

Chair: Colleen Nyce**Recorder:** Desa Chipman**Board:**

- Frank Everitt
- John Kurjata
- Wilfred Adam
- Linda Locke
- Shannon Anderson

- Russ Beerling
- Brian Kennelly

Regrets:

- Shayna Dolan
- Patricia Sterritt

Executive:

- Cathy Ulrich
- Fraser Bell
- Kelly Gunn
- Tanis Hampe
- Steve Raper
- Nicole Cross

- Dr. Ronald Chapman
- Dr. Jong Kim
- Dr. Helene Smith
- Penny Anguish
- Sandra Rossi
- Kirsten Thomson

Public Minutes

1. Call to Order, Welcome and Indigenous Land Acknowledgement

The Open Board session was called to order at 8:15am with a welcome and acknowledgement that the meeting was taking place on the traditional territory of Lhtako Dene (lah-ta-ko den-ay) Nation.

2. Conflict of Interest Declaration

Chair Nyce asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.

- There were no conflict of interest declarations made related to the February 13, 2023 Public agenda.

3. Approval of Agenda

Moved by F Everitt seconded by R Beerling

The Northern Health Board approves the February 13, 2023 public agenda as presented

4. Approval of Board Minutes

Moved by J Kurjata seconded by B Kennelly

The Northern Health Board approves the December 5, 2022 minutes as presented

5. Business arising from previous Minutes

There was no business arising out of the previous minutes

6. CEO Report

- An overview of the CEO report was provided with additional highlights provided on the following information:
 - Illicit Drug Toxicity Death Rates: NH has had the highest rate of illicit drug toxicity rates since 2020. The rate of deaths in Quesnel LHA has started to decline since 2020. The age groups impacted by drug toxicity in the Quesnel LHA are similar to the Northern Interior and Northern Health.
 - Why Decriminalization:
 - Shift approach to substance use as a health matter – not a criminal justice one.
 - Reduce stigma around substance use so people feel more comfortable reaching out for help
 - Address health and criminal inequities and promote pathways to care
 - Key features in decriminalization in BC are no arrests and seizures for personal possession under the threshold and no mandatory treatment.
 - Relational Security Violence Prevention Initiative: The goal is to support the reduction of workplace violence and psychological injury among the health sector workforce and integrate protection services within a team-based system of care.
 - In-house relational security model will be implemented at 26 designated health care settings across BC
 - Hiring of 320 Protection Services Officers (PSOs) and 14 Violence Prevention Leads
 - Northern Health (NH) provided 40 PSOs and 2 Violence Prevention Leads
 - Provision of a standardized onboarding and training curriculum focused on trauma-informed care, cultural safety and humility, and relational security principles.
 - The Implementation process includes:
 - A Provincial Project Working Group
 - Collaboration with unions
 - Quesnel operational highlights included details on Specialized Nursing Training, Dunrovin Long term Care, Community Services Accreditation, Community Mental Health and Substance Use Specialized Services, Grace Young Activity Centre and the new CT scan and Suite.

6.1. Human Resources Report

An overview of the Human Resources report was provided with additional information provided on the following items:

- Northern Health current vacancy indicators: 20.31% of baseline positions are unfilled.
 - In fiscal year 2022/23 year to date, Northern Health has posted 3971 non-casual positions.
 - Of these postings:
 - 59% have been filled by internal staff (existing regular and casual staff)
 - 9% have been filled externally (qualified applicants from outside of NH) within 90 days.
 - Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies.
 - Annually, approximately 17% of postings become difficult to fill.
- Workforce Trends: NH workforce trends, and exit and stay interviews, indicate that health service providers are departing the organization at nearly the same rate as they are recruited.
 - Close to 50% of all NH new hires are new graduates that require enhanced support, orientation, and mentoring – especially in rural and remote areas.
 - New-graduate hires typically do not stay in their first position placement. As they achieve experience, career aspirations lead them to seek career progression through specialty education or other advanced professional opportunities.

- In this post-pandemic period, it is anticipated retirements will increase, which will further add to the workforce challenges.
- Both exit interviews and stay interviews occur.
- Travel Resource Program: The Northern Health Travel Resource Program was initiated in 2018, under a joint Memorandum of Agreement with the BC Nurses Union, with the goal of mitigating staffing shortages in Northern Health rural and remote communities.
 - Employees work a compressed schedule while in rural and remote communities.
 - A self-scheduling model was adopted in October 2021, resulting in a rapid expansion.
 - The program provides nurses an opportunity to live in urban areas and work in rural and remote communities.
 - In September 2022, the Provincial Health Human Resources Coordination Centre established a rapid action Integrated Project Team to expand the Travel Resource Program into other rural and remote areas of the province.
 - The Travel Resource Program has grown from 11.68 FTE of nursing support in January 2021 to providing 48.99 FTE of support in November of 2022. As of December 2022, the Travel Resource Program provides services to 12 Northern Health communities, 2 Interior Health communities and 2 Island Health communities.
- Health Career Access Program: HCAP is a sponsored training opportunity that provides paid education and on-the-job training to become a registered Health Care Assistant (HCA).
 - From the first cohort graduation in December 2021 to December 2022, NH has supported 214 students to graduation.
 - Northern Health is recruiting to 90 seats in 5 cohorts as of March 2023.
 - The HCA forecasted gap (difference between supply and demand) has reduced from 353 to 187 HCAs, due to HCAP.
 - Northern Health is working with the Provincial Health Human Resources Coordination Centre to expand HCAP to other required professions, such as Medical Lab Assistants.

7. Audit and Finance Committee

7.1. Financial Statement Period 9

- Year to date Period 9, Northern Health (NH) has a net operating deficit of \$7.2 million. Excluding extra-ordinary items, revenues are unfavourable to budget by \$33.8 million or 4.3% and expenses are favourable to budget by \$26.5 million or 3.4%.
- The unfavourable variance in Ministry of Health contributions is primarily due to delays in recognition of targeted funded programs. Targeted funding is only recognized when the related expenditure has been incurred. Unfortunately, hiring lags, in targeted funded programs, particularly Mental Health and Substance Use, has resulted in less expenditure than budgeted. Therefore, following the matching principle, less revenue is recognized as earned.
- The unfavourable in other revenues is primarily due to delay in recognition of targeted funded programs from other sources.
- The favourable variance in Community Care, Mental Health and Substance Use, and Population Health and Wellness is primarily due to vacant staff positions and hiring lags on targeted funded programs.
- The budget overage in Long Term Care is primarily due to vacancies in several care aide positions across the region resulting in vacant shifts being filled at overtime rates and with agency staff.
- In response to the global COVID-19 pandemic, NH has incurred \$36.6 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Moved by J Kurjata seconded by W Adam

The Northern Health Board receives the 2022-23 Period 9 financial update as presented.

7.2. Capital Plan Expenditure Update

- The Northern Health Board approved the 2022-23 capital expenditure plan in February 2022, with amendments in June and October 2022. The updated plan approves total expenditures of \$411.5M, with funding support from the Ministry of Health (\$266 M, 65%), six Regional Hospital Districts (\$127M, 30%), Foundations, Auxiliaries and Other Entities (\$2.7M, 1%), and Northern Health (\$15.2M, 4%).
- Year to date Period 9 (ending December 8, 2022), \$229.7M was spent towards the execution of the plan as summarized.

Move by J Kurjata seconded by R Beerling

The Northern Health Board receives the Period 9 update on the 2022-23 Capital Expenditure Plan.

8. Performance Planning and Priorities Committee

8.1. Strategic Priority: Our People

8.1.1. Education and Development

- Details were provided on the improvements and changes in development along with the monitoring and evaluation of the employee education framework and plan in Northern Health.
- In support of Workforce Sustainability there are four priorities of focus which are:
 - Enhance collaboration and partnership with Northern Post Secondary Institutes
 - Promote Student Practice education and strengthen new graduate transitions
 - Service oriented education networks
 - Leadership development
- Education and Development has played a crucial role in sustaining the existing workforce, yet workforce challenges have prevented delivering all the planned education. Staff is challenged to balance needs for development and training when workloads limit their ability to participate. In response to these risks, development of short bursts of education is in development which seeks to provide education in real time.
- While increasing healthcare education seats is essential in response to the growing health and human resource needs, Northern Health faces added pressure related to the ability to orient and support student practice. To address these issues, the Education and Development team is engaged with post secondary institution leaders and operational teams at NH to explore innovative strategies to mitigate instructor and placement shortages.

9. Indigenous Health & Cultural Safety Committee

9.1. Update on the Cultural Safety Education Plan and implementation of Cultural Safety Education for physicians

- NH MAC Chair, Dr. Helene Smith provided a presentation and overview on the implementation of Cultural Safety Education for Physicians in Northern Health.
- Northern Health's work regarding cultural safety and humility continues to focus on health system transformation. A part of this transformation is ensuring equity and a system free from stigma and discrimination, including the experiences of racism for employees and those served. With this intent, Northern Health's work for 2020 to 2025 will be focused on embedding cultural safety and humility throughout the organization.
- The NHMAC has committed to facilitate key drivers of the NH cultural safety implementation framework 2020-2025. In November 2020, the NHMAC struck a working group to outline the leadership role of NHMAC and the specific areas of work to incorporate cultural safety in the processes and structures that support NH medical staff in the action plan.

- In November 2021, the NHMAC endorsed the draft action plan for broader stakeholder input. The NHMAC highlighted the importance of working closely with our partners and the broader medical staff to ensure the plan can be successful. The NHMAC also stressed the importance of this plan being a flexible, working document that can change as we learn more information.
- There are many provincial partners who are also working hard to make similar changes and NHMAC is open to learning as they go.
- A detailed overview and status update was provided on the work underway.
- Directors expressed appreciation to the NHMAC members for embracing the need for this important work.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 500 Series

- The revised policy manual BRD 500 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by S Anderson

The Northern Health Board of Directors approves the revised BRD 500 series

10.2. Policy Manual BRD 600 Series

- The revised policy manual BRD 600 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by R Beerling

The Northern Health Board of Directors approves the revised BRD 600 series

10.3. BRD 300 Board Committees Policy

- The revised BRD 300 Board Committees Policy was presented to the Board for review and approval.

Moved by F Everitt seconded by S Anderson

The Northern Health Board of Directors approves the revised BRD 300 Board Committees Policy as presented

10.4. NH Ethics Research Board

- The Northern Health Research Review Committee is transitioning into the Northern Health Research Ethics Board. Approval is required to establish the NH Research Ethics Board and to approve the NH REB Terms of Reference.
- The purpose of a Research Ethics Board (REB) is to ensure that ethical principles and standards respecting the personal welfare and rights of research participants have been recognized and accommodated. There are currently 24 research ethics boards that are harmonized across British Columbia. Northern Health is a member of this network of REBs supported by Research Ethics BC as part of Michael Smith Health Research BC.
- Research Ethics BC supports the network of REBs in the BC harmonized ethics review process for multi-jurisdictional studies.

Moved by F Everitt seconded by S Anderson

That the Northern Health Board approves the establishment of the Northern Health Research Ethics Board, in accordance with the Terms of Reference set out herein.

10.5. Internationally Educated Health Professionals (IEHPs)

- There is widespread agreement that IEHPs are essential to addressing labour shortages and Northern Health looks forward to welcoming newcomers who will strengthen the health care system. Northern Health is assisting IEHPs to enter the workforce as soon as possible.
- Actions being undertaken in Northern Health are as follows:
 - Providing meaningful contact with the IEHPs to nurture relationships and provide support
 - Ensuring federal and provincial IEHP related announcements are shared with the IEHPs
 - Supporting IEHPs to access Northern Health work opportunities
 - Exploring a more structured approach to assess the job qualification requirement for applicants to communicate effectively verbally and in writing
 - Exploring the feasibility of NH offering a Phlebotomist Training Program based on the Phlebotomist Training Program offered through Interior Health
 - Coordinator IEHPs working with UNBC Associate Professor to submit an abstract to present the NH experience with supporting IEHPs

10.6. Relationship with Foundations and Fundraising Societies

- A presentation was provided to Directors that highlighted the incredible contributions and donations Northern Health has received from the foundations and fundraising societies in the north. The presentation was developed using information submitted from the foundations and auxiliaries on volunteers, events, initiatives, and programs that were undertaken throughout the year to raise money to support healthcare in the north.
- Overall, the total given to Northern Health from 2021/2022 was \$2,203,088.
- The NH Board was impressed by the many creative initiatives that have taken place and expressed gratitude for the dedication of the many volunteers and the hours they work to support residents of northern BC.

Moved by F Everitt seconded by J Kurjata
The Public meeting was adjourned at 9:54am



Colleen Nyce, Chair



Desa Chipman, Recording Secretary

Public Presentation Session:

The Public Presentation session was called to order at 10:00am
Moved by B Kennelly

- Chair Nyce welcomed Bobbi Symes, Acting Director Healthy Aging, United Way British Columbia and Dr. Grace Park, Regional Medical Director, Fraser Health to the meeting to provide a presentation on Social Prescribing in British Columbia. The presentation included details on the history of social prescribing, initiatives underway within the United Way and the many partnerships and collaborative approaches taken. Information was also included on the impacts and outcomes.
- Chair Nyce thanked the guests and acknowledged that the presentation was informative and that the collaborative and partnership approaches that have been taken by the United Way with Health Authorities, primary care providers and seniors resonated with the approach taken by Northern Health on many initiatives.
- Northern Health management looks forward to further discussion on ways that partnerships can continue around the initiatives presented and others focused on the needs of seniors across the northern geography.

The Public Presentation session was adjourned at 10:38am
Moved by L Locke