



Accountability Requirements for Health and Social Services

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English

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French

Kīspin ki nitawih̄tīn ē nīhīyawih̄k ōma ācimōwin, tipwāsīnān.

Cree

Tłjchq yatı k'èè. Dı wegodı newq dè, gots'o gonede.

Tłjchq

ʔerih̄t'ís Dēne Sų́líné yatı t'a huts'elkēr xa beyáyatı theʔą ʔat'e, nuwe ts'ēn yóftı.

Chipewyan

Edı gondı dehgáh got'je zhatié k'èé edat'éh enahddhę nıde naxets'é edahfı.

South Slavey

K'áhshó got'jne xadə k'é hederı ʔedjhtl'é yerınıwę nıde dúle.

North Slavey

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit yinothan jı', diits'at ginohkhiı.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ċ^bd◁ ∩∩^{sb}Δ^c ΛϚLJΔ^{rc} Δ◊^b∩∩◊^cϚ^{sb}Ϛ^{rc}∩^b, ▷◊^c∩^a◊^c ▷^{sb}◊^cϚ^a◊^{sb}∩^c.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

1-855-846-9601

Health and Social Services Accountability Requirements

	Planning	Department	THSSA	TCSA	HRHSSA
GNWT (PAF)	Business Plan	•			
	Capital Budget	•	•	•	•
	Operating Budget	•	•	•	•
	Operating Budget Amendments greater than 20%	•	•	•	•
HSS	Territorial Plan	•			
	Operational Plan		•	•	•
	Variance reporting	•	•	•	•
	Accountability				
GNWT (PAF)	Annual Report	•	•	•	•
	Mandate Review		•	•	•
HSS	Report on quality, safety and risk programs	•	•	•	•
	Performance Measures Reporting	•	•	•	•
	Patient/client experience reporting	•			
	Health status and service utilization reporting	•			
	Status report on the implementation of recommendations from: Office of the Auditor General, NWT Coroner, Program Review Office	•	•	•	•
	Report of the Director of Child and Family Services	•			
	Report on the operation of the medical care plan	•			
	Report on the <i>Canada Health Act</i>	•			

(Red indicates a legislated requirement to table in the Assembly)

As per the *Financial Administration Act (FAA)*

- Category D = GNWT Departments
- Category A = Boards of Management as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)

Business Plan (as per the GNWT Planning and Accountability Framework)

I. Applicable to:

Category D - GNWT Departments

II. Frequency:

Annual

III. Submit to:

The Financial Management Board

IV. Purpose:

The purpose of the government business plan is to inform Members of the Legislative Assembly and residents of the planned objectives for each Department for the next fiscal year. The business plan shall be consistent with the Department's establishment policy, support the priorities of the Legislative Assembly and advance the commitments made in the mandate of the Executive Council. The business plan will also outline issues and challenges faced by a Department, as well as the human and fiscal resources allocated to deliver the plan.

Standing Committees of the Legislative Assembly review the annual business plans which become the foundation for the annual Main Estimates.

V. Content:

The GNWT will consult with a committee of the Legislative Assembly on an annual basis to determine the preferred requirements for government business plans. At a minimum they are to include:

- Links to the priorities of the current Legislative Assembly as well as the mandate of the Executive Council
- Context on the Department's operating environment
- Detailed resource summaries, including changes from the preceding fiscal year (financial and human resources)
- Key activities overview, objectives and performance measures

VI. Amendments:

Any funding adjustments approved subsequent to the final business plan are to be incorporated into the Main Estimates and future year business plans. Any funding adjustments approved subsequent to the final business plan are to be incorporated into the Main Estimates and future year business plans.

Capital Budget (as per the GNWT Planning and Accountability Framework)

I. Applicable to:

Category A - Boards of Management as outlined in HIHSSA (THSSA, TCSA, and HRHSSA) should that entity need to incur infrastructure expenditures

Category D - GNWT Departments

II. Frequency:

Category A – prior the start of a new fiscal year

Category D – Annual Capital Estimates

III. Submit to:

Category A – Responsible Minister

Category D - Financial Management Board

IV. Purpose:

A capital budget identifies infrastructure projects required for an entity to achieve its long-term strategic goals and objectives within the next fiscal year. Projects identified must meet the definition of infrastructure expenditure according to the applicable Generally Accepted Accounting Principles for that particular entity.

In accordance with the FAA, public agency capital budgets must be approved by the responsible Minister and then tabled in the Legislative Assembly. The Government Capital Estimates are tabled for consideration and approval by the Legislative Assembly.

V. Content:

At a minimum, capital budgets are to include:

- List of project names
- Community where the tangible capital asset is to be physically located
- Description and estimated year of completion
- Aggregate summary of all expected project costs for the fiscal year

Public entities are to implement the approved capital budget while ensuring to monitor and evaluate performance of each project.

VI. Amendments:

Amendments to capital budgets for public agencies that result in a change of 20% of total infrastructure expenditures require submission to the responsible Minister for approval and tabling in the Legislative Assembly as soon as possible

Capital Estimate Amendments for government are completed through the supplementary appropriation process. A quarterly capital budget adjustment report for government is submitted to a committee of the Legislative Assembly.

Operating Budget (As per the GNWT Planning and Accountability Framework)

I. Applicable to:

Category A - Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)
Category D - GNWT Departments

II. Frequency:

Category A – Annual: Approval prior to start of new fiscal year as soon as is reasonable after the approval of the Main Estimates.
Category D – Annual: Main Estimates

III. Submit to:

Category A – Responsible Minister to be tabled in the Legislative Assembly
Category D - The Financial Management Board to be tabled in the legislative assembly

IV. Purpose:

An operating budget is the projected allocation of financial resources to ensure the achievement of the stated goals and objectives for the upcoming fiscal year. **In accordance with the FAA, all operating budgets of public agencies are approved and tabled in the Legislative Assembly by the responsible Minister.**

V. Content:

An operating budget includes estimates of revenue and expenditures for the entire entity. Also included are prior year *performance figures (prior year actuals)*. Revenue estimates must include all potential income sources; for example, contribution agreements, third party funding, fees and service revenue, royalties and other applicable revenue. Expenditure estimates are to be categorized and reported for each functional unit and amalgamated for the entire entity; for example, salaries and benefits, interest, amortization, rent, etc.

At a minimum, an operating budget must:

- Include estimates of revenues and expenditures for the fiscal year
- Encompass all its business and activities
- Budget information in a format that is clear and understandable according to its major businesses and activities

VI. Amendments:

Amendments to the operating budget of a public agency that result in a change of 20% of either total operating expenditures or total revenue require submission to the responsible Minister for tabling in the Legislative Assembly at the earliest opportunity.

Main Estimate amendments are approved through the supplementary appropriation process, as well as the annual business planning process.

Annual Report (as per the GNWT Planning and Accountability Framework)

I. Applicable to:

Category A - Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)
Category D - GNWT Departments

II. Frequency:

Annually, in accordance with the *Financial Administration Act* and In accordance with *HIHSSA*

III. Submit to:

Category A – Responsible Minister to be tabled in the Legislative Assembly
Category D – (public Accounts) Minister of Finance

IV. Purpose:

An annual report provides public entities the opportunity to report on its operations and financial position of the preceding year. This comprehensive report contains analysis of the activities conducted throughout the year, both financial and non-financial. **In accordance with the FAA, the annual reports are tabled in the Legislative Assembly.**

As per HIHSSA, each year the Minister shall prepare and annual report in respect of implementation of the territorial plan, incorporating the annual report of the THSSA, HRHSSA and the TCSA and shall make the report available for review by the public
Section 2.(3) The annual report of the Department is used to meet the requirement to report annually on the Medical Care Plan as well as providing a results report on achievement of strategic goals and objectives at a system level.

V. Content:

The GNWT Public Accounts must be prepared in accordance with the FAA and at a minimum must:

- State the activities of the public agency (report on the implementation of the Territorial Plan)
- Include financial statements prepared in accordance with applicable Generally Accepted Accounting Principles
- Include an auditor's report
- Include management discussion and analysis providing an overview of previous year operations and how the year will influence decisions in the future

VI. Amendments:

Any amendments to a tabled annual report must be captured in the subsequent year audit and annual report.

Mandate Review (as per the GNWT Planning and Accountability Framework)

I. Applicable to:

Category A - Boards of Management as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)

II. Frequency:

Minimum of once every five years (The first mandate review is due August 1, 2021)

III. Submit to:

Responsible Minister

IV. Purpose:

A mandate and operational review provides a periodic review of the entity's operations with respect to legislated requirements, manage, roles and responsibilities, as well as Legislative Assembly priorities.

V. Content:

At a minimum, a mandate and operations review must include:

- An assessment of operations compared to legislation and overall mandate
- An assessment of the effectiveness of the entity, performance of measures and expected results
- A plan to address any identified discrepancies between mandate and operations

(This is a new requirement under the FAA)

Territorial Plan (Health and Social Services Accountability Requirement)

I. Applicable to:

Category D - Department of Health and Social Services (the Department)

II. Frequency:

Multiyear – to be determined by the Minister (every 3 years)

III. Submit to:

There is no legislated requirement to table the Territorial Plan in the Legislative Assembly. As per Bill 44 (HIHSSA) the Minister shall make this report available to the public (it can either be tabled in the Legislative Assembly or shared with Standing Committee and posted on the website).

IV. Purpose:

In order to carry out the mandate and priorities of Government and the Legislative Assembly, the Minister shall establish the overall strategic direction for the system through a multi-year plan (Territorial plan) which sets out the principles, priorities and objectives for the provision of health and social services and communicate that to the Boards of Management.

V. Content:

At a minimum, the Territorial plan must include:

- The principles on which the provision of health and social services are to be based;
- The objectives and priorities for the provision of services;
- The health and social services to be provided or made available; and,
- A comprehensive financial plan that includes a statement of how financial, human and other resources are to be allocated to meet the objectives and priorities.

Operational Plan (Health and Social Services Accountability Requirement)

VI. Applicable to:

Category A - Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)

VII. Frequency:

Annually – proceeding the start of the fiscal year and approval of the operating budget

VIII. Submit to:

Responsible Minister

IX. Purpose:

The purpose of an operational plan is to inform the Minister of the planned objectives for the next fiscal year. The operational plan shall be consistent with the Department's establishment policy, the territorial plan, support the priorities of the Legislative Assembly and advance the commitments made in the mandate of the Executive Council. The operational plan will also outline issues and challenges faced by a public agency, as well as the human and fiscal resources allocated to deliver the plan.

There is no legislated requirement for this report.

X. Content:

At a minimum, an operational plan must include:

- An assessment of operations compared to legislation and overall mandate
- An assessment of the effectiveness of the entity, performance of measures and expected results
- A plan to address any identified discrepancies between mandate and operations
- A description of programs and services being provided
- A comprehensive budget that outlines how the public agency will align the budget to support core business, strategic objectives and key activities for the operational plan year
- Strategic objectives
- Key activities for the Operational Plan year
- A description of the engagement plan used to ensure the operational plan reflects the views, opinions and experiences of the members of the public whom it serves
- Links to the HSS strategic plan (territorial plan)

Variance Reporting (Health and Social Services Accountability Requirement)

I. Applicable to:

Category A - Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)
Category D – the Department

II. Frequency:

Monthly

III. Submit to:

Category A - Responsible Minister
Category D - The Department of Finance

IV. Purpose:

To report monthly on the variance between actual expenditures versus projected expenditures and the approved budget.

V. Content:

At a minimum, variance reporting must include:

- Actual expenditures
- Projected expenditures
- Approved budgets
- Explanation for variances

Report on the Quality, Safety and Risk Plans (Health and Social Services Accountability Requirement)

I. Applicable to:

Category A - Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)
Category D - GNWT Departments

II. Frequency:

Annually

III. Submit to:

Category A - Responsible Minister
Category D – Department of Finance (the Department is required to report to the Department of Finance on the assessment of risks and mitigation measures, as well as including information on the enterprise risk management program in the annual business plans.

There is no legislated requirement for this report.

IV. Purpose:

The purpose of the report is to allow public agencies to discharge their accountability to the Minister for ensuring that effective quality improvement and risk management practices are in place.

V. Content:

At a minimum, a report on quality, safety and risk plans must include:

- Timely and relevant information about current performance under the plans
- Specific measures, timelines and targets that align with the operational plan
- An annual risk assessment and mitigation plans
- An overview of the planned response to any unmet required organizational practices resulting from Accreditation processes

Performance Measures Reporting (Health and Social Services Accountability Requirement)

I. Applicable to:

Category A - Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)
Category D – the Department

II. Frequency:

Annually

III. Submit to:

Category A - Responsible Minister
Category D – The public

There is no legislative requirement for the Minister to table a performance measures report. The 2010 Office of the Auditor General Program Review of HSS resulted in a recommendation to develop relevant system performance indicators and to regularly report these to the Legislative Assembly.

IV. Purpose:

The purpose of the performance measures report is to measure and regularly inform the Legislative Assembly and the public on the system's performance towards achieving its goals.

In 2010/11 the Office of the Auditor General reviewed the programs and services of the NWT Health and Social Services system, making a number of recommendations for system improvement. Two of these recommendations were for the Department of Health and Social Services, in collaboration with the Health and Social Services Authorities, to develop a set of system-wide performance indicators for the health and social service system and regularly inform the NWT Legislative Assembly, and the public, on the system performance indicators.

V. Content:

The performance measures report must include timely and relevant information about current performance. Performance indicators are developed based on the Performance Measurement Framework and will evolve over time. This current list of performance measures is included in a separate document (appendix A).

Patient/Client Experience Reporting (Health and Social Services Accountability Requirement)

I. Applicable to:

Category D – the Department

II. Frequency:

Every second year

III. Submit to:

The public – there is no legislative requirement for the Minister to table a patient/client experience report.

IV. Purpose:

In order to meet the Department's goals of providing equitable access to safe, quality care that is appropriate for our residents' needs and enhancing the patient client experience, the NWT Patient Experience Questionnaire is conducted regularly as part of the Department's system-wide evaluation and reporting system. Patient experience is used to measure the effectiveness of health programs and services and is integral to providing quality healthcare. As part of the quality assurance and accreditation process, patient experience provides another dimension in the assessment of the effectiveness and efficiency of the healthcare system. Results from the questionnaire help identify where opportunities for improvement exist.

This report has historically been tabled in the Legislative Assembly as it forms part of the Department's overall performance reporting.

V. Content:

The patient/client experience report must include patient/client responses to questions aimed at assessing performance relative to the following domains:

- Safety
- Quality
- Access
- Appropriateness

Health Status and Service Utilization Reporting (Health and Social Services
Accountability Requirement)

I. Applicable to:

Category D – the Department

II. Frequency:

Every 5 years

III. Submit to:

The Minister tables the report in the Legislative Assembly

There is no legislative requirement to table a health status or service utilization report, however, these reports form an important component of the Minister's overall accountability for the effective and efficient use of public monies.

IV. Purpose:

Identifying and understanding patterns of health care utilization is essential for health care planning and monitoring. Similarly, a health status report is intended to provide a snap-shot of the health of the population and the shifting burden of disease to inform program and policy development as well as assess the effectiveness of past interventions and policy decisions.

V. Content:

Health status and utilization reporting include comprehensive and recent information related to:

- Demography and population profiling
- Determinants of health
- Health indicators
- Utilization patterns and associated costs
- Social, physical, political, cultural and the economic context

Report on the Status of OAG, Coroner, PRO Recommendations (Health and Social Services Accountability Requirement)

I. Applicable to:

Category A – Boards of Management, as outlined in HIHSSA (THSSA, TCSA, and HRHSSA)
Category D – GNWT Departments

II. Frequency:

Annually

III. Submit to:

Category A - Responsible Minister
Category D – The Department of Finance

IV. Purpose:

Tracking the implementation of agreed to recommendations from the Office of the Auditor General (OAG), the Coroner and the Program Review Office (PRO) is a critical accountability mechanism for the Minister. Ultimately it is the Minister that is accountable for ensuring appropriate changes are made across the health and social services system in response to such recommendations.

V. Content:

TBD

Report of the Director of Child and Family Services (Health and Social Services
Accountability Requirement)

I. Applicable to:

Category D – the Department

II. Frequency:

Annually

III. Submit to:

The Responsible Minister

As per the *Child and Family Services Act* Regulations the Director of Child and Family Services shall submit the annual report to the Minister not later than October 1 in each year for the period ending on March 31 of the same year.

IV. Purpose:

The Director of Child and Family Services is required to prepare and submit an annual report to the Minister as set out in the *Child and Family Service Act* and Regulations.

V. Content:

The annual report must be in writing and include the following:

- a report on the administration of the Act and these regulations;
- statistics compiled on the Northwest Territories as a whole and, where the Director considers it appropriate, on parts of the Territories or on any other basis that the Director determines, pertaining to (i) children placed in the temporary or permanent custody of the Director under Part I of the Act, (ii) children placed in the permanent custody of the Director for the purpose of adoption under Part II of the Act, (iii) children who are the subject of a plan of care agreement made by a plan of care committee, and (iv) agreements under sections 5 and 6 of the Act;
- an analysis of the statistics;
- initiatives in child and family services at the territorial and community level, and at any other level that the Director determines;
- any other information the Minister requests the Director to include in the annual report.

Report on the Medical Care Plan (Health and Social Services Accountability Requirement)

I. Applicable to:

Category D – the Department

II. Frequency:

Annually

III. Submit to:

The responsible Minister

Information on the medical care plan is included as an appendix to the Health and Social Services Annual Report. **The Minister tables the report on the medical care plan through the Annual Report in the Legislative Assembly.**

IV. Purpose:

The Director of Medical Insurance annually reports to the Minister for each fiscal year respecting the operation of the Medical Care Plan.

V. Content:

At a minimum, the report on the medical care plan will include the following:

- Number of individuals registered under the medical care plan
- Information on what registrants are eligible for
- Information on insured physician services and associated costs
- Information on insured hospital services and associated costs

Report on the Canada Health Act (Health and Social Services Accountability Requirement)

VI. Applicable to:

Category D – the Department

VII. Frequency:

Annually

VIII. Submit to:

The Federal Minister of Health

IX. Purpose:

The Department is required, on an annual basis, to provide relevant information to satisfy the conditions for payment under this Act. The federal Minister of Health provides an annual report to the House of Parliament the first fifteen days on which that House is sitting after the report is completed.

X. Content:

The content of this report is determined by the Federal Minister of Health.

APPENDIX A

INDICATORS REPORTED ON IN THE PUBLIC PERFORMANCE MEASUREMENT REPORT (2015)

Population Health and Wellness Outcomes	
Health Status	Proportion of population self-reporting excellent or very good health status.
Colorectal Cancer	Colorectal cancer incidence rate.
Diabetes	Diabetes incidence rate.
Sexually Transmitted Infections	Sexually transmitted infection rate.
Immunization Rates	Immunization rates (% at full coverage by age 2).
Mental Health Hospitalizations	Mental health hospitalization rate.
School Readiness	Proportion of children entering the K-12 school system with one identified developmental disability.
Smoking	Proportion of population who self-report smoking.
Heavy Drinking	Proportion of population who self-report heavy drinking.
Obesity	Proportion of population who self-report obesity.
Community, Individual and System Outcomes	
Community Counselling Program	Community Counselling Program - average # of clients per month.
Addictions Treatment	Proportion of people who start and complete a full session of residential addictions treatment.
Child Protection Concerns	Proportion of children by type of concern
Child Welfare – Placement Changes	Child welfare - average number of total placements while in care.
Child Placement Appropriateness	Proportion of Aboriginal children in care placed in an Aboriginal home.
Child Safety	Proportion of children found to be maltreated (abuse/neglect) again within one year of having been maltreated.
Family Violence and Safety	Monthly average number of women and children residing in a shelter; and the proportion of shelter readmissions.
Patient/Client Satisfaction	Patient satisfaction (% satisfied with Hospital/Health Centre services)
Long Term Care Wait Times	The average number of days a patient waits to receive an offer of placement in a long term care facility.
Telehealth	The proportion of Telehealth sessions that were specifically for patient care activities.

Accountability Requirements for Health and Social Services

Medical Travel	Number of medical travel cases.
System Inputs	
Staff Safety	Staff Safety - Rate of Workplace Safety Claims.
Vacancy Rates	Vacancy Rates for Family Physicians, Specialist Physicians, Nurses and Social Workers.
No Shows	Proportion of patients not showing up for their family/nurse practitioner visit.