQ as specified by the FNIHB Performance Measurement Strategy and program evaluation requirements. Where required, facilitate community participation and support stakeholder relations in the implementation of program evaluations.
8.26	Ensure consistent and comparable baseline information is available to regions to assist them in meeting their responsibilities and	Utilize comparable information provided by FNIHB HQ in setting, monitoring and adapting fiscal and operational activities.

FNIHB HQ Responsibility		FNIHB Regional Responsibility
	expectations, including in Primary Care, Health Promotion and Disease Prevention, Health Protection, Mental Health and Non-Insured Health Benefits.	
8.27	Develop and support regions to implement national components of a surveillance framework.	Develop and implement a regional surveillance framework in collaboration with First Nations/Inuit, provinces/territories, and/or regional health authorities which will be consistent with and inform a national framework.
8.28	Support national First Nations and Inuit information initiatives with an aim of contributing to the FNIHB indicators framework, including funding of national surveys.	<p>Support regional and community First Nations and Inuit information initiatives, with a focus on those that contribute to meeting national and regional indicators and those that support community/population health planning and assessment that inform regional strategic and operational planning.</p> <p>Work with First Nations and Inuit, P/Ts and other partners in gathering and analyzing the information gathered to ensure accuracy and culturally competent interpretation.</p>
<i>Management Excellence</i>		
8.29	Maintain an active governance structure which supports the Accountability Framework. This governance structure consists of two Senior Management Committees (Policy and Planning, Operations), supported by the Interprofessional Practice Committee, Headquarters Regional Executive Committee (HQ-REC), and Regional Executive Forum (RE Forum).	Actively and effectively participate in the FNIHB Senior Management Committee structure. Through comprehensive internal and external engagement, develop and implement Regional Transition Plans that lay out how Regions are structured to meet core functions, responsibilities and performance expectations in the AF. Regional Transition Plans must include revised organizational structures, integrated planning and performance management cycles/processes, a stakeholder advisory/management forum, and an implementation plan with clear milestones.

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
8.30	Ensure an effective working relationship is established between the FNIHB Senior ADM, FNIHB ADM of Regional Operations, other Department Heads, the Minister and the Minister’s office, FNIHB HQ Director Generals, the FNIHB Regional Executives and other Health Canada branches and internal services, including respecting communication protocols and providing sound and timely advice.	<p>Establish an effective working relationship with the FNIHB Senior ADM, FNIHB ADM of Regional Operations, other Department Heads, the Minister and the Minister’s office, FNIHB HQ Director Generals and the FNIHB Regional Executives and other Health Canada branches and internal services, including respecting communication protocols and providing sound and timely advice.</p> <p>Collaborate with the Regulatory Operations and Regions Branch (RORB) where facilities are jointly located.</p>
8.31	Assist directorates and regions in meeting their training/cultural competency/capacity/management requirements and to ensure succession plans are in place.	<p>Ensure employees have training, increased cultural competencies, capacity development and management support opportunities, and that succession plans are in place.</p> <p>Work in partnership with First Nations and Inuit to ensure that not only FNIHB employees but also their counterparts in First Nations and Inuit organizations have access to shared training opportunities, capacity development and management support initiatives.</p>
8.32	Support FNIHB employees’ workplace health, wellness and safety in collaboration with union representatives. Coordinate national occupational health and safety initiatives and ensure workplace health and safety measures are in place for headquarters employees. Promote and ensure compliance with the Public Service Values and Ethics Code and Departmental policies and tools to promote a harassment-free workplace.	Promote the participation of employees in workplace health, wellness and safety awareness, training and monitoring in collaboration with unions. Ensure workplace health and safety measures are in place for regional employees. Promote and ensure compliance with the Public Service Values and Ethics Code and Departmental policies and tools to promote a harassment-free workplace.

FNIHB HQ Responsibility		FNIHB Regional Responsibility
PROGRAM FUNCTIONS		
Interprofessional Practice		
8.33	Develop, implement, monitor and evaluate national interprofessional practice standards, clinical practice guidelines etc. to more effectively deliver health services in a manner consistent with normative standards.	Collaborate with HQ and with First Nations, in the development of national interprofessional practice standards, oversee regional implementation and monitoring, and develop, implement, monitor and evaluate regional interprofessional practice standards, clinical practice guidelines etc. where appropriate, while seeking alignment with provincial/territorial practices.
8.34	Provide interprofessional practice advice on national and regional program/policy development.	Provide regional interprofessional practice advice on national and regional program/policy development.
Program Policy		
8.35	<p>Ensure the development of national policy and program frameworks to promote and monitor quality improvement and risk management practices (e.g., infection prevention/control, tuberculosis, and nursing).</p> <p>Develop in collaboration with Regions a set of core standards and practices that must be met prior to investing in value-added activities.</p> <p>Implement a national light monitoring process taking into account departmental Dashboard, program priorities and risks.</p>	<p>In partnership with First Nations, P/T, and regional health authorities, collaborate with HQ to develop, and implement, national and regional policy and program frameworks, where required, to achieve and monitor quality improvement and risk management, while seeking alignment with provincial/territorial practices.</p> <p>Participate in the development and ensure implementation of core standards/practices that must be met prior to investing in value-added activities – demonstrate this in regional operational plans and report against core business in performance management targets.</p>
8.36	Ensure the development of national policy and program frameworks that promote patient and client safety.	Assist HQ in developing and implementing patient and client safety frameworks, including NIHB Work with First Nations/Inuit, P/T, regional health authorities and health professional organizations in developing and implementing patient and client safety frameworks.
8.37	Develop and coordinate policies	Inform the development and

FNIHB HQ Responsibility		FNIHB Regional Responsibility
	and processes that protect the privacy of health information throughout FNIHB and facilitate data sharing partnerships.	coordinate at the regional level policies and processes that protect the privacy of health information, while facilitating data sharing partnerships. Provide support to First Nations and Inuit communities to develop and implement policies and processes that protect the privacy of health information.
8.38	Refine and promote the policy framework to support accreditation of FNIHB and transferred health facilities.	Inform the development and actively support the accreditation of FNIHB and health facilities, including residential treatment centres.
8.39	Provide program policy advice to regions.	Work with HQ, First Nations, P/T, regional health authorities and health professional organizations to identify and resolve program policy issues.
8.40	Support knowledge development through environmental scans, and the collection and analysis of evidence.	Provide data/information/evidence to First Nations, HQ, P/T, and regional health authorities by sharing best practices, program outcomes, etc. to inform national knowledge activities.
<i>Program Operational Support</i>		
8.41	Identify program operational risks to regions and, in collaboration with them, develop risk mitigation strategies	Identify program operational risks and develop mitigation strategies by working with First Nations, P/T and regional health authorities.
8.42	Collaborate with regions in the delivery of national program components.	Support HQ in the delivery of national program components where applicable. Provide support to First Nations and Inuit in the delivery of programs and services.
<i>Non-Insured Health Benefits</i>		
8.43	Efficient management of cost-effective and evidence-based supplementary health benefits that contribute to improving the health status of First Nations and Inuit in Canada. Monitor and measure the impact of interventions and working with expert advisors, stakeholders and other key players to identify further improvements to the NIHB	Participate in the implementation of the national NIHB performance measurement approach as required. Work with First Nations and Inuit, providers and P/Ts to address concerns and to identify further improvements. Provide regional input on NIHB priorities for inclusion in NIHB Multi-Year Plan according to the planning

	FNIHB HQ Responsibility	FNIHB Regional Responsibility
	<p>Program.</p> <p>Program forecasting and analysis to support decision making and negotiation.</p> <p>Develop and oversee NIHB Special Purpose Allotment (SPA) Governance process & corresponding Multi-Year Planning process for the Program, including template, development of Program priorities in collaboration with regions, review/analysis, and reporting via Corporate Operational Planning Process.</p> <p>Program benefit-level forecasting and analysis to support SPA management decision making, including allocation of notional budgets to NIHB regions, informed by priorities identified in through the NIHB multi-year planning process.</p>	<p>cycle and report against these plans accordingly.</p> <p>Effective and accurate expenditure forecasts/monthly variance reports of regionally managed benefits.</p> <p>Manage regional Program expenditures within notional budget allocations. Seek adjustments to notional budget allocation through SPA Governance process.</p>
8.44	Development, refinement and compliance oversight of national framework and policies. Benefit adjudication for pharmacy, dental and support regional adjudication for medical supplies and equipment.	Implementing policies and adjudicating requests for the medical transportation, vision care, medical supplies and equipment, and mental health counselling benefits.
8.45	Development of a national common electronic platforms / solutions for managing contribution agreement and operating NIHB benefits and expenditures, in consultation with the Information Management Services Directorate and in the context of the Departmental Investment Plan.	Participate in the development of an NIHB common electronic platforms / solutions for managing contribution agreement and operating NIHB benefits and expenditures, in consultation with the Information Management Services Directorate in Regions.
8.46	Collaborate with regions in the implementation of local arrangements to provide NIHB (e.g. dental) services in communities.	Implement local arrangements to provide NIHB (e.g. dental) services in communities; where such arrangements are in place, and where

FNIHB HQ Responsibility		FNIHB Regional Responsibility
		benefits are adjudicated centrally, regions will be responsible for coordinating activities with NIHB HQ.
8.47	Lead audit activities and fee negotiations in collaboration with Regions.	Regions will remain responsible for provider liaison and for coordinating audit activities and fee negotiations with NIHB HQ.
8.48	Support regions in client and community liaison activities related to the NIHB Program.	Regions will remain responsible for client and community liaison activities related to the NIHB Program.
8.49	Support the use of NIHB utilization and expenditures data to inform policy and planning across FNIHB.	Actively participate in the collection and analysis of NIHB utilization and expenditures data to inform policy and planning in the Region and across FNIHB.

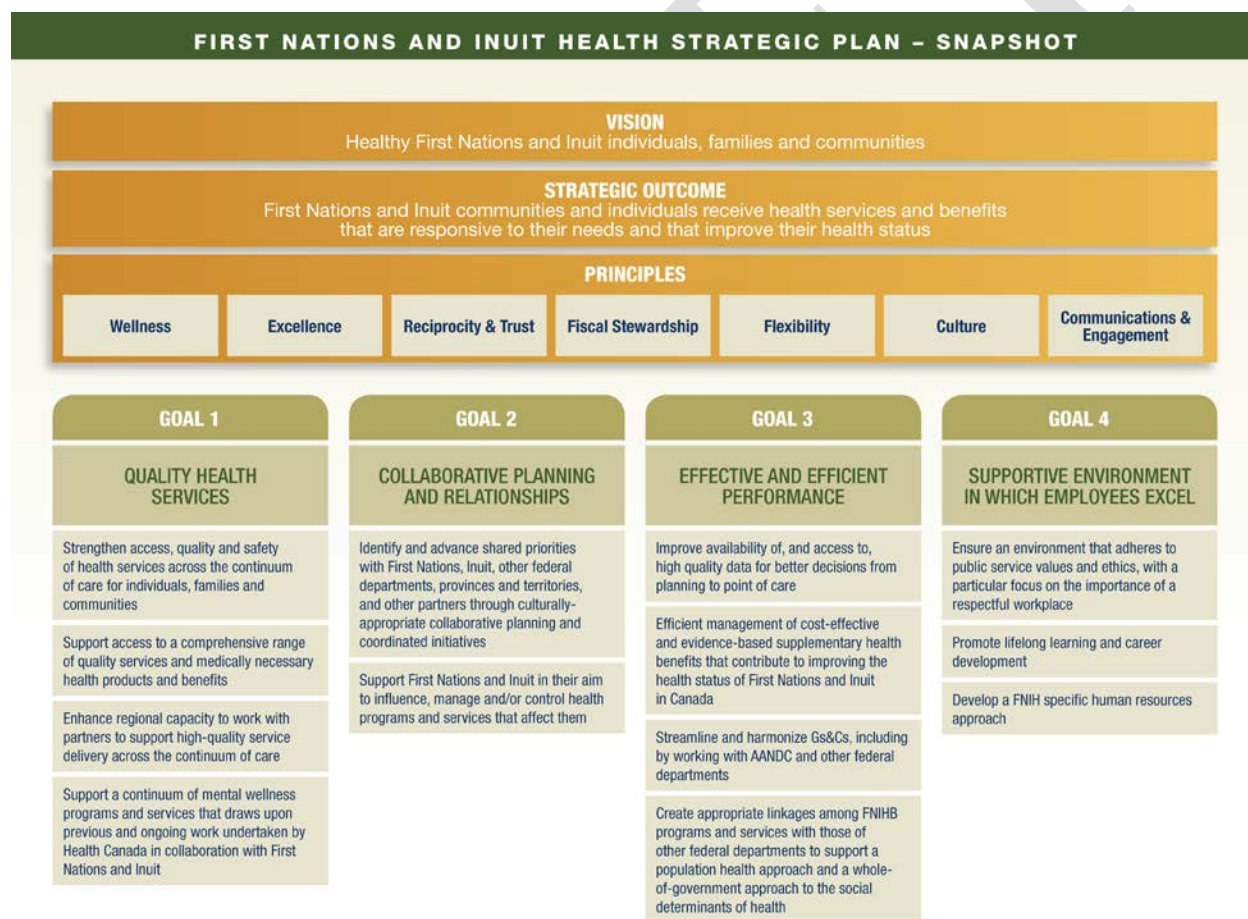
9.0 Governance and Oversight

The work of the Branch is be guided by the Strategic Plan, a long-term guiding document for Health Canada’s First Nations and Inuit Health business line.

The purpose of the Strategic Plan is to provide direction for future Branch policy, program and investment decisions as well as capitalize on synergies that enable the Department to effectively move forward on multiple fronts simultaneously.

The Strategic Plan and the Department operational cycle drive the development of annual Branch Management Operational Plans, the basis for resource allocation and performance reporting across Directorates and Regions⁴ (Figures 3 and 4).

Figure 3



⁴ The NIHB Program does not use the Community Based Reporting Template (CBRT) - NIHB has its own program-specific reporting schedule for contribution agreements.

Each Branch plan is informed by a FNIHB indicator framework (current draft in Annex A). The framework identifies meaningful performance indicators, comparable with those measured by the Canadian Institute of Health Information (P/T health systems). It is an integral part of a results-based accountability system which allows the Branch to assess progress toward the achievement of intended outputs, outcomes, goals, and objectives.

FNIHB Senior Management Committee (SMC) Structure

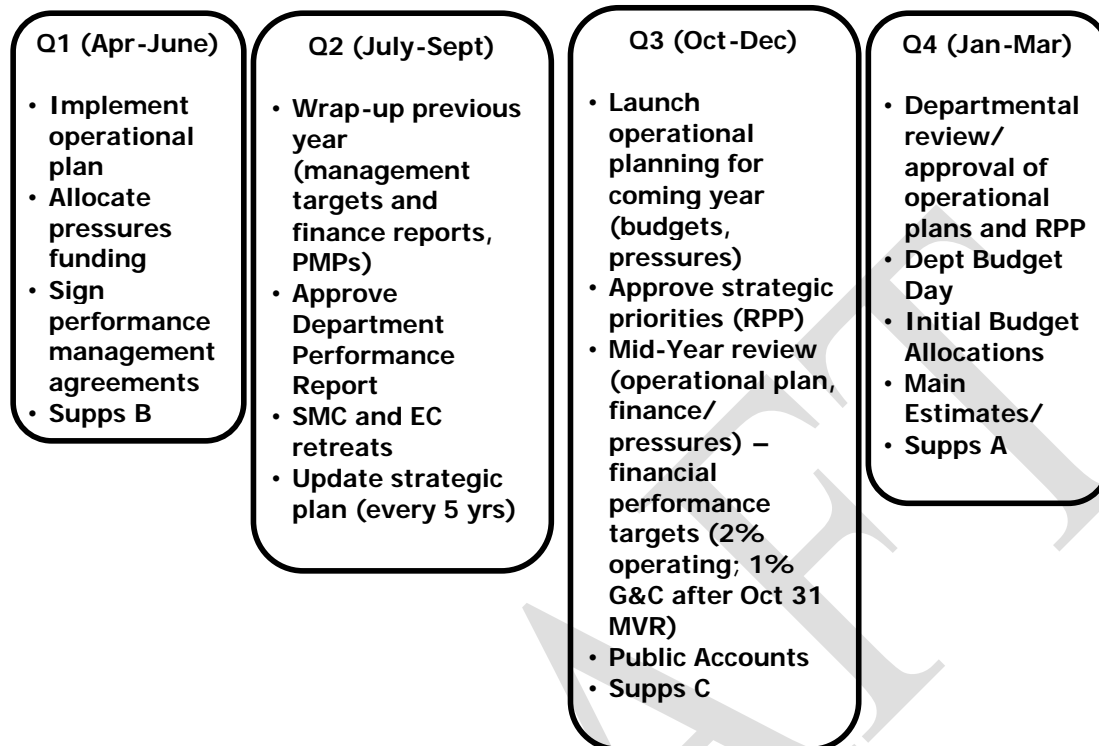
FNIHB Senior Management is governed by two principal committees divided along functional lines: SMC Policy & Planning *and* SMC Operations. Each committee provides a forum for ongoing management of the Branch and is the prime decision-making body. SMC is intended to support the Senior Assistant Deputy Minister (SADM) and ADM of Regional Operations (ADM RO) in their management of the Branch.

The principal functions of the SMC are to:

- Provide Senior Management with a forum for discussion and decision-making on activities and policies of the Department and the Branch;
- Provide guidance to the SADM, ADM RO, Directors General and Regional Executives;
- Keep Senior Management informed of pertinent file developments and Ministerial or Deputy Ministerial priorities or approaches; and
- Coordinate strategic and operational planning and performance measurement, and corporate services requirements.

Agenda items for SMC and its sub-committees (Figure 4) are grouped according to a number of quarterly planning milestones in order to meet Health Canada’s Departmental integrated operational planning cycle and Performance Measurement reporting, and Budget Management Framework.

Figure 4
Department Operational Cycle



SMC Policy & Planning – This committee develops and monitors the Branch Strategic Plan and demonstrates the linkage with the Departmental planning, Branch operational planning and planning by partners (First Nations, Inuit, provinces, territories, other federal departments). It also identifies and monitors collaboration & partnership initiatives. SMC Policy is the mechanism used to discuss proposals for new policies and programs, or significant changes to existing policies and programs.

SMC Operations – This committee is a forum for discussion and decision-making on operational planning (including finance, evaluation and audit) and performance measurement issues. It identifies and supports strategic linkages between the Departmental Integrated Operational Planning Process (DIOPP) and the Strategic Plan and reviews and approves the Branch Operational Plan and associated planning and reporting documents.

There are four SMC sub-committees (Figure 5) that meet on a pre-determined basis (Annex B) to support the work of SMC. These committees include:

Interprofessional Advisory Committee – This Committee provides guidance and advice on health interprofessional practice. It is led by a health professional interdisciplinary group. Its purpose is to identify, review and analyze issues that affect health interprofessional practice within the context of quality health service delivery in the Branch as well as support management in developing feasible solutions to address these issues.

Policy and Program Sub-Committee – This committee is comprised of senior managers from FNIHB, AFN and ITK. Its purpose is to identify emerging policy and program needs, and engage managers on the scoping of horizontal issues prior to tabling to SMC.

National Capital Program Review Committee (CPRC) – This committee is responsible for reviewing resource requirements and allocations for capital and O&M funding, which supports health infrastructure and health and safety in those facilities. It makes recommendations to FNIHB’s Senior Management Committee on proposals with major implications for Branch activities and/or FN/I clients. It serves as a forum for horizontal initiatives regarding FN/I infrastructure with other government departments, including Indigenous and Northern Affairs Canada (INAC). The work of the CPRC is guided by the Health Facility Capital Framework and the Health Facility Safety and Security Policy.

IT/IP Sub-Committee – This committee analyzes and confirms project controls of approved Branch Investment Plan (IP) projects for gating oversight purposes, and recommends methods, processes, projects and other discrete initiatives for approval to Senior Management Committee (SMC) and/or ADMs as appropriate.

There are also a number of other committees who play prominent roles in decision making in regions, both at the individual and collective levels:

RE Forum – This is a knowledge exchange, advice and discussion forum for all Regional Executives (REs). The RE Forum allows REs to discuss issues of strategic importance for regional operations, and to provide early input, from a regional/operational perspective, to new policies and programs, or significant changes to existing policies and programs. The Forum is used for REs to reach consensus, where possible, on proposed policy and program changes. REs also use the Forum to discuss items that are on the SMC agenda for discussion or decision, in order to facilitate more informed discussion and decision-making.

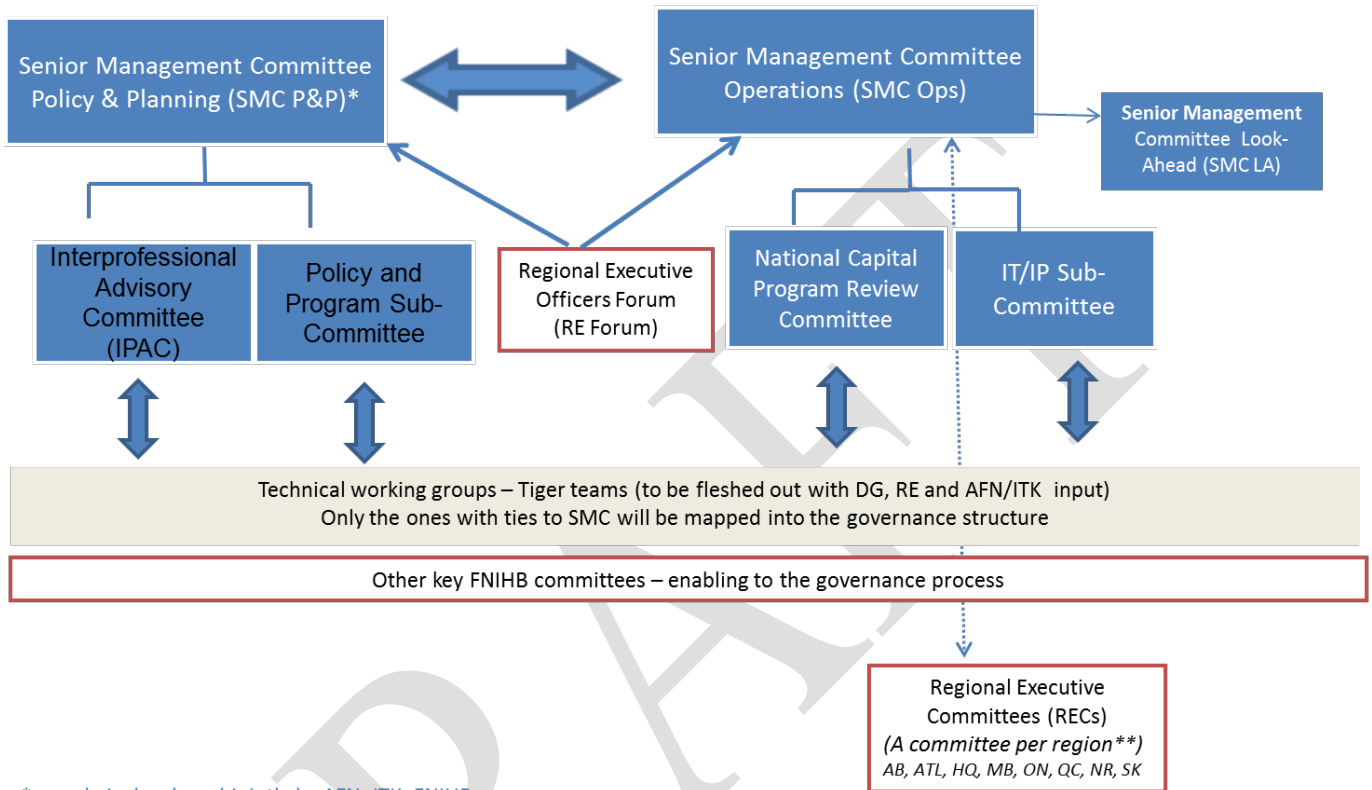
Regional Management Committees – All regions and HQ have an executive committee that acts as a key information-sharing body to ensure consistent application of policies, procedures and standards across within their respective regions. The committee oversees operations in keeping with its mandate and

objectives and provides executive oversight of human resources, financial, administrative and accommodation issues as they relate to region-specific activities.

DRAFT

Figure 5

First Nations and Inuit Health Branch Governance Structure



*agenda is developed jointly by AFN, ITK, FNIHB

** HQ considered as a “region”

10.0 Supplementary Information

Health Canada Documents:

[Budget Management Framework](#)
[Corporate Risk Profile](#)
[Departmental Integrated Operational Plan](#)
[Evaluation Reports](#)
[Integrated Planning and Reporting Framework](#)
[Integrated Risk Management Framework](#)
[Management Accountability Framework \(Health Canada\)](#)
[Performance Measurement Framework](#)
[Program Activity Architecture](#)

Legislation:

[Federal Accountability Act](#)
[Financial Administration Act](#)

Privy Council Office Publication:

[Accountable Government: A Guide for Ministers and Ministers of State](#)

Treasury Board Secretariat Policies:

[Contracting Policy](#)
[Policy on Evaluation](#)
[Policy on Financial Management Governance](#)
[Policy on Internal Audit](#)
[Policy on Internal Control](#)
[Policy on Investment Planning - Assets and Acquired Services](#)
[Policy on Management, Resources and Results Structures](#)
[Policy on Transfer Payments](#)

Treasury Board Secretariat Publications:

[Departmental Performance Reports](#)
[Framework for the Management of Risk](#)
[Management Accountability Framework](#)
[Reports on Plans and Priorities](#)