Meeting of the Northern Health Board
Public Session

Monday, April 15, 2024
9:20am – 11:00am

Ovintiv Centre: Co-Op Mercer Hall, Lower Lobby
300 Hwy 2 #1
Dawson Creek, BC

northern health
the northern way of caring

Northern Health Board: PUBLIC Package (April 2024)

April 15, 2024 09:20 AM - 11:15 AM

	4.2 Strategic Priority: Coordinated and Accessible Services			48
	4.2.1 Strategic Initiative: Acute Care Stabilization Information	Dr. Ronald Chapman		48
	4.3 Strategic Priority: Quality			55
	4.3.1 Integrated Ethics Framework Information	Kirsten Thomson		55
5.	Indigenous Health & Cultural Safety Committee	Director Sterritt	10:30 AM-10:35 AM	58
	5.1 Indigenous Patient Care Expansion Update Information	Ciro Panessa		58
6.	Governance, Management & Relations Committee	Director Everitt	10:35 AM-10:50 AM	64
	6.1 Board Policy Manual: BRD 100 Series MOTION	Kirsten Thomson		64
	6.2 Code of Conduct Signing: (BRD 210) MOTION	Kirsten Thomson		93
	6.3 Overview of Research Partnerships Information	Fraser Bell		108
7.	PRESENTATION: Foundations & Auxiliaries	Steve Raper	10:50 AM-11:05 AM	

northern health

Public Meeting Motions

April 15, 2024

Agenda Item		Motion	Approved	Not Approved
1.1	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?		
1.2	Approval of Agenda	The Northern Health Board approves the April 15, 2024 Public Agenda as presented	☐	☐
1.3	Approval of Minutes	The Northern Health Board approves the December 11, 2023 minutes as presented	☐	☐
3.1	Period 12 Financial Statement	The Northern Health Board receives the 2022-23 Period 12 financial update as presented.	☐	☐
3.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 12 update on the 2022-23 Capital Expenditure Plan.	☐	☐
6.1	BRD 100 Policy Series	The Northern Health Board approves the BRD 100 Policy Series as presented.	☐	☐
6.2	Code of Conduct Signing: BRD 210	The Northern Health Board of Directors agrees that each Director sign the BRD 210-Code of Conduct and Conflict of Interest Guidelines declaration and forward to the Corporate Secretary for filing.	☐	☐

Board Meeting

Date: December 11, 2023

Location: Prince George, BC

Chair: Colleen Nyce

Recorder: Desa Chipman

Board:
- Frank Everitt
- John Kurjata
- Wilfred Adam
- Linda Locke
- Patricia Sterritt
- Shannon Anderson
- Shayna Dolan
- Russ Beerling
- Brian Kennelly

Executive:
- Ciro Panessa
- Fraser Bell
- Mark De Croos
- David Williams
- Steve Raper
- Dr. Ronald Chapman
- Kelly Gunn
- Dr. Jong Kim
- Tanis Hampe
- Sherri Tillotson

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 10:30am.

2. Opening Remarks

Chair Nyce welcomed guests to the meeting and acknowledged with respect and gratitude the unceded ancestral lands of the Lheidli T'enneh, on whose land we live, work, and play.

2.1. 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 December 11, 2023 Public agenda.

2.2. Approval of Agenda

Moved by F Everitt seconded by S Dolan
The Northern Health Board approves the December 11, 2023 public agenda as presented

2.3. Approval of Board Minutes

Moved by S Anderson seconded by L Locke
The Northern Health Board approves the October 18, 2023 minutes as presented

2.3.1. Business arising from previous Minutes

There was no business arising out of the previous minutes

3. CEO Report

An overview of the CEO Report was provided as follows:

- Minister Dix visit to the north:
  - On Monday November 13 Minister Dix traveled to Vanderhoof to tour the St John Hospital and meet (informally) with staff and physicians along the tour. While in Vanderhoof Minister Dix took the opportunity to formally announce the Integrated Primary & Community Care project. The event was attended by Northern Health staff, medical staff and leadership along with representatives from the District of Vanderhoof and the Regional District.
  - On the morning of Tuesday November 14 Minister Dix participated in meetings with physicians from the University Hospital of Northern British Columbia and Prince George along with various UHNBC nurses and allied health staff.
  - While in Prince George Minister Dix announced the partnership with Northern Health and Providence Living to develop a 200-bed long-term care facility in Prince George. This is the first long-term care facility to be built in Prince George in 15 years.
- Cardiac Services BC visit:
  - On November 20, 2023, senior leaders from Cardiac Services BC and Stroke Services BC spent the day in Prince George. Guests were impressed with the work that Northern Health has accomplished, and are enthusiastic about supporting Northern Health to continue to expand and improve services in the North.
- UNBC Family Nurse Practitioner Program:
  - On November 2 the University of Northern BC announced that with support from the Province of British Columbia, the Master of Science in Nursing: Family Nurse Practitioner Program at UNBC was expanded, doubling in size from 20 to 40 seats. Northern Health is very excited about this support as the increase provides more opportunities for nurses interested in pursuing advanced education in northern B.C., an area rich with opportunity for health-care professionals.
- Stronger BC for Everyone:
  - On September 22, 2023 the B.C. government released StrongerBC: Good Lives in Strong Communities, a new vision that outlines investments to help build a brighter future for rural communities and the people who call them home.
  - The vision focuses on concrete actions to make life better for rural British Columbians – including delivering high-speed internet to every community, helping goods and people move, and bringing more rural expertise and perspectives to government.
- Fall Influenza and COVID-19 Immunization:
  - The campaign began on October 10, 2023 with over 4.4 million British Columbians have received their Get Vaccinated invitation.
  - As of November 19, 2023:
    - 2,351,771 vaccines have been administered to date (1.28M influenza, 1.07M COVID-19)
    - 88,211 in the Northern Health region Consistent with previous years, the highest demand was in the first few weeks

3.1. Human Resources Report

An overview of the Human Resource Report was provided which included details on difficult to fill vacancies, BC's Health Human Resource Strategy, new grad RN / RPN Recruitment, the Health Career Access Plan – Earn as you Learn and Recruitment successes that occurred between May – October 2023.

4. Audit and Finance Committee

4.1. Period 7 Financial Statement

- Year to date Period 7, Northern Health (NH) has a net operating deficit of $14.4 million (2.0% of YTD budgeted expenditures). Excluding extra-ordinary items, revenues are unfavourable to budget by $26.1 million or 3.7% and expenses are favourable to budget by $11.8 million or 1.7%.
- 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 target 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 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 and transition to endemic phase, NH has incurred $33.9 million in incremental 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 F Everitt
The Northern Health Board receives the 2023-24 Period 7 financial update as presented.

4.2. Capital Expenditure Plan Update

- The Northern Health Board approved the 2023-24 capital expenditure plan in April 2023. The plan approves total expenditures of $456.7M, with funding support from the Ministry of Health ($344M, 75%), Six Regional Hospital Districts ($86M, 19%), Foundations, Auxiliaries and Other Entities ($3.3M, 1%), and Northern Health ($23.4M, 5%).
- Year to date Period 7 (ending October 12, 2023), $209.1M was spent towards the execution of the plan was summarized in the material.

Moved by B Kennelly seconded by J Kurjata
The Northern Health Board receives the Period 7 update on the 2023-24 Capital Expenditure Plan.

5. Performance Planning and Priorities Committee

5.1. Healthy People in Healthy Communities

5.1.1. Health Promotion & Prevention & Disease & Injury: Falls Prevention

- An overview was provided regarding the Falls Prevention Project, which is an innovative project funded by a grant from the BC Centre for Disease Control (BCCDC) Foundation for Public Health, aligning with Northern Health's strategic plan, particularly Priority 1: Healthy people in healthy communities.
- The project aims to understand falls prevention awareness, lived experience and efforts in community, and learn whether and how the COVID-19 pandemic has impacted efforts to prevent falls.
- Overall, the goal of this project is to ignite and focus northern community and Northern Health (NH) action towards strategies that promote healthy aging in place and reduce the incidence of preventable falls among older adults (65+).
- Additional details were provided in the material on the following key actions within the Falls Prevention Project:
  - Engaging communities and partners in falls prevention discussions.
  - Development and implementation of a telephone survey.
  - Knowledge translation and reporting.
- The project has completed all community focus groups and is in the process of implementing the telephone survey. Risks related to low engagement and the identification of overwhelming community needs beyond the scope of the project were identified in project planning and were realized and successfully mitigated through strategies like flexibility in scheduling/rescheduling, virtual options for participation, and development of a script for facilitators to use when the focus group discussion strays beyond the scope of this project.
  - Learnings and recommendations gathered from this project will inform future elder services improvements such as strength and balance programming and processes to improve identification of those at high risk of falls in community.

5.2. Strategic Priority: Quality

5.2.1. Child & Youth Program

- An update on the Child & Youth Programs priority work was provided with additional highlights ad information being provided on the following areas:
- Pediatrics
  - Identification, development and implementation of clinical practice guidelines, tools, resources, and education supporting the care of children and youth.
  - Specialized Pediatrics Regional Clinics
  - Ongoing Support for Pediatric Recruitment and Retention
- Mental Health and Substance Use
  - Acute Care Service Models
  - Virtual Supports
  - Pathway to Hope Initiatives – Foundry, Integrated Child and Youth Teams, Youth Substance Use

5.2.2. Rehabilitative Services

- An update on the Rehabilitation Services program was presented for information with additional highlights being provided on the following:
  - Rehabilitation Services Delivery Model
  - Unregulated Healthcare Providers
    - Rehabilitation Assistants and Certified Exercise Physiologists play an important role to augment the care contributions of professional rehabilitation providers such as physical or occupational therapists. Northern Health is adding these unregulated healthcare providers to the interprofessional and more specialized rehabilitation teams.
  - Virtually enabled rehabilitation services - A powerful tool to bridge gaps and distances for rural communities.
  - University of British Columbia (UBC) –
    - Northern Cohort Partnerships - UBC Physical Therapy & Occupational Therapy.

6. Indigenous Health & Cultural Safety Committee

6.1. Indigenous Health Team Introduction

- An overview of the Northern Health Indigenous Team was provided for Directors to understand the portfolio and to show how it is intertwining more into the organization. Directors appreciated the overview and found it to be very informative.

7. Governance and Management Relations Committee

7.1. Policy Manual BRD 400 Series

- The revised policy manual BRD 400 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 400 series

7.2. MOU Between NH & UNBC / Research Partnerships: Building Capacity and Infrastructure

- Northern Health works with a variety of partners to advance our organizational research and innovation capacity to support Northern Health in becoming a learning health system. A learning health system systematically gathers and creates evidence and applies the most promising evidence to improve care.
- The journey to becoming a learning health system is directly tied to our NH strategic priority of Quality. In particular, becoming a learning health system supports our commitment to partnering to promote innovation and continuous learning, and implementing and maintaining evidence informed standards. This includes actively identifying and cultivating public and private partnerships, designing and building the right enabling infrastructure, and establishing collaborative mechanisms to fuel research and innovation across the region.
- An update on significant research partnerships that are stimulating research across the northern region was outlined in the material.

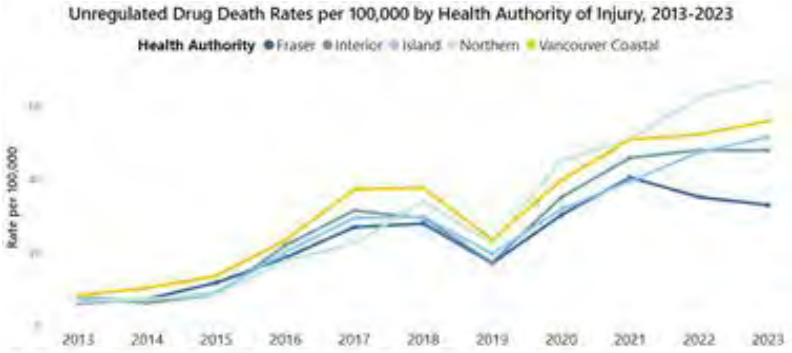
Meeting was adjourned at 12:04pm
Moved by S Dolan

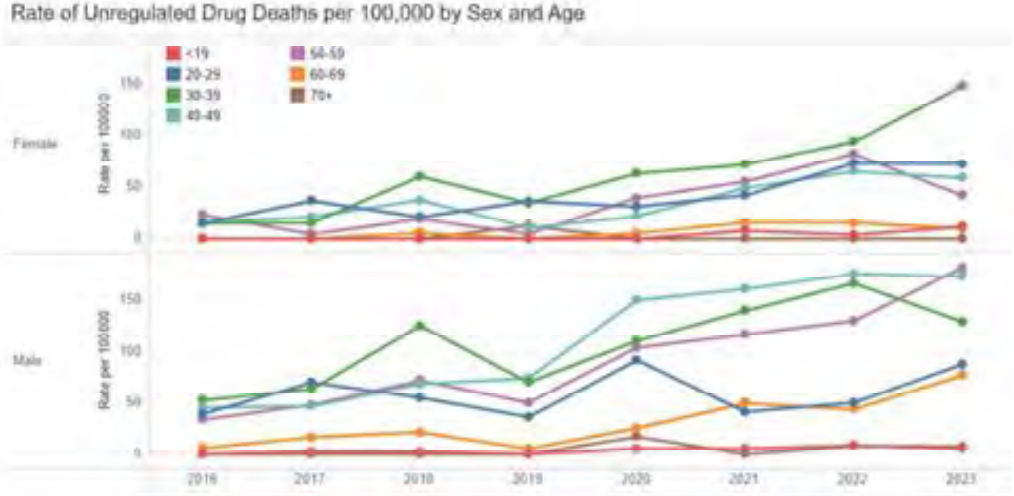
Colleen Nyce, Chair

Desa Chipman, Recording Secretary


northern health
the northern way of caring
CEO Report – Northern Health Board
April 2024

Overdose Prevention Response





- Northern Health continues to have the highest rate of unregulated drugs in BC
- The 30-39 age group for females has steadily increased from 2019
- The 40-49 age group for males have been at the highest risk
  - in 2023, the 50-59 age group had the highest rate

Measles

Situation:

- BC has reported a single case in Vancouver Coastal Health
- Exposure during foreign travel, reported on March 2nd
- No further transmission (case or exposure) reported

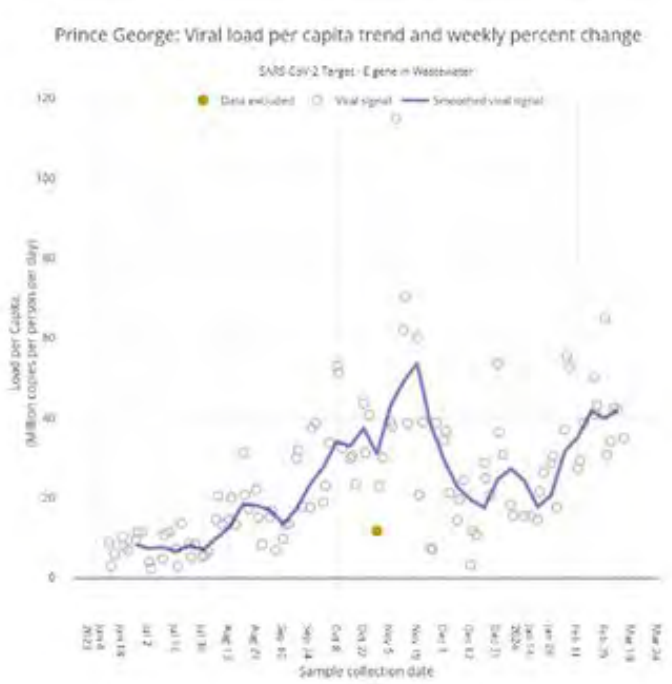
Vaccination recommendations before travelling:

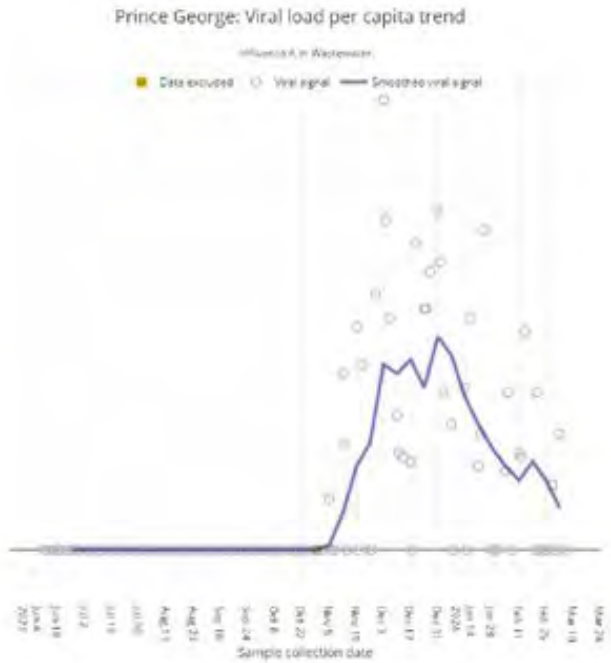
- Babies as young as six months should get vaccinated before travelling to countries where measles is spreading
- Children between the ages of 12 months and four years can also get their second dose early before international travel.
- Adults born before 1970 are presumed to have protection from prior infection.

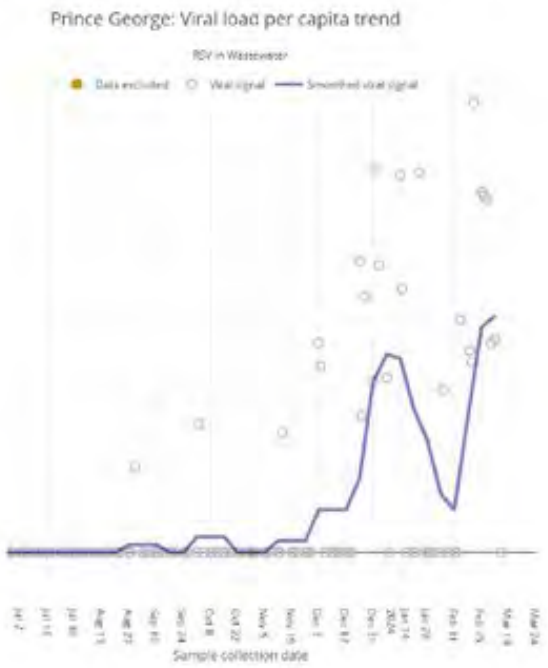
Immunization Status

- In preparation, Northern Health has prepositioned an extra month supply of Measles, Mumps & Rubella (MMR) vaccine in Smithers, Prince George, and Fort St. John
- MMR Vaccines | BC Pharmacy Association: One pharmacy in Northern Health offering appointments (Terrace)

COVID and Influenza







COVID & Influenza: Infection Prevention & Control

Successes this season:

- VRI Outbreak Guidance transitioned out of a covid response to a viral respiratory illness (VRI) response.
- Continued collaboration between the Infection Prevention (IP) group and the Medical Health Officer (MHO) group strengthened the team and approach in dealing with ongoing outbreaks and clusters.
- Facilities are recognizing “cases” sooner and isolating, contacting MHO/IP earlier, and often have implemented risk reduction measures prior to our involvement.

Challenges:

- Provincial guidance and decisions often takes long to be updated and released.
- Shifting the mindset of management and staff in our Northern Health facilities
  - Risk assessment approach to infection prevention versus order based detailed pandemic policy.
  - Some facilities are reluctant to pull back on measures based on perhaps fear or routine.
  - “Buy in” from both public and staff of the masking mandate in healthcare this year.

Relational Security Program Expansion

- The expansion to the Relational Security program aims to significantly enhance security at acute health care sites, fostering both physical and psychological safety for our invaluable workers, patients and visitors.
- The cornerstone of the expansion is the implementation of trauma-informed and relational practices in the enhanced training for security officers. This approach ensures a heightened sensitivity to the unique needs of individuals who may have experienced trauma, promoting a safer and more supportive environment.
- This expansion is considered "*Phase 1"* under direction of the Ministry of Health and is set to commence in Northern Health on April 29th, 2024, and will be executed in stages, with completion anticipated by June 10th, 2024.
  - The first stage of program expansion will be implemented at Dawson Creek District Hospital and G.R. Baker Hospital, followed by Fort St. John Hospital and Kitimat General Hospital.
- In alignment with expansion plans, meetings have begun with the operational partners in the region.

United Nations Special Rapporteur Visit

- Mr. Pedro Arrojo-Agudo is visiting Canada from April 8-19, in his capacity as United Nations (UN) Special Rapporteur (SR) on the human rights to safe drinking water and sanitation. He is visiting BC from April 14-17, including visit to Smithers and Wet'suwet'en Nation on April 15.
- The Ministry of Water, Land and Resource Stewardship, and the Ministry of Indigenous Relations and Reconciliation are organizing a 1-hour meeting with UNSR.
- Northern Health will have representation at the meeting to speak to the drinking water challenges in Northern communities and highlight:
  - The safety of small water systems is challenge in northern BC
  - There is a lack of safe and reliable drinking water access in Indigenous communities of North
- UNSR's 3 key objectives are:
  - Clarifying ways to promote democratic water and sanitation governance;
  - Furthering the realization of these rights, by focusing on restoring the sustainability of aquatic ecosystems;
  - Promoting water as a key to collaboration and peace.
- Mr. Arrojo-Agudo will pay particular attention to the situation of people belonging to vulnerable and marginalized groups, including by respecting the principles of non-discrimination and gender equality.

Premier David Eby: Northwest Visit

- On Friday March 15, 2024 Premier Eby travelled to Terrace to tour the new Mills Memorial Hospital and new Seven Sisters.
- Northern Health Board Chair, Colleen Nyce attended and appreciated the opportunity to discuss the future of healthcare in the Northwest with Premier Eby.

BC Premier David Eby, MLAs Jennifer Rice and Nathan Cullen, Terrace Mayor Sean Bujtas, Northern Health Board Chair, Colleen Nyce, Northern Health along with Northern Health and PCL staff and representatives

BC Premier David Eby and Northern Health representatives and staff outside the new Seven Sisters.

Prince Rupert Regional Hospital

- Minister Adrian Dix travelled to Prince Rupert to meet with staff and Medical Staff at the Prince Rupert Regional Hospital. Joining Minister Dix were North coast MLA Jennifer Rice, Northern Health representatives; Dr Andrea Gellar, Northwest Medical Director, Julia Pemberton, Northwest Senior Operating Officer, and Mark Hendricks Communications Liaison.
- Discussion were focused on the recent emergency room closures.
- Northern Health and the Ministry of Health are committed to working closely with health care providers including medical staff and nursing staff on an ongoing Prince Rupert Action Plan to address staffing challenges, staff and community concerns, and to prevent emergency department service interruptions.

Kitimat Dementia Home Announcement March 25, 2024

- On Monday March 25, 2024 Minister Adrian Dix travelled to Kitimat to announce the approval for the funding of a Dementia Care Home in Kitimat.
- The innovative, state-of-the-art home will provide 10 single occupancy ensuite bedrooms and two respite rooms for individuals who suffer with dementia and who require support and would benefit from 24-hour long-term care services.
- The new long term care home is based on what is known as a “quality of life” model. The goal is to support individuals living with dementia to enjoy the best quality of life despite the effects 2 of dementia, through the combined efforts of staff, volunteers and family members who nurture a sense of purpose, belonging and companionship.
- The residents will find a warm, inviting homelike environment that encourages them to engage in day-to-day activities, reflecting lifelong interests, such as meal preparation, gardening, music and crafts.
- Construction is anticipated to begin in fall of 2024 with the expectation the facility will open in 2026.

Kitimat Dementia House
March 25, 2024


northern health
the northern way of caring
NH Board Workplace Health and Safety Report
David Williams, VP Human Resources
April 15 2024

The BIG Picture

10M Global Shortfall By 2030

Northern Health Context

22.15%
Baseline positions are unfilled

23.46%
Increase in workforce demand since 2020

10.07%
Increase in workforce supply since 2020

12%
BC Population living in Rural/Remote areas in 2019

Served By

6% BC Nurses
5% BC Physios
3% BC OTs

northern health
the northern way of caring

Difficult to fill Vacancies

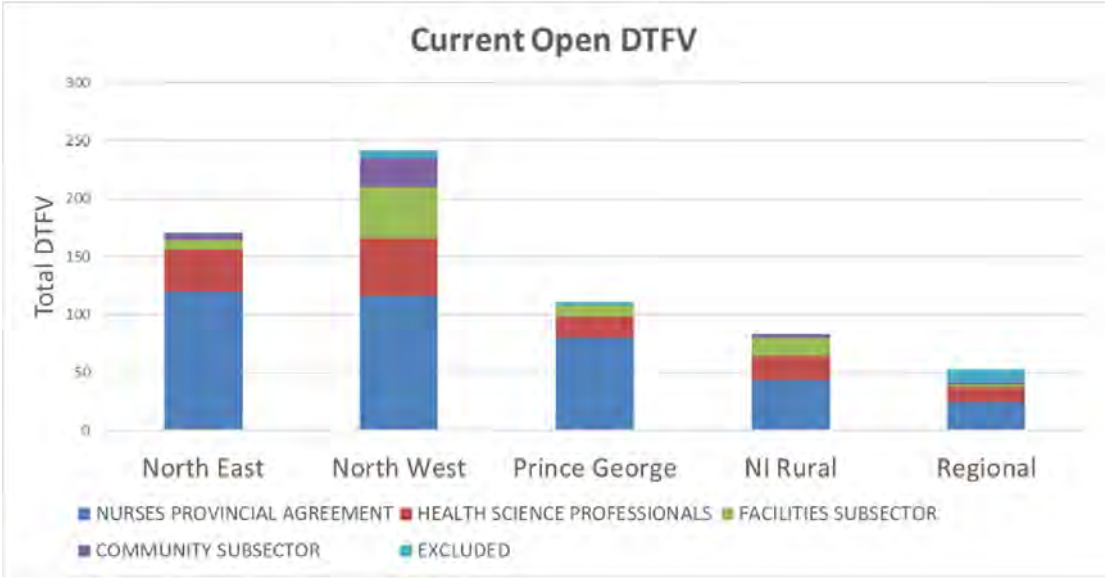
4799
Number of non-casual positions posted in FY 23/24

60%
Filled by internal staff (existing regular and casual)

9%
Filled by external staff (qualified applicants from outside NH within 90 days)

11%
Filled externally or closed after 90 days

20%
Of postings are currently still open



**Difficult to fill vacancy is defined as a non-casual posting that was active for over 90 days from the initial posting date and went external*

Workplace Health and Safety Structure

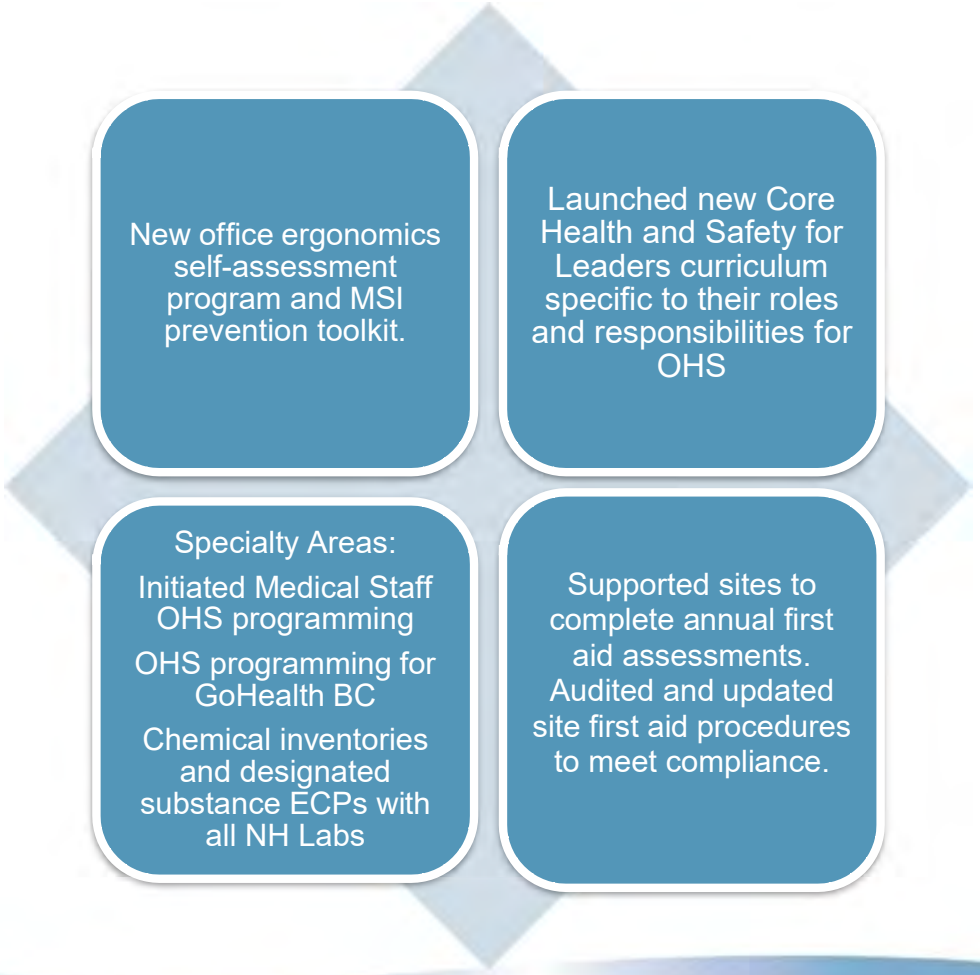
Northern Health's Workplace Health and Safety (WHS) department consists of the following portfolios:

- **Health, Safety, and Prevention** – collaborates with the organization and external agents to build an occupational health and safety management system that controls hazards and prevents workplace incidents and illnesses.
- **Disability Management** – helps support and guide injured or ill employees to recover and participate in return-to-work activities as soon as medically possible.

Following is a highlight of recent primary deliverables and initiatives of the Workplace Health and Safety department to support operational implementation and management of occupational health and safety (OHS) programs.

Recent Highlights

** The Regional Health and Safety Advisory Committee, comprised of NH leaders and Union partners, continues to meet quarterly. The Committee reviews data/trends and considers advice on the organization's health and safety strategy, policy and programs.*

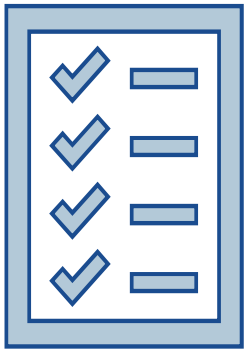


Violence Prevention

- Supported sites with their annual Violence Risk Assessment Check and Violence Prevention Program Review, with **100%** of sites completed.
- Achieved staff completion targets for the Provincial Violence Prevention Curriculum (PVPC), includes full day classroom training for high-risk staff.
- Supported the onboarding of new NH Relational Security Officers with PVPC and trauma-informed practice training.

Supporting Organizational Capacity
Shift in OHS Delivery Model

- Previously two site safety coordinator positions were implemented in late 2022 as part of the organization's larger strategy to explore new service models to improve Occupational Health and Safety outcomes.
- Based on success of the pilot these roles were expanded to 10 (in locations across NH) and supporting tasks aligned with organizational OHS objectives (e.g., providing violence prevention training, assisting with incident investigations, conducting Code White drills and fit testing etc.)
- Evaluation has demonstrated impact with improvements in OHS leading indicators/metrics.



Psychological Health & Safety (PHS)

Northern Health is committed to creating a psychologically healthy and safe work environment through implementation of the Canadian National Standard for Psychological Health & Safety in the Workplace (the Standard).

Direct and indirect PHS resources and services aimed to promote health & well-being are managed at NH by the Employee Experience & Organizational Development portfolio, including ongoing maintenance and delivery of:

- The Employee Family Assistance Program (EFAP) & Critical Incident Stress (CIS) Debriefing (Telus Health)
- A catalogue of external on-demand mental health programs and resources for individuals, inclusive of online learning, coaching, workshops, peer support and crisis response services
- Internal at-the-elbow support, education, coaching, and facilitated sessions for managers and teams that promote well-being, as well as support identification and mitigation of psychosocial risks and harm in the workplace
- Referrals for external consultancy services for specialized interventions, psychosocial support and customized responses

Collaboration with internal and external partners to develop a system level approach is ongoing through:

- PHS in the Workplace Working Group, led by NH (quarterly)
- The Physician Health & Safety Working Group, led by Doctors of BC (monthly)
- PHS Community of Practice, led by SWITCH BC (monthly)

What's to Come

Everyone in the workplace shares a responsibility for health and safety and must work collaboratively. Fulfilling our OHS responsibilities creates safer workplaces and supports our people.

- What's to come:
  - Partnership with Joint Occupational Health and Safety Committees to complete annual committee evaluations.
  - Update the Hazardous Drugs Exposure Control policy and program to align with the recently amended OHS regulation.
  - Advance Safe Patient Handling Programming
  - Continued promotion of communicable disease prevention and baseline immunization monitoring
  - Implement and maintain compliance with WorkSafeBC Bill 41, Duty to Cooperate and Duty to Maintain Employment

The Face of Northern Health

As at March 27, 2024

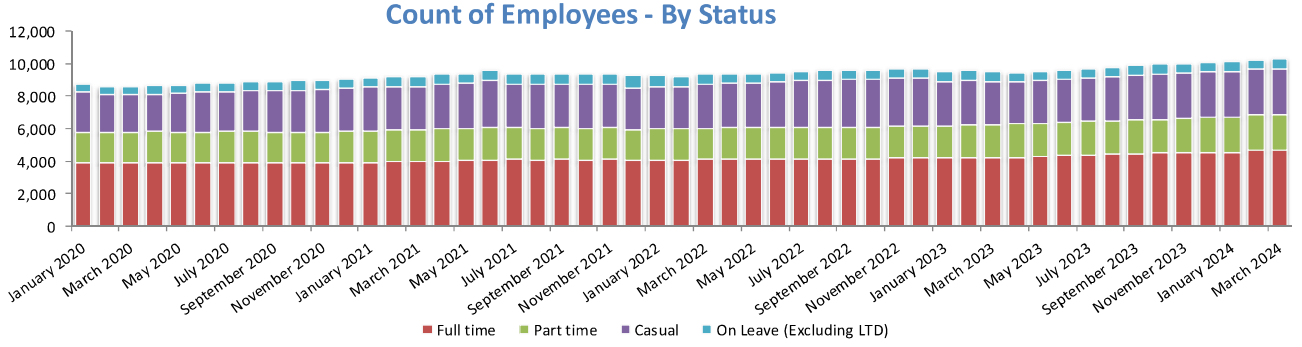
Summary of Employees by Status	Headcount	%	FTE
Active: Total	9,406	100%	6,177
Full-time	4,721	50%	
Part-time	2,160	23%	
Casual	2,525	27%	
Non-Active: Total	1,029	100%	814
Leave	625	61%	468
Long Term Disability (LTD)	404	39%	347

Active Employees by Region	Headcount	%
Active: Total	9,406	100%
North East	1,418	15%
North West	2,070	22%
Northern Interior: Prince George	2,785	30%
Northern Interior: Rural	1,163	12%
Regional	1,970	21%

Active Employees by Collective Agreement	Headcount	%
Active: Total	9,406	100%
Nurses	2,743	29%
Facilities	3,583	38%
Health Sciences	1,157	12%
Community	1,002	11%
Excluded	921	10%

Active Nursing	Headcount	%
Active: Total	2,743	100%
RN/RPN	2,064	75%
LPN	679	25%

Clinical vs. Support	Facilities	Community
Active: Total	3,583	1,002
Clinical	1,469	590
Non-Clinical	2,114	412



BOARD BRIEFING NOTE

Date:	March 27, 2024	
Agenda item:	2023-24 Period 12 – Public Comments and Financial Statement	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD February 29, 2024 (Period 12)

Year to date Period 12, Northern Health (NH) has a net operating surplus (deficit) of $nil.

Excluding extra-ordinary items, revenues are unfavourable to budget by $15.2 million or 1.2% and expenses are favourable to budget by $15.2 million or 1.2%.

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 target 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 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 and transition to endemic phase, NH has incurred $55.2 million in incremental expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Recommendation:

The Audit & Finance Committee recommends the following motion to the Board:

> The Northern Health Board receives the 2023-24 Period 12 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending February 29, 2024
$ thousand

	Annual Budget	YTD February 1, 2029 (Period 12) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	1,094,180	991,620	967,386	(24,234)	-2.4%
Other revenues	283,030	262,450	271,491	9,041	3.4%
TOTAL REVENUES	**1,377,210**	**1,254,070**	**1,238,877**	**(15,193)**	**-1.2%**
EXPENSES (BY PROGRAM)					
Acute	719,140	657,490	661,804	(4,314)	-0.7%
Community care	231,990	211,900	200,100	11,800	5.6%
Long term care	174,650	159,600	163,033	(3,433)	-2.2%
Mental health and substance use	98,230	88,110	74,243	13,867	15.7%
Population health and wellness	41,920	37,670	36,609	1,061	2.8%
Corporate	111,280	99,300	103,088	(3,788)	-3.8%
TOTAL EXPENSES	**1,377,210**	**1,254,070**	**1,238,877**	**15,193**	**1.2%**
Net operating surplus before extraordinary items	**-**	**-**	**-**		
Extraordinary items					
COVID-19 expenses	-	-	55,182		
Less COVID funding	-	-	(55,182)		
Net extraordinary items	-	-	-		
NET OPERATING SURPLUS	**-**	**-**	**-**		

BOARD BRIEFING NOTE

Date:	March 27, 2024	
Agenda item:	Capital Public Note Period 12	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 2023-24 capital expenditure plan in April 2023. The plan approves total expenditures of $456.7M, with funding support from the Ministry of Health ($344M, 75%), Six Regional Hospital Districts ($86M, 19%), Foundations, Auxiliaries and Other Entities ($3.3M, 1%), and Northern Health ($23.4M, 5%).

Year to date Period 12 (ending February 29, 2024), $331.3M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (Priority Investment)	281.0	347.5
Major Capital Projects (Routine Capital)	15.5	62.7
Major Capital Equipment (> $100,000)	12.2	21.3
Equipment & Projects (< $100,000)	13.4	11.4
Information Technology	9.1	13.8
	331.3	456.7

Significant capital projects currently underway and/or completed in 2023-24 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Burns Lake	BLH FM Hot Water Decoupling	$0.19	Closing	SNRHD, MOH
Burns Lake	PIN Bus Replacement	$0.19	Complete	Burns Lake Auxiliary
Fort St. James	Stuart Lake Hospital Replacement	$158.34	In Progress	SNRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
McBride	MCB Nursing Station Renovation	$1.01	Closing	FFGRHD, MOH
Mackenzie	MCK Nurse Call System Replacement	$0.15	Complete	FFGRHD, MOH
Prince George	Gateway Chiller Replacement	$0.75	In Progress	FFGRHD, MOH
Prince George	Legion Wing Repetitive TCMS	$0.22	Complete	SONHF, FFGRHD
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	Prince George Diabetes and Renal Clinic Space Renovation	N/A	In Planning	FFGRHD, NH
Prince George	UHNBC 3rd Floor Stores Area Fire Protection Upgrade	$0.2	Complete	FFGRHD, MOH
Prince George	UHNBC Cardiac Care Unit	$1.58	Closing	SONHF, FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	Phase 2 In Procurement	FFGRHD, MOH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	$1.20	Closing	FFGRHD, MOH
Prince George	UHNBC DI X-Ray Room 1 Replacement	$0.50	Complete	FFGRHD, MOH
Prince George	UHNBC FM Fire Alarm System Replacement	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC FM DHW Decoupling and Condensing Boilers	$1.46	In Progress	FFGRHD, MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	N/A	In Procurement	FFGRHD, MOH
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	$1.23	In Progress	FFGRHD, MOH, NH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Prince George	UHNBC FS Trayline Assembly System Replacement	$2.44	Closing	FFGRHD, MOH
Prince George	UHNBC FS Tray Distribution System	$0.89	Closing	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	$9.61	In Progress	FFGRHD, MOH
Prince George	UHNBC Lab Sysmex Machines Replacement	$0.51	Complete	FFGRHD, MOH
Prince George	UHNBC Maternity and Fetal Monitoring System	$0.32	In Progress	FFGRHD, MOH
Prince George	UHNBC Phone System Replacement Phase 2	$0.90	Complete	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	$5.00	In Progress	FFGRHD
Prince George	UHNBC New Acute Tower Early Works	N/A	In Procurement	MOH
Prince George	UHNBC Sterile Compounding Room Upgrade	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC Sterilizer Replacement	$0.16	Closing	NH
Prince George	UHNBC OR Anesthesia Units Replacement	$0.44	Closing	FFGRHD, MOH, NH
Prince George	UHNBC OR Eye Microscope Replacement	$0.33	Complete	FFGRHD, MOH
Prince George	UHNBC OR Surgical Image System Replacement	$0.14	Complete	FFGRHD, MOH
Prince George	UHNBC FM Transformer Replacement	$2.13	Closing	FFGRHD, MOH, NH
Prince George	UHNBC Sim Man 3G Plus	$0.10	Complete	SONHF
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$0.59	Complete	CCRHD, MOH
Quesnel	DPL Bus Replacement	$0.21	Complete	SONHF, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Quesnel	GRB DI Ultrasound Replacement	$0.20	Complete	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	Closing	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	$0.69	Closing	CCRHD, MOH
Quesnel	GRB OR Surgical Tower Replacement	$0.31	In Progress	CCRHD, MOH
Quesnel	GRB Phone System	$0.67	Closing	CCRHD, MOH
Quesnel	Quesnel Long Term Care Business Plan	$0.90	Closing	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	$1.69	Closing	CCRHD, MOH, NH
Vanderhoof	St. John Hospital DI X-Ray and Portable Replacement	$1.2	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	$0.12	Complete	SNRHD, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	$9.0	Closing	SNRHD, MOH
Vanderhoof	Stuart Nechako Manor Bus Replacement	$0.2	Complete	St. John Hospital Auxiliary
Vanderhoof	Vanderhoof Primary Care Clinic	N/A	In Planning	SNRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$0.56	Complete	PRRHD, MOH
Chetwynd	CGH FM Nurse Call Replacement	$0.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	$0.02	Cancelled	PRRHD, NH
Dawson Creek	DCDH Hospital Replacement	$589.61	In Progress	PRRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Dawson Creek	DCH Phone System	$0.38	Complete	PRRHD, MOH
Dawson Creek	DCH DI CT Replacement	$2.55	Complete	PRRHD, MOH
Dawson Creek	DCH DI X-Ray Replacement	$0.90	In Progress	MOH, NH
Dawson Creek	DCH Lab Chemistry Analyzer Replacement	$0.88	In Progress	PRRHD, MOH, NH
Dawson Creek	DCH Patient Monitoring System Replacement	$0.43	In Progress	PRRHD, MOH
Dawson Creek	DCH Pharmacy Pyxis Replacement	$0.36	Complete	MOH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$0.78	Complete	PRRHD, MOH
Fort Nelson	FNH DI CT Planning	N/A	Planning	NH
Fort St. John	Fort St. John DI Ultrasound Machine	$0.18	Closing	FSJHF
Fort St. John	Fort St. John DI Mobile X-Ray	$0.23	Complete	MOH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	$1.31	Closing	PRRHD, MOH
Fort St. John	Fort St. John Hospital NUR Patient Monitoring System Replacement	$0.54	Complete	FSJHF, PRRHD, MOH
Fort St. John	Fort St. John Hospital Pharmacy Pyxis Replacement	$0.66	Complete	MOH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	N/A	In Procurement	MOH
Fort St. John	Fort St. John Long Term Care Business Plan	$1.2	Closing	PRRHD
Fort St. John	Peace Villa Air Conditioning Upgrade	N/A	In Procurement	PRRHD, MOH
North East Region	NE Laundry Truck Replacement	$0.18	Complete	MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Atlin	ATL NUR Exam Room Renovation	N/A	In Planning	NH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Daajing Giids	HGH DI CT Planning	N/A	In Planning	NH
Daajing Giids	HGH PHA Sterile Compounding Room Upgrade	N/A	In Planning	MOH, NWRHD
Hazelton	Hazelton Long Term Care Business Plan	$0.60	Closing	NWRHD
Hazelton	Wrinch OR Anesthetic Machine	$0.18	Closing	NWRHD, MOH, NH
Houston	Houston D&T DI X-Ray Machine Replacement	$0.78	Complete	NWRHD, MOH
Houston	Houston D&T FM AHU Replacement (CNCP)	$0.87	Closing	NWRHD, MOH
Houston	Houston D&T Primary Care Renovation	N/A	In Procurement	MOH
Kitimat	Kitimat Dementia Care Housing	N/A	In Planning	NWRHD, MOH
Kitimat	Kitimat DI Bone Densitometer Replacement	$0.23	Complete	NWRHD, MOH
Kitimat	Kitimat DI CT Planning	N/A	In Planning	NH
Kitimat	Kitimat FM DDC Control & BOS Replacement	N/A	In Procurement	NWRHD, MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	N/A	In Planning	NWRHD, MOH, NH
Kitimat	Kitimat OR Anesthetic Machine Replacement	$0.12	Complete	NWRHD, MOH
Terrace	MMH Hospital Replacement	$634.6	In Progress	Dr. REM Lee Foundation, NWRHD, MOH
Terrace	MMH NUR Vocera	$0.47	In Progress	6 Sites Funding
Terrace	MMH OR ENT Navigation System	$0.13	Complete	Dr. REM Lee Foundation, MOH
Terrace	TEO Terrace NW ICMT Leasehold Improvement	$0.42	Closing	NH
Terrace	TEO Specialist Clinic Leasehold Improvement	N/A	In Planning	NWRHD, NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	$0.55	In Progress	NWRHD, MOH
Masset	NHG NUR Vocera	$0.19	In Progress	Gwaii Trust, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Prince Rupert	PRRH OR Urology Suite	N/A	In Planning	MOH
Prince Rupert	PRRH OR Surgical Tower Replacement	$0.31	Closing	PRPA, MOH, NH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	N/A	In Procurement	NWRHD, MOH
Prince Rupert	PRRH FM Condensing Boilers, Controls & Recommissioning (CNCP)	N/A	In Procurement	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	$1.09	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	$2.27	In Progress	NWRHD, MOH
Prince Rupert	PRRH Emergency Department Renovation	N/A	In Procurement	NWRHD, MOH
Smithers	BVDH Phone System	$0.21	Closing	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	N/A	On hold	NWRHD, MOH
Smithers	BVDH FM Electrical Upgrade	N/A	In Planning	MOH
Smithers	BVH LAB Chemistry Analyzers Replacement	$0.77	In Progress	BVHHF, NWRHD, MOH, NH
Smithers	BVH OR ENT Navigation System	$0.13	Closing	BVHHF
Smithers	Smithers Long Term Care Business Plan	$0.90	Closing	NWRHD
Stewart	STE FM Boiler Upgrade (CNCP)	$0.85	In Progress	NWRHD, MOH

Regional Projects

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Business ERP Systems Replacement (NExT)	N/A	Planning	MOH, NH
All	Clinical Data Repository (CeDaR)	$0.56	Complete	MOH
All	Scheduling System Replacement (NExT)	N/A	In Procurement	MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Computer Assisted Coding Software	$0.13	Closing	NH
All	Core Network Infrastructure	$0.95	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	FNHA Community Health Record EMR Collaboration	$1.13	In Progress	MOH
All	Home & Community Elder Care Clinical Systems Replacement	N/A	In Planning	MOH
All	InCare Phase 2	$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD
All	Lab Pathology Service Enhancement	N/A	Planning	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MOIS/Momentum Interop	$0.21	Complete	MOH, NH
All	Network SDWAN	$0.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Patient Transfer Tool	N/A	On Hold	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Pharmacy Medication Safety Solution	N/A	Planning	MOH
All	Provincial Lung Screening Program	$0.27	Completed	BC Cancer, NH
All	Sharepoint Upgrade	$0.31	In Progress	MOH, NH
All	SurgCare	$0.93	In Progress	MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Videoconferencing Infrastructure Replacement	$0.55	Closing	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Virtual Primary Care Clinic Leasehold Improvements	$1.28	In Progress	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 2023-24, NH is projecting to spend $14.9M on such items.

Note 1: For projects shown as In Procurement, the budget amount will be provided following contract award.

Note 2: Abbreviations used:

MOH	Ministry of Health
FFGRHD	Fraser Fort George Regional Hospital District
SNRHD	Stuart Nechako Regional Hospital District
NWRHD	Northwest Regional Hospital District
CCRHD	Cariboo Chilcotin Regional Hospital District
PRRHD	Peace River Regional Hospital District
NRRHD	Northern Rockies Regional Hospital District
NH	Northern Health
CHF	Chetwynd Hospital Foundation
FSJHF	Fort St. John Hospital Foundation
PRPA	Prince Rupert Port Authority
SONHF	Spirit of the North Healthcare Foundation

Recommendation:

The Audit & Finance Committee recommends the following motion to the Board:

> The Northern Health Board receives the Period 12 update on the 2023-24 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	April 14, 2024	
Agenda item	Clinical Quality Priorities	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Aaron Bond, VP Primary & Community Care and Clinical Programs Fraser Bell, VP PQIM Ronald Chapman, VP Medicine, and Clinical Programs	
Reviewed by:	Ciro Panessa, CEO	

Issue & Purpose

Throughout the year, Northern Health's Service Networks provide updates on their highest priority planning, change, and quality improvement work. This update outlines the clinical quality priorities for each service network for the 2024/2025 fiscal year.

Background:

- To ensure service integration and local responsiveness, Northern Health is organized geographically with leadership at the Regional, Health Service Delivery Area, and Health Service Area (community or cluster of communities) levels.
- To ensure that Northern Health services are well designed and of high quality, the organization has established 11 Service Networks.
- The work of the Service Networks (each led by an Executive Lead and a Medical Lead) is to stimulate, support and sustain improvement for the various services within their portfolio. Functionally they each:
  - Communicate and interact with clinicians and others involved within the service portfolio to ensure engagement in decision-making.
  - Conduct consultation and analysis to understand the needs and desires of the people served by the portfolio of services represented in the Network.
  - Develop service plans in alignment with Northern Health's Strategic Plan and Service Distribution Framework.
  - Identify and improve the service portfolio's most important processes and clinical pathways.
  - Work with the Education Department to identify and address training requirements.
  - Identify and support regional improvement in identified regional priority areas.
- Throughout 2024/25 a priority of all Service Networks will be to support the enhancement of cultural safety by incorporating Indigenous perspectives throughout the Network activities in partnership with the First Nations Health Authority and First Nations and Métis communities.

The table below summarizes the highest priority work identified by each of the organization's Service Networks for 2024/25. They will report on the progress of these priorities throughout the year.

Service Network	**2024/25 Priorities**
Child and Youth Service Network	• Ensuring equitable and standardized care for all pediatric patients through the development and use of high-quality order sets and clinical practice standards. • Develop and implement mental health and substance use models of care across the region for Level 2-5 sites. • Strengthen connections across the region in pediatric specialist recruitment, retention, education, training, and quality initiatives.
Chronic Disease Service Network	• Implement the provincial Colon Screening Program in Northern Health. • Increase chronic respiratory capability and capacity (potential to have a positive impact on Acute Care Stabilization). • Support the development of a Regional Cardiac Centre at the University Hospital of Northern British Columbia (UHNBC) in Prince George by consolidating cardiac diagnostic services and clinics, implementing a closed Cardiac Care Unit, and expanding the Heart Rhythm and Device Program. • Refresh the Northern Health Palliative Care service plan. • Support the implementation of team-based chronic pain care at the Regional Pain Clinic.
Critical Care Service Network	• Support the implementation of the approved Regional Critical Care Service Plan. • Align Critical Care in the ongoing work of Acute Care bed allocation, overcapacity, and NH surge plans. This will include the Nurse Patient Ratio work, assessing Health Human Resource (HHR) implications, implementation recommendations/plan, and sustainable performance measurement. • Monitor the Sepsis management education and supports per revised provincial guidelines. • Develop a draft Access and Flow acute care structure to support the Acute Care Stabilization.
Elder Services Network	• Work with primary care providers to identify early signs of frailty and opportunities for early intervention to improve health outcomes for seniors. • Redesign and increase capacity of Home Support services with an initial focus on extended hours provided within the context of the interprofessional team. • Comprehensive and consistent education programs for staff covering policies, care protocols and key care issues. • Create greater consistency in use of elder services, processes, and practices across NH.

Service Network	2024/25 Priorities
Emergency, Trauma, and Transfer Services	• Implement guidelines to ensure a standardized and coordinated response when facilities face pressure to enact Emergency Department (ED) Diversion. • Provide mentorship and supports for rural and remote Emergency Department nurses through an established ED Education Framework, virtual nurse peer to peer support model, and other enhanced program structures (i.e. sexual assault, Patient Transfer and Flow Office, etc.). • Continue to enhance Patient Transfer and Flow services in collaboration with BC Emergency Health Services as part of the strategic priority to improve the movement of patients and access to care overall. (Implement Northern Emergency Response Team (NERT) team in Prince George). • Prepare for and support implementation of the EmergCare Project (ED Clinical Information System) under the SaferCare initiative.
Infection Prevention & Control	• Stabilize and strengthen Medical Device Reprocessing Department (MDRD) services through product standardization and staff training and ongoing development. • Continue with facility audits for Infection Prevention and Control with the goal of ongoing quality improvement. • Uphold the enhanced infection prevention and control practices introduced during the COVID-19 pandemic in Long Term Care.
Mental Health and Substance Use Service Network	• Implement the 5-year Mental Health and Substance Use Service Network Strategy that attends to cultural safety and is person and family centered. This strategy is informed by our Strategic Plan and provincial policies and frameworks issued by the Ministries of Health and Mental Health and Addiction. • In alignment with Ministry direction, expand services to respond to the toxic drug crisis including work related to decriminalization, overdose prevention, harm reduction strategies, and treatment options. • Continue quality improvement efforts to protect the rights of people involuntarily admitted to hospital under the Mental Health Act, following the 2019 report “Committed to Change: Protecting the Rights of Involuntary Patients under the Mental Health Act”. This year’s efforts are focused on implementation of updated Mental Health Act forms and quality auditing, efforts to improve education, training and to support teams in meeting completion and quality metrics for the Mental Health Act and partnering in the Regional Rights Advice service implementation. • Support the implementation and expansion of services identified to support people with Mental Health and Substance Use concerns to access appropriate housing through the “Belonging in BC Homelessness Plan”. Through the partnerships with Ministry of Housing, Ministry of Mental Health and Addictions: 1) implement health supports through Primary Care Interprofessional Teams 2) work in partnership with nonprofits to expand access to rent supplements 3) Partner with BC Housing to expand Complex Care Housing in the North, and 4) support a rapid, coordinated, multidisciplinary response to encampments through Prince George Homelessness, Encampment Action Response Team (HEART).

Service Network	2024/25 Priorities

Perinatal Services Program	• Stabilize rural maternity services through implementation of the 5-Year Perinatal Service Network Strategy (Service Plan), linked to the Provincial Maternity Services Strategy.
	• Plan and implement the perinatal priorities described in the Strengthening Care Models and Pathways and Workforce Sustainability Strategic Initiatives:
	  ○ Strengthen the perinatal service pathway by establishing seamless perinatal transitions in care (prenatal through to postpartum), streamlining communication and care coordination.
	  ○ Expand NH virtual care services to include comprehensive prenatal and postpartum/newborn care, with specialized virtual care streams for perinatal mental health & substance use, perinatal loss and breastfeeding/infant feeding.
	  ○ Support the establishment of primary care maternity clinics to provide collaborative, coordinated, team-based perinatal care.
	  ○ Continue support, planning and management of the northern perinatal workforce through staffing models, scope optimization and team-based care approaches.

Primary and Community Care Service Network	• Finalize and implement the 3-year Primary Care Service Network plan to guide the delivery of primary and community services in northern BC that is responsive to the needs of the population and articulates the scope and role of the health authority in primary care service delivery. • Support the implementation of the Primary Care Network Governance Refresh including clarifying the role and function of the Primary Care Network Steering Committee and the Collaborative Service Committee governance structures to enable health system priorities and partnerships. • Strengthen and create greater consistency in care pathways between primary and community care and specialized community services.
Rehabilitation Service Network	• In accordance with the 5-year Rehabilitation Services Strategy, support the implementation of the rehabilitation service model based on the Northern Health Service Distribution Framework, including the optimization of rehabilitation professionals and supports. • Develop enhanced clinical pathways for specialized rehabilitation services from primary care to community, regional and provincial levels. • Support the expansion and diversification of training opportunities for students in the rehabilitation disciplines. • Support workforce stabilization and enhanced team-based care for rural sites by leveraging technology and virtually enabled rehabilitation services.

Service Network	2024/25 Priorities
Surgical Services Network	• Support the development of a UHNBC action plan to operate sustainably at optimal capacity. • Ensure optimization of booking regionally. • Facilitate collaboration regionally and inter-regionally. • Establish, support, and monitor standards and processes leading to optimal use of surgical capacity. • Plan and support the strengthening of regional orthopedic services - NW, NE & NI programs with increased capacity and optimization. • Establish a regional NSQIP program. • Develop a 5-year Regional Surgical Services Plan including current state and feasibility assessments, Health Human Resource implications, and implementation timelines. • Continue to support implementation activity related to SurgCare.

Recommendation

That the Northern Health Board of Directors accept this briefing note for information.


northern health
the northern way of caring
Acute Care Stabilization
NH Board Meeting – April 2024

Overview

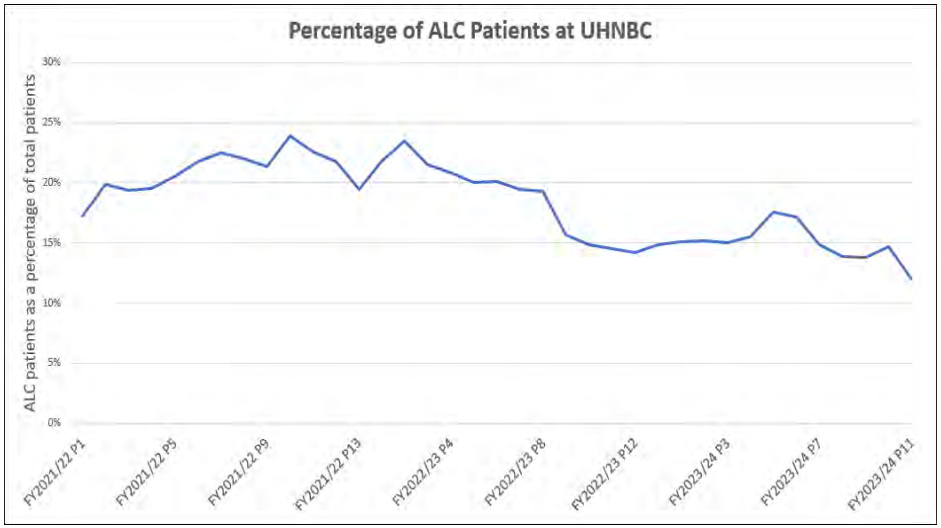
Acute Care Services continue to be under substantial pressure post pandemic due to significant population health drivers such as an aging population and effects of the opioid crisis. At the same time, the ability to increase capacity and capability is hampered by ongoing workforce instability in the health sector.

The following slides outline top organizational actions and successes over the last two years to support clinical teams and sustain maximum acute care capacity for people despite the significant aforementioned drivers.

Action #1: Optimize Acute Care Capacity

Successes

- Established operational and overcapacity bed counts for the NH region
- Implemented 6 transitional care beds for sub-acute populations in Prince George and Fort St. John
- Expanded number of Adult Day Care spaces in Prince George
- Improved hospital-based patient access and flow process and practices
  - Reduced the number of complicated long stay/Alternative Level of Care (ALC) patients at UHNBC
- Implemented admission avoidance teams in the following Emergency Departments: Dawson Creek, Fort St. John and Prince George
- Creating a Mental Health Rapid Access Clinic in Prince George



Action #2 Targeted Acute Care Program Expansion

Successes

- Expanding Critical Care Capacity and Capability
  - Critical Care Transfers out of NH reduced from 46 between September 2022 and March 2023 to 12 between September 2023 and March 2024
- Ongoing enhancements to Prince George's Hospital @ Home program
  - Hospital @ Home in PG is serving approximately 3 post-surgical UHNBC patients per day with a length of stay ranging from 1-3 days

Action #3 Stabilize Diagnostic Services

Successes

- Using a patient-centred approach, increased access options for patients to book appointments using call-centre services, online booking through HealthELIfe, direct booking at Lab site, and drop-in options
  - Appointment wait time decreased from 2 weeks to 1 day
  - Requestion rejection rate reduced from 67% to 31%
  - This lab outpatient improvement work is receiving a BC Quality and Safety Award
- Moving to standardization of packing and shipping processes for laboratory specimens such as blood samples.

Action #4 Rural & Remote Transportation Improvements

Northern Emergency Response Team

3 Northern Emergency Response Teams

- **Northeast** Emergency Response Team
  - **Base**: Fort St. John Hospital
- **Northern Interior** Emergency Response Team
  - **Base**: University Hospital of Northern BC
- **Northwest** Emergency Response Team
  - **Base**: Mills Memorial Hospital

Emergency Nurse Peer Virtual Support Model

Understand the needs of our ED nurses to mentor, educate, support, recruit & retain

Patient Transfer and Flow Office Expansion

Future Directions

With acute care occupancy rates continuing to rise, future directions, aligned with the refreshed strategic plan include increasing community based options to avoid hospitalization in the first place, improve hospital based patient access and flow process and practices and increase community based options to support timely discharge.

BOARD BRIEFING NOTE

Date:	April 14, 2024	
Agenda item	NH Ethics Service Program Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	E. Alonso, Regional Lead Ethics Service K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	Ciro Panessa, President & CEO	

Issue & Purpose

To provide an update on the Northern Health (NH) Ethics Service activities.

Background:

The NH Ethics Service provides comprehensive ethics support throughout the organization, with focus in the areas of clinical and organizational ethics consultations, ethics policy and promotion, research and education, embedding the NH Ethics Practice Model throughout the organization.

The C.O.R.E. areas of ethics service supporting the organization include:

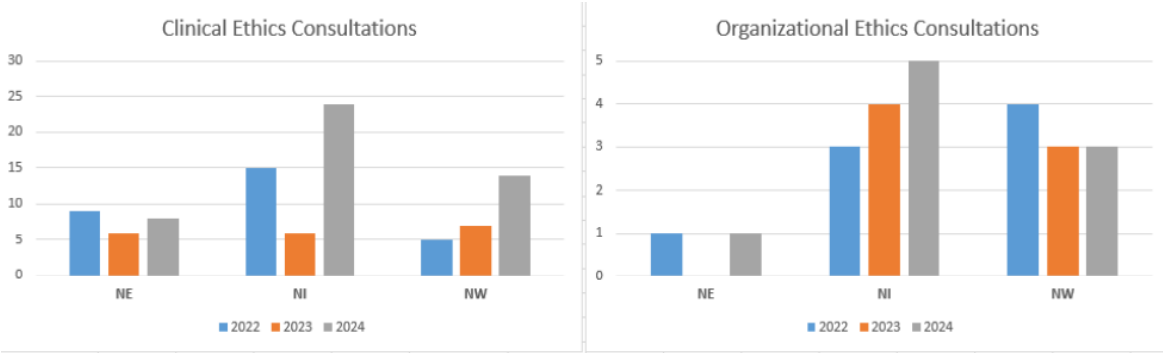
- Clinical Ethics – providing guidance and support to health professionals in identifying, analysing, and resolving ethically challenging clinical situations.
- Organizational Ethics – supporting the development of ethically rooted policies and guidelines, and ethically sound business decision-making processes.
- Research – supporting the NH Research Ethics Board, and promoting research activities that are consistent with relevant ethical standards and policies.
- Education – delivering practice-oriented education and resources to enhance ethics-related skills at all levels of the organization.

In addition to the activities of the NH Ethics Practice Model, the Ethics Service is leading the development and implementation of the Moral Empowerment Program (MEP) to address moral distress within the healthcare workforce. This program is in the early stages of implementation, with pilot projects in progress in two sites.

Northern Health Ethics also participates in the Provincial Health Ethics Advisory Team, which considers health ethics issues that affect the province and provides health ethics advice and guidance to provincial bodies including the Ministry of Health, Ministry of Mental Health and Addictions, and the Office of the Provincial Health Officer.

Key actions and progress:

1. Consultations: There has been a steady increase in the volume of consultations received during this fiscal year. Specifically, NE submitted 9 consultations (8 clinical and 1 organizational), NI submitted 34 consultations (24 clinical and 10 organizational) and NW submitted 17 (14 clinical and 3 organizational). Additionally, 3 provincial consultations were also addressed. The consultations received were mainly focused on issues related to complex discharge, resource allocation, diversion, and policy development.



2. Research: Throughout the year, the Ethics Service has overseen the activities of the Research Ethics Board (REB) and the review process of research studies. The NH REB has met consistently, showcasing a significant level of engagement and motivation among its members. During these meetings, the NH REB has diligently reviewed studies, actively participated in educational sessions, and contributed to the development of research ethics policies and procedures.

   A total of 76 research applications were received, out of which 65% (49) received approval and institutional authorization for implementation at NH. This is a 30% increase in volume from the previous year.

3. Education: In the past year, 21 education sessions were provided across the organization, virtually and in person, most of which focused on decision-making during the discharge process and during service interruptions and diversion.

4. Moral Empowerment Program: During this period, NH positioned itself to tackle the increasingly concerning challenge of moral distress within the health care workforce.

Based on an in-depth understanding of the multifaceted nature of moral distress, an evidence-informed, practice-based, and organization-wide framework has been developed, the Moral Empowerment Program (MEP). MEP address morally challenging situations across diverse contexts, ranging from direct bedside care to emergency management and response, to leaders' decision-making.

Ultimately, MEP aims to foster a new organizational culture by reframing moral distress as an opportunity to identify and address gaps in care, thereby enhancing the overall care and work experience.

MEP is currently in its initial stage of development. Two clinical teams have been enrolled as well as 5 future facilitators. The qualitative evidence collected thus far demonstrates encouraging outcomes and highlights the substantial value that MEP brings to the organization. Participants have shared that the implementation of MEP at their sites makes them feel "valued and supported" by NH. They have also emphasized their ability to promptly apply their acquired knowledge to "improve group dynamics", "share concerns about patients from a value-driven perspective", "explain the rationale behind operational decisions", "discuss difficult cases with their teams" and "increase their own moral awareness".

To deploy MEP during this pilot stage, a dedicated project team was assembled, with members from various areas of the organization being freed to provide MEP support. Additionally, the NH Ethics Service secured external resources through a research grant to fund an additional team member.

The outcomes of the pilot stage of MEP will be presented to NH leadership for consideration of program sustainability and expansion.

Risks:

The NH Ethics Service provides a valuable and sought-after service, and is currently resourced with a 1 FTE ethicist. Workload is increasing and there is risk of reaching a capacity limit for one ethical service provider. Service and program expansion will require additional resources, and there may be challenges recruiting candidates with the appropriate skill and qualifications to deliver a quality ethics service.

Recommendation(s):

That the Northern Health Board of Directors accept this report for information.

BRIEFING NOTE

Date:	April 15, 2024	
Agenda item	Indigenous Health – Indigenous Patient Liaison Expansion Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Taylor Turgeon - Lead, Knowledge Broker	
Reviewed by:	Nicole Cross|Noxs Ni'isYuus, VP Indigenous Health Ciro Panessa, President and CEO	

Issue:

To provide the Indigenous Health and Cultural Safety Committee (IHCS) with an update on the work happening with the Indigenous Patient Liaison (IPL) expansion project. This project is intended to enhance access to culturally safe, high-quality service delivery for Indigenous patients and families in the North. To achieve this, the primary goal of the 2022–2023 expansion project is to add IPL-type positions in acute care facilities across the north. These positions are hired for their cultural knowledge, skills, and connections within the community. To achieve a project of this size, a phased approach is being undertaken, with evaluation measures after each phase.

Background:

To enhance IPL access and coverage, an increase in the number of team members and a reconfiguration of the Indigenous Patient Liaison Worker positions were proposed to:

- Increase coverage in all acute care facilities to 7 days per week,
- Increase coverage in level 4 and 5 acute care hospitals to 10 to 12 hours per day.

The IPL expansion project contemplates the creation of a number of new positions consisting of two differentiated roles that will deepen and broaden the scope of the service. These positions will, over time, replace the current IPL position.

These roles are:

An Indigenous Health Services Assistant provides general practical support services, such as orientation, explanation, connection, communication, and direction. This is a unionized (Facilities Bargaining Association (FBA)) position and requires a Social Services or Human Services Worker certificate or equivalent. If individuals do not have the educational qualifications, consideration may be given to options that provide training while working in the position.

An Indigenous Care Coordinator, as part of the direct care team, provides case specific clinical social service contributions from intake to planning to delivery to discharge. This is also a unionized position (Health Sciences and Paramedical Bargaining Association (HSPBA)) that would require a Baccalaureate Degree in a Social Science or a related field.

Three phases break down the expansion of this project.

Phase 1: Pilot Sites
Three sites were chosen to pilot the implementation of the enhanced IPL service.

1. Fort St. John
2. Quesnel
3. Terrace

Each of these sites involved the hiring of both the Indigenous Care Coordinator and Indigenous Health Service Assistant positions.

Phase 2: Opportunistic Expansion
This phase consisted of the expansion to Northern Health sites that had vacant IPL roles that could transition to the new model. This phase occurred in 2022/23.

Location	Facility Level	Indigenous Patient Liaison Worker	Health Service Assistant	Care Coordinators
Dawson Creek & District Hospital	4	0.53	-	-
Lakes District Hospital & Health Centre	2	-	-	1.00
Prince Rupert Regional Hospital	4	-	1.40	1.00
Kitimat General Hospital	3	-	-	1.00
Chetwynd Hospital & Health Centre	2	0.51	-	-
Fort Nelson General Hospital	3	-	1.42	-
Stuart Lake Hospital	2	1.0	-	-

UHNBC – Prince George*	5	-	3.00*	-
Total FTE		2.04	5.82	3.0

Phase 3: Continued Growth
Planning for this phase has begun, and we are expected to start hiring in the coming months. Meetings have been held with each site to provide them with the resources required to move these positions forward and go over any concerns and support needed. This phase includes further enhancements to UHNBC and expansion to sites that have historically never had IPL like services and supports, including the most remote sites that serve a high population of Indigenous people (Atlin, Stikine, Fraser Lake, etc.). The following sites will be expanded:

Location	**Facility Level**	**Indigenous Patient Liaison Worker**	**Health Service Assistants**	**Care Coordinators**
University Hospital of Northern BC	5	-	1.40	1.00
Wrinch Memorial Hospital	3	-	1.40	1.00
Chetwynd Hospital and Health Centre	2	-	-	1.00
Net New Positions				
Atlin Health Centre	1	-	0.50	-
Stikine Health Centre – Dease Lake	1	-	0.50	-
Haida Gwaii Hospital and Health Centre – Xaayda Gwaay Ngaaysdll Naay	2	-	-	1.00
Northern Haida Gwaii Hospital	2	-	-	1.00
St. John Hospital	2	-	-	1.00
Fraser Lake Hospital & Health Centre	1	-	0.50	-
Virtual	0	-	-	1.00
Total FTE		-	4.3	7.0

Following phase three there will be a total of 13 Indigenous Care Coordinator/Indigenous Patient Liaison positions, and 15 Indigenous Health Service Assistant positions across the North.

Lessons Learned

The lessons learned engagement sessions with managers were held in September 2023, and a summary report was completed. Three key themes were identified:

1. The *oversight committees* were incredibly helpful as they ensured site success through partner participation and community buy-in, but future clarity of scope and level of influence is needed.

Please see Appendix A for reference.

2. *Recruitment* has largely been successful with good candidates, but there are barriers with the necessary levels of education and union requirements.

Orientation and onboarding could be improved through further standardizing existing and future guides and having additional mentorship and buddy opportunities.

Challenges:

Regional Lead, Indigenous Patient Liaison Program, and Practice Lead Hiring
Through feedback received from lessons learned and meetings with sites and staff, additional staffing resources are needed to support the successful operationalization of each new position and standardizing current practices across existing positions. HR is currently supporting the creation of a regional lead position to help support this work, as well as the potential for two practice lead positions. There has been a clear need for stronger connections amongst the Indigenous Patient Liaison team, so the IPL, Indigenous Care Coordinator, and Indigenous Health Service Assistant positions may also shift in reporting to the Regional Lead or Indigenous Health team to bring forth this connection as a team.

Funding
In meetings with sites for phase three implementation, it has been identified that the budget for the expansion includes position costs only. It has been expressed that there is a lot more that goes into standing up these roles, such as computers, cell phones, office spaces, supplies, and programming needs, that are not being addressed. To address this need, we are currently looking at an overall programming budget for all IPL positions to address this need.

Renaming of the IPL program
There has been some disconnect as roles fitting in this program have changed, and we currently have some positions titled Indigenous Patient Liaison, currently known as Indigenous Care Coordinators, and the newly created Indigenous Health Service Assistant positions. We are currently working towards renaming the Indigenous Patient Liaison Program to something that resonates more with teams. Some options being

considered are the Indigenous Patient Care team, and the Indigenous Patient Support team.

Recommendation:

The Northern Health Board receive this briefing for information and discussion.

Appendix A: Oversight Committee Background

Local oversight committees were established between the NH site leadership (Health Services Administrator and Director of Care) and the Indigenous communities served to support the implementation of the enhanced IPL program. The intent of the committees is to provide advice, support, and guidance in program implementation and to address outcome needs of the Indigenous communities served by the program. The committees are instrumental in the hiring process which is guided by current NH practice, assisting in the screening and shortlisting of applicants and co developing interview questions. A sub-group of the committee is created to form the interview panel, and select the new employees as well as support the orientation, training and development of staff in order to ensure the goals of the program are met.

The table below provides detail of local oversight committee composition where such structures have been operationalized (information as of January 2023)

Local oversight committee composition by pilot/expansion site

Pilot Site	Oversight Committee Membership
Fort St. John	Neil Evans, NH (Chair) Patti Mac Ewan, NH Roseann Larstone, NH Mark Bolton, NH Jessica Mikolayczyk, FNHA Katina Pollard, MNBC Marlene Roy, Treaty 8 Bev Lambert, FNHC
Quesel	Daryl Petsul, NH (Co-Chair) Christine McCann, NH (Co-Chair) Roseann Larstone, NH Chief Leah Stump, Nazko Rachael Chantyman, Nazko Santania Grant, Nazko Julie Morrison, FNHA Katina Pollard, MNBC Lyndsey Rhea, GRB ICC: also attends O.C. meetings Note. The following individuals were also contacted in April 2022 with a letter of invitation to participate on the O.C. for the Quesnel pilot: Deanna Boyd, Lhtako President Goulet, MNBC Tia Bunnah, Lhtako Chad Stump, ?Esdilagh Gayle Eberle, MNBC North Cariboo Thelma Stump, ?Esdilagh Health Director Health Director, Lhoosk’uz Dene First Nation Lena Hjorth, CHR Nazko

MISSION, VISION, VALUES, AND PRIORITIES BRD 100

INTRODUCTION

The Board of Directors of Northern Health (the "Board") establishes the mission, vision, values, and priorities statements that guide the delivery of care and services in Northern Health.

SLOGAN

"The Northern way of caring"

MISSION

Through the efforts of dedicated staff and ~~physicians~~medical staff, in partnership with communities~~, and~~ organizations, and Indigenous peoples, we provide exceptional health services for Northerners

VISION

Northern Health leads the way in promoting health and providing health services for N~~n~~orthern~~, and~~ rural, and Indigenous populations

VALUES

Value statements guide decisions and actions.

We will succeed in our work through:

Empathy
Seeking to understand each individual's experience.

Respect
~~Accepting each person as a unique individual.~~ Valuing each person's unique perspective and contribution

Collaboration
Working together to build partnerships.

Innovation
Seeking creative and practical solutions.

STRATEGIC PRIORITIES

Healthy People in Healthy Communities

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

Northern Health will collaborate with partners ~~with communities~~ to support people to live well, foster a sense of belonging, and ~~and to~~ prevent disease and injury.

Coordinated and Accessible Services
Northern Health will provide health services across the life span based in ~~a~~ Primary Care Networks with coordinated pathways to acute and specialized services. ~~with a link to specialized and acute services. These services will support people and their families over the lifespan, from staying healthy, to living well with disease and injury, to end-of-life care.~~

Quality
Northern Health will ~~improve continuously~~be a learning organization focused on continuous improvement.

ENABLING PRIORITIES

Our People
Northern Health will provide a positive~~, dynamic~~ and inclusive environment where staff and ~~physicians~~ medical staff experience a sense of belonging. ~~make a difference for the people we serve.~~

Communications, Technology, and Infrastructure
Northern Health will advance innovative approaches to communications, technology, and infrastructure.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

BOARD CALENDAR BRD 110

The following items are brought forward to the Board for decision throughout the calendar year. Refer to committee work plans for additional detail (BRD 310, 320 & 330).

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
A. Strategies, Plans and Performance													
i) Review Mission, Vision and Values	Board Chair & CEO										X		
ii) Preliminary review of Strategic Plan	Board Chair & CEO												X
iii) Review and approval of Strategic Plan	Board Chair & CEO		X										
iii) Review and approval of Service Plan	Board Chair & CEO				X								
iv) Review and approval of Annual Budget Management Plan.	Chair Audit & Finance Committee & CFO				X								
iv) Review and approval of Annual Capital Plan.	Chair Audit & Finance Committee & CFO		X										
v) Performance Reporting against Strategic and Service Plan	CEO Board Committees	ONGOING OR AS REQUIRED											
vi) CEO's Report	CEO	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17 2023 (r)

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
B. Financial Control													
i) Appoint External Auditors	Chair Audit & Finance Committee & CFO										X		
ii) Set Audit Fees	Chair Audit & Finance Committee & CFO										X		
iii) Approve Annual Statements	Chair Audit & Finance Committee & CFO						X						
iv) Review Operating and Financial Performance	CFO	ONGOING OR AS REQUIRED											
C. Governance & Management Relations													
i) Approve CEO Annual Objectives	Chair GMR Committee						X						
ii) CEO Performance Evaluation	Chair GMR Committee				X		X						
iii) Approve CEO Compensation	Chair GMR Committee						X						
iv) Review Management Succession and Development Plans	VP HR										X		
v) Compensation Policy Review	VP HR		X										
vi) Review Board Profile and Director Criteria	Chair GMR Committee	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17 2023 (r)

Board Manual General

	LEAD	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
vii) Recommend potential candidates to the Government	Chair GMR Committee & Board Chair	ONGOING OR AS REQUIRED											
viii) Appoint Committee Chairs and Members (Deputy Chair elected by Board - BRD150)	Board Chair						X						
ix) Board/Board Chair/Committee Evaluation/Individual Director Evaluation	Chair GMR Committee										X		
x) Bylaw review	Chair GMR Committee	ONGOING OR AS REQUIRED											
xi) Annual Report	Chair GMR Committee & Director Communications						X						
xii) Community Consultation (major initiative every second year)	Chair GMR Committee & Director Communications						X				X		

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17 2023 (r)

	LEAD	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
D. Medical Advisory Committee													
i) Medical Advisory Committee Report	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
ii) Medical Staff Annual Reappointment Process	Chair 3P Committee & VP Medicine												X
iii) New Medical Staff appointments	Chair 3P Committee & VP Medicine	ONGOING OR AS REQUIRED											
vi) Physician HR Planning	Chair 3P Committee & VP Medicine										X		
E. Government/Board Interface													
i) Meet with the Minister/Deputy Minister	Board Chair / CEO	ONGOING OR AS REQUIRED											
ii) Review annual Mandate Letter from the Minister of Health	Board Chair/CEO	ONGOING OR AS REQUIRED											

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 11 2022 (r)

TERMS OF REFERENCE FOR THE BOARD CHAIR BRD 120

INTRODUCTION

1. The Board Chair is appointed by the BC Minister of Health.

2. The Board Chair's primary role is to act as the presiding Director at Board meetings and to manage the affairs of the Board of Directors of Northern Health (the "Board"). This includes ensuring that the Board is properly organized, functions effectively, and meets its obligations and responsibilities.

3. The Board Chair builds and maintains a sound working relationship with the President and Chief Executive Officer (the "CEO") and ensures an effective relationship between the Minister of Health, other government representatives and key stakeholders.

4. The Board Chair is an ex-officio member of Board committees where they are not appointed as a full member, including the Northern Health Medical Advisory Committee.

DUTIES AND RESPONSIBILITIES

Working with Management

The Board Chair:

1. Acts as a sounding board, counsellor and confidante for the CEO and assists in the review of strategy, definition of issues, maintenance of accountability, and building of relationships.

2. In conjunction with the CEO, represents Northern Health as required.

3. Ensures the CEO is aware of concerns of Government, the Board and other stakeholders.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

4. Leads the Board in monitoring and evaluating the performance of the CEO, ensures the accountability of the CEO, and ensures implementation of the management succession and development plans by the CEO.

5. Works closely with the CEO to ensure management strategies, plans and performance are appropriately represented to the Board.

6. In conjunction with the CEO, fosters a constructive and harmonious relationship between the Board and the senior management group.

Managing the Board

The Board Chair:

1. Acts as the primary spokesperson for the Board.

2. Ensures the Board is alert to its obligations to Northern Health, the Government and other stakeholders.

3. Chairs Board meetings and ensures that the appropriate issues are addressed.

4. Establishes the frequency of Board meetings and reviews such frequency from time to time as considered appropriate, or as requested, by the Board.

5. Assists the Governance & Management Relations Committee in developing Director criteria and in identifying potential candidates to be recommended to the Government for appointment as Directors, and communicates with the Government regarding the criteria and names of candidates.

6. Recommends committee membership and committee Chair appointments to the Board for approval; and reviews and reports to the Board the need for, and the performance and suitability of, Board committees.

7. Liaises and communicates with all Directors and committee Chairs to coordinate input from Directors, and optimizes the effectiveness of the Board and its committees.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

8. Ensures the coordination of the agenda, information packages and related events for Board meetings in conjunction with the CEO and the Corporate Secretary.

9. Ensures major initiatives have proper and timely Board understanding, consideration, oversight and approval.

10. Ensures the Board receives adequate and regular updates from the CEO on all issues important to the welfare and future of Northern Health.

11. Builds consensus and develops teamwork within the Board.

12. Reviews Director conflict of interest issues as they arise.

13. In collaboration with the CEO, ensures information requested by Directors or committees of the Board is provided and meets their needs.

14. Ensures regular evaluations are conducted of the Board, Board Chair, Directors and Board committees.

15. Engages independent counsel or advisors, as considered necessary, and provides approval to Board committees seeking to engage independent counsel or advisors, as appropriate.

Relations with the Government and other Stakeholders

In consultation with the Board, the Board Chair has the responsibility to establish regular interactions and relationships with individuals, groups, organizations and at meetings such as:

- Board Chair/CEO meetings
- Chair to Chair meetings
- Local & municipal governments
- Minister of Health
- MLAs

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

- First Nations Health Authority, Métis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
- NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
- North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
- Other provincial Ministries and government bodies
- Regional Districts (RD) & Regional Hospital Districts (RHD)

The Board Chair may authorise other Directors to participate in meetings with government and other stakeholders.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

TERMS OF REFERENCE FOR THE PRESIDENT & CHIEF EXECUTIVE OFFICER BRD 130

INTRODUCTION

The President & Chief Executive Officer (the "CEO") reports to the Northern Health Board of Directors (the "Board") and maintains open communication with the Board Chair. The CEO is not a member of the Board.

The CEO is responsible for:

1. Providing leadership, management and control of the operations of Northern Health on a day-to-day basis in accordance with the strategies, plans and policies approved by the Board

2. Providing leadership and management to ensure strategic and annual plans are effectively developed and implemented, the results are monitored and reported to the Board, and financial and operational objectives are attained

3. Advising and assisting the Board of Directors with respect to their duties and responsibilities including:

    a. Current developments in governance practice
    b. Effective relationships between Board and Executive
    c. Planning the Board orientation and annual education and development plan

DUTIES AND RESPONSIBILITIES

General

1. Leads and manages the organization within parameters established by the Board, as informed by Ministry of Health directives, and within Executive Limitations (BRD 230)

2. Ensures the safe and efficient operation of the organization

3. Ensures compliance with applicable laws and regulations, and with Board and Administration policies and practices

4. Establishes and maintains effective and constructive collaborative relationships with external organizations such as local government, Regional Hospital Districts, post-secondary institutions, other provincial health authorities, First Nations Health Authority, Métis Nation of BC,

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

5. Fosters a corporate culture that promotes ethical practices, respect in the workplace, individual integrity, and social responsibility and attends to principles of diversity, equity and inclusion.

6. Ensures that Northern Health establishes partnered relationships with First Nations organizations and communities and develops, implements, and evaluates collaborative strategies focused cultural safety & humility and anti-Indigenous racism across the continuum of care and services

7. Attends to business continuity and emergency preparedness and response structures and processes in collaboration with Health Emergency Management BC

8. Obtains Board approval prior to acceptance of significant public service commitments and/or outside Board appointments

Communication and Counsel to the Board

Information and advice to the Board shall be timely, complete, and accurate. Accordingly, the CEO shall:

1. Ensure the Board is aware of relevant trends, material risks, and significant internal and external organizational changes and anticipated adverse media coverage

2. Inform the Board of any contract that, in the judgement of the CEO, may be of special interest to the Board. These include contracts that could materially affect the standard of care, represent unusual risk, or have significant community impact.

3. Submit the appropriate information in a timely, accurate and understandable fashion to allow for fully informed Board decisions

4. Provide appropriate mechanisms for official Board communications

5. Normally deal with the Board as a whole, while recognizing that periodic interaction with individual members, officers and Board committees is necessary to perform the CEO's responsibilities

6. Report to the Board non-compliance with any Board policy

7. Keep the Board fully informed of all significant operational, financial and other matters relevant to the organization. This includes external items emanating from Governments and stakeholders

8. Co-sign with the Board Chair the quarterly & annual financial statements and the annual auditor engagement letter

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

9. Manage and oversee the required interfaces between Northern Health, Government and stakeholders, and acts as the principal spokesperson for Northern Health

10. Ensure effective communications with the general public and stakeholders and shall foster and maintain relationships with agencies, educational institutions, Government, health delivery organizations, other key stakeholders, professional regulatory bodies and special interest groups to encourage understanding and cooperation in the development, implementation and evaluation of operational and strategic plans

11. The CEO may speak on the Chair's behalf if the Board Chair is unavailable[1].

STRATEGIC PLANNING

1. The CEO shall develop and recommend processes to the Board regarding:
   a. The development, evaluation, and revision of NH's Strategic Plan including the mission, vision, values, and strategic directions
   b. Ensuring alignment of NH's Strategic Plan with NH's commitment to government through the Mandate Letter

2. The CEO shall establish organizational processes that enable the development of operational, financial, and capital plans that position NH to achieve the Strategic Plan

3. The CEO shall enable collaborative relationships between Northern Health and the Ministry of Health and other Ministries directly associated with the health care system

4. The CEO represents Northern Health at the Ministry of Health/Health Authority Leadership Council

5. The CEO shall successfully implement the Board approved annual service, budget management, and capital plans

6. The CEO shall establish accountability processes (e.g. scorecard) for the Board regarding the performance of the organization in achieving the goals and targets set out in the operational plan

[1] See also BRD220

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

QUALITY

1. The CEO shall ensure the development and implementation of a quality improvement framework including:
   a. The policies, standards, structures and processes necessary to support quality improvement and patient safety
   b. Appropriate committees and structures to be approved by the Board for conducting quality reviews under section 51 of the BC *Evidence Act*
   c. Establishing a learning organization culture including education, evaluation, research, knowledge mobilization and use of evidence to inform policy and practice.

WORKING ENVIRONMENT

Northern Health acknowledges that the staff is its most important resource and that there is both an obligation of, and the benefit to, the organization in maintaining a positive working environment. Accordingly, the CEO shall:

1. Ensure that working conditions are respectful and safe, and in compliance with negotiated agreements or legislated employment standards

2. Develop organizational structures and processes that embrace diversity and ensure cultural safety

3. Develop and maintain a sound, effective organization structure

4. Ensure progressive employee training and development programs exist

5. Ensure that all members of the organization have their responsibilities and authorities clearly established

6. Establish and maintain a Board approved plan for senior management development and succession that is reviewed on an annual basis

7. Provide the Board, at Board and committee meetings, with exposure to key management personnel

8. Participates on the Board of Directors of the Health Employers Association of BC (HEABC), in accordance with the terms of HEABC Director Nomination Policy G.125.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

FINANCIAL AND CAPITAL PLANNING

1. The CEO shall facilitate financial and capital planning which:
    a. Is consistent with established Board priorities
    b. Is fiscally prudent
    c. Is reflective of a generally acceptable level of foresight
    d. Plans the expenditure of funds in any fiscal year that are projected to be available in that period and if a shortfall is predicted, articulates the strategy to address the funding shortfall
    e. Allocates resources among competing budgetary need.
    f. Is consistent with long-term organizational planning
    g. Addresses fiscal contingencies

2. The CEO will implement financial and capital reporting processes that contain sufficient information to enable:
    a. Accurate projections of revenues and expenses
    b. Separation of capital and operational items
    c. Cash flow analysis
    d. Subsequent audit trails
    e. Disclosure of planning assumptions
    f. Accurate projections of any significant changes in the financial position

Asset Protection

The CEO shall ensure Northern Health's assets are protected, adequately maintained and not put at unreasonable or unnecessary risk. Accordingly, the CEO shall:

1. Identify the principal risks of the organization's business, and implement appropriate systems to manage these risks

2. Ensure that appropriate steps are taken to reasonably protect Northern Health, its Board and staff from claims of liability

3. Maintain adequate levels of insurance against:
    a. Theft, fire and casualty losses
    b. Liability losses to Directors, staff and individuals engaged in activities on behalf of Northern Health
    c. Losses due to errors and omissions on the part of Directors and staff

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

4. Receive, process, or disburse funds under controls developed in consultation with Internal Audit that are sufficient for the Board appointed external auditor to rely upon when expressing their opinion on the financial statements[2]

5. Invest or hold operating capital consistent with the approved Investment Policy[3]

6. Establish effective control and co-ordination mechanisms for all operations and activities. Ensure the integrity of internal control, management, and clinical systems.

Compensation and Benefits

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the CEO shall not allow the fiscal integrity or the public image of Northern Health to be jeopardized. Accordingly, and as per BRD 230 - Executive Limitations, the CEO shall not change his/her own compensation or benefits

Other duties and responsibilities

1. Pursuant to the *Tobacco and Vapour Products Control Act,* The CEO is delegated by the Board to carry out the designation of smoking areas on health authority property where operationally appropriate.
    a. A decision to designate such an area will be based on a set of principles considering patient and staff safety.
    b. The CEO will report the decision to designate such an area to the 3P Committee of the Board.

[2] See DST 4-4-2-030: Finance>Accounts Payable>Signing Authority
[3] See DST 4-4-6-040: Finance>General Accounting>Banking and Investment

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (R)

TERMS OF REFERENCE FOR A DIRECTOR BRD 140

INTRODUCTION

A Director of the Board of Northern Health (the "Board") is responsible for ensuring the organization is being properly managed and is complying with laws affecting the organization.

A Director is expected to meet the following fundamental obligations, in accordance with BRD210 Code of Conduct and Conflict of Interest Guidelines for Directors

A Director brings their expertise to bear on organizational matters under consideration.

DUTIES AND RESPONSIBILITIES OF A DIRECTOR

1. Directors have a fiduciary responsibility to Northern Health. Directors will:
    a. Act honestly and with good faith.
    b. Exercise reasonable skill, care and diligence in conducting business of the Board.
2. Directors have strategic oversight responsibility. Each Director will:
    a. Demonstrate an understanding of the organization's strategic direction.
    b. Contribute and add value to discussions regarding the organization's strategic direction.
    c. Provide strategic advice and support to the President and Chief Executive Officer (the "CEO").
    d. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process.
3. Directors will meaningfully participate in all activities of the Board. Each director will:
    a. Participate in the annual Board evaluation and the evaluation of individual directors.
    b. Prepare for all Board and committee meetings by reading the meeting material packages distributed in advance.
    c. Attend and participate in all Board and committee meetings, for the full duration of the meeting, and attend in person unless there are extenuating circumstances.
        i. The target is 100% attendance. Anything less than 80%, without extenuating circumstances, would create difficulties for the Board. Where a Board member anticipates an inability to meet the attendance requirements, they will discuss the circumstances with the Board Chair to determine an appropriate course of action. This may include an unpaid leave of absence or potential resignation from the Board.
    d. Have the confidence and will to make tough decisions, including the strength to challenge the majority view.
    e. Represent all regions of the north fairly and not unnecessarily engage in advocacy for their home community.

f. Advise the CEO and the Chair in advance when introducing significant and/or previously unknown information or material at a Board or committee meeting.
g. When called upon by the Chair, speak on behalf of the Board in instances where the Board Chair is not available (see BRD220).
h. Attend other meetings attending to business of the Board, at the direction of the Board Chair, which may include meetings with local, municipal and provincial government, First Nations and Métis organizations, Members of the Legislative Assembly (MLAs), non-government organizations (NGOs), North Central Local Government Association (NCLGA), Union of British Columbia Municipalities (UBCM), Regional Districts, and Regional Hospital Districts.

4. Directors will be knowledgeable about the organization's operations, the provincial health care system and the population served. Each director will:
    a. Become generally knowledgeable about the organization's services and structures, general health care issues, and how the organization fits into the provincial health care system.
    b. Maintain an understanding of the regulatory, legislative, social and political environments within which the organization operates.
    c. Participate in Director orientation and education, as developed by the organization from time to time.
    d. Become acquainted with the organization's senior management.
    e. Become generally knowledgeable about the population served and the partners of Northern Health, such as:
        i. Local & municipal governments
        ii. provincial government political leaders e.g. MLAs
        iii. First Nations Health Authority, Metis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
        iv. NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
        v. North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
        vi. Other provincial Ministries and government bodies
        vii. Regional Districts (RD) & Regional Hospital Districts (RHD).

TERMS OF REFERENCE FOR A DIRECTOR BRD 140

INTRODUCTION

A Director of the Board of Northern Health (the "Board") is responsible for ensuring the organization is being properly managed and is complying with laws affecting the organization.

A Director is expected to meet ~~has~~ the following fundamental obligations, in accordance with BRD210 Code of Conduct and Conflict of Interest Guidelines for Directors

A Director brings their expertise to bear on organizational matters under consideration.

1. Directors have a fiduciary responsibility to Northern Health. Directors will:
    a. Act honestly and with good faith.
    b. Exercise reasonable skill, care and diligence in conducting business of the Board.
2. Directors have strategic oversight responsibility. Each Director will:
    a. Demonstrate an understanding of the organization's strategic direction
    b. Contribute and add value to discussions regarding the organization's strategic direction
    c. Provide strategic advice and support to the President and Chief Executive Officer (the "CEO")
    d. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process
3. Directors will meaningfully participate in all activities of the Board. Each director will:
    a. Participate in the annual Board evaluation and the evaluation of individual directors.
    b. Attend all Board and committee meetings, for the full duration of the meeting, and attend in person unless there are extenuating circumstances.
        i. Target….

~~**FIDUCIARY RESPONSIBILITIES**~~

Author(s): Governance & Management Relations
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

~~**Honesty and Good Faith**~~

~~Common law requires a Director to act honestly and in good faith with a view towards the best interests of the organization. The key elements of this standard of behaviour are:~~

1. ~~A Director must act in the best interests of the organization and not in their self-interest. This also means a Director should not be acting in the best interests of some special interest group or constituency.~~

2. ~~A Director must not take personal advantage of opportunities that come before them in the course of performing their Director duties~~

3. ~~A Director must disclose to the Board any personal interests that they hold that may conflict with the interests of the organization~~

4. ~~A Director must respect the confidentiality requirements of the Board's Code of Conduct and Conflict of Interest Guidelines (BRD210)~~

Skillful Management

A Director shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in similar circumstances. This means:

1. Directors are expected to bring their expertise to bear upon matters under consideration

2. The Director must be proactive in the performance of their duties by:

    a. showing diligence by examination of reports, discussion with other Directors, and otherwise being sufficiently familiar with the organization's activities

    b. participating in a meaningful way

    c. being vigilant to ensure the organization is being properly managed and is complying with laws affecting the organization

    d. participating in the annual Board evaluation and the evaluation of individual Directors

STANDARDS OF BEHAVIOUR ESTABLISHED BY THE BOARD

Author(s): Governance & Management Relations
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

The Board has established the following standards of behaviour for Directors.

General

As a member of the Board, each Director will:

1. Demonstrate a solid understanding of the role, responsibilities and legal duties of a Director and the governance structure of the organization as outlined in the Board manual

2. Demonstrate high ethical standards in personal and professional dealings

3. Understand the difference between governing and managing, and not encroach on management's area of responsibility

~~**Strategies and Plan**~~

~~As a member of the Board, each Director will:~~

~~1. Demonstrate an understanding of the organization's strategic direction~~

~~1. Contribute and add value to discussions regarding the organization's strategic direction~~

~~1. Provide strategic advice and support to the President and Chief Executive Officer (the "CEO")~~

~~1. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process~~

Preparation, Attendance and Availability

As a member of the Board, each Director will:

1. Prepare for Board and committee meetings by reading reports and background materials distributed in advance

Author(s): Governance & Management Relations
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

2. Maintain an excellent Board and committee meeting attendance record. The target is 100% attendance. Anything less than 80%, without extenuating circumstances, would create difficulties for the Board. Where a Board member anticipates an inability to meet the attendance requirements, they will discuss the circumstances with the Board Chair to determine an appropriate course of action. This may include an unpaid leave of absence or potential resignation from the Board.

3. Attend the entire Board or committee meeting, not just parts of meetings

4. Participate in committees and contribute to their purpose

5. Participate in Board meetings in person particularly those where the Board members are meeting members of the public. Some exceptions can be made in extenuating circumstances.

6. Attend other meetings attending to business of the Board, at the direction of the Board Chair, which may include meetings with local, municipal and provincial government, Members of the Legislative Assembly (MLAs), non-government organizations (NGOs), North Central Local Government Association (NCLGA), Union of British Columbia Municipalities (UBCM), Regional Districts, and Regional Hospital Districts.

Communication and Interaction

As a member of the Board, each Director will:

1. Demonstrate good judgment

2. Interact appropriately with the leadership and management of the organization

3. Participate fully and frankly in the deliberations and discussions of the Board

4. Be a positive and constructive force within the Board

5. Demonstrate openness to other opinions and the willingness to listen

6. Have the confidence and will to make tough decisions, including the strength to challenge the majority view

Author(s): Governance & Management Relations
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

7. Maintain collaborative and congenial relationships with colleagues on the Board.

8. Advise the CEO and the Chair in advance when introducing significant and/or previously unknown information or material at a Board or Board Committee meeting

9. Once a decision has been made, support the decision

10. While the Board Chair is the primary spokesperson for the Board (BRD120), individual Directors may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. opening of a new facility). See BRD220.

Health Authority Knowledge

Each Director will:

1. Become generally knowledgeable about the organization's operation, health care issues, and how the organization fits into the provincial health care system

2. Participate in Director orientation and development programs developed by the organization from time to time

3. Maintain an understanding of the regulatory, legislative, social and political environments within which the organization operates

4. Become acquainted with the organization's senior managers

5. Be an effective ambassador and representative of Northern Health

6. Become generally knowledgeable about the population served and the partners of Northern Health, such as:
   a. Local & municipal governments
   b. provincial government political leaders e.g. MLAs
   c. First Nations Health Authority, Metis Nation of BC, First Nations Health Council – Northern Regional Caucus, and First Nations communities in the north
   d. NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
   e. North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
   f. Other provincial Ministries and government bodies

Author(s): Governance & Management Relations
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

g. Regional Districts (RD) & Regional Hospital Districts (RHD)

Author(s): Governance & Management Relations
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

TERMS OF REFERENCE FOR THE DEPUTY CHAIR BRD 150

INTRODUCTION

1. The selection of the Deputy Chair lies with the Board of Directors of Northern Health (the "Board"), through a nomination process.

2. The Deputy Chair shall be elected from among the Board members at the June Board meeting, or at a time determined by consensus of the Board. The election will be held by secret ballot.

3. In order to develop additional leadership strength, the role of Deputy Chair will provide a developmental opportunity for Directors.

4. The term of the Deputy Chair will typically be two years. The Board may, at any time, end the term of a Deputy Chair.

ROLE OF THE DEPUTY CHAIR

1. The Deputy Chair will perform the duties of the Board Chair when the Board Chair is unavailable or unable to act.

2. In the event of the Board Chair resigning, the Deputy Chair will perform the duties of the Board Chair, at the pleasure of Government, until a new Board Chair is appointed.

3. If both the Board Chair and Deputy Chair are unavailable or unable to act, the Board may elect from among its members an Acting Chair to conduct a meeting or for such other purposes as the Board may determine.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

TERMS OF REFERENCE FOR THE CORPORATE SECRETARY BRD 160

GENERAL

The functions of the Corporate Secretary of Northern Health are carried out by the President & Chief Executive Officer (the "CEO") or by a senior manager designated by the President & Chief Executive Officer, typically the Regional Director, Legal Affairs, Enterprise Risk & Compliance. The Corporate Secretary has overall responsibility for the secretariat function and duties as outlined herein. The President & CEO provides oversight and retains accountability for these functions.

SPECIFIC RESPONSIBILITIES

1. Attends meetings of the Board of Directors of Northern Health (the "Board") and Board Committees and attends Board-only sessions if requested by the Board Chair

2. Organizes and ensures the proper recording of the activities of the Board and committee meetings

3. Ensures that Northern Health complies with its governing legislation and Organization and Procedure Bylaws (BRD600)

4. Reviews Organization and Procedure Bylaws to ensure their continued adequacy and relevance, and provides recommendations to the Governance and Management Relations Committee on necessary revisions

5. Works with the Executive Assistant, Board & CEO regarding the retention of the corporate records

6. Maintains custody of the corporate seal

7. Reviews and keeps up-to-date on developments in corporate governance and supports strong corporate governance practices

8. Serves as the main source of governance expertise to the Board in relation to policy and legislative compliance

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

9. Supports the President & CEO and Executive Assistant, Board & CEO to organize and deliver the orientation and ongoing education and development plan for Directors as approved by the Board of Directors

10. Acts as a channel of communication and information for Directors

11. Administers the Code of Conduct and Conflict of Interest Guidelines for Directors (BRD 210)

12. Verifies, authorizes and processes payment of:

    a. Board and Committee meeting fees
    b. Board Director expense and travel claims (BRD 610)

13. Works with the Executive Assistant, Board & CEO to monitor Board Director terms to ensure the timely processing of documentation for Board appointments and reappointments for Board continuity

14. Carries out any other appropriate duties and responsibilities as may be assigned by the Board Chair

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

TERMS OF REFERENCE FOR THE CHAIR OF THE NORTHERN HEALTH MEDICAL ADVISORY COMMITTEE AT BOARD MEETINGS

BRD 170

INTRODUCTION

The Board of the Directors of Northern Health (the "Board") shall appoint a Northern Health Medical Advisory Committee (NHMAC)[1]

The Chair of the Northern Health Medical Advisory Committee ("NHMAC Chair") is appointed by the Board after consideration of the recommendation of the NHMAC[2]

The NHMAC Chair provides advice to the President and Chief Executive Officer of Northern Health (the "CEO") and to the Board on:

1. The processes in place to manage the appointment of Northern Health Medical Staff, including credentialing and privileging.
2. The deliberations and recommendations of the NHMAC regarding appointments to the Northern Health Medical Staff.
3. The provision of medical care within the facilities and programs operated by Northern Health
4. The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by Northern Health
5. The adequacy of medical staff resources
6. The continuing education of the members of the medical staff
7. Planning goals for meeting the medical care needs of the population served by Northern Health

The Chair or Vice Chair of NHMAC shall provide a report to the Board and to the CEO on a regular basis

THE ROLE OF THE NHMAC CHAIR AT THE BOARD

The role of the NHMAC Chair at Board meetings is to provide a report on the deliberations, motions, recommendations and decisions of the NHMAC. The NHMAC Chair will also inform the Board of any items of discussion from NHMAC meetings that are not included in the minutes as necessary to contribute to the Board discussion.

The Board will be provided with copies of the 'draft' minutes of the NHMAC meetings in order that the Board may independently review the issues discussed by NHMAC and to ensure that they are familiar with the NHMAC's deliberations.

In addition, the NHMAC Chair may participate in Board discussions. The perspective of a practicing physician will be helpful to the Board when discussing certain issues.

[1] NH Medical Staff Bylaws Article 8.1.1
[2] NH Medical Staff Bylaws Article 8.2.2

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

Because of the size and diversity of the region and the opinion of the various medical communities, it is important that the NHMAC Chair is explicit when they are reflecting the opinion of the NHMAC and when they are reflecting their own personal or professional opinion.

The NHMAC Chair will be encouraged to contribute to the Board agenda items that are related to quality of care and service delivery issues and items that are identified in the Medical Staff Bylaws.

The NHMAC Chair may request, or be requested, to attend meetings of Board committees to provide specific NHMAC advice and perspective to quality of care and service delivery issues being considered by Board committees. However, the NHMAC Chair is not expected nor entitled to attend Board committee meetings other than by specific invitation.

The Board recognizes and differentiates between advocacy for the interests of medical practitioners and the provision of professional advice regarding quality of care and service delivery issues of importance to patients. Advocacy for the former is a function of the Medical Staff Association, a companion to the medical staff organization. The NHMAC Chair is expected to differentiate between these perspectives and to restrict their function as NHMAC Chair to the provision of professional advice regarding quality of care and service delivery issues.

The NHMAC Chair will be excused from 'in camera' portions of Board meetings dealing with agenda items for which, in the opinion of the Board Chair, or of the Chairs of Board committees, the presence of the NHMAC Chair would create a conflict of interest for the NHMAC Chair, or which may prejudice the relationship between the Board and the NHMAC, medical staff or NHMAC Chair if the NHMAC Chair is present during discussions.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): April 17, 2023 (r)

BOARD BRIEFING NOTE

Date:	2 April 2024	
Agenda item	Code of Conduct and Conflict of Interest Guidelines for Directors – Annual Declaration	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Panessa, President & CEO	

Issue & Purpose

Board policy *BRD 210-Code of Conduct and Conflict of Interest Guidelines for Directors* (attached) stipulates that Directors shall annually sign a declaration that they have read and considered the policy and agree to conduct themselves in accordance with the policy.

Background:

BRD 210 – Code of Conduct and Conflict of Interest Guidelines for Directors sets out the expectations of ethical conduct in the role of Director, including familiarity and compliance with the Northern Health Standards of Conduct and the Northern Health Ethics Practice Model.

The NH Standards of Conduct set behaviour expectations for Directors, staff, medical staff, contractors and volunteers with respect to integrity, impartiality, accountability, and compliance.

The NH Ethics Practice Model outlines the core areas of ethical service, and supports application of ethical values to all areas of decision-making. The NH Ethics Practice Model is attached for Director review.

Risks:

Governance – Undeclared or unknown director conflict of interest could lead to lack of trust between directors and inhibit effective oversight by the board as a whole. The annual review of the Code of Conduct and Conflict of Interest policy, in conjunction with the signing of the Conflict of Interest declaration, ensures that Directors remain cognizant of their responsibilities and provides an opportunity to reflect on an potential conflicts that may exist, thus minimizing risk.

Recommendation(s):

It is recommended that:

1. Each Director be provided with a copy of Board policy BRD210 and the NH Ethics Practice Model in the April Board package.
2. Board policy BRD 210 be discussed at the Board in camera meeting and any questions be answered.
3. This briefing note be brought forward in the Board public session and that Directors each sign the declaration and forward to the Corporate Secretary for filing.
4. The Corporate Secretary report back to GMR in May when all declarations have been signed and report on any issues that may arise.

Attachments:

- Board Policy BRD 210 Code of Conduct and Conflict of Interest Guidelines for Directors

CODE OF CONDUCT AND CONFLICT OF INTEREST GUIDELINES FOR DIRECTORS **BRD 210**

1. **Purpose**

1.1. Northern Health (NH) is responsible for delivering high quality patient-centred health services to members of the public pursuant to the statutory mandate set out in the *Health Authorities Act* and the direction of the Ministry of Health. As leaders and decision makers of NH, Directors must earn and preserve the confidence of the public by demonstrating high standards of ethical and professional conduct at all times.

1.2. This Code of Conduct establishes and describes a common standard of conduct and a set of expectations for Directors as they oversee the affairs of NH, supervise management, and through the CEO, set the standards of organizational conduct.

2. **Scope**

2.1. This Code of Conduct applies to all Directors of NH.

3. **Key Duties Grounding Standards of Conduct**

3.1. Oversight Role

3.1.1. The Board maintains formal oversight of the activities of NH that are critical for its success, by ensuring that the goals, objectives, and operations of NH are integrated with goals and objectives set by the Ministry of Health and the law generally. Specifically, it is the Board's role to ensure that NH meets the health care needs of all the patients it serves by providing safe, reliable, integrated, and patient-centred care across the spectrum of care while managing the financial, human, and other resources of the organization responsibly.

3.1.2. The Board also provides direction and oversight to, and requires accountability from, NH senior executive leaders regarding organizational decisions and actions, while not being directly involved in carrying them out. By maintaining this separation from management and operational functions, the Board provides an independent accountability mechanism for the organization.

3.2. Fiduciary Duty

3.2.1. Directors owe a fiduciary duty as well as a duty of care to NH. This fiduciary duty requires Directors to be loyal and to act honestly, in good faith and in the best interest, maintain confidentiality regarding NH matters, and to disclose to NH any information the Director might obtain that could be considered material to NH's business or operations.

3.3. Anti-Racism, Allyship, and Cultural Safety and Humility

3.3.1. Recognizing systemic racism exists within the health care system, health service providers, and health authorities in particular, have a significant

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

responsibility in ensuring that every person receives the same access to safe and ethical care.

3.3.2. NH is a signatory to the Northern Partnership Accord with the northern First Nations communities and the Letter of Understanding with the Métis Nation of BC. NH is committed to implementing priority actions to support the *Tripartite First Nations Health Plan* and related agreements.

3.3.3. As leaders and decision makers, Directors are expected to:

3.3.3.1. Learn about and understand the social, legislative and political history of the Indigenous peoples of the region they serve, the impact of colonialism in Canada and its enduring traumatic legacy, and the effects of widespread Indigenous-specific racism within the health care system on the health outcomes of Indigenous peoples;

3.3.3.2. Participate in ongoing learning of the distinct and important Indigenous rights and Indigenous-specific approaches, protocols, and perspectives that inform discussion and decision making;

3.3.3.3. Support NH as it works to develop a culturally safe organization through a consistent and continuous practice of cultural awareness, humility, and safety in their own discussions and decision making; and

3.3.3.4. Promote equity, diversity, and inclusion in terms of access to services and human resource planning for NH.

4. Standards and Expectations of Conduct

4.1. Accountability and Integrity

4.1.1. Directors must at all times act honestly and in full compliance with all applicable NH policies and both the letter and the spirit of all applicable laws, and avoid any situation which could be perceived as improper or indicate a casual attitude towards compliance.

4.1.2. Directors are expected to be sufficiently familiar with any legislation that applies to the performance of their duties.

4.1.3. Directors have a duty to act and make decisions that are in the best interests of NH without regard to the Director's personal interests. While Directors may be appointed because they are a member of particular constituency group (e.g., based on regional representation), which may inform their views and approach to issues, in performing their duties as Director, contributions to deliberations and decision making must overall be guided by doing what is in the best interests of NH.

4.1.4. Directors must not seek to use their position to gain advantage for themselves, relatives, or associates with respect to accessing health care services with NH.

4.1.5. Directors must complete a minimum of 4 hours of education per annum in an area related to executing their duties as a director.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

4.2. Respectful Conduct

4.2.1. Directors must treat one another, NH staff, and members of the public respectfully, without abuse, bullying, or intimidation and ensure that the Board working environment is free from discrimination and harassment. This includes, at a minimum, conforming to the standards of respectful conduct outlined in NH's policies governing respectful and ethical conduct as approved from time to time, consistent with Director' leadership position in the organization.

4.2.2. Directors must:

4.2.2.1. Ensure communication at meetings is clear, respectful, and courteous;

4.2.2.2. Engage in the practice of active listening by not interrupting conversations or holding side conversations during Board or Board Committee discussions;

4.2.2.3. Work collaboratively to create a culturally safe and brave conversation space and seek consensus by considering the opinions of others, striving for integration of viewpoints, building on ideas, and engaging in open and honest discussion and debate;

4.2.2.4. Be respectful of all viewpoints that may be expressed in good faith by their colleagues and NH staff in the course of Board or Board Committee deliberations; and

4.2.2.5. Be aware of their personal power, privilege, and spheres of influence so as to not exercise, or seek to exercise, individual authority or influence over other Board or Board Committee members or staff, especially outside of meetings, which might have the effect of limiting open discussion, creating factions, or oppressing those from marginalized or racialized populations.

4.3. Active Participation

4.3.1. Directors are accountable for actively participating in the work of the Board. They must:

4.3.1.1. Attend scheduled Board and Board Committee meetings;

4.3.1.2. Obtain leave from the Board Chair or designated alternate for extended absences as soon as practicable;

4.3.1.3. Be prepared for meetings by reading all pre-circulated materials;

4.3.1.4. Exercise skill and diligence in their work and complete any assigned work;

4.3.1.5. Participate in Board and Board Committee discussions and decision making;

4.3.1.6. Apply judgement carefully, while maintaining an open mind and making decisions that are transparent, objective, impartial, and based

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

on an analysis of all available and relevant data and that are consistent with NH's values and mission;

4.3.1.7. Seek assistance from colleagues and/or staff to clarify any aspect of their work, role, or responsibilities where uncertain;

4.3.1.8. Respect the finality of decisions made at Board and Board Committee meetings and be champions for NH; and

4.3.1.9. Maintain a general level of familiarity with NH operations and the services NH provides and any health-related issues which may impact NH.

4.3.1.10. Represent all regions of the north fairly and not unnecessarily engage in advocacy for their home community.

5. Conflict of Interest

5.1. Definitions:

"apparent conflict of interest" means any situation where it would appear to a reasonable person that the Director is in a conflict of interest situation.

"associated persons" means persons connected to the Director to the extent that the Director derives direct or indirect personal benefit from advancing the interests of such persons, including the Director's relatives, business entities, union, business partner or associates, friends, and any person to whom the Director owes an obligation.

"relative" means a spouse, child, parent or sibling of a Director.

"significant financial interest" means any interest substantial enough that decisions of NH could result in personal gain for the Director.

5.2. Discussion of Conflicts

5.2.1. A conflict of interest exists where a Director holds another interest or position which could have the effect of, or the perceived effect of, compromising their ability to make a decision in the best interests of NH.

5.2.2. Directors must avoid any situation in which there is a real or apparent conflict of interest which could appear to interfere with their judgement in making decisions in NH's best interests and Directors must also ensure they do not:

5.2.2.1. Use their position with NH to pursue or advance their personal interests or the interests of any associated persons. This includes using their position to benefit their business or a business owned or operated by an associated person;

5.2.2.2. Hold a significant financial interest, either directly or through an associated person, or hold or accept a position as an officer or director in an organization in a relationship with NH, where by virtue if the position in that organization, the Director could in any way benefit

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

the other organization by influencing the purchasing selling or other decisions of NH unless that interest has been fully disclosed in writing to NH and NH has approved of the Director holding this significant financial interest;

5.2.2.3. Either directly or through associated persons, acquire or dispose of any interest, including publicly traded shares, in any company while having confidential information obtained in the course of their work at NH which could reasonably affect the value of such interest or securities; and

5.2.2.4. Take personal advantage of an opportunity available to NH unless NH has clearly and irrevocably decided against pursuing the opportunity and NH has consented to the Director pursuing such opportunity.

5.2.3. Examples of common situations which may give rise to a conflict of interest are set out in Appendix A.

5.3. Disclosure of Conflicts

5.3.1. Directors must monitor, identify and fully disclose in a timely manner all circumstances that could conceivably be construed as a conflict of interest. An important part of discharging this duty is reviewing Board and Board Committee meeting materials in advance so that potential or actual conflicts can be flagged before any discussion or decision-making occurs.

5.3.2. Annually, Directors must review this Code of Conduct and complete the included Conflict of Interest Declaration.

5.3.3. Directors must declare possible conflicting outside business activities at the time of their appointment and as they may arise during the course of their term.

5.3.4. Directors should, immediately upon becoming aware of a potential conflict of interest situation, disclose the conflict to the Board Chair, and in the case of the Board Chair having a conflict, to the designated alternate. This may be done verbally at a Board meeting or in writing outside of a Board meeting. This requirement exists even if the Director does not become aware of the conflict until after a transaction is complete.

5.3.5. If a Director is aware that another Director may be in a conflict of interest, the Director must immediately bring their concern to the other Director's attention. If after a discussion both Directors agree there is no conflict, the matter will be considered resolved. If there is disagreement between the Directors about whether there is a conflict or potential conflict of interest, the concern must be brought to the attention of the Board Chair. If there is an unresolved disagreement involving the Board Chair, the issue should be referred to the designated alternate.

5.4. Post Disclosure

5.4.1. If a potential conflict of interest is deemed to be a conflict of interest by the Board Chair (or designated alternate), the Director:

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

5.4.1.1. Shall not take part in the discussion of the matter or vote on any questions in respect of the matter (although the Director may be counted in the quorum present at the Board meeting);

5.4.1.2. May remain in the room if the meeting is open to the public, but shall not take part in that portion of the meeting during which the matter giving rise to the conflict of interest is under discussion, and shall leave the room prior to any vote on the matter giving rise to the conflict of interest; and

5.4.1.3. Shall, if the meeting is not open to the public, immediately leave the meeting and not return until all discussion and voting with respect to the matter giving rise to the conflict of interest is completed.

5.4.2. A Director shall immediately, unless otherwise directed by the Board Chair, take steps to resolve the conflict.

5.4.3. If a Director disagrees that a conflict of interest exists, the Director shall leave the meeting where the matter of potential conflict is being discussed and the Board Chair (or designated alternate) shall put the question to the Board for discussion and vote. A Majority ruling by the Board shall determine the issue and the Board's decision shall be final.

6. Outside Employment or Association

6.1. A Director who accepts a position with any organization that could lead to a conflict of interest or situation prejudicial to NH's interest shall discuss the implications of accepting such a position with the Board Chair, recognizing that acceptance of such a position may require the Director's resignation from the Board.

7. Public Office

7.1 No one who holds public elected office (e.g. municipal council, band council, school board, regional district, regional hospital district) is eligible to be a Director of NH unless otherwise directed by the Crown Agency Board Resourcing Office (CABRO).

7.2 A Director may run for provincial or federal public office while a member of the Board and shall, while campaigning:

a) Take a paid leave of absence from the Board, or

b) Attend Board and Board Committee meetings with the proviso that the candidacy is declared and minuted at the beginning of each meeting, and the Director excuses themselves from any discussion or vote that could be viewed as partisan;

c) Not speak on behalf of NH; and

d) Not refer to their work on the Board other than a factual declaration of Board membership in their biography

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

7.3 If elected, the Director must resign immediately unless otherwise directed by CABRO.

8. Confidential Information

8.1. Confidential information means any proprietary, technical, business, financial, legal, or other information which NH treats as confidential.

8.2. Directors may not disclose confidential information to any person outside of NH unless such disclosure is authorized.

8.3. Without limiting the foregoing, Directors may not disclose or use confidential information gained by virtue of their association with NH for personal gain, or to benefit friends, relatives, or associates.

8.4. Directors are advised to seek guidance from the Board Chair (which may be informed by discussions with the CEO) with respect to what is considered confidential.

8.5. Directors' obligations of confidentiality continue after they cease to serve as a Director of NH, for so long as the information remains confidential.

9. Entertainment, Gifts, and Favours

9.1. Gifts and entertainment may only be accepted or offered by a Director in the normal exchanges of hospitality or customary gesture of courtesy between persons doing business together and where such exchange does not create any sense of obligation.

9.2. Directors and associated persons should not accept entertainment, gifts, or favours that create or appear to create the perception that a person or organization has a favoured position fordoing business with NH. Directors will direct any firm offering such inducement to cease doing so and will inform the Board Chair who will in turn inform the appropriate member of the senior executive team to assess if any action should be taken with respect to that person or organization's ongoing business relationship with NH.

9.3. Similarly, no Director may offer or solicit entertainment, gifts, or favours to secure preferential treatment for themselves, associated persons, or NH.

9.4. A Director may accept modest discounts on a personal purchase of a supplier's products only if such discounts do not affect NH's decision to purchase the same supplier's products and such discounts are generally offered to others having a similar business relationship with the supplier or customer.

10. Use of Northern Health Property

10.1. A director requires NH's approval to use any property owned by NH for personal purposes, or to purchase property from NH, unless the purchase is made through the usual channels also available to the public.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

10.2. Even then, a Director must not purchase property owned by NH if that Director is involved in an official capacity in some aspect of the sale or purchase of that property.

10.3. Directors have an obligation to ensure the proper use of NH assets and resources, for the purpose of exercising their role as director and not for their own personal benefit or purposes. Directors should ensure all NH property that may be assigned to them is maintained in good condition and should be able to account for such property.

11. Compliance, Reporting, and Complaint Resolution Procedures[1]

11.1. Each Director is obligated to comply with the terms of this Code of Conduct.

11.2. Any Director who knows or suspects a breach of this Code of Conduct has occurred has a responsibility to report the complaint to the Board Chair or, in the absence of or involvement in alleged breach by the Board Chair, to either the Chair of the Governance and Management Relations (GMR) Committee or the Minister of Health.

11.3. Complaints from non-Directors about the conduct of Directors will be handled under the process set out in this Code of Conduct, including complaints brought under NH's Respectful Workplace Policy or Safe Reporting Policy.

11.4. When the Board Chair or GMR Committee Chair receives a complaint about a Director, they will first attempt to resolve the issue informally, if appropriate. This may include a conversation with the Director(s) against which the complaint is made, and where multiple people are involved, facilitating a discussion between the individuals, contacting the individuals separately to explore ways of resolving the complaint, and/or seeking the assistance of a mediator. In the event informal resolution is not possible, the matter will either be investigated at the direction of the Board Chair (in case of a complaint involving a Director) or referred to the Minister of Health (in the event of a complaint involving the Board Chair).

11.5. Complaints involving the Board Chair may be sent directly to the Minister of Health without going through the informal resolution process set out in Clause 11.4.

11.6. Complaints referred to the Minister of Health will be assessed on intake to determine the severity of the allegations and whether they establish a prima facie case for a breach of the Code of Conduct (that is, if the allegations set out in the complaint, if assumed to be true, and without answer from the respondent, would constitute a breach of this Code of Conduct). Based on this assessment, the Minister of Health will determine appropriate next steps which may include referring the matter to a third party for investigation.

11.7. In the event a complaint is referred to a third party to investigate either by the Board Chair or the Minister of Health), the procedures set out in Appendix B will apply and Directors have a duty to participate in the investigation.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

11.8. The Minister of Health will report to ~~NH~~ the Deputy Chair and/or the CEO of NH the outcome of any processes they undertake in accordance with Clause 11.5 and 11.6 in sufficient detail, which will include, at a minimum, whether the complaint was substantiated, and any action taken, subject to privacy obligations, such that NH can meet its legal obligations to ensure a safe workplace.

11.9. Complainants, respondents, and witnesses shall maintain strict confidentiality regarding any matters related to the complaint during any resolution process engaged in, including, but not limited to, during an investigation. A breach of confidentiality shall be treated as a breach of this Code of Conduct. Retaliatory conduct of any kind will not be tolerated.

12. Breaches

12.1. A Director found to have breached their duty by violating the Code of Conduct may be censured or subject to other actions the Board determines are appropriate, including a recommendation that their appointment as Director be revoked by the Minister of Health.

13. Where to Seek Clarification

13.1. The Board Chair or designated alternate will provide guidance on any item in this Code of Conduct. The Board Chair may, at their discretion or the request of a Director, seek the advice of legal counsel.

13.2. To the extent any provisions in this Code of Conduct conflict with those of any other NH or Board policy, the provisions in this Code of Conduct will prevail.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

DIRECTOR DECLARATION FORM

I ACKNOWLEDGE that I have read, considered and understood the *Code of Conduct and Conflict of Interest Guidelines for Directors* of Northern Health (BRD210) and the Northern Health Integrated Ethics Framework.

A perceived direct or indirect conflict with my duty as a Director of Northern Health may arise because:

a. I hold the following offices or sit on the following Boards (appointed or elected):

☐ None

_____

_____

_____

_____

b. I receive financial remuneration (either for services performed by me, as an owner or part owner, Trustee, Director, employee or otherwise) from the following sources:

☐ None

_____

_____

_____

_____

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

Do you have relationships or interests with any of Northern Health's vendors as listed in the annual Statement of Financial Information (SOFI)?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

Other than disclosed above, do you have any relationships or interests that could compromise, either directly or indirectly, or be perceived to compromise, your ability to exercise judgement with a view to the best interests of Northern Health?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

I agree to conduct myself in accordance with the Code of Conduct and affirm, to the best of my knowledge, that I have no undeclared Conflict of Interest.

_____
Signature

_____ _____
Print Name Date

_____ _____
Corporate Secretary Date

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

APPENDIX A

Examples of Conflicts of Interest

There are various situations that could give rise to a conflict of interest. The most common are accepting gifts, favours or kickbacks from suppliers, close or family relationships with outside suppliers, passing confidential information to competitors and using privileged information inappropriately.

The following are examples of the types of conduct and situations that can lead to a conflict of interest:

i. Influencing NH to lease equipment from a business owned or controlled by the Director or associated persons;
ii. Influencing NH to allocate funds to an institution where the Director or associated person works;
iii. Participating in a decision which results directly or indirectly in NH hiring or promoting an associated person; and
iv. Serving as a director or officer of another corporation, related or otherwise, and possessing confidential information received in that role that is of importance to a decision being made by NH. The Director cannot discharge the duty to maintain such information in confidence while at the same time discharging the duty to make disclosure as a Director of NH.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

APPENDIX B

Complaints Procedure

The following procedure will apply to the handling of complaints involving alleged breaches of the Code of Conduct which are referred to an investigator.

1. The complainant will be directed to submit a written statement providing detailed particulars of the complaint, including a summary of the incident(s), the date, time, and location of each incident, the conduct and words used (to the extent applicable), and names of any witnesses.

2. The investigator will review all relevant documents and conduct interviews with the complainant, the respondent and all necessary witnesses.

3. The respondent will receive a written summary of the complaint in advance of meeting with the investigator and will be given a reasonable chance to respond to the allegations.

4. Based on the results of the investigation, the investigator will prepare a report with findings of fact and a determination as to whether the Code of Conduct was breached.

5. Either the Board Chair or the Minister of Health will inform the complainant and the respondent of the results of the investigation. This can be done either directly or through NH's Vice-President of Human Resources or designate.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

BOARD BRIEFING NOTE

Date:	April 2, 2024	
Agenda item	Overview of Research and Evaluation	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	GMR Committee and Northern Health Board of Directors	
Prepared by:	Julia Bickford & April Hughes, Regional Directors, Research, Evaluation & Analytics	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management Ciro Panessa, CEO	

Issue & Purpose:

The goal of the Northern Health (NH) Research Department and Evaluation Team, is to support an organizational culture which encourages, expects, and supports the integration of research and evidence in everyday practice. The Research Department actively supports staff, medical staff, patients, and academic partners to conduct or engage in research activities that contribute to health services and advance the priorities of NH and its communities.

Research is an important driver of innovation and excellence in care. Maturing research culture, capacity, and infrastructure will enable more equitable access to care (e.g., investigational therapeutics offered through clinical trials), opportunities to lead and partner with others on research topics that are a priority for the north, and opportunities to attract and retain highly qualified clinical and research personnel in the north.

Key Actions, Changes & Progress:

Ethics and Institutional Approvals

Highlights from the 2023 Annual Report (***In Reference Package***) include:

- Seventy-six (76) studies were received in 2023. (30% increase over 2022).
- The majority of applications to the NH Research Ethics Board (REB) were led by Principal Investigators (PIs) from University of British Columbia (UBC) (59%) and

University of Northern British Columbia (UNBC) (14%). Research conducted by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC total.
- The primary topics of research in 2022 were population and public health, medication management/pharmacy, and acute care.

Building Clinical Research Capacity and Infrastructure

- **Northern Centre for Clinical Research (NCCR)**
  The NCCR is a tri-partite institution launched in 2022 through a MOU between Northern Health, UNBC, and UBC. Under the leadership of Medical Director Dr. Anurag Singh and with governance and advisory councils, the NCCR has activities that span from community engagement and academic work to clinical trials research. The NCCR is currently undertaking a timely strategic planning process which will help to better inform the development of a Canadian Foundation for Innovation (CFI) grant proposal regarding research priorities and needs (further described below). The research team are currently working on 3 research studies including a phase 3 clinical trial, and 2 observational studies. Additional studies are under review for feasibility. The NCCR has recently hired a new Manager and work continues toward the development of Standard Operating Procedures (SOPs) and requirements to meet Good Clinical Practice (GCP) guidelines for Clinical Trials Research.

- **Clinical Research**
  The Research & Evaluation department supports the conduct of high-quality clinical research in the North. Operational and ethics (REB) review processes for clinical research are currently under review with the intent to provide a more transparent and timely response to research investigators who wish to conduct research in NH facilities. This review includes the complete intake process and forms required for proposed research studies, data access, and cost recovery of NH resources that fall outside of normal patient care.

- **NH/PHSA/UNBC MOU**
  Phase I: *Collaboration for Health Research in Northern BC Seed Grant Program.* Funded by the PHSA-NH-UNBC partnership (begun in 2013 with signing of MOU), focused on topics relevant to the needs and realties of health in Northern BC.
  - Ran from 2015-2024: Final two funded projects still in progress and wrapping up in 2024.
  - 26 funded projects.
  - $260,000 awarded in $10,000 grants.

Phase II*: Collaboration for Health Research in Northern BC Project Grant Program*. Call was released March 15, 2024. The focus is on a renewed commitment to support health research in the north.

- Up to 2 projects funded per year at $45,000 for a 24-month period starting July 15, 2024. *These funds can be leveraged with other funding agencies.
- There will be a total of 6 funded projects.

Phase III (2025): *Collaboration for Health Research in Northern BC Project Grant Program*.

- $10,000 seed grant competition will also be run as part of this program focused on emerging issues (environmental health, toxic drug supply, etc.)
- The focus of this call for proposals is on research relating to the following areas:
  - Create connections across NH Service Networks and PHSA Health Improvement Networks to enhance planning and delivery of services.
  - Strengthen human health resource planning and workforce development. The need to grow, retain and support the health and wellness of a skilled workforce.
  - The proposed team and research activity/plan must address a health challenge identified in northern BC.

Mobilizing Knowledge into Practice

- NH participated in the conceptualization, planning and identification of speakers for the Five Days in May Health Research showcase – highlighting health research activities across the North.
- The Northern Health Research Seminar continued with is bi-annual programming, inviting Northern researchers, leaders, and health professionals to present research projects and research capacity development activities.
- In 2023, there were five issues of the Knowledge Translation newsletter issued.

Partnerships and Engagement

- In July 2022, a refreshed **MOU between UNBC and NH was signed**. The overall spirit of the new MOU is to reaffirm a shared commitment to furthering knowledge about, and developing the capacity for, the advancement of the health of northern British Columbians through the integration of practice, education, and research.

- **CFI Innovation Grant and Northern BC Hub for Health Research**
  NH has partnered with the UNBC on the development of a $50+ million infrastructure grant proposal to the Canadian Foundation for Innovation (CFI). The letter of intent was submitted in September 2023 and was accepted. The final proposal is currently under development for a deadline of February 2024. This proposal is a unique opportunity to build a Health Research hub that is co-led with Indigenous and health system partners that will advance research to achieve health equity for rural,

indigenous and northern British Columbians.The proposal includes the development of a new building at the UNBC campus and repurposed space at UHNBC, most probably in the current Jubilee Lodge once that health service is moved into a new location. The repurposed University Hospital space will then house the NCCR.

- **Michael Smith Health Research BC (MSHRBC)** – Northern Health co-leads the BC SUPORT Unit Northern Centre, along with UNBC. In 2022, Michael Smith Health Research BC confirmed a 5-year Phase 2 commitment (2022-2026/2027 fiscal years) to support the Regional Northern Centre promoting patient centered health research across northern BC. The Support Unit was originally established as the northern response to the Canadian Institute for Health Research (CIHR) Strategy for Patient Oriented Research (SPOR) initiated in 2011. The SPOR initiative is intended to facilitate greater involvement of patients and addressing patient-identified issues in the Canadian health research industry. Building from the collaborative spirit of the UNBC/NH Memorandum of Understanding, the two organizations have partnered to develop a northern centre – a support unit – to promote greater patient involvement in health research in the North. Michael Smith Health Research BC has led British Columbia's SPOR initiatives and has established a provincial hub that links with centres established in each health region.

- **The Northern Biobank** – In 2022, the Northern Biobank, led by Medical Director Dr. Nadine Caron, wrapped up the Phase II funding period with Genome BC, Northern Health Authority, the First Nations Health Authority, Provincial Health Services Authority, and the BC Cancer Foundation. Phase II focused on the implementation of the retrospective biobank. Phase III is now underway, with the dedicated Lead developing the prospective biobank proposals, ethics applications, consent forms, standard operating procedures, governance structure, and patient journey process mapping.

Recommendation:

This update is provided to the GMR Committee and Northern Health Board of Directors for information.