

NWT Health and Social Services System Accountability Framework



January 2003

1. Introduction

Accountability – the obligation to report on the actions taken to fulfill one’s assigned responsibilities – is fundamental to establishing effective relationships and to good management practices. Accountability and responsibility go hand in hand, but they are not the same. Responsibility confers an obligation to *take action*; accountability confers an obligation to *report*.

In a democratic society, all citizens have the right to know how well their elected representatives are performing their duties. Conversely, the government of a democratic society has an obligation to report to its citizens on its achievements – to be accountable for its actions and for the expenditure of public funds.

The Accountability Framework for the NWT Health and Social Services System outlines how the health and social services system meets its reporting obligations to the Legislative Assembly of the Northwest Territories, so that the Assembly can meet its commitment to public accountability. It also outlines how the system reports to the public, and how the partners within the system report to each other. The Framework also clarifies the authorities, roles and responsibilities, and obligations of the partnersⁱ within the health and social services system.

This Accountability Framework is being implemented at a time when Aboriginal self-government agreements are being negotiated. When these agreements are finalized and self-governing First Nations assume authorities for health and social services, the accountabilities described in the present paper may no longer apply to self-governing First Nations. When self-governing First Nations have law-making authority for health and social services, and their laws prevail over Northwest Territories laws, then self-governing First Nations will not be accountable to the GNWT. However, the accountabilities described in this paper will continue to apply to public government in the NWT, and to any other governing bodies that may be delivering programs and services on behalf of the GNWT.

A focus on accountability is not new in the NWT. Since 1968 successive Legislative Assemblies have reported to the public in a variety of forms – annual reports, business plans, public accounts, socio-economic scans, survey results, and so on. However, these reports have traditionally emphasized inputs and outputs – how many dollars went into a program, and how many people were served by it. What *is* new is a shift toward reporting on results and outcomesⁱⁱ.

Nor is a focus on accountability novel to the NWT. Health and social service systems throughout the country are under ever increasing pressure to demonstrate the results of their activities and expenditures. Consumers' expectations keep rising, costs continue to go up, and the sustainability of publicly funded systems is strained. The public needs to be assured that governments can meet these challenges – not with promises but with documented results. Governments from coast to coast are responding to the call to account for resultsⁱⁱⁱ.

2. Authority, Responsibility and Accountability

The ultimate authority and responsibility for health and social services rests with the people of the Northwest Territories. When the people elect their representatives to form a government, they are in fact delegating certain authorities and responsibilities to their Members of the Legislative Assembly (MLAs). By virtue of the fact that they have been delegated certain responsibilities, the MLAs become accountable to the people of the NWT. Similarly, when the MLAs elect a Premier and Cabinet, they further delegate some of their authorities and responsibilities. The Premier and Cabinet then become accountable to the MLAs, and to the people of the NWT.

The process of delegating responsibility for health and social services continues on, first to the Minister, then to the Deputy Minister and officials within the Department and to the Trustees and Chief Executive Officers and officials within the Health and Social Services Authorities. Responsibilities are also delegated from the Department and the Authorities to non-government organizations.

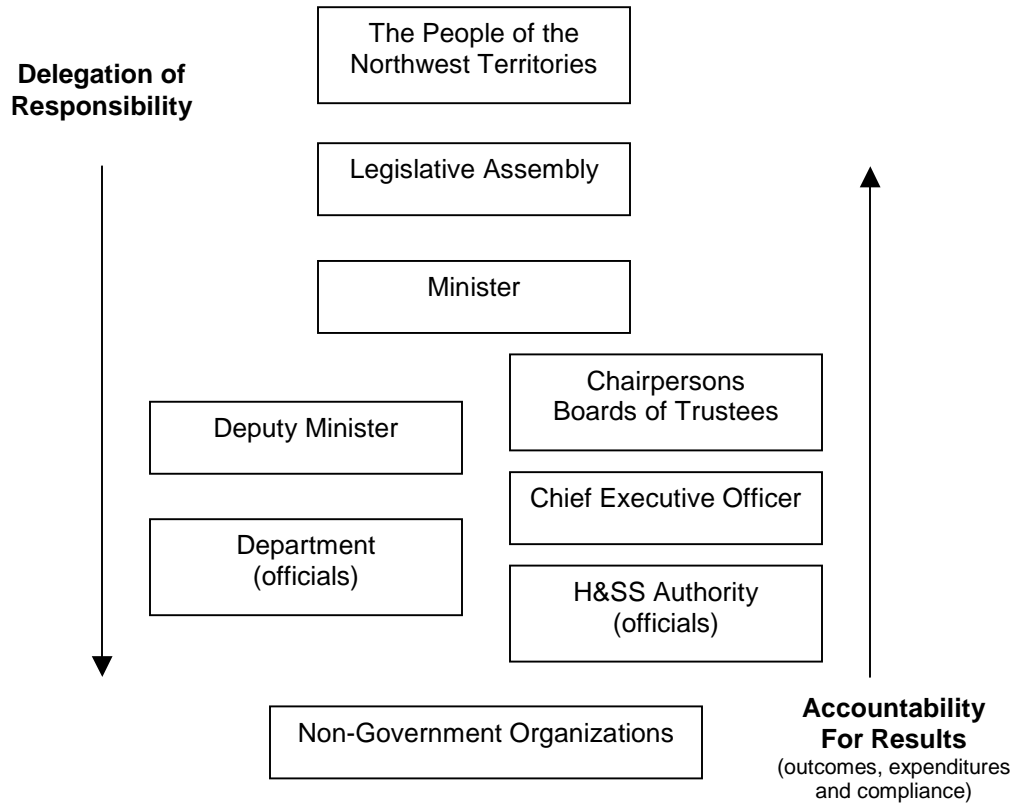
Each time that responsibility is delegated from one level of the system to another, an obligation to be accountable is created. For instance, when the Minister responsible for the public service delegates responsibility for human resource management to the Deputy Minister, the Deputy Minister becomes accountable to the Minister for his or her human resource management actions.

The organization of the health and social services system is based on the practice of ministerial accountability. The Minister responsible for health and social services is an elected Member of the Legislative Assembly, selected to sit on Cabinet (the Executive Committee of the government) by the Members of the Legislative Assembly, and appointed to the position of Minister by the Premier. Although the Minister “reports to” the Premier, as do all members of Cabinet, the Minister is ultimately accountable to the Legislative Assembly for his or her actions.

The Minister’s duties and responsibilities for the provision of health and social services to the people of the Northwest Territories are described in the Department’s Establishment Policy, which is approved by Cabinet. The Minister’s responsibilities are also contained in various pieces of legislation – listed in Appendix A.

The Minister delegates many responsibilities for the day-to-day operation of the health and social services system to the Deputy Minister of the Department, and to the Chairpersons of Health and Social Services Authorities. It should be noted that while responsibilities may be delegated, accountability cannot be delegated – it remains with the individual who holds the authority. Therefore, the Minister becomes accountable to the Legislative Assembly, not only for his or her actions, but also for the actions of the Deputy Minister and the Chairpersons of the Authorities.

The figure below outlines the process for delegating responsibilities for health and social services, and the consequent creation of accountabilities.



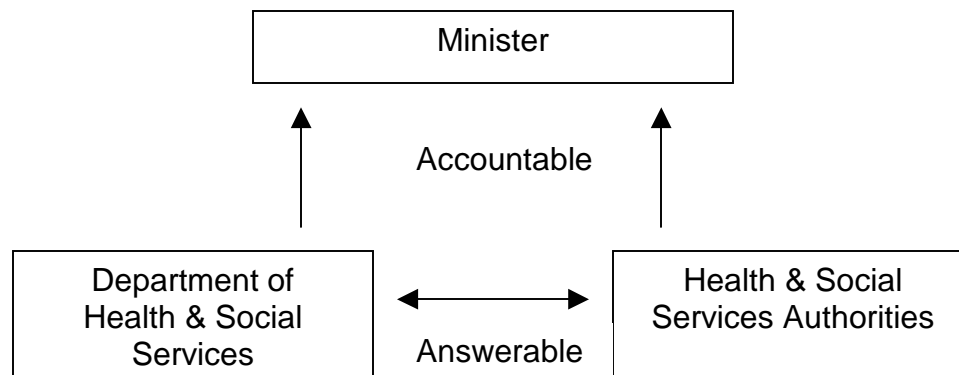
Both the Deputy Minister and the Chairpersons delegate responsibilities to officials within their respective organizations, and to external agencies that provide services on their behalf (e.g., through contracts and contribution agreements). As a result, the Minister becomes further accountable for the actions of staff with delegated responsibilities within the Department and the Authorities, and within non-government agencies.

The Accountability Framework represents the mechanism by which the Minister manages the delegation of responsibility throughout the system and the attendant accountabilities for reporting back to the Legislative Assembly and the people of the Northwest Territories. The Framework also supports one of the most critical goals of the health and social services system – integrated service delivery.

Accountability for health and social services extends beyond the boundaries of the Northwest Territories. The authority for the Legislative Assembly to deliver health and social services derives from the *Northwest Territories Act* and the *Canada Health Act*, both of which are the responsibility of the Parliament of Canada. The *Canada Health Act* in particular sets out basic expectations – universality, portability, accessibility, affordability and public administration – that the stewards of the health system are obliged to maintain. There is, therefore, accountability back to the Government of Canada.

The health and social services system operates on the basis of partnerships, in which roles and responsibilities essential to the functioning of the entire system are delegated among each of the partners. The responsibilities of the partners are often inter-related and inter-dependent. As a result, there is an obligation among the partners that is very similar to accountability – the partners are answerable to each other. *Answerability conveys an obligation to inform and consult.*

For instance, if the Department has a responsibility to provide support services to an Authority in the delivery of public health programs, and should it fail to provide this support, then the Department has a duty to explain its failure to the Authority. In a similar vein, Authorities have an obligation to consult with the Department and other Authorities prior to introducing any new initiatives that might have a system-wide impact. For initiatives that do not have system-wide impacts, consultation with the Department would be required.



It is important to note that, while the Trustees of the Authorities are accountable to the Minister, they are also answerable to the people to whom they provide programs and services. This means that the Trustees have an obligation to keep the people of their regions informed and advised, and to consult with them on the delivery of health and social services.^{iv}

Answerability is also present within the Joint Leadership Council (JLC) and the Joint Senior Management Committee (JSMC)^v. For instance, while the Chairpersons of the Authorities are accountable to the Minister, they are answerable to each other any time that they undertake cooperative or shared

activities. The same holds true for the members of JSMC – while the committee members are accountable to either the Deputy Minister or to their Chairpersons, they are answerable to each other, and to the JLC, for all of their collaborative activities.

3. Principles Underlying the Accountability Framework

In a complex system involving many partners, accountability is fundamental to the creation of effective relationships and good management practices, and is based on a set of guiding principles, as follows:^{vi}

- **Roles and responsibilities are clearly described, understood, and accepted.**

Each of the partners within the health and social services system must clearly understand, and accept, their respective roles and responsibilities. It is the acceptance of responsibility that creates an obligation to account for the discharge of that responsibility. Lack of clarity about roles and responsibilities can lead to overlaps and duplication of activities, or it can lead to gaps within the system.

- **Performance expectations – especially the outcomes and results anticipated – are clearly described, understood and accepted.**

Each of the partners must also commit to a set of agreed-upon goals and objectives, and their associated outcomes and results – the performance expectations for the partnership. Within the Accountability Framework each partner commits to making a particular contribution toward the achievement of system-wide goals.

- **Expected results are balanced against operating capacities.**

Performance expectations placed on each of the partners must be in balance with their respective capacities to deliver results. Expectations must therefore reflect the partners' human, fiscal and capital resources.

- **Reporting is reliable, credible, and useful.**

The reporting of results obtained and outcomes achieved is the foundation of accountability. The information contained in results reports must be accurate and verifiable, and should demonstrate a linkage between the expenditure of resources and the achievement of results. The utility of results reports is enhanced when the information contained within them lends itself to planning activities and to decision-making, in addition to serving an accountability function.

- **There is opportunity for regular review and adjustment.**

The whole point of accountability – reporting back to those who conferred responsibility in the first place – is to allow for adjustments to be made at the planning and implementation stages of the cycle. Review and feedback, and

consequent changes to strategic directions and resource allocations, are essential steps in the process of achieving goals and objectives.

- **Remedies and consequences for performance failure are also clearly described, understood and accepted.**

When established outcomes and results are not achieved, consequences and corrective actions must be taken to remedy the failure and re-direct activities in line with expectations.

When performance results of the Department or the Authorities do not meet expectations, there are a number of systemic remedies available. These include:

- Requesting additional information or reports;
- Conducting inspections and/or reviews;
- Providing direction and instruction;
- Reallocating resources and/or adjusting funding levels;
- Bringing the issue to JSMC or JLC for collaborative resolution.

(Other remedies include progressive disciplinary actions, up to and including the replacement of the Deputy Minister and Chief Executive Officers. Trustees and Authority Chairpersons may also be replaced, and Public Administrators may be appointed to oversee the affairs of HSS Authorities. However, these remedies are intended to address individual performance issues, as opposed to the system performance issues.)

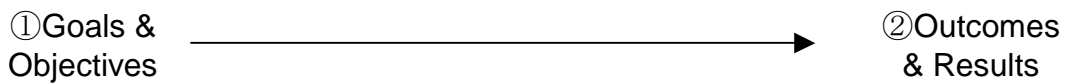
- **The Accountability Framework must be adaptable and able to conform to changing roles and responsibilities that result from the implementation of self-government agreements.**

As self-government agreements are signed and self-governing nations draw down their authorities for health and social services, new accountability structures will emerge, as determined by the self-governing First Nations and the people they represent.

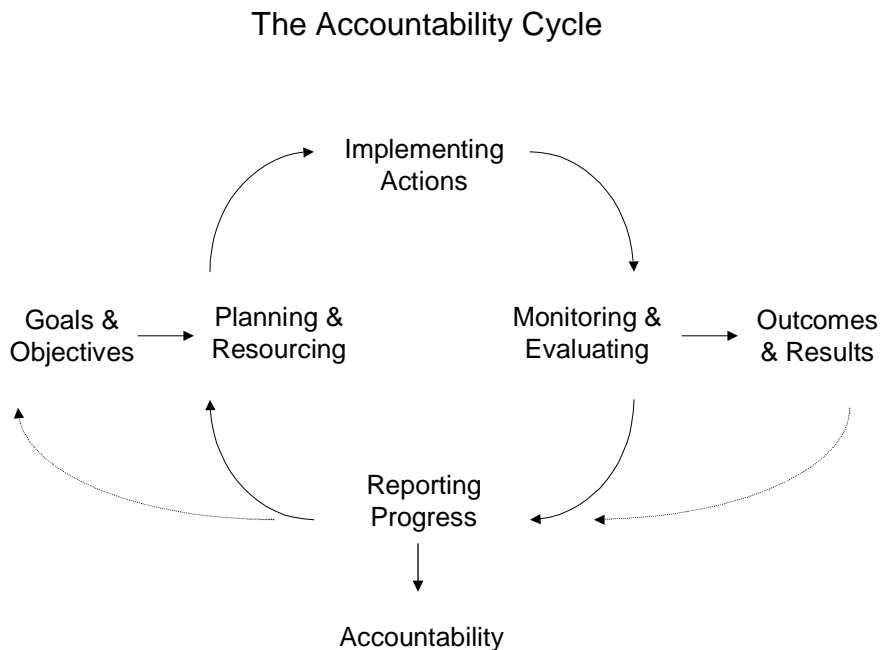
4. Continuous Improvement – The Accountability for Results Cycle

The accountability for results cycle begins with the setting of goals and objectives^{vii} for the health and social services system. These are derived from both mandated responsibilities (as required by legislation) and from strategic directions (as determined by system-wide needs assessment). System-wide goals are described in *Shaping Our Future: A Strategic Plan for Health and Wellness*.^{viii}

The next step in developing the cycle involves determining how to measure progress toward the goals and objectives – identifying the results and outcomes that will form the basis of reporting on performance.



The goals and objectives, and their associated results and outcomes, are then overlaid on a typical business planning cycle, yielding the conceptual model of a continuous feedback loop, seen below –



The GNWT operates on a three-year business planning cycle, adjusted through the planning and budgeting process on an annual basis. Planning activities, directed toward achieving the goals and objectives, take place within the context of the overall operating environment, including emerging needs, pressing issues

and strategic priorities. The budgeting process, attaching funding to activities, takes place within the context of the government's overall fiscal position. The *Action Plan 2002-2005*^{ix} calls for the development of a funding model that will ensure that the Authorities receive funding commensurate with their responsibilities for managing and delivering health and social services.

The actual management and delivery of programs and services – implementing actions – reflects the work of each partner directed toward achieving established goals and objectives. These actions are directed toward both the delivery of core services, and the implementation of strategic initiatives, all intended to improve the health and well being of the people of the Northwest Territories.

The *Action Plan 2002-2005* also calls for the development of a performance measurement system and the building of evaluation capacity in order to provide the basis for regular ongoing monitoring and evaluating progress toward the goals and objectives. These functions are undertaken in a number of ways, including the regular collection of program statistics, periodic service and compliance audits, and summative evaluations.

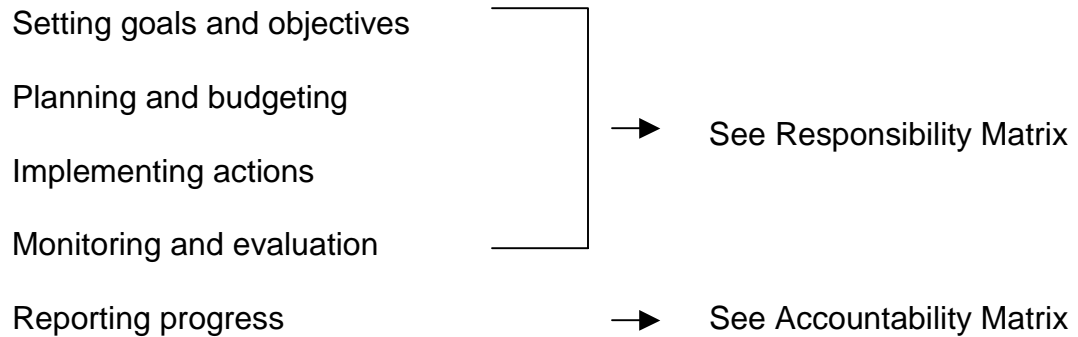
Monitoring and evaluation activities lead to the production of regular reporting of results and outcomes, as the final component of the accountability cycle. These reports describe progress (or the lack thereof) toward achieving the goals and objectives, and form the basis for adjustments in the subsequent cycle of activities. Regular reporting of results – progress toward goals and objectives – forms the basis for meeting the obligation to be accountable. Results are measured and reported in a variety of ways, including: through the achievement of outcomes; by compliance with policies and standards; and by balancing expenditures to budgets.

These activities are more fully explained in the “Integrated Planning and Reporting Model” and the “Increasing Program Evaluation Capacity” document for the health and social services system.

5. Roles and Responsibilities

Defining roles and assigning responsibilities among the partners within the health and social services system is a critical component within the *Action Plan 2002-2005*, and is reflected in a number of specific actions within that plan.

For the purposes of the Accountability Framework, roles and responsibilities are described at a general level in reference to the elements of the accountability cycle:



Broadly, the Department of Health and Social Services is responsible for:

- Ensuring the delivery of quality programs and services;
- Setting system-wide policies and standards;
- Monitoring compliance;
- Securing and allocating funding;
- Monitoring and evaluating performance.
- Measuring and reporting on results.

The Health and Social Services Authorities are responsible for:

- Planning and delivering quality programs and services;
- Ensuring compliance with policies and standards;
- Identifying regional needs and priorities;
- Managing resources;
- Monitoring and evaluating performance.

These responsibilities are discussed in detail in a number of companion documents, including:

Core Services

Integrated Service Delivery Model

Integrated Planning and Reporting Model

NWT Model of Trusteeship Leadership

Health and Social Services Performance Measurement System

Increasing Evaluation Capacity for the Health and Social Services System

The Responsibility Matrix – the delegation of responsibilities

(Note: Functions related to reporting on results and outcomes are outlined in the next section – Accountability Matrix.)

	Setting Goals & Objectives	Planning & Budgeting	Implementing	Monitoring & Evaluating
Legislative Assembly	Establishes the government's direction and agenda	Allocates funding among departments		
Cabinet	Sets policies, priorities, and government-wide goals	Approves strategic initiatives		
Financial Management Board		Sets financial targets and approves business plans		Sets performance measurement and evaluation standards
Minister	Approves system-wide goals, priorities, policies and core services	Approves FMB submissions		Approves Reports
Joint Leadership Council	Describes vision Provides advice to the Minister	Sets direction, recommends approval of system-wide plans	Directs cooperative initiatives	Recommends approval of activity reports and results information
Joint Senior Management Committee		Forum for collaborative business and operational planning	Coordinates system-wide activities	Forum for information exchange
Department of Health & Social Services	Develops system-wide goals, policies, priorities and strategies (with JLC)	Guides strategic planning. Develops business plan and program budget allocations (with JLC)	Partner in strategic actions and support program and service delivery	Sets standards, monitors compliance and leads performance measurement and evaluation

Accountability Framework for the Health and Social Services System

<p>H&SS Authorities Boards of Trustees</p>	<p>Develops regional goals and priorities</p>	<p>Partner in strategic planning Develops regional operational plan and budgets</p>	<p>Partner in strategic actions and deliver programs and services</p>	<p>Collects performance data and carries out evaluations</p>
<p>Non-Government Organizations</p>	<p>Develops organizations goals and priorities</p>	<p>Develops organizational plan and budget</p>	<p>Partner in service delivery</p>	<p>Collects performance data</p>

The Accountability Matrix – who reports what, to whom, and when

	Reports to whom	...What	...When
Legislative Assembly	Citizens of the NWT	Main Estimates Public Accounts Results Report Health Reports	Annually Annually Annually Periodic
Minister of H&SS	Cabinet and Legislative Assembly	Strategic Plan Business Plan Results Report Annual Reports Health Reports	5 Years Annually Annually Annually Periodic
Department of H&SS (Deputy Minister)	Minister of H&SS	Strategic Plan Business Plan Results Report Performance Measures Expenditure Reports Health Reports Other Periodic Reports (e.g., Action Plan)	5 Years Annually Annually Periodic
H&SS Authorities Boards of Trustees	Minister of H&SS	Results Report Performance Measures Program Statistics Program Audits Variance Reports Financial Statements	Annually Annually Monthly regular Quarterly Annually
Chief Executive Officer	Chairperson	Results Report Performance Measures Program Statistics Variance Reports Financial Statements	Annually Annually
Non-Government Organizations	Department or Authority	Program Statistics Financial Statements Performance Measures	Monthly Annually Annually

6. Summary

While accountability and responsibility are related to each other, they are not the same. Responsibility carries an obligation to take action; accountability carries an obligation to report the results of taking action. The Accountability Framework outlined in this document describes the mechanisms by which the Minister of Health and Social Services manages the delegation of responsibility throughout the system, and manages the accountability for results from those responsible for providing health and social services.

While the Department and the Health and Social Services Authorities each have differing responsibilities within the health and social services system, they are both accountable to the Minister. As partners within the system, the Department and the Authorities are also answerable to each other. Answerability carries an obligation to inform and consult.

The Accountability Framework is based on a set of principles, including clearly defined roles, responsibilities, performance expectations, and expected results, with regular reporting and remedies for performance failures. Accountability reporting forms part of the annual business cycle, and is key to the continuous improvement process underlying the health and social services system in the NWT. The roles and responsibilities, and accountability reporting requirements, of both the Department and the Authorities are highlighted in the document.

ⁱ The principal partners to whom this Accountability Framework applies are the Department, Regional Authorities, and Non-Government Agencies delivering health and social services programs with public funds. From a system perspective however, the people of the NWT, and the service providers who care for their needs, are indispensable partners as well.

ⁱⁱ See A GNWT Guide for Measuring Performance, Financial Management Board secretariat, January 2001.

ⁱⁱⁱ For example, *Ministry of Health Accountability Framework for British Columbia Health Authorities*, Ministry of Health and Ministry Responsible for Seniors, B.C., July 1998 and *Achieving Excellence 2000 Accountability Framework Guidebook*, Government of Newfoundland and Labrador, Treasury Board (undated).

^{iv} In the Dogrib region, some Trustees are elected and are therefore accountable both to the Minister and to the people who elected them.

^v The Joint Leadership Council is made up of the Chairs of the Health and Social Services Authorities and the Deputy Minister, and is chaired by the Minister. The Joint Senior Management Committee is made up of the Chief Executive Officers of the Authorities and the senior managers of the Department.

^{vi} Adapted from *Modernizing Accountability Practices in the Public Sector*, Office of the Auditor General of Canada and the Treasury Board Secretariat, January 1998.

^{vii} Goals are broad statements of intention and direction to be pursued over the long term; objectives are more specific statements of shorter-term results, usually quantified and time-bound. Typically, goals are attained by achieving successive objectives.

^{viii} Department of Health and Social Services, June 1998.

^{ix} *NWT Health and Social Services System, Action Plan 2002-2005*, Department of Health and Social Services, January 2002.

Appendix A

Health and Social Service Legislation

- *Aboriginal Custom Adoption Recognition Act*
- *Adoption Act*
- *Certified Nursing Assistants Act*
- *Change of Name Act **
- *Child and Family Services Act*
- *Dental Auxiliaries Act*
- *Dental Mechanics Act*
- *Dental Profession Act*
- *Disease Registries Act*
- *Emergency Medical Aid Act*
- *Guardianship and Trusteeship Act **
- *Hospital Insurance and Health and Social Services Administration Act (formerly Territorial Hospital Insurance Services Act)*
- *Human Tissue Act*
- *Intercountry Adoption (Hague Convention) Act*
- *Marriage Act*
- *Medical Care Act*
- *Medical Profession Act*
- *Mental Health Act*
- *Nursing Profession Act*
- *Ophthalmic Medical Assistants Act*
- *Optometry Act*
- *Pharmacy Act*
- *Psychologists Act*
- *Public Health Act*
- *Veterinary Profession Act*
- *Vital Statistics Act*
- *Child Welfare Act ***

* Administered jointly with the Department of Justice

** The *Child Welfare Act* has for the most part been replaced by the *Child and Family Services Act*, but is still in effect for children placed in care under that Act until such time as these children reach the age of majority (as defined under that Act).

Appendix B

A Glossary of Terms

Accountability	The obligation to report to someone in authority on the actions taken to discharge one's responsibilities.
Business Plan	A planning document which describes an organization's purpose and mission, and sets out strategic priorities for a specified planning period. A business plan addresses resource requirements to implement proposed strategies, and sets performance standards, and supports the organization's long term vision (see Strategic Plan).
Delegation	The act of passing on responsibility for taking certain actions or making certain decisions from one person or group of people, to another person or group of people.
Goal	A broad, high-level statement of a desired outcome, in general terms, to be achieved over an unspecified period of time. A goal should reflect an organization's "Mission" – see definition below.
Input	A measure of financial and non-financial resources used to produce an output.
Joint Leadership Council	This Council consists of the Chairpersons of the Health and Social Services Authorities and the Deputy Minister of the Department, and is chaired by the Minister.
Joint Senior Management Committee	This committee consists of the Chief Executive Officers of the Health and Social Services Authorities and the Senior Management of the Department.
Main Estimates	The estimated expenditures, to be approved by the Legislative Assembly, and forecasted revenues, for all government departments.
Mandate	The authorization given by a political electorate to its representatives.

Measure	A tool for rating the performance of an activity. Measures describe the terms in which progress towards achieving a result is expected.
Objective	A statement of specific results to be achieved over a specified period of time. Objectives are generally lower-level and shorter term than a goal.
Operational Plan	The process by which departments develop and document projection of forced expenditure growth in existing programs on the basis of demographics or utilization trends, possible expenditure reductions, required service level increases and other anticipated changes for each departmental program.
Outcome/Result	The effect of the outputs of government programs on client groups; the expected results or impacts resulting from government actions. Outcomes may be immediate, long-term, or somewhere in between.
Output	A unit of service provided, product provided, or people served by a government or government-funded program; or a count of goods and services produced.
Performance Measure	A tool for rating the performance of an activity. Measures describe the terms in which progress towards achieving a result is expressed.
Public Accounts	The Public Accounts provide information on the financial position of the Government of the Northwest Territories. They are the responsibility of management through the Office of the Comptroller General.
Results Reports	A report provided by departments to the Legislative Assembly at the end of each fiscal year, which describes the results achieved during the previous year, with specific reference to the outcomes and measures in the previous year's Business Plan.

Strategic Plan

A process by which an organization envisions what it hopes to accomplish in the future, identifies obstacles and opportunities affecting the ability to achieve that vision, and sets forth a long term plan of strategies to best achieve the goals and objectives supporting that vision. Often reviewed in conjunction with “Business Plan” preparation – see definition above.

Variance Reports

A monthly report which a department provides to the Financial Management Board that documents the status of its expenditures and revenues-to-date as compared to budget, as well as the projections to year end.