



2020 • 2021

Annual Report Rapport Annuel

Northwest Territories Health and Social Services Authority
Administration des services de santé et des services sociaux des
Territoires du Nord-Ouest



NTHSSA•ASTNO

Mot en français du Président et de la directrice générale

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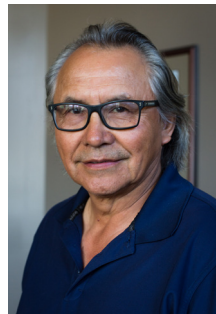
On behalf of the Northwest Territories Health and Social Services Leadership Council, it is my pleasure to present the 2020-21 Annual Report for the Northwest Territories Health and Social Services Authority (NTHSSA).

Throughout 2020-21, the hard work of staff at the NTHSSA has been highlighted through their critical role in the response to the COVID-19 pandemic. While the public facing work of the Authority has been marked by their efforts to ensure residents were cared for through a global pandemic, in the background work towards improving our health and social service system for all residents continued in earnest.

Progress from this year, and this important work, is documented in this report.

I want to thank all of the members of the NWT Health and Social Services Leadership Council and Regional Wellness Council, administrators, executives, practitioners, and front-line staff for their ongoing dedication and commitment to providing the best care for a better future in the Northwest Territories.

This report also includes the 2020-21 Audited Financial Statements, reviewed and audited by the Auditor General of Canada, fulfilling the Leadership Council's responsibility and commitment to public accountability for the operational and financial performance of the Authority.



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Máhsı

Jim Antoine

Chair,

Northwest Territories Health and Social Services Leadership Council

MOT DU PRÉSIDENT

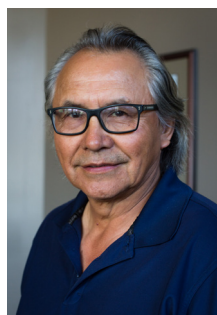
Au nom du Conseil de leadership de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO), c'est avec plaisir que je vous présente le rapport annuel 2020-2021 de l'ASTNO.

Tout au long de la période 2020-2021, le travail acharné du personnel de l'ASTNO a été mis en évidence grâce à son rôle essentiel dans la réponse à la pandémie. Le travail de l'ASTNO envers le public a surtout porté sur la satisfaction des besoins de la population pendant la pandémie, et en coulisses, le travail visant à améliorer notre système de santé et de services sociaux s'est poursuivi avec sérieux.

Les progrès réalisés cette année et ce travail important sont présentés dans ce rapport.

Je tiens à remercier tous les membres du Conseil de leadership des services de santé et des services sociaux des TNO et du Conseil régional du mieux-être, les administrateurs, les cadres, les praticiens et le personnel de première ligne pour leur dévouement indéfectible à fournir les meilleurs soins pour un avenir prometteur aux Territoires du Nord-Ouest.

Le présent rapport inclut les états financiers vérifiés pour 2020-2021, examinés et audités par le vérificateur général du Canada, conformément à la responsabilité et à l'engagement du Conseil de leadership qui est responsable des résultats opérationnels et financiers de l'Administration.



A handwritten signature in black ink, appearing to read 'Jim Antoine', written in a cursive style.

Máhsi

Jim Antoine

Président

*Conseil de leadership des services de santé et des services sociaux
des Territoires du Nord-Ouest*

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

2020-21 has been a year like no other for health and social services systems across Canada. The NTHSSA has had to pivot operations to meet the needs of our residents impacted by COVID-19 and respond to the public health orders and advice enacted to protect residents of the NWT.

Specifically, the NTHSSA's response to meet the demand of the COVID-19 pandemic has been driven by the following principles:

- We want to be transparent and build confidence in our healthcare response to COVID-19.
- We need the public to know what to expect from a patient care perspective should the situation for COVID-19 escalate in the NWT.
- We want people to understand the capacity of our health and social services system to respond to COVID-19 and encourage them to continue to follow the measures put in place by the Chief Public Health Officer to manage the spread of COVID-19.

My first few months as CEO have certainly shown the complexity, and challenges, we face as a Territory in responding to COVID-19, but I am appreciative of the staff that have been able to provide care during uncertain times and adapt when needed.

I must recognize Ms. Sue Cullen, who was instrumental in establishing the NTHSSA and guided much of the improvement work, and COVID-19 response work, before my arrival as CEO in July of 2021. Sue continuously emphasized that our organization's success was grounded in the excellent and committed staff who work throughout our health and social services system. In the short time that I have been in the CEO role, I echo that statement and wish her well in retirement and thank her for her service.

I look forward to continued progress around improving the sustainability of the NWT Health and Social Services System in 2021-22, and I'm confident that we can adapt to the challenges we may face next year while providing quality care to patients, clients, families and communities across the NWT.



Sincerely

Kimberly Riles

Chief Executive Officer,

Northwest Territories Health and Social Services Authority.

MESSAGE DU CHEF DE LA DIRECTION

La période 2020-2021 a été une année sans pareille pour les systèmes de santé et de services sociaux du Canada. L'ASTNO a dû adapter ses activités pour répondre aux besoins des citoyens touchés par la COVID-19 et répondre aux arrêtés et aux conseils de santé publique mis en place pour protéger la population des TNO.

Plus précisément, la réponse de l'ASTNO pour satisfaire aux besoins relatifs à la pandémie a été motivée par les principes suivants :

- Agir en toute transparence et donner confiance quant à la manière dont notre système de santé intervient face à la COVID-19.
- Informer la population sur ce à quoi elle doit s'attendre sur le plan des soins aux patients si la situation relative à la COVID-19 devait dégénérer aux TNO.
- Faire comprendre à la population la capacité de notre système de santé à répondre à la COVID-19, et encourager les Tenois à continuer d'observer les mesures adoptées par l'administratrice en chef de la santé publique pour endiguer la propagation du virus.

Mes premiers mois en tant que chef de la direction ont certainement montré la complexité, et les défis, auxquels

nous sommes confrontés en tant que territoire pour répondre à la COVID-19, mais je suis reconnaissante envers le personnel qui a su fournir des soins pendant cette période incertaine et s'adapter selon les besoins.

Je dois rendre hommage à madame Sue Cullen, qui a joué un rôle déterminant dans la création de l'ASTNO et qui a guidé une grande partie du travail d'amélioration, ainsi que le travail de réponse à la COVID-19, avant mon arrivée en tant que chef de la direction en juillet 2021. Elle n'a cessé de souligner que le succès de notre organisme repose sur l'excellence et la détermination de tout le personnel de notre système. Depuis le peu de temps que j'occupe mon poste, je me fais l'écho de cette déclaration, je lui souhaite une bonne retraite et je la remercie pour ses services.

Je me réjouis de poursuivre les efforts pour améliorer la viabilité du système de santé et de services sociaux des TNO en 2021-2022, et je suis convaincue que nous pourrons nous adapter aux défis de l'année prochaine tout en fournissant des soins de qualité aux patients, aux clients, aux familles et aux collectivités des TNO.



Cordialement

Kimberly Riles

Chef de la direction,

*Administration des services de santé et des services sociaux des
Territoires du Nord-Ouest*

The provision of quality health and social services across the NWT that are culturally safe, collaborative and centered around continuous improvement.

- Intent as an Organization (Mission Statement)

PURPOSE OF THE NTHSSA

The NTHSSA's purpose is a combination of its intent as an organization (Mission Statement), how it wants to collectively act/ behave (Values), how it guides decision-making to achieve its goals (Guiding Principles), and how it supports the goals of the NWT health and social services system (Vision).



SYSTEM VISION

Better Future:

Build a sustainable health and social services system.

Best Care:

Care and services are responsive to children, individuals, families and communities.

Best Health:

Support the health and wellness of the population.

GUIDING PRINCIPLES

Safe: Aligning cultural safety and staff safety with avoiding harm to patients/clients through the care that is intended to help them.

Connected: Providing care that is built on partnerships and is responsive and reflective of the individual and community needs.

Effective: Providing programs and services based on feedback and knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

Efficient: Avoiding waste of resources (equipment, supplies, ideas, energy, time, and people).

Client Centred: Providing care that is respectful of and responsive to individual's preferences, needs, and values and ensuring that those values guide all care decisions.

VALUES

Caring: We treat everyone with compassion, respect, fairness and dignity and we value diversity.

Accountable: We report publicly on organization and system measures and assesses outcomes.

Relationships: We work in collaboration with all of our stakeholders, partners and staff.

Excellence: We pursue continuous quality improvement through innovation, integration and evidence based practice.

VALUES for the NTHSSA define accepted and encouraged behaviours for staff, partners and stakeholders.

GUIDING PRINCIPLES define how the NTHSSA strives to make decisions. The actions stemming from its decisions should align with its values.

Our guiding principles are built on a foundation for quality, with a focus on improvement.

A Year of Extraordinary Challenges

At the close of the 2019-20 fiscal year, the NTHSSA had pivoted operations to enact pandemic planning and prepare for a response to COVID-19, which had well begun to impact health care systems around the globe. Changes to operations and processes to prevent viral spread were balanced with the continuation of non-COVID healthcare services. Many NTHSSA operational initiatives and projects were delayed as focus was directed to ensuring the protection of NWT residents.

The NTHSSA has continued to provide best care and services to NWT residents while adapting regular processes to ensure all possible measures were taken to safeguard both patients and staff. As an organization, these challenges to regular operations have brought focus to new possibilities for the provision of care and crystallized the understanding of the unique circumstances that health services face in the NWT.

COVID-19 RESPONSE MILESTONES IN THE NWT:

February, 2020

COVID-19 Tri-Authority Response Team Established

The Authorities Covid Response Team was created to provide consistent collaboration and oversight for the NWT's response to COVID-19.

March, 2020

First COVID-19 Case in the NWT

Pandemic response activities continue while COVID-19 presents in the NWT for the first time.

April, 2020

NTHSSA Launches Dedicated Web Resource

A central resource hub for all COVID-19 related content is created and promoted to ensure coordination of communication.

June, 2020

Rapid Testing Roll Out

NTHSSA leads roll-out of rapid testing equipment, supplies, and processes across the NWT to ensure we can effectively and quickly test, trace, and isolate any cases.

August, 2020

HSSA-Wide Facility and Office Masking Protocols

Health and social services system facilities move to universal masking protocols.

August, 2020

Pandemic Plan Released

NTHSSA in collaboration with other health authorities releases the NWT pandemic plan, which has been developed to coordinate response efforts.

December, 2020

NWT-Wide Vaccine Rollout Begins

The most complex and ambitious vaccine campaign in NWT history begins as we prioritize indigenous and remote communities and vulnerable populations and eventually offer vaccine to all residents by March 2021.

2020-2021 Strategic Direction & Aims

As a result of COVID-19’s disruption to NTHSSA operations and the Authority’s inability to effectively engage patients, staff and stakeholders around strategic planning, the NWT HSS Leadership Council endorsed the extension of the 2019-20 operational plan direction and aims for 2020-21.

Effectively, this direction allowed the NTHSSA to focus its efforts on mobilizing resources, policy and planning around the COVID-19 Response while continuing to work towards meeting the operational plan actions established in 2019-20.

NWT HSS SYSTEM GOAL	<p>BETTER FUTURE</p> <p>Build a sustainable health and social services system</p>	<p>BEST CARE</p> <p>Care and Services are responsive to children, individuals, families and communities</p>	<p>BEST HEALTH</p> <p>Support the health and wellness of the population</p>
NTHSSA 2019-20 Strategic Direction	<p>Enable the sustainability of our organization by developing our people and building collaborative partnerships that enable stability</p>	<p>Optimize our processes towards a foundation of quality and continuous improvement that is culturally safe, appropriate and accessible</p>	<p>Realize improved quality of programs and services</p>
NTHSSA 2019-20 Operational Aims	<p>Advance a culture of quality and safety</p> <p>Promote operational sustainability</p> <p>Enhance operational supports for programs and services</p>	<p>Improve the integration of programs and services across the NWT</p> <p>Promote compliance with organizational standards of care</p>	<p>Enhance service delivery models</p> <p>Improve patient and client experience</p>

Better Future

The Better Future direction and aims reflect the activities that will enable the NTHSSA to support quality improvement activities across the system

Best Care

The Best Care direction and aims are focused on improving internal processes that meet a level of quality that is culturally safe and responsive to clients and families

Best Health

The Best Health direction and aims are motivated by improving the NTHSSA performance and client experience that build towards improved outcomes

OUR SERVICES

339,051

ENCOUNTERS

Each encounter represents a service to a resident as documented in the electronic medical record

412,620

LAB TESTS

Accurate and timely lab testing is a critical part of health service delivery.

MEDICAL TRAVEL

13,579

Patient
Movements

4,840

Approved
Escorts

1,172

Medevac
Movements

28,152

Diagnostic imaging procedures were completed at Stanton and the YPCC laboratory site.

685

Babies born across the NWT.

OUR PEOPLE

1,664

EMPLOYEES

Provided services to the 44,895 residents of the Northwest Territories.

In 2020-2021 NTHSSA employees comprised over 25% of the entire GNWT workforce. With employees in almost every community and several programs and services operating 24/7, staff at the NTHSSA make daily contributions to the health and wellness of NWT residents.

43.3

AVERAGE AGE

22%

OF EMPLOYEES
IDENTIFY AS
INDIGENOUS

7.1

AVERAGE YEARS
OF SERVICE

140

NEW HIRES



2,152 VISITS

Staff from the Indigenous Wellness Program at Stanton regularly visit patients in the facility. Each visit is an opportunity for connection, comfort, and a check in on how patient experience and satisfaction is perceived.

24,608

Bed days were recorded in 2020-2021. Each bed day represents one 24 hour period where care was provided.

1,670

Surgeries were completed at Stanton Territorial Hospital.

567

Births were recorded at Stanton.

18,435

Emergency department visits.

4,064

Patients were admitted to Stanton in-patient units.

COVID-19 OPERATIONS

The Better Future direction and aims reflect the activities that will enable the NTHSSA to support quality improvement activities across the system.

AUTHORITIES COVID RESPONSE TEAM

To align the response of the NWT healthcare system to COVID-19, the three Authorities, the Northwest Territories Health and Social Services Authority (NTHSSA), Tlicho Community Services Agency (TCSA), and the Hay River Health and Social Services Authority (HRHSSA), collaborated to establish the Authorities COVID-19 Response Team (ACRT). This brought together leads from clinical, operations, and logistics areas from across the three health authorities, to collaborate on system planning and work with their respective local teams to ensure operational planning and readiness was carried out.

The ARCT facilitated and enacted the extensive planning and evaluation of potential health and social services system impacts of COVID-19 across the NWT. This includes planning for emergency response, establishing reporting processes to facilitate redeployment of resources, collaborative response management across the regions and authorities, addressing and managing outbreaks, coordinating testing and contact tracing, and the deployment of teams to administer COVID-19 vaccinations across the NWT.

PATIENT AND STAFF SAFETY DURING COVID-19

During the initial stages of the Pandemic response within the NWT, business, offices, and gatherings were closed to protect the public. When most residents were managing isolation protocols to protect the public, the NTHSSA's front-line staff continued to work through uncertain times to ensure the continued provision of care and services to residents.

Many front-line staff were also redeployed to assist with the rapid testing, screening, and contact tracing. These staff have faced unique challenges, including the

requirement to continuously wear Personal Protective Equipment for the duration of their shifts, the cancellation of vacation leave, and challenges with school/day home closures, coupled with the inability to work from home, isolation from family due to potential exposure, increased hours of work and above all else, the constant potential for exposure to COVID-19.

The public health orders established to minimize the effect of COVID-19 in the NWT impacted programs and services for residents and their daily routines. With these changes, the NTHSSA witnessed an increase in social services issues, including a rise in mental health and child protection service demands due to the extreme uncertainty, grief, anxiety, and depression many residents experienced as a result of the pandemic. The continuous dedication, hard work, extra hours, and commitment to the residents of the NWT made by NTHSSA staff over the last year has been a real time demonstration of the NTHSSA's vision: Best Health, Best Care, for a Better Future.

COVID-19 TESTING

As a result of the requirement to test a significant amount of the NWT population, the NTHSSA's lab testing team had to procure several means to perform tests. With the aide of federal funding, these new testing devices were quickly secured, staff were trained, and the devices activated. Approximately 500 Covid-19 tests per week can now be routinely processed in the NWT at Stanton and Inuvik Hospital laboratories.

Surge capacity has allowed the NWT to process approximately 1600 laboratory tests and 800 ID Now Point of Care Tests per week when necessary. Testing for shortening self-isolation periods can be done using the ID Now rapid test. Results are available in as little as 15 minutes, which compares to the initial turnaround time of 4-8 days at the beginning of the pandemic.

Since December 2020, approximately 95% of all COVID-19 tests have been processed within the NWT with almost all completed within 24 hours of sample arrival at the laboratory. COVID-19 Point-of-care testing is available in each of the NWT's 22 health centres and 7 health stations. These provide preliminary results in 15 minutes or less.

To date over 25,000 COVID-19 tests have been completed.

CONTACT TRACING

In September 2020, through direction of the NWT HSS Leadership, the ACRT enhanced testing efforts across the NWT, including the deployment of an appropriate supply of Laboratory Testing equipment across the NWT, establishment of off-site COVID-19 testing locations, and the establishment of a Rapid Response Team to support outbreak management.

As a result of the increased amount of COVID-19 testing, contact tracing became one of the most important aspects of pandemic management, as contacts who develop COVID-19 can transmit infection to others without developing symptoms. By promoting contact tracing and other essential public health prevention measures, communities contribute to managing the spread of COVID-19 and help to protect vulnerable people.

Early on, the rapid response team and public health teams, in collaboration with ACRT, planned and practiced managing mock outbreaks of COVID-19 within the NWT. This became even more important as the mock session of a COVID-19 outbreak in Fort Liard became a reality, prompting swift action by the Office of the Chief Public Health Officer and the deployment of the rapid response team to contain the outbreak and ensure that the community was tested, treated and protected.

VACCINATION DELIVERY

With the introduction of the COVID-19 vaccine in Canada, the COVID Immunization Response Team (CIRT) was established in advance of receiving our first shipment of the Moderna Vaccine. This team was established to ensure an effective receipt and safe delivery of the vaccine to all eligible residents of the NWT -which came with unique challenges.

The COVID-19 immunization response has been the largest vaccination program rollout ever deployed in the NWT, with the first vaccination occurring over the December holiday period. The CIRT team established procedures, protocols, and logistics support to ensure vaccinations could be provided as quickly as possible to priority

populations, with planning for future rollout to all eligible residents of the NWT.

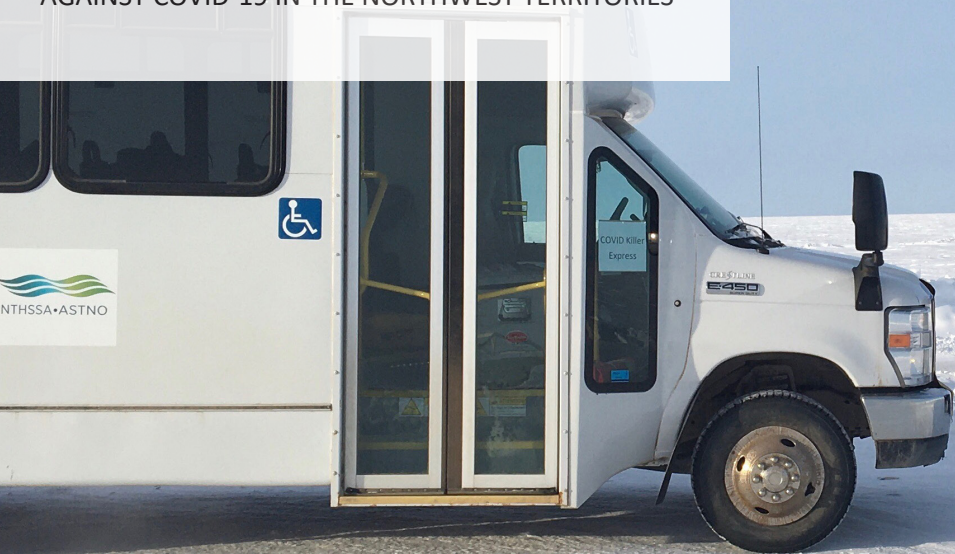
In collaboration with Indigenous governments and leaders, several new communication processes for providing vaccination awareness and access were introduced and used to such a degree of effectiveness that the campaign's success resulted in the NWT being one of the leading jurisdictions for vaccination in Canada. All 33 NWT communities have been provided with several opportunities to receive vaccinations and processes has been developed to ensure ongoing availability in all communities.

The CIRT was able to secure the Pfizer vaccine through the collaboration with other jurisdictions and as a result the NWT was the first in Canada, if not the first jurisdiction in the world to provide the vaccine to the 12-18 population. This initiative allowed for a greater percentage of the population to be protected against COVID-19. As a result of the quick thinking, hard work, collaboration, communication and innovation of the CIRT, the residents of the NWT can feel much safer about the impact of COVID-19 on our communities



COVID RESPONSE SPOTLIGHT

2020-2021 WAS A YEAR OF GREAT CHALLENGES THAT GALVANIZED NTHSSA STAFF IN A JOINT FIGHT AGAINST COVID-19 IN THE NORTHWEST TERRITORIES



BETTER FUTURE

The Better Future direction and aims reflect the activities that will enable the NTHSSA to support quality improvement activities across the system.

Operational Aim:

ADVANCE A CULTURE OF QUALITY AND SAFETY

EXPAND CULTURAL SAFETY AND OCCUPATIONAL HEALTH AND SAFETY TRAINING FOR ALL STAFF

Nearly 200 health system employees participated in the 11-pilot cultural competency two-day workshops, and Cultural Competency training is continuously available through internal education sessions done online and in-person where possible.

The NTHSSA is continuing the development of an internal supervisor familiarization course accessible to all managers/supervisors that meets the legislated requirements in the OHS Regulations, with a predicted completion in late 2021. Safety presentations, covering topics from PPE to incident reporting, and immunization safety, have been conducted for staff at biweekly meetings and the materials made available for later review on the internal staff website. Staff across various regions underwent the Non-Violent Crisis Intervention (NVCI) "Train the Trainer" program, to ensure continuous education with the NVCI material for staff by endowing staff with the knowledge and skills to teach others within the organization.

IMPROVE ACCESS TO DATA AND MEASUREMENT

The COVID-19 pandemic highlighted the need and urgency for improved data access. A series of facilitated sessions

were held with representation from across the NWT HSS System to discuss and document root causes, barriers, and next steps. Privacy, risk, and technical barriers were identified which facilitated automation of data transfer to Public Health for analysis. The recommendations identified in the discovery session are being used to define a road map over the next several years for improved data access across the NWT HSS System.

TRANSITION TO A SINGLE FINANCIAL INFORMATION SYSTEM

Prior to restructuring, the Northwest Territories Health and Social Service Authority used six different financial information systems. The move to one financial information system - completed in January, 2020 - has created the structure and tools for stronger comptrollership functions for the NTHSSA.

Replacing six independent financial systems with one cohesive set of tools and processes enhances financial intelligence and will help the Authority identify efficiencies and align with the rest of the GNWT. This includes more reliable financial and procurement information to make better business decisions. A single financial system also provides the tools for more consistent reporting across the NTHSSA with access to real-time data for decision making.

Operational Aim:

PROMOTE OPERATIONAL SUSTAINABILITY

IMPLEMENT STANDARD ONBOARDING AND ORIENTATION FOR NEW EMPLOYEES

Development of the NTHSSA onboarding and orientation program has expanded to include an onboarding and orientation series. This will now include a one day Centralized New Employee Orientation, HSS System Centralized Strategic Onboarding Framework for new and new-to-role employees, a Management & Leadership Navigation Program for employees new to management

positions within the HSS System, and an Executive Leadership Integration Program for employees new to Sr. Leadership positions.

Program development is actively underway with a target date for completion by the end of the 2021-22 fiscal year.

The NTHSSA Learning Management System (LMS) has been expanded to meet the needs of staff across the full HSS System, as it offers health specific programs and capabilities within its learning library. The HSS System Centralized Strategic Onboarding Framework will now be housed within this system.

Operational Aim:

ENHANCE OPERATIONAL SUPPORTS FOR PROGRAM AND SERVICES

CO-DEVELOP A DIGITAL CARE STRATEGY AND HEALTH INFORMATICS PLANNING TOOLS

Virtual care tools and policies have been implemented and deployed across the territory and are being used as another option to provide client care. The Department of Health and Social Services has drafted a roadmap for major systems projects with input from NTHSSA for review and discussion; the upcoming end of support of the existing electronic medical records system and the need to determine a replacement strategy will be a major focus in the coming year.

IMPROVE THE CLIENT EXPERIENCE OF THE MEDICAL TRAVEL PROGRAM

The Medical Travel Program continues to monitor and review its operations for improvement. Over the past fiscal year medical travel has hired additional team members in Inuvik, Yellowknife and Fort Simpson which has made significant impacts on the day-to-day operations of the program.

A new benefit application and travel coordination form was developed which has helped to standardize program administration, as well as to capture essential information that is shared and available to all program staff. This helps to ensure better communication of client travel information and coordination throughout the clients' trip.

At the onset of the pandemic in March 2020, the medical travel program worked closely with airlines and other government departments to ensure transportation routes were maintained, and that the air ambulance contract was ready and able to meet potential surge capacity or increased use, with a second tier of service for patients who simply would not be able to travel on commercial airlines if they had minor symptoms. The medical travel program also worked closely with boarding home contractors and supplementary health benefit programs to address pandemic-related changes to boarding home business operations.

BEST CARE

The Best Care direction and aims are focused on improving internal processes that meet a level of quality that is culturally safe and responsive to clients and families

Operational Aim:

IMPROVE THE INTEGRATION OF PROGRAM AND SERVICES ACROSS THE NWT

ORGANIZE TERRITORIAL SCREENING PROGRAMS WITH A FOCUS ON COLORECTAL AND BREAST SCREENING

In January 2020 the Northwest Territories Health and Social Services Cancer Care team travelled to Inuvik to meet with regional stakeholders, to secure support for the roll out of an organized colorectal cancer (CRC) screening program to eligible residents in the Beaufort Delta. Awareness and community engagement campaigns were launched in all Beaufort Delta communities.

Throughout 2020, 1157 fecal immunochemical test (FIT) kits were mailed to every eligible individual across all Beaufort Delta communities. This led to a doubling in the screening participation of eligible individuals in the Beaufort Delta region. A feedback survey on the implementation of the CRC screening program was also distributed to relevant staff in the Beaufort Delta to help assess the program's effectiveness in tactics.

In early 2021, awareness and community engagement campaigns were launched in all Sahtu communities. 333 fecal immunochemical test (FIT) kits were distributed to every eligible resident across all the communities in the Sahtu Region. This led to a doubling of the screening participation of eligible individuals from the Sahtu region.

A referral pathway has been developed between the Cancer Screening and the Cancer Navigation programs to assist residents facing a potential cancer diagnosis.

The territorial CRC screening program will continue to expand services with the aim to roll out on a continuous basis to all regions across the NWT. Feedback from local stakeholders, healthcare providers, community residents and local governments will continue to be incorporated to improve and optimize service design and delivery.

PROVIDE CARE CLOSER TO HOME FOR CANCER PATIENTS

In all of 2020 the Cancer Navigation Program had 179 new patient referrals and 1357 patient interactions. Comparatively, between January to May (5 months) in 2021 the Cancer Navigation Program has had 98 new patient referrals and 1192 patient interactions, and these statistics do not include all the interactions the program has with health care providers.

In August 2020, an Oncology Medical Social Worker was added to the Cancer Navigation program, alongside the two Cancer Nurse Navigators. The addition of the Oncology Medical Social Worker highlighted gaps and barriers in our system and reinforced the need for a collaborative care model of both nursing and social work services to best support cancer patients and their loved ones.

Increased coordination, seamless integration, and daily collaboration between NTHSSA Cancer Navigation Team, Stanton's Chemotherapy Unit, and General Practitioner Oncologists have provided improved communication and continuity of care between the chemotherapy patients. The CIBC Run for Our Lives Committee approved a funding commitment of \$126,155 to the NTHSSA to help enhance cancer care services at Stanton. The funding will go towards the purchase of equipment and items that will positively impact the hospital patient's experience, improve the quality of care, enhance operations at the hospital and promote care closer to home.

IMPROVE SUICIDE PREVENTION AND CRISIS RESPONSE ACTIVITIES

2020-21 saw the development and implementation of two Suicide Risk Assessment (SRA) tools, one for adults and one for children/youth, which include policies and procedures to guide staff use of these tools. A specialized

tool for adults with dementia to screen for depression was also put into use, since standard SRA tools do not work for this population.

These tools include the development of extensive training and an information suite designed to expand the number of front-line staff able to perform suicide risk assessments. Training included staff from Health Centers, Child and Family Services, Inpatient Psychiatry, Emergency Department, and Community Counselling Program.

Operational Aim:

PROMOTE COMPLIANCE WITH ORGANIZATIONAL STANDARDS OF CARE

ADVANCE PRIVACY AND POLICY STANDARDS AND TRAINING

All NTHSSA teams are using the organization's Policy Management Framework and templates to standardize the development of standard operating procedures (SOPs) and organizational policies. A dedicated working group is available to provide feedback on the efficiency and clarity of the Policy Management Framework. Activities continue around the updating and appropriately rescinding of the historical policies/SOPs still active prior to the amalgamation of the NTHSSA.

Collaborating with the Department of Health and Social Services, in 2020-21, the NTHSSA initiated the development of new privacy training to be available to all NTHSSA staff in the next fiscal year.

MEET AND MAINTAIN COMPLIANCE WITH ACCREDITATION CANADA'S STANDARDS

In 2019, The Northwest Territories Health and Social Service Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA) and the Tlicho Community Services Agency (TCSA) all received Accredited status from Accreditation Canada. System accreditation

is an important and major milestone for our health and social services system. It signals that our system meets fundamental national standards of practice, policies and programs.

Over 2020-21, the NTHSSA continued to complete self-assessments to determine if the organization remains compliant with standards and has created action plans to achieve those standards where necessary, as the next Accreditation Canada onsite survey is scheduled to take place in 2023.

ADVANCE THE NWT CHOOSING WISELY PROGRAM

Choosing Wisely NWT (CWNT) is working towards the Level 1 Choosing Wisely Hospital Designation, for both our territorial (Stanton Territorial Hospital) and regional hospitals (Inuvik Regional Hospital). The CWNT program is engaged with Integrated Primary Care Teams to share Choosing Wisely resources and identify how recommendations can be embedded into practice.

There has also been direct engagement with nursing students to promote awareness of Choosing Wisely, and to assess the efficacy of current interventions in place. The CWNT has continued to develop the Choosing Wisely sustainability plan as well as a Rural Medicine Toolkit for practitioners working in the more remote areas of the NWT. Most currently, CWNT activities are focused on the planning and implementation of an Audit and Feedback system for practitioners, and on improving access to Choosing Wisely resources for health care professionals across the territory.

BEST HEALTH

The Best Health direction and aims are motivated by improving the NTHSSA performance and client experience that build towards improved outcomes.

Operational Aim:

ENHANCE SERVICE DELIVERY MODELS

IMPROVE IN-PATIENT SERVICES FOR MENTAL HEALTH AND ADDICTIONS CLIENTS

Stanton Territorial Hospital's Inpatient unit is part of a larger Stanton Hospital Quality Working Group that meets regularly to discuss quality improvement initiatives specific to Mental Health throughout Stanton. Through this working group, there are a variety of improvement initiatives underway which include policy updates, improved care planning, improved discharge planning, and establishment of assessments and tools.

In addition to the Stanton Territorial Hospital Quality Working Group there is an Addictions Working Group that meets regularly to discuss improvements to access and care provided to patients with addictions. This includes additional and updated staff education, policy development and engagement with the team to improve overall programming and care provided to clients admitted to inpatient acute care for addictions.

Staff development has been a priority, with a review of mandatory certifications and the development of a competency checklist necessary for inpatient nursing staff in collaboration with staff education. A training plan has been established for the fall 2021, which includes offering Motivational Interviewing, Mental Health First Aid, ASSIST training and Critical Incident Group Debriefing as well as a conference on the Recovery Model of Care

CO-DEVELOP PRIMARY CARE REFORM AND RELATIONSHIP-BASED CARE INITIATIVES

2020-21 included the continued enhancement of Integrated Care Teams (ICT) and other service innovations to support relationship-based care and cultural safety as part of primary health care reform. The introduction of Holistic Wellness Advisors and Community Health Nurses in the integrated care team model of care has filled a vital piece of providing client-centered care. Additionally, regular ICT training occurred in 2020-21 to facilitate team building through the understanding of individual and team styles, team building exercises, conflict management, and change management.

Collaborating with Hotì ts'eeda: NWT SPOR Support Unit and the Institute of Health Economics of Alberta, the NTHSSA launched phase two of the Integrated Care team demonstration project which focuses on the evaluation and data collection needed to support continued improvement.

SUPPORT AND CHAMPION CHILD AND FAMILY SERVICES IMPROVEMENTS

Child and Family Services (CFS) has continued to progress in transforming the CFS system to better meet the needs of children, youth, families, and communities. A new structure was created and implemented in Child, Family and Community Wellness this year, and the design is intended to optimize equitability and standardization of services across the NWT, along with a strong focus on prevention and preservation.

A Territorial Family Preservation Program was developed with a Wrap Around model, which was identified as a core program component for supporting family agency and for bringing community and culture together around families. A Territorial supervisor on-call model that focuses on collaboration was established to ensure that community social service workers have consistent access to practice advice and guidance after hours.

CFS has also implemented the Healthy Family Program

renewal and training, to ensure that early childhood parenting supports are reflective of northern Indigenous cultures, are universally accessible, and family centered. Increased supports were able to be offered to families through the introduction of a Brief Services Agreement in 2020 in response to Covid-19.

The NTHSSA continues to evolve key indicators to collect and track data that help determine whether the Child and Family Services System is meeting its goals and better supporting children, youth and families. Engagement with Community and Indigenous Organizations has been prioritized as the Child, Family and Community Wellness system incorporates the new federal legislation Act respecting First Nations, Inuit and Metis children, youth and families as a result of Bill C-92 into their practice. New standards have been implemented to reflect these changes.

The implementation of a consistent approach to managing and supporting foster caregivers has been further improved by creating specialized foster care caseloads in all regions. Accelerated Core Training was implemented as a response to the pandemic as per the restrictions on travel and gathering in person. This was followed by hybrid training: a combination of virtual and face to face training for small groups. The NTHSSA along with the Foster Family Coalition of the NWT have established respite services for foster caregivers in the NWT to support them during the COVID-19 pandemic.

Operational Aim:

IMPROVE PATIENT AND CLIENT EXPERIENCE

ESTABLISH A SIMPLIFIED POINT OF CONTACT AND PROCESS FOR CLIENT FEEDBACK

Currently, the Quality and Risk Managers continue to be a point of contact for residents in each region for client feedback. In collaboration with the Department of Health and Social Services, the NTHSSA is expanding our risk management software with a new module that will provide a simplified point of contact and process for client experience and complaints. Work is underway to

design and implement this new system and is anticipated to be launched in 2021-22.

SUPPORT THE DEVELOPMENT OF REGIONAL AND TERRITORIAL PATIENT ADVISORY BODIES

In 2020-21 the Northwest Territories Health and Social Services Leadership Council met five times. The focus of the Leadership Council meetings have been to bring forward local concerns to understand the needs of NWT residents and understand where the NWT Health and Social Services system can make collective improvements to better serve the needs of residents, as well as, ensure corporate accountability of the NTHSSA.

Leadership Council members continued their governance development by establishing several committee structures that support the evolution of a well-functioning governance system.

Through 2019-20, the Leadership Council members continued to advocate for the development of a culturally safe and accountable organization and identified priorities such as fiscal sustainability and cultural awareness as key priorities.

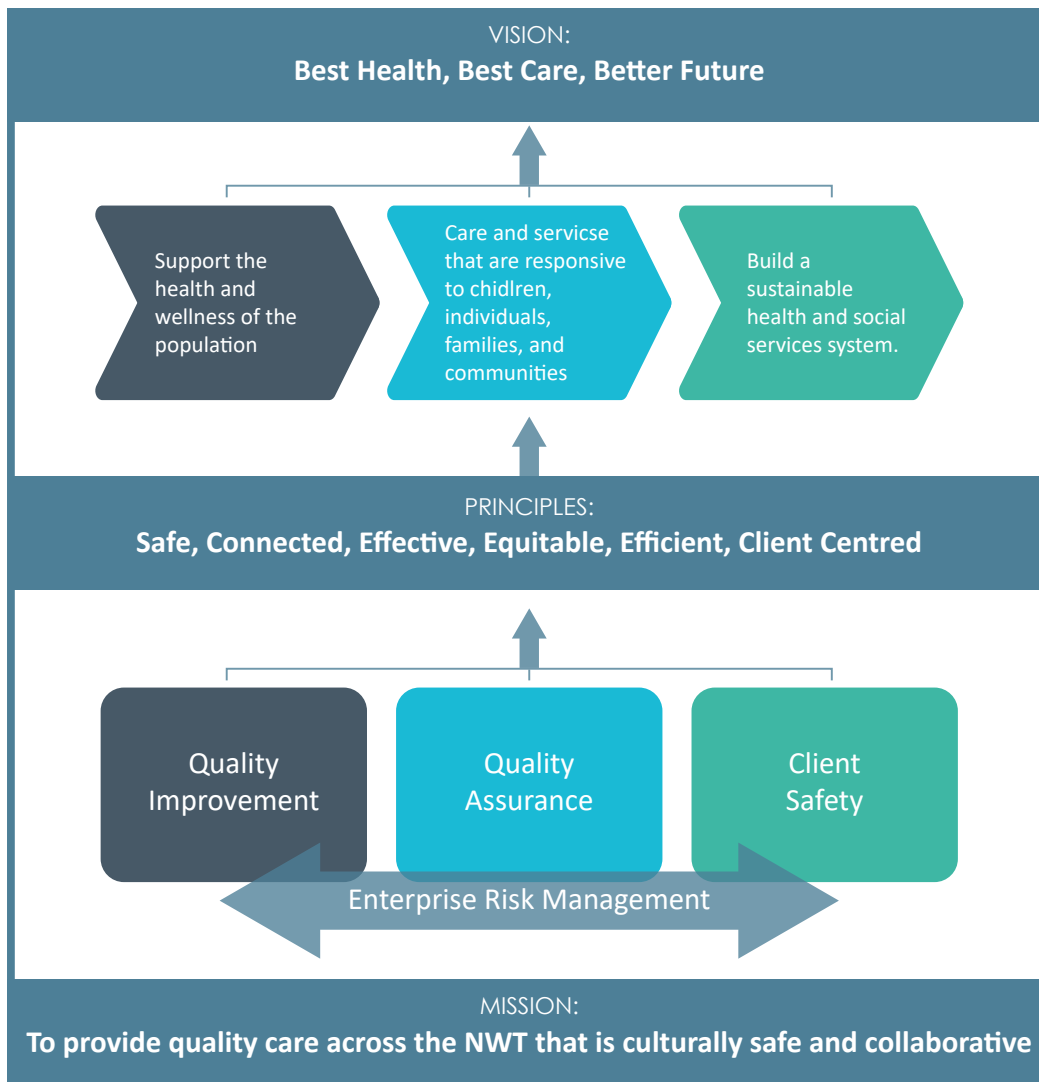
Quality Improvement & Performance Reporting

The integrity of a health and social services system and improvements in patient and client care ultimately depend upon quality assurance activities driven through performance reporting and client and patient feedback.

In spring, 2021, the NTHSSA launched a comprehensive Quality Assurance Framework to clarify processes that identify and investigate Patient Safety Incidents in a protected setting and incorporate the learning from those processes to improve the quality of patient and client care services within the NTHSSA. Additionally, throughout 2020-

21 the NTHSSA collaborated with HSS system partners to improve the data and performance measurement available in its Quality Improvement and Patient Safety Scorecard (QIPSS) scorecard and continued reporting quarterly to the NWT HSS Leadership Council.

The QIPSS indicators include reporting specific to strategic level priority indicators and organizational plan level indicators, as follows:



The impact of COVID-19 will continue to have a significant impression on the operations of the NTHSSA from both human and financial resource perspectives. The NTHSSA has led the work on the NWT Authorities COVID-19 Response Team planning, in collaboration with the Department of Health and Social Services, TCSA, HRHSSA and the wider GNWT emergency management approach to COVID-19, and a primary focus for 2021-2022 fiscal year will be to continue to balance the transition of established pandemic response activities and functions into ongoing operations.

It is expected the NWT HSS System will introduce refreshed strategic aims alongside the Department of Health and Social Services' 4-year Business plans. These aims will guide the 2021-22 NTHSSA operational plan while continuing to define and realize deficit reductions strategies through partnership with the Department of Health and Social Services and the Department of Finance.

Core to the NTHSSA's future operational plan and activities will be efforts to minimize the staffing challenges that are expected to increase as a result of the impact COVID-19 has had on the health and social services systems across Canada.

NTHSSA Operations, Leadership & Governance

2020-21 is the conclusion of the fourth full year of operations for the NTHSSA. Established in 2016, the NTHSSA consolidated the delivery and operations of health and social services for the majority of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operations of the Stanton Territorial Hospital.

The remaining regions are serviced by their respective health and social services authorities: Tlicho Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring access to health and social care across the NWT.

The Northwest Territories Health and Social Services Leadership Council is the board of management for the NTHSSA. The Leadership Council provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT;
- manage, control and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human and other resources necessary to perform the NTHSSA's duties.

In 2020-21 the Northwest Territories Health and Social Services Leadership Council met six times. The Leadership Council meetings are focused around bringing forward local concerns to better understand the needs of NWT residents, and to review the performance of the organization to support collective improvements to better serve the needs of residents, as well as ensure corporate accountability of the NTHSSA.

LEADERSHIP COUNCIL: *As at March 31st, 2021*

- Chairperson: Mr. James Antoine
- Vice-Chairperson: Ms. Ethel-Jean Gruben (Chair, Beaufort-Delta RWC)

Members:

- Ms. Patricia Schaefer (Chair, Fort Smith RWC)
- Mr. Brian Willows (Chair, Hay River RWC)
- Ms. Gina Dolphus (Chair, Sahtu RWC)
- Mr. Ted Blondin (Chair, TCSA)
- Ms. Ruby Simba (Chair, Dehcho RWC)
- Ms. Nancy Trotter (Chair, Yellowknife RWC)

Ex-officio and non-voting Members:

- Mr. Bruce Cooper (Deputy Minister, DHSS)

Finance Committee

- Chairperson: Brian Willows (Hay River)

Members:

- Ruby Simba
- Patricia Schaefer

Governance and Human Resources Committee

- Chairperson: James Antoine

Members

- Ethel-Jean Gruben
- Ted Blondin
- Bruce Cooper

Quality Committee

- Chairperson: Ted Blondin

Members:

- James Antoine
- Ethel-Jean Gruben
- Patricia Shafer
- Brian Willows
- Gina Dolphus
- Ted Blondin
- Ruby Simba
- Nancy Trotter

NTHSSA LEADERSHIP TEAM

(as at March 31, 2021)

- Chief Executive Officer, Ms. Sue Cullen
- Chief Financial Officer, Ms. Gloria Badari
- Executive Director, Clinical Integration, Ms. Kimberly Riles
- Executive Director, Child and Family Services, Ms. Nathalie Nadeau
- Executive Director, Corporate and Support Services, Mr. Tim Van Overliw
- Territorial Medical Director, Dr. AnneMarie Pegg
- Chief Operating Officer (Beaufort Delta Region), Ms. Arlene Jorgensen
- Chief Operating Officer (Sahtu Region), Ms. Mireille Hamlyn
- Chief Operating Officer (Dehcho Region), Mr. Wilson Dimsdale
- Chief Operating Officer (Yellowknife Region), Ms. Liliana Canadic
- Chief Operating Officer (Fort Smith Region), Ms. Brenda Gauthier
- Chief Operating Officer (Stanton Territorial Hospital), Ms. Georgina Veldhorst
- Senior Advisor to the Chief Executive Officer, Mr. Kevin Whitehead
- Senior Advisor, Governance, Mr. Allen Stanzell



APPENDIX A
AUDITED FINANCIAL
STATEMENTS

Management Discussion & Analysis

Introduction

In preparation of the 2020-2021 year-end financial statement, this Management Discussion and Analysis was developed to provide an overview of all activities relating to operations and to demonstrate the core values of transparency and accountability held by Northwest Territories Health and Social Services Authority (NTHSSA) management and the Northwest Territories Health and Social Services Leadership Council (Leadership Council). This overview will also help to provide context for financial information contained within the 2020-2021 Audited Financial Statements.

2020-2021 is the conclusion of the fourth full year of operations for the NTHSSA. Established in 2016, the NTHSSA consolidated the delivery and operations of health and social services for the majority of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operations of the Stanton Territorial Hospital. The remaining regions are serviced by their respective health and social services authorities: Tlicho Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring access to health and social care across the NWT.

As an agency of the Government of the Northwest Territories (GNWT), the NTHSSA is responsible to the Minister of Health and Social Services for governing, managing and providing health and social services in accordance with the territorial plan set out by the Minister, specifically with a role to:

- plan, develop and deliver programs and services;
- ensure operational policies, guidelines and standards of care are within the context of legislation, regulation and Department of Health and Social Services policies;
- provide budget development, funding allocation, monitoring and financial reporting;
- provide quality and risk management;
- ensure recruitment, supervision and retention of professional staff;
- ensure staff training and professional development; and
- report and be accountable in accordance with legislation, regulations and agreements.

Structure of the NTHSSA

The Leadership Council is the board of management for the NTHSSA. The Leadership Council provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT;
- manage, control and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human and other resources necessary to perform the NTHSSA's duties.

The Leadership Council is accountable to the Minister of Health and Social Services and provides advice to the Minister on strategic directions for the delivery of projects and programs related to those services.

The Leadership Council is made up of nine (9) members; a Chairperson as appointed by the Minister, the chairperson of each the Regional Wellness Councils (6); the chairperson of the Tłı̄ch̄q Community Services Agency; and the Deputy Minister of the Department of Health and Social Services (ex-officio and non-voting).

The 2020-2021 Leadership Council included:

Chairperson: Mr. James Antoine

Vice-Chairperson: Ms. Ethel-Jean Gruben (Chair, Beaufort-Delta RWC)

Member: Ms. Patricia Schaefer (Chair, Fort Smith RWC)

Member: Mr. Brian Willows (Chair, Hay River RWC)

Member: Ms. Gina Dolphus (Chair, Sahtu RWC)

Member: Mr. Ted Blondin (Chair, TCSA)

Member: Ms. Ruby Simba (Chair, Dehcho RWC)

Member: Ms. Nancy Trotter (Chair, Yellowknife RWC)

Ex-officio and non-voting Member: Mr. Bruce Cooper (Deputy Minister, DHSS)

Through the NTHSSA's CEO, operational and financial reporting is provided to the Leadership Council at regularly scheduled Leadership Council meetings. The NTHSSA is structured with seven executive branches that are responsible for delivering health and social services across the NWT. Regional operations in the Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife regions of the NWT, as well as the operation of the Stanton Territorial Hospital, are all supported by Territorial operational branches guided by the CEO office.

Office of the Chief Executive Officer: Corporate leadership; practitioner leadership; corporate workforce planning; system collaboration; governance support.

Finance: Financial leadership; budgeting; financial reporting; financial compliance and operations.

Clinical Integration: Territorial quality, patient safety, and client experience leadership; quality improvement and support for health services; mental health and community wellness; corrections health services; sheltering services; adult support services.

Child, Family and Community Wellness: Child and family services; foster care and adoption services; child and youth in territory placement services; family preservation and Healthy Families services; quality assurance and training and practice improvement.

Corporate and Support Services: Informatics and health technology support and leadership; strategy and planning leadership; patient movement operations; communications support.

Regional Operations: Primary care; community health clinics operations; home care; mental health and addictions services; health promotion; public health; family violence programs; rehabilitation services; long term care; facility operations.

Stanton Territorial Hospital: Acute inpatient services; emergency services, specialty clinics, diagnostic and therapeutic services; rehabilitation services in partnership with regional operations.

In addition, each of the regions comprising the NTHSSA has a Regional Wellness Council that acts in an advisory capacity to collect community feedback specific to the needs within their regions, to provide residents with an avenue to approach and discuss the NWT health and social services system, and to promote activities that support service delivery for the health and well-being of patients, clients, and families.

Operating Environment

The NTHSSA provides health and social services in the vast geographical area of the NWT, from the remote high Arctic communities of Paulatuk, Ulukhaktok, and Sachs Harbour to the southern NWT/Alberta border community of Fort Smith. Delivering the NTHSSA mandate to such a large geographic area requires well-defined systems, a robust logistical support network, as well as a team of committed staff who are dedicated to ensuring quality health and social services are provided to all NWT residents.

The NWT Health and Social Services System Strategic Planning Framework sets out a vision for a health and social services system that supports the residents of the NWT to be as healthy as they can be. The vision and goals are reflective of

engagement and consultation across the NWT and the HSS System's partners, stakeholders, patients, clients and staff.

Best Health: Support the health and wellness of the population.

Best Care: Care and services are responsive to children, individuals, families and communities.

Better Future: Build a sustainable health and social services system.

COVID-19 Impact

At the close of the 2019-20 fiscal year, the NTHSSA had to pivot its operations to enact pandemic planning and prepare for the response to COVID-19, which had well begun to impact health care systems around the globe. Changes to operations and processes to prevent viral spread were balanced with the continuation of non-COVID healthcare services. Many NTHSSA operational initiatives and projects were deferred and delayed, as focus was directed to ensuring the protection of NWT residents.

The impact of COVID-19 will continue to have a significant impact on operations from both human and financial resource perspectives. The NTHSSA has led the work on the NWT Authorities COVID Response Team planning and activities, in collaboration with the Department of Health and Social Services and the wider GNWT emergency management approach to COVID-19. As a result, throughout the 2020-21 fiscal year the NTHSSA has experienced the following operational impacts:

- Establishment of dedicated COVID-19 response positions and functions
- Redeployment of NTHSSA staff to COVID-19 response activities
- Significant purchases to secure personal protective equipment and essential supplies and equipment supported by Government of Canada donations
- Program and service disruptions and delays
- Expanded occupational health and safety and infection prevention and control protocols for staff and programs
- Increased laboratory testing and public health supports
- Increased funding supports to NTHSSA partners and stakeholders

The NTHSSA has continued to provide best care and services to NWT residents while shifting regular processes to ensure all possible measures were taken to safeguard both patients and staff. As an organization, these challenges to regular operations have also brought focus to new possibilities for the provision of care and crystallized the understanding of the unique circumstances that health services face in the NWT.

Financial Condition

As of March 31, 2021, the NTHSSA incurred an operating deficit of \$32.9M, which was \$13.7M higher than the budgeted operating deficit of \$19.2M. This increased NTHSSA's accumulated deficit to \$159.9M.

	In Thousands	
	2020-2021 Actual	2019-2020 Actual
Accumulated (deficit) closing	(159,922)	(126,991)
Accumulated (deficit) opening	(126,991)	(100,862)
Annual (deficit)	(32,931)	(26,129)
Recovery of prior years' expenses	1,112	1,185
Employee future benefits reserve	0	69
Unfunded items - Employee future benefit liability	6,621	8,646
Change in Employee future benefit	(2,025)	(1,470)

The NTHSSA remains committed to meeting its' operational mandate and expected service levels; notwithstanding the significant pressure on resources that exists within the NTHSSA has resulted in an increase in accumulated deficit by \$32.9M.

Recognizing the significant financial pressure the NTHSSA has experienced since its establishment, the Authority has committed to integrating the recommendations, where appropriate, from recent operational reviews and analysis of the fiscal environment. These activities included:

- Identifying many examples of best practice as evident through the 2019 Accreditation Canada assessments
- Integrating activities that enabled the organization to better plan and deliver services
- Addressing the recommendations identified in audits of our financial operations and programs
- Positioning the NTHSSA, through the introduction of an integrated financial system, SAM, to enhance purchasing practices and monitor/control spending and enhance financial reporting
- Initiating planning for services as a system through the management of job vacancies, monitoring of staffing patterns and coordinating an approach for staffing approvals

A key element of the NTHSSA's sustainability planning is understanding the components of and interrelationships between the demand side and the supply side

of the operating environment. A thorough appraisal of the supply side of the NTHSSA's operations informs cost-containment strategies that will directly maintain expenses to prevent unnecessary spending and/or reduce expenses to improve operating costs.

As part of this planning, the following cost-containment activities have been initiated over 2020-21 and identified as priorities to support the broader sustainability improvement plans in the future:

- Address and improve controllable overtime usage
- Document and improve billing practices
- Enhance procurement processes and contract alignment
- Align asset management activities
- Continue improvements related to position management

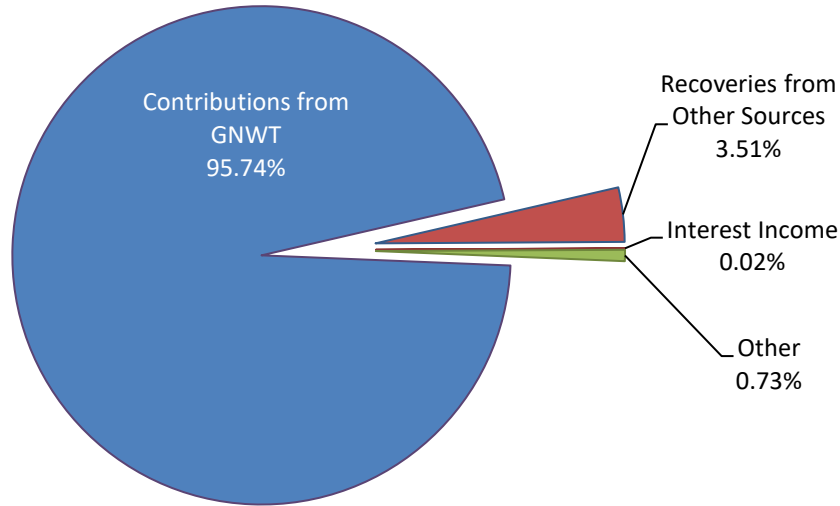
Operating Revenue and Expenses

The actual annual revenue for 2020-21 was approximately \$62.1 million higher than the initial budget. Throughout the fiscal year, as COVID-19 impacted operations, program changes, new initiatives, and projects were identified; corresponding adjustments have been made to the initial fiscal year's budget. Actual expenses were approximately \$75.8 million higher than budgeted.

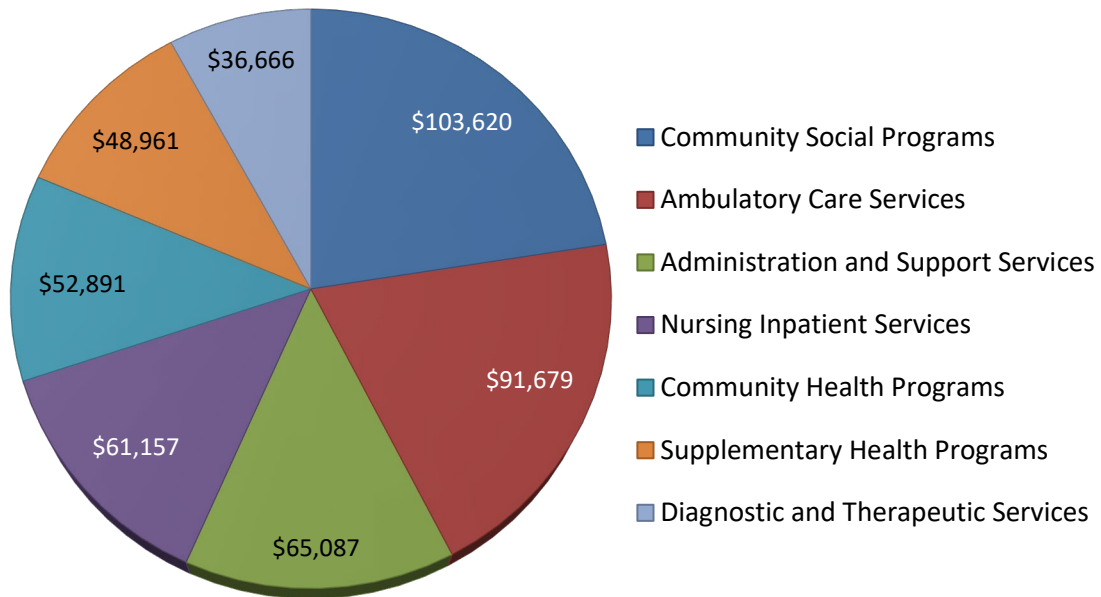
2020-2021 GNWT Funding Contribution Highlights

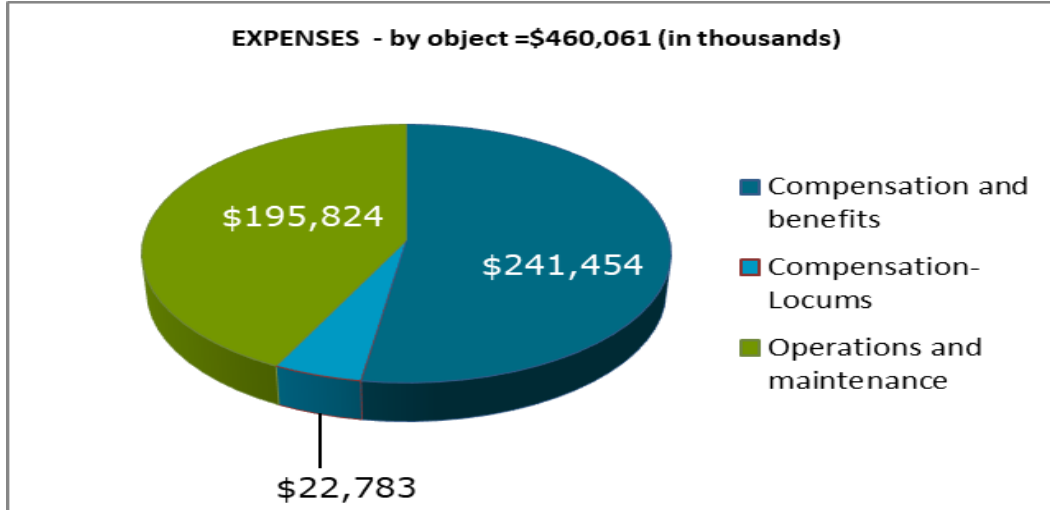
- Increase in funding for Child and Family Initiative, Phase 2
- Increase in funding for School and Community Child and Youth Counsellors Initiative, Phase 3
- Increase in funding for Aven's A Community for Seniors
- Increase in funding for Workforce Planning Initiative
- Increase in funding for Strategic Cancer Initiative Program
- Increase in funding for Covid-19 Pandemic costs

REVENUE = \$427,130 (in thousands)

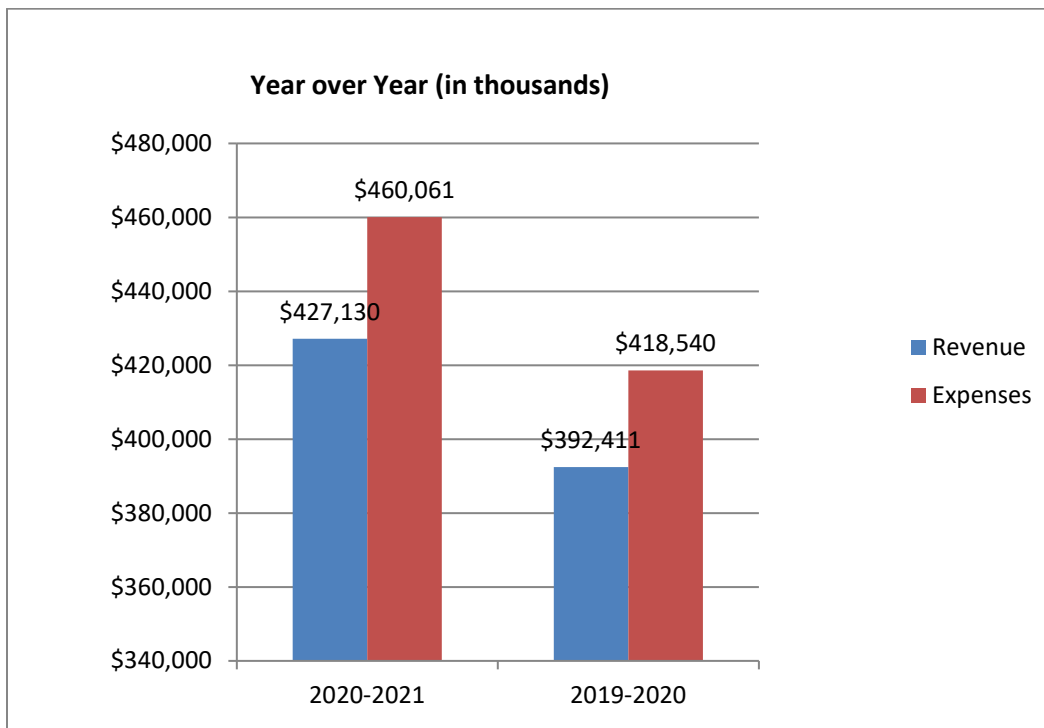


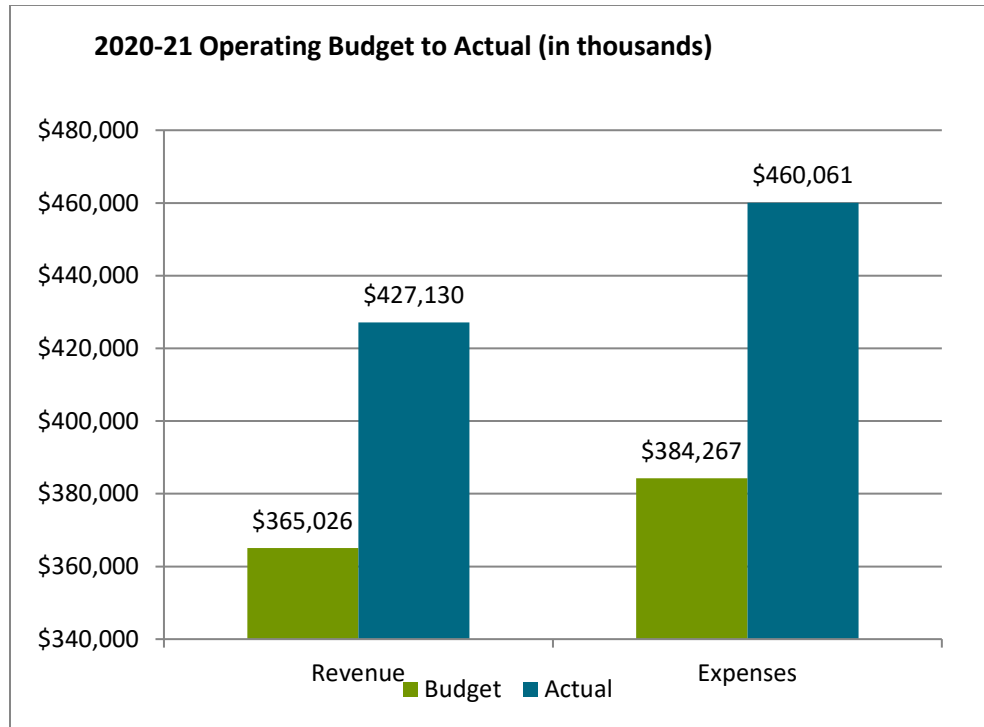
EXPENSES by Program (in thousands) Total: \$460,061





In comparing 2019-2020 to 2020-21:





Summary and Outlook

In review of the operating landscape for the NTHSSA, while continuing to function in the environment of a global pandemic, there are several key opportunities and challenges ahead for the Authority.

Addressing Challenges

NTHSSA leadership remains cognizant of the staffing levels that are currently required to meet service level demands and the resultant fiscal pressures. NTHSSA leadership is reviewing core service requirements, current position allocations and quality improvements with the goal of implementing changes that would stabilize staffing models to meet program and service delivery demand.

The NTHSSA also recognizes that the health and social care professionals are in high demand across Canada and will continue to work with both internal and external resources to expand health and human resource plans to improve efforts to attract and retain qualified employees. This was a particular challenge in the 2020-2021 fiscal year, where casual staff use increased in several program areas.

Capturing Opportunities

In conjunction with the NTHSSA's onboarding to the GNWT's financial management system (SAM), some processes and staff have transitioned to the Department of Finance and the NTHSSA Finance function has undergone significant change. During the SAM implementation, NTHSSA Finance activities shifted to allow for improved support to NTHSSA executive and the regional operations. Additional actions will be required to continue to restructure the NTHSSA Finance functions to provide standardized sharing of financial information for decision making and monitoring operations.

Outlook

The NTHSSA's primary focus for the 2021-2022 fiscal year will be to transition established pandemic response activities and functions into ongoing operations. Additionally, the NTHSSA will focus its efforts to minimize the staffing challenges that are expected to increase as a result of the impact COVID-19 has had on the health and social services systems across Canada.

As COVID-19 continues to drive operational planning, the NTHSSA will continue to define and realize deficit reductions strategies through partnership with the Department of Health and Social Services and the Department of Finance.



KIMBERLY RILES

CHIEF EXECUTIVE OFFICER

18 November 2021



NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY

Financial Statements

March 31, 2021

Northwest Territories Health and Social Services Authority

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Northwest Territories Health and Social Services Authority



Northwest Territories Health and Social Services Authority

Management's Responsibility for Financial Reporting

Management is responsible for preparing the accompanying financial statements in accordance with Canadian public sector accounting standards ("PSAS"). Where PSAS permits alternative accounting methods, management has chosen those it deems most appropriate in the circumstances. A summary of significant accounting policies are described in Note 2 to the financial statements. Management is responsible for making certain estimates and judgments required for the preparation of the financial statements. Management is responsible for ensuring that financial information presented elsewhere in the annual report is consistent with the financial statements.

Management is responsible for maintaining financial and management systems and practices which are designed to provide reasonable assurance that reliable financial and non-financial information is available on a timely basis, that assets are acquired economically, are used to further the Authority's objectives, are protected from loss or unauthorized use and that the Authority complies with applicable legislation. Management recognizes its responsibility for conducting the Authority's affairs in accordance with the requirements of applicable laws and sound business principles, and for maintaining standards of conduct that are appropriate to an agent of the Territorial Government. Management reviews the operation of financial and management systems to promote compliance and to identify changing requirements or needed improvements.

The Auditor General of Canada provides an independent, objective audit for the purpose of expressing her opinion on the financial statements. She also considers whether the transactions that come to her notice in the course of the audit are, in all significant respects, in accordance with the specified legislation.

The financial statements have been approved by the Northwest Territories Health and Social Services Leadership Council (Leadership Council).

A handwritten signature in black ink, appearing to read "Kimberly Riles".

Kimberly Riles
Chief Executive Officer

A handwritten signature in blue ink, appearing to read "Elizabeth Johnson".

Elizabeth Johnson
Acting Chief Financial Officer

November 18, 2021



INDEPENDENT AUDITOR'S REPORT

To the Minister responsible for the Northwest Territories Health and Social Services Authority

Opinion

We have audited the financial statements of the Northwest Territories Health and Social Services Authority (the Authority), which comprise the statement of financial position as at 31 March 2021, and the statement of operations and accumulated deficit, statement of changes in net debt and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Authority as at 31 March 2021, and the results of its operations, changes in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Authority to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Other matters

We wish to draw to your attention that subsection 92(1) of the *Financial Administration Act* of the Northwest Territories states that no person shall make a disbursement on behalf of a public agency unless an expenditure officer and an accounting officer provide the required certifications. Medical travel disbursements in excess of \$17 million were made during the year without the required expenditure and accounting authority certifications.

In addition, subsection 32(1) of the *Financial Administration Act* of the Northwest Territories requires the Northwest Territories Health and Social Services Authority to submit its annual report to its Minister not later than 90 days after the end of its financial year, or an additional period, not exceeding 60 days, that the Minister of Finance may allow. The Northwest Territories Health and Social Services Authority did not meet its statutory deadline for submitting its annual report to its Minister for the year ended 31 March 2021.



David Irving, CPA, CA
Principal
for the Auditor General of Canada

Edmonton, Canada
18 November 2021

Northwest Territories Health and Social Services Authority

Statement of Financial Position

(All figures in thousands of dollars)

As at March 31,	2021	2020
Financial Assets		
Cash	\$ 15,501	\$ 25,122
Accounts receivable (note 4)	10,782	8,524
Due from Government of the Northwest Territories (note 5)	67,079	39,596
Due from Government of Canada	274	206
	93,636	73,448
Liabilities		
Accounts payable and accrued liabilities (note 6)	34,297	28,635
Due to Government of the Northwest Territories (note 5)	224,971	166,978
Due to Government of Canada	9	49
Employee future benefits and compensated absences (note 7)	6,621	8,646
	265,898	204,308
Net Debt	(172,262)	(130,860)
Non-Financial Assets		
Inventory held for use	10,919	3,204
Prepaid expenses	1,421	665
	12,340	3,869
Accumulated Deficit (note 8)	\$ (159,922)	\$ (126,991)

Contractual Obligations and Contingencies (notes 9 and 10)

Approved on behalf of the Authority:



Jim Antoine
Leadership Council
Board Chairperson



Brian Willows
Leadership Council
Finance Committee Chair

The accompanying notes are an integral part of these financial statements.

Northwest Territories Health and Social Services Authority

Statement of Operations and Accumulated Deficit

(All figures in thousands of dollars)

For the year ended March 31,	2021		2020
	Budget	Actual	Actual
Revenues			
Recoveries from other sources	\$ 16,791	\$ 15,019	\$ 12,663
Recoveries from Government of Nunavut	2,515	2,053	2,167
Contributions from other sources	116	1,057	919
Interest income	573	65	518
Other income	352	2	843
Total Revenue	20,347	18,196	17,110
Expenses (note 15)			
Community social programs	93,115	103,620	91,265
Ambulatory care services	68,393	91,679	69,944
Administration and support services	53,987	65,087	61,316
Nursing inpatient services	40,432	61,157	62,364
Community health programs	43,456	52,891	46,931
Supplementary health programs	53,326	48,961	52,664
Diagnostic and therapeutic services	31,558	36,666	34,056
Total Expenses	384,267	460,061	418,540
Deficit for the year before Government contributions	(363,920)	(441,865)	(401,430)
Government contributions			
Core contributions from GNWT (note 16)	301,401	339,082	298,257
Other contributions from GNWT (note 16)	6,087	6,152	6,585
Recoveries from GNWT	23,085	17,446	27,739
Recoveries - non insured health services	14,106	13,852	16,556
Recoveries of prior year expenses	-	1,112	1,185
Grant-in-kind GNWT (note 12)	-	31,290	24,979
Total Government contributions	344,679	408,934	375,301
Annual deficit	(19,241)	(32,931)	(26,129)
Accumulated deficit, beginning of year	(126,991)	(126,991)	(100,862)
Accumulated deficit, end of year	\$ (146,232)	\$ (159,922)	\$ (126,991)

The accompanying notes are an integral part of these financial statements.

Northwest Territories Health and Social Services Authority

Statement of Changes in Net Debt

(All figures in thousands of dollars)

For the year ended March 31,	2021		2020
	Budget	Actual	Actual
Annual deficit for the year	\$ (19,241)	\$ (32,931)	\$ (26,129)
Adjustments			
Acquisition of inventories held for use	-	(15,374)	(6,370)
Consumption of inventories held for use	-	7,659	6,387
Acquisition of prepaid expenses	-	(1,403)	(3,249)
Use of prepaid expenses	-	647	3,624
Increase in net debt for the year	(19,241)	(41,402)	(25,737)
Net debt, beginning of year	(130,860)	(130,860)	(105,123)
Net debt, end of year	\$ (150,101)	\$ (172,262)	\$ (130,860)

The accompanying notes are an integral part of these financial statements.

Northwest Territories Health and Social Services Authority

Statement of Cash Flow

(All figures in thousands of dollars)

For the year ended March 31,	2021	2020
Cash (used in) provided by operating transactions		
Annual deficit	\$ (32,931)	\$ (26,129)
Changes in non-cash assets and liabilities		
Change in accounts receivable	(2,258)	(1,135)
Change in accounts payable and accrued liabilities	5,662	7,456
Net change in due to/(from) Government of the Northwest Territories	30,510	31,600
Change in employee future benefits and compensated absences	(2,025)	(1,470)
Net change in due to/(from) Government of Canada	(108)	456
Change in inventory	(7,715)	17
Change in prepaid expenses	(756)	374
Cash (used in) provided by operating transactions	(9,621)	11,169
(Decrease) increase in cash	(9,621)	11,169
Cash, beginning of year	25,122	13,953
Cash, end of year	\$ 15,501	\$ 25,122

There were no financing, investing, or capital transactions during the year.

Total interest received during the year \$65 (2020 - \$518).

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

1. Authority and Operations

The Northwest Territories Health and Social Services Authority (the "Authority") operates pursuant to the *Hospital Insurance and Health and Social Services Administration Act* (the Act) of the Northwest Territories and is an agency under Schedule A of the *Financial Administration Act* (FAA) of the Northwest Territories. Accordingly, the Authority operates in accordance with its Act and regulations, and any directives issued to it by the Minister responsible for the Authority.

The Authority was established to manage, control and operate the public health facilities and services assigned to it by the Government of the Northwest Territories ("GNWT"). When the Authority was created, six of the eight Health and Social Services Authorities ("HSSAs") were amalgamated under the Authority. The reporting entity comprises the newly created Authority and the operations from six former HSSAs including Beaufort-Delta, Dehcho, Fort Smith, Sahtu, Yellowknife and Stanton Territorial Hospital.

Hay River Health and Social Services Authority ("HRHSSA") and Tlicho Community Services Agency ("TCSA") remain outside the Authority; however, the legislation does include provisions to bring the HRHSSA into the Authority at a later date. The Authority serves as a single integrated delivery system for Northwest Territories health and social service programs while recognizing that the TCSA retains a unique role through the provisions of the Tlicho Agreement.

Through the Chief Executive Officer, the Authority reports to and takes direction from the Northwest Territories Health and Social Services Leadership Council (Leadership Council) that is comprised of nine persons appointed in accordance with the Act, including one non-voting member. The Authority is exempt from taxation pursuant to Paragraph 149 of the federal *Income Tax Act*.

Budget

The budgeted figures represent the Authority's original fiscal plan for the year approved by the Leadership Council and the GNWT. To be consistent with the format of the financial statements, presentation changes have been applied as disclosed in note 18.

Going concern and economic dependence

Upon amalgamation in 2016, the predecessor HSSAs had an accumulated deficit of \$50,824 which was transferred to the Authority and included in its opening financial position. For the year ended March 31, 2021 the Authority had an annual deficit of \$32,931, accumulated deficit of \$159,922, liabilities of \$265,898 (including \$224,971 due to the GNWT), and total financial assets of only \$93,636.

The Authority was created as part a system-wide transformation of the health and social services system in the NWT, including addressing financial pressures. The Authority remains economically dependent upon the annual appropriations received from the GNWT, the GNWT's authorization for incurring annual deficits, the GNWT's continued support for payments of payroll costs on behalf of the Authority combined with the GNWT's continued financing of the payroll liability. The Authority anticipates that the GNWT will continue to provide the current financial support, while working collaboratively with the Authority to identify ways to address the financial pressures.

Since the Authority's inception, the GNWT has increased its funding to the Authority each year. The Authority's operations have also expanded with the opening of a health centre, long-term care facility and hospital. The going concern basis of accounting has been deemed appropriate for the current financial statements.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

2. Basis of presentation and significant accounting policies

Basis of presentation

These financial statements have been prepared in accordance with Canadian public sector accounting standards as issued by the Canadian Public Sector Accounting Board. Significant aspects of the accounting policies adopted by the Authority are as follows:

(a) Measurement uncertainty

The preparation of these financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses recognized in the financial statements and disclosed in the accompanying notes. By their nature, all estimates are inherently subject to some measurement uncertainty. The estimates are based on facts and circumstances, historical experience and reflect management's best estimate of the related amount at the end of the reporting period. Estimates and underlying assumptions are reviewed annually at March 31.

Measurement uncertainty that is material exists when it is reasonably possible that a material variance could occur in the reported or disclosed amount in the near term. Near term is defined as a period of time not to exceed one year from March 31. Changes in estimates and assumptions will occur based on passage of time and occurrence or non-occurrence of certain future events. Revisions to accounting estimates are recognized in the period in which estimates are revised if revisions affect only that period or in the period of revision and future periods if revisions affect both current and future periods.

Contingent liabilities are subject to measurement uncertainty due to the use of estimates relating to both the outcome of the future event as well as the value of the potential loss. The estimate of the provision for claims is continuously reviewed and refined in light of several factors, including ongoing negotiations, recent settlements and decisions made by the courts. Accounts receivable and Due from GNWT includes accrued receivables based on estimates of patient services provided but not yet assessed for recoverability from third parties. Historical experiences related to these assessments can be inconsistent resulting in challenges predicting future outcomes. This may lead to a greater possibility of a material variance between estimates recognized in the financial statements and the results ultimately realized.

(b) Cash

Cash is comprised of bank account balances, net of outstanding cheques.

(c) Tangible capital assets

The GNWT retains ownership of all tangible capital assets (TCA) used by the Authority. The GNWT's financial statements include these TCAs and as such the Authority has no TCAs recognized in its financial statements.

The Authority has recognized grant-in-kind revenue for the use of these TCAs provided free of charge by the GNWT. In addition, the Authority has recognized a corresponding rent expense for these TCAs based on the GNWT's amortization which is the GNWT's cost. This rent expense has been allocated to the Authority's programs in the Statement of Operations and Accumulated Deficit.

(d) Inventories held for use

Inventories consist of pharmaceuticals and general inventories including medical and surgical supplies. Inventories held for use are valued at the lower of cost and replacement value.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

2. Basis of presentation and significant accounting policies (continued)

(e) Revenue recognition

Government transfers

Government transfers are recognized as revenues when the transfer is authorized, reasonable estimates of the amounts can be determined and any eligibility criteria and stipulations have been met, except for the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the Statement of Operations and Accumulated Deficit as the stipulation liabilities are settled.

Recoveries

Government recoveries which include amounts recovered for expenses paid by the Authority primarily relating to hospital services and non-insured health benefits, are recognized as revenue when the amounts are known. Other recoveries are recognized when the amount is known and includes reimbursements from Workers' Safety and Compensation Commission and their equivalent entities throughout Canada, and recovery of medical fees for items such as client medical travel costs.

Recoveries of prior years' expenses

Recoveries of prior years' expenses and reversal of prior years' expense accruals in excess of actual expenditures are reported separately from other revenues on the Statement of Operations and Accumulated Deficit. Pursuant to the FAA, these recoveries cannot be used to increase the amount appropriated for current year expenses.

Other revenue

Other revenue is recognized when the service is performed or the goods are provided. The Authority may provide uninsured medical services for which revenue is recognized and food sales from its hospital cafeterias.

(f) Other employee future benefits and compensated absences

Under the terms and conditions of employment, employees may earn non-pension benefits for resignation, retirement and removal costs. Eligible employees earn benefits based on years of service to a maximum entitlement based on terms of employment. Eligibility is based on a variety of factors including place of hire, date employment commenced and reason for termination. Benefit entitlements are paid upon resignation, retirement or death of an employee. The expected cost of providing these benefits is recognized as employees render service. Termination benefits are also recorded when employees are identified for lay-off. Compensated absences include sick, special, parental and maternity leave. Accumulating non-vesting sick and special leave are recognized in the period the employee provides service, whereas parental and maternity leave are event driven and are recognized when the leave commences. An actuarial valuation of the cost of these benefits (except parental and maternity leave) has been prepared using data provided by management and assumptions based on management's best estimates.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

2. Basis of presentation and significant accounting policies (continued)

(g) Pensions

The Authority and its eligible employees make contributions to the Public Service Pension Plan administered by the Government of Canada. These contributions represent the total liability of the Authority and are recognized in the financial statements as expenses when they are incurred. The Authority is not required under present legislation to make contributions with respect to actuarial deficiencies of the Public Service Pension Plan.

The Authority and its contracted physicians make contributions to a physician directed investment fund administered by the Canadian Medical Association. These contributions represent the total pension liability of the Authority and are recognized in the financial statements as expenses when they are incurred.

(h) Financial instruments

The Authority classifies its financial instruments at cost or amortized cost.

This category includes cash, accounts receivable, due (to) from Government of the Northwest Territories, due (to) from Government of Canada, and accounts payable and accrued liabilities. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instruments. Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write down being recognized in the statement of operations.

(i) Non-financial assets

Non-financial assets are accounted for as assets by the Authority because they can be used to provide services in future periods. These assets do not normally provide resources to discharge the liabilities of the Authority unless they are sold.

(j) Contractual obligations and contingencies

The nature of the Authority's activities requires entry into operational contracts that can be significant in relation to its current financial position or that will materially affect the level of future expenses. Contractual obligations are commitments for operating, commercial and residential leases. Contractual obligations are obligations of the Authority to others that will become liabilities in the future when the terms of those contracts or agreements are met.

The contingencies of the Authority are potential liabilities which may become actual liabilities when one or more future events occur or fail to occur. If the future event is considered likely to occur and is quantifiable, an estimated liability is accrued. If the occurrence of the confirming future event is likely but the amount cannot be reasonably estimated, the contingency is disclosed. If the occurrence of the confirming event is not determinable, the contingency is disclosed.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

2. Basis of presentation and significant accounting policies (continued)

(k) Expenses

Expenses are reported on an accrual basis. The cost of all goods and services received during the year are expensed, except for certain services provided without charge which are described in Note 12.

(l) Related parties

Related party transactions are in the normal course of operations and have been valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties, except for certain services and other contributions provided by the GNWT at no cost. The Authority is related in terms of common ownership to all GNWT created departments, public agencies and key management personnel and close family members. Key management personnel are those having authority and responsibility for planning, directing and controlling the activities of the Authority.

Services provided at no cost, that are part of the central agency role of the GNWT and cannot be reasonably estimated are not recorded in these financial statements. These services include, building utilities, repairs and maintenance, payroll processing, insurance and risk management, legal counsel, construction management, records storage, computer operations, asset disposal, project management and translation services.

Other assets and services provided at no cost by the GNWT are recorded in the financial statements. Use of assets which include, buildings, leasehold improvements, equipment, and vehicles, are recorded as described in Note 2 (c). Donated assets recognized as grant-in-kind in the Statement of Operations Accumulated Deficit, when donations are received. Operating costs paid on the Authority's behalf are recognized as contracted services expense and grant-in-kind in the Statement of Operations. Grant-in-kind is measured using the cost incurred by the GNWT.

(m) Accounts payable and accrued liabilities

Liabilities are present obligations arising from past transactions or events, the settlement of which is expected to result in the future sacrifice of economic benefits.

Accounts payable and accrued liabilities primarily include obligations to pay for goods and services acquired prior to year-end, reimbursement of medical related travel expenses, and to pay for employee compensation earned prior to year-end.

Annually, employees earn vacation and lieu credits in accordance with their respective collective bargaining agreement or contract. Any unused credits that have not been paid out are recorded as payable at the employees' pay rate at year end.

3. Designated assets

The Authority records financial information in individual funds that are internally segregated for the purpose of carrying on specific activities or attaining certain objectives. These funds are included in cash on the Statement of Financial Position totaling \$71 (2020 - \$277). Funds established by the Authority include a special project reserve \$71 (2020 - \$208) which are donations made to the Authority under non-contractual conditions and a funded employee future benefits reserve \$nil (2020 - \$69) for funds received for the severance liability of employees who were transferred to the Authority from the Government.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

4. Accounts receivable

The Authority administers the GNWT's medical travel program for both residents and non-residents of the territory. Non-residents of the territory accessing the medical travel program are invoiced directly and any outstanding invoices from non-residents are included in receivables at March 31. Interest is not charged on outstanding amounts receivable. All payments from customers of the Authority are expected within 30 days.

	Accounts Receivable	Allow. For Doubtful Accounts	2021	2020
Trade Receivables	\$ 13,139	\$ (7,220)	\$ 5,919	\$ 6,880
Government of Nunavut	1,789	(109)	1,680	430
Due from WSCC	320	-	320	447
Due from related parties (note 14)	2,875	(12)	2,863	767
Total accounts receivable	\$ 18,123	\$ (7,341)	\$ 10,782	\$ 8,524

5. Due from/(to) Government of the Northwest Territories

For contribution agreements, the Authority receives transfer payments from the GNWT on a monthly basis. For other recoveries, the Authority receives payments within 30 days of submitting an invoice.

Due from Government of the Northwest Territories

	2021	2020
Health and Social Services	\$ 64,884	\$ 38,579
Finance	2,025	942
Justice	125	23
Education, Culture and Employment	42	43
Infrastructure	2	-
Environment and Natural Resources	1	-
Municipal and Community Affairs	-	9
Total due from Government of the Northwest Territories	\$ 67,079	\$ 39,596

Due to Government of the Northwest Territories

	2021	2020
Liability for payroll services provided by the Government	\$ 211,637	\$ 155,501
Health and Social Services	5,974	8,141
Finance	5,135	3,082
Infrastructure	2,169	254
Education, Culture and Employment	56	-
Total due to Government of the Northwest Territories	\$ 224,971	\$ 166,978

The due to Government of the Northwest Territories is unsecured, without interest and due on demand.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

6. Accounts payable and accrued liabilities

The Authority follows the GNWT for payment practices of accounts payable invoices and pays northern vendors within 20 days and all other vendors within 30 days. The Authority administers the GNWT's Medical travel program for residents of the Northwest Territories and reimbursement of medical related travel expenses are paid to residents accessing the program accordingly. These payables are included in the trade payable.

	2021	2020
Trade payable	\$ 23,101	\$ 20,750
Annual leave and lieu time	10,562	7,505
Due to related parties (note 14)	634	380
Total accounts payable and accrued liabilities	\$ 34,297	\$ 28,635

7. Employee future benefits and compensated absences

The Authority provides severance (resignation and retirement), removal and compensated absence (sick, special, maternity and parental leave) benefits to its employees. The benefit plans are not pre-funded and thus have no assets, resulting in a plan deficit equal to the accrued benefit obligation. Severance benefits are paid to Authority employees based on the type of termination (e.g. resignation versus retirement) and appropriate combinations that include inputs such as when the employee was hired, the rate of pay, the number of years of continuous employment and age and the benefit is subject to maximum benefit limits. Removal benefits are subject to several criteria, the main ones being location of hire, employee category and length of service. The benefits under these two categories were valued using the projected unit credit methodology.

Compensated absence benefits generally accrue as employees render service and are paid upon the occurrence of an event resulting in eligibility for benefits under the terms of the plan. Events include, but are not limited to employee or dependent illness, or death of an immediate family member. Non-accruing benefits include maternity and parental leave. Benefits that accrue under compensated absence benefits were actuarially valued using the expected utilization methodology.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

7. Other employee future benefits and compensated absences (continued)

Valuation results

The most recent actuarial valuation was completed as at February 15, 2019. The results were extrapolated to March 31, 2021. The effective date of the next actuarial valuation is March 31, 2022. The table below provides details on the change in the accrued benefit obligation as well as the liability for employee future benefits and compensated absences.

	2021	2020
Accrued benefit obligations, beginning of year	\$ 8,927	\$ 10,379
Current period benefit cost	725	675
Interest accrued	237	311
Benefits payments	(2,906)	(2,904)
Actuarial loss	850	466
<hr/>		
Accrued benefit obligations, end of year	7,833	8,927
<hr/>		
Unamortized net actuarial (loss)	(1,983)	(1,161)
<hr/>		
Employee future benefits & compensated absence liability - actuarially valued	5,850	7,766
<hr/>		
Other compensated absences liability - not actuarially valued	771	880
<hr/>		
Total employee future benefits and compensated absences	\$ 6,621	\$ 8,646

Benefits expense

Current period benefit cost	\$ 724	\$ 676
Interest accrued	237	311
Amortization of actuarial (gain)/loss	29	(28)
<hr/>		
	\$ 990	\$ 959

The discount rate used to determine the accrued benefit obligation is an average of 3.3% (2020 - 2.7%).

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

8. Accumulated deficit

	2021	2020
Accumulated deficit upon amalgamation in 2016	\$ 50,824	\$ 50,824
Addition to the accumulated deficit since amalgamation	<u>109,098</u>	<u>76,167</u>
Accumulated deficit	<u>\$ 159,922</u>	<u>\$ 126,991</u>

9. Contractual obligations

The Authority has entered into agreements for equipment, operations and services (Government medical travel program) or is contractually committed to, the following amounts which are currently expected to become liabilities subsequent to March 31, 2021:

	Expires in Fiscal Year	2022	2023	2024	2025	2026	2027	Total
Equipment leases	2024	\$ 76	\$ 51	\$ 1	\$ -	\$ -	\$ -	\$ 128
Operational leases	2023	1,235	54	-	-	-	-	1,289
Service contracts	2027	54,057	19,346	1,450	874	841	839	77,407
		<u>\$55,368</u>	<u>\$19,451</u>	<u>\$ 1,451</u>	<u>\$ 874</u>	<u>\$ 841</u>	<u>\$ 839</u>	<u>\$ 78,824</u>

10. Contingencies

In the normal course of operations, the Authority is subject to claims and pending and threatened litigation against the Authority and its staff. At year end, the Authority estimated the total claimed amount for which the outcome is not determinable at \$10 (2020 - \$10). No provision for such claims has been made in these financial statements as it is not determinable that any future event will confirm that a liability has been incurred as at March 31, 2021.

11. Trust assets under administration

The authority administers \$294 (2020 - \$242) of trust assets, consisting of cash held on behalf of patients, which are not included in the reported Authority's assets and liabilities.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

12. Government assets provided at no cost

Details on government assets and other contributions provided at no cost recognized in the financial statements are as follows:

Contributed asset/service	2021	2020
Use of Assets ⁽¹⁾	\$ 21,694	\$ 18,079
Stanton Territorial Hospital P3 costs ⁽²⁾	7,100	6,900
Donated inventory	2,496	
Grant-in-kind GNWT	<u>\$ 31,290</u>	<u>\$ 24,979</u>

⁽¹⁾ Included in Use of Assets is the estimated cost to rent the new Stanton Territorial Hospital based on its current amortization expense of approximately \$8,053 (2020 - \$7,382).

⁽²⁾ Stanton Territorial Hospital P3 cost relate to the operations and maintenance cost which the Government pays on behalf of the Authority

13. Pensions

All eligible employees participate in Canada's Public Service Pension Plan ("PSPP"). The PSPP provides benefits based on the number of years of pensionable service to a maximum of 35 years. Benefits are determined by a formula set out in the legislation; they are not based on the financial status of the pension plan. The basic benefit formula is two percent per year of pensionable service multiplied by the average of the best five consecutive years of earnings.

The PSPP was amended during 2013 which raised the normal retirement age and other age related thresholds from age 60 to age 65 for new members joining the plan on or after January 1, 2013. For members with start dates before January 1, 2013, the normal retirement age remains age 60. The employer contribution rate effective at the end of the year is 1.01 times (2020 – 1.01) the employees' contributions for employees who started prior to January 2013 and 1.0 times (2020 – 1.0) the employees' contributions for all other employees.

The Authority and the contracted physician's contribute to the Physician Retirement Income Benefit ("PRIB"). The Physician's contribution rate is 7.5 percent of the Physician's base salary, minus the Physician's contribution to the Canada Pension Plan. The Authority contribution rate is 15 percent of the Physician's base salary, minus the Employer's contribution to the Canada Pension Plan on behalf of the Physician. The Authority contributed \$11,734 (2020 – \$10,891) to PSPP and \$2,067 (2020 – \$2,135) to the Physician's fund. The employee's contributions were \$11,675 (2020 – \$10,748) and \$952 (2020 – \$1,006) respectively.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

14. Related party balances and transactions

Related party transactions not disclosed elsewhere are as follows:

Due from related parties	Accounts Receivable	Allow. For Doubtful Accounts	Net 2021	Net 2020
Hay River Health and Social Services Authority	\$ 2,011	\$ -	\$ 2,011	\$ 29
Tlicho Community Services Agency	829	(12)	817	733
Northwest Territories Power Corporation	35	-	35	1
Northwest Territories Housing Corporation	-	-	-	4
	\$ 2,875	\$ (12)	\$ 2,863	\$ 767

Due to related parties:	2021	2020
Aurora College	\$ 405	\$ 175
Tlicho Community Services Agency	149	119
Northwest Territories Housing Corporation	-	26
Hay River Health and Social Services Authority	71	42
Fuel Services Division	3	11
Northwest Territories Power Corporation	6	6
Marine Transportation Services	-	1
	\$ 634	\$ 380

Revenues from related parties:	2021	2020
Hay River Health and Social Services Authority	\$ 2,454	\$ 187
Tlicho Community Services Agency	875	809
Northwest Territories Power Corporation	105	105
GNWT - Education, Culture and Employment	25	83
GNWT - Municipal and Community Affairs	25	3
Yellowknife Education District #1	-	26
Yellowknife Public Denominational District Education Authority (Yellowknife Catholic School Board)	-	5
	\$ 3,484	\$ 1,218

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

14. Related party balance and transactions (continued)

Expenses paid to related parties:	2021	2020
Hay River Health and Social Services Authority	\$ 405	\$ 175
Tlicho Community Services Agency	317	369
GNWT	8,254	317
Aurora College	183	-
Northwest Territories Power Corporation	92	34
Northwest Territories Housing Corporation	66	105
Fuel Services Division	41	20
Marine Transportation Services	-	2
NWT Business Development and Investment Corporation	-	2
Stanton Territorial Hospital Foundation	-	1
	\$ 9,358	\$ 1,025

15. Expenses by object

	2021	2020
Compensation expense (1)	\$ 241,454	\$ 211,128
Contracted out services	93,153	84,343
Medical travel and other travel	24,435	29,167
Compensation - locums	22,783	17,121
Supplies	22,466	18,068
Rent (note 12)	21,695	18,079
Contributions	16,145	18,881
Administration	8,279	12,087
Program expenses	6,179	5,419
Equipment expense	2,309	2,599
Valuation expenses	1,163	1,648
Total expenses	\$ 460,061	\$ 418,540

(1) Compensation expense is paid by the Government and reimbursed by the Authority when funds are available, see note 5 for the balance payable to the Government at March 31.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

16. Contributions from the Government of the Northwest Territories

	2021 Budget	2021 Actual	2020 Actual
Core contribution			
Community health programs	\$ 130,511	\$ 133,663	\$ 127,684
Administrative and support services	39,916	39,950	39,850
Nursing inpatient services	33,602	33,609	32,557
Community social services	25,770	29,415	23,930
Ambulatory care services	27,242	27,426	28,082
Diagnostic and therapeutic services	24,084	24,900	24,258
Safe restart northern bundle COVID pandemic	-	29,018	-
Supplementary health programs	20,276	21,101	21,896
	301,401	339,082	298,257
Other contributions			
FNIHCC Home and Community Care	3,800	3,858	4,190
French Language Services	826	461	742
Integrated Primary Care Teams Demonstration Project	-	397	-
Respite Care Program	250	250	260
Mental Health Initiatives	-	241	362
Collective Kitchens	168	168	168
OMTP Territorial Lead Case Manager	140	140	160
CHIIRP - Injury Reporting & Prevention	85	131	-
QRCE - IPAC	-	96	-
Community Care Giver Pilot	445	93	121
Implementation Lead Healthy Families Program	-	85	-
Oral Health Program	-	85	250
T.A.S.T.E - Traditional Foods	62	62	-
FASCETS - FASD Training	-	48	55
Oral Health Toolkits for LTC Residents	32	32	-
ECD - Hearing Aids for Children	7	4	-
Inuvik Emergency Warming Centre	75	-	75
FASD training	-	-	110
Sahtu Sahtugot'ine Nats'eju Initiative	80	-	42
Uluhaktok Indigenous Languages Pilot	117	-	-
Other	-	-	50
	6,087	6,151	6,585
Total contributions from the GNWT	\$ 307,488	\$ 345,233	\$ 304,842

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

16. Contributions from the Government of the Northwest Territories (continued)

The following table summarizes the Authority's project budget and actual eligible costs incurred for other contributions in excess of \$250.

	2021 Budget	2021 Actual	2020 Actual
FNIHCC Home and Community Care Agreement			
Compensation	\$ 2,832	\$ 3,443	\$ 3,092
Equipment expense	-	1	-
Medical travel and other travel	-	-	67
Contracted out services	-	128	45
Other	968	286	986
	\$ 3,800	\$ 3,858	\$ 4,190
French Language Services			
Compensation	\$ 733	\$ 443	\$ 700
Other	93	18	42
	\$ 826	\$ 461	\$ 742
Integrated Primary Care Teams Demonstration			
Compensation	\$ -	\$ 397	\$ -
	\$ -	\$ 397	\$ -
Respite Care Program			
Contracted out services	\$ 250	\$ 250	\$ 260
	\$ 250	\$ 250	\$ 260
Community Care Giver Pilot			
Compensation	\$ 445	\$ -	\$ 121
Other	-	93	-
	\$ 445	\$ 93	\$ 121

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

17. Financial Instruments

The Authority is exposed to credit and liquidity risks from its financial instruments. Qualitative and quantitative analysis of the significant risk from the Authority's financial instruments by type of risk is provided below:

(a) Credit risk

Credit risk is the risk of financial loss of the Authority if a debtor fails to make payments of interest and principal when due. The Authority is exposed to this risk relating to its cash and accounts receivable.

The Authority holds its cash with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Authority's cash is insured up to \$100.

Accounts receivable are due from various governments, government agencies, corporations and individuals. Credit risk related to accounts receivable is mitigated by internal controls as well as policies and oversight over arrears for ultimate collection. Management has determined that a portion of accounts receivable are impaired based on specific identification as well as age of receivables. These amounts are as disclosed in Note 4.

The Authority's maximum exposure to credit risk is represented by the financial assets for a total of \$93,636 (2020 - \$73,448).

Concentration of credit risk

Concentration of credit risk is the risk that one or more customers has a significant portion (more than ten percent) of the total accounts receivable balance and thus there is a higher risk to the Authority in the event of a default. The Authority does have concentration of credit risk. At March 31, 2021, receivables from the Government comprised 86% of the total outstanding accounts receivables (2020 - 82%). The Authority manages this risk by monitoring overdue balances.

(b) Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority mitigates this risk by monitoring cash activities and expected outflows through budgeting, deferring repayment to the Government (Note 1) and maintaining an adequate amount of cash to cover unexpected cash outflows should they arise. All of the Authority's financial assets and financial liabilities as at March 31, 2021 mature within six months of year end.

Total financial assets are \$93,636 (2020 - \$73,448) and financial liabilities are \$265,898 (2020 - \$204,308). The Authority has disclosed contractual obligations in Note 9. There have been no significant changes from the previous year in the exposure to risk or policies, procedures, and methods used to measure the risk.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

18. Budget

The approved budget have been reclassified where applicable to conform to the presentation used in financial statements as follows:

	Budget per Statement of Operations and Accumulated Deficit	Government Approved Budget	Difference
Revenue			
Recoveries from other sources	\$ 16,791	\$ 16,592	\$ 199
Recoveries from Government of Nunavut	2,515	-	2,515
Contributions from other sources	116	116	-
Interest income	573	573	-
Other income	352	352	-
Total Revenue	20,347	17,633	2,714
Expenses			
Community social programs	93,115	92,998	117
Ambulatory care services	68,393	68,393	-
Administration and support services	53,987	53,844	143
Nursing inpatient services	40,432	40,432	-
Community health programs	43,456	43,456	-
Supplementary health programs	53,326	52,645	681
Diagnostic and therapeutic services	31,558	31,558	-
Undistributed	-	941	(941)
Total Expenses	384,267	384,267	-
Government contributions			
Core contributions from GNWT	301,401	301,401	-
Other contributions from GNWT	6,087	8,801	(2,714)
Recoveries from GNWT	23,085	23,085	-
Recoveries - non insured health services	14,106	14,106	-
Total Government contributions	344,679	347,393	(2,714)
Annual deficit	\$ (19,241)	\$ (19,241)	\$ -

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

18. Budget (continued)

The Authority's budget is approved at the start of the fiscal year. Adjustments to the budget relating to government funding are approved throughout the fiscal year through Notice of Target Adjustments ("NOTAs"). The budget does not include the Grant-in-kind GNWT; therefore the impact of the Grant-in-kind GNWT must be factored in when comparing to the actual results. The revised budget is detailed below:

	Original Budget	NOTAs	Grant-in- kind	Revised Budget	Actual Amount	Over (Under) Budget
Revenue						
Recoveries from other sources	\$ 16,791	\$ -	\$ -	\$ 16,791	\$ 15,019	\$ (1,772)
Recoveries from Government of Nunavut	2,515	-	-	2,515	2,053	(462)
Contributions from other sources	116	-	-	116	1,057	941
Interest income	573	-	-	573	65	(508)
Other income	352	-	-	352	2	(350)
Total Revenue	20,347	-	-	20,347	18,196	(2,151)
Expenses						
Community social programs	93,115	4,965	1,137	99,217	103,620	4,403
Ambulatory care services	68,393	2,349	7,416	78,158	91,679	13,521
Administration and support services	53,987	6,655	161	60,803	65,087	4,284
Nursing inpatient services	40,432	(16)	12,130	52,546	61,157	8,611
Community health programs	43,456	20,420	5,680	69,556	52,891	(16,665)
Supplementary health programs	53,326	1,200	-	54,526	48,961	(5,565)
Diagnostic and therapeutic services	31,558	5,235	2,270	39,063	36,666	(2,397)
Total Expenses	384,267	40,808	28,794	453,869	460,061	6,192
Government contributions						
Core contributions from GNWT	301,401	40,808	-	342,209	339,082	(3,127)
Other contributions from GNWT	6,087	-	-	6,087	6,151	64
Recoveries from GNWT	23,085	-	-	23,085	17,446	(5,639)
Recoveries - Non-insured health services	14,106	-	-	14,106	13,852	(254)
Recoveries of prior year expenses	-	-	-	-	1,112	1,112
Grant-in-kind GNWT	-	-	31,290	31,290	31,290	-
Total Government contributions	344,679	40,808	31,290	416,777	408,933	(7,844)
Annual deficit	\$ (19,241)	\$ -	\$ 2,496	\$ (16,745)	\$ (32,932)	\$ (16,187)

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2021

19. Impact of COVID-19 pandemic response

On March 22, 2020, the GNWT declared a public health emergency in response to the coronavirus ("COVID-19") pandemic. The Authority continues to experience a change in demand for its services and is working diligently to mitigate the financial impacts of COVID-19.

In response to COVID-19, the GNWT provided the Authority with incremental funding of \$29,018 up to March 31, 2021. The funds were used for incremental expenditures arising from testing, surveillance and treatment of patients as well as air services. These amounts have been recorded in various expense accounts in the Statement of Operations and Accumulated Deficit.

The duration and impact of COVID-19 is unknown at this time and it is not possible to reliably estimate the impact that the severity and length of COVID-19 will continue to have on the financial results and condition of the Authority in future periods.



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