
Meeting of the Northern Health Board February 10, 2025

The Northern Health Board did not host an in person Public Board meeting on February 10, 2025. A virtual meeting was held to address regular Board business. Part of the meeting included a review of the material in this package.



Northern Health Board - Public Agenda Package

February 10, 2025 08:00 AM



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CEO Report

February 2025



Land Acknowledgement

Northern Health (NH) acknowledges with gratitude that our work takes place on the territories of the Tlingit, Tahltan, Nisga'a, Gitksan, Tsimshian, Haisla, Haida, Wet'suwet'en, Carrier (Dakelh), Sekani (Tse'khene), Dane-zaa, Cree, Sauteau, and Dene Peoples.

Unregulated Drug Crisis in Northern Health

Epidemiology Update:

- Coroner hasn't released November and December 2024 Unregulated Drug Poisoning Deaths.
- As per the last update, BC is starting to experience a decrease in the rate of unregulated drug toxicity deaths, Northern Health rate started to stabilize in October 2024.
- The rate of unregulated drug toxicity deaths in Males is continuing to increase in Northern Health whereas in BC the rate is showing a decline.
- The rate of Females is increasing for both BC and Northern Health. However, Northern Health females experience a 2.2 higher rate of unregulated drug toxicity deaths compared to BC females.

Unregulated Drug Poisoning Emergency Strategy Categories

- Northern Health aims to reduce unregulated drug poisoning deaths through a collaborative approach, focusing on three key areas:
 1. **Harm Reduction:** Episodic OPS, Inhalation OPS, Substance use in Northern Health facilities, Regional Harm Reduction Policy
 2. **Treatment:** Prescribed Alternatives, OAT, Nurse Prescribing
 3. **Supportive Environments:** Peer Engagement, Community-Based Initiatives, Stigma Reduction
- While treatment and harm reduction are critical for saving lives, supportive environments are foundational to enhancing their effectiveness.

Program Highlight: Regional Drug Checking Program

Why Drug Checking

- Improves community and organizational awareness of contaminants in the illegal drug supply including fentanyl.
- Allows for more informed consumption and safety planning around substance use.
- Creates new opportunities for staff to engage with vulnerable and at-risk clients who may not otherwise engage in health and social services.
- Allows for consensual discussions around reducing harms associated with substance use and linking clients to other services and supports.
- Provides opportunity to offer training for overdose recognition and response as well as providing clients with a take home naloxone kit.
- Allows for real time community drug alerts to be issued around substances of concern that have been identified through advanced drug checking technologies such as Fourier transform infrared spectroscopy (FTIR), as an overdose prevention strategy.



⚠ **TOXIC DRUG ALERT** ⚠

for Terrace, BC
Alert expires: April 3, 2024

Drug's characteristics:

SUBSTANCES:
Consumed through smoking and sold as "down".

COLOURS:
Purple

RESPONSES:
Prolonged sedation and requiring many doses of naloxone

Overdose signs

Slow or NO breathing

Lips are blue

Nails are blue

Choking, gurgling, or snoring sounds

Person is not moving
Can't be woken up

Skin feels cold or clammy

Pupils are tiny

Terrace OPS locations:

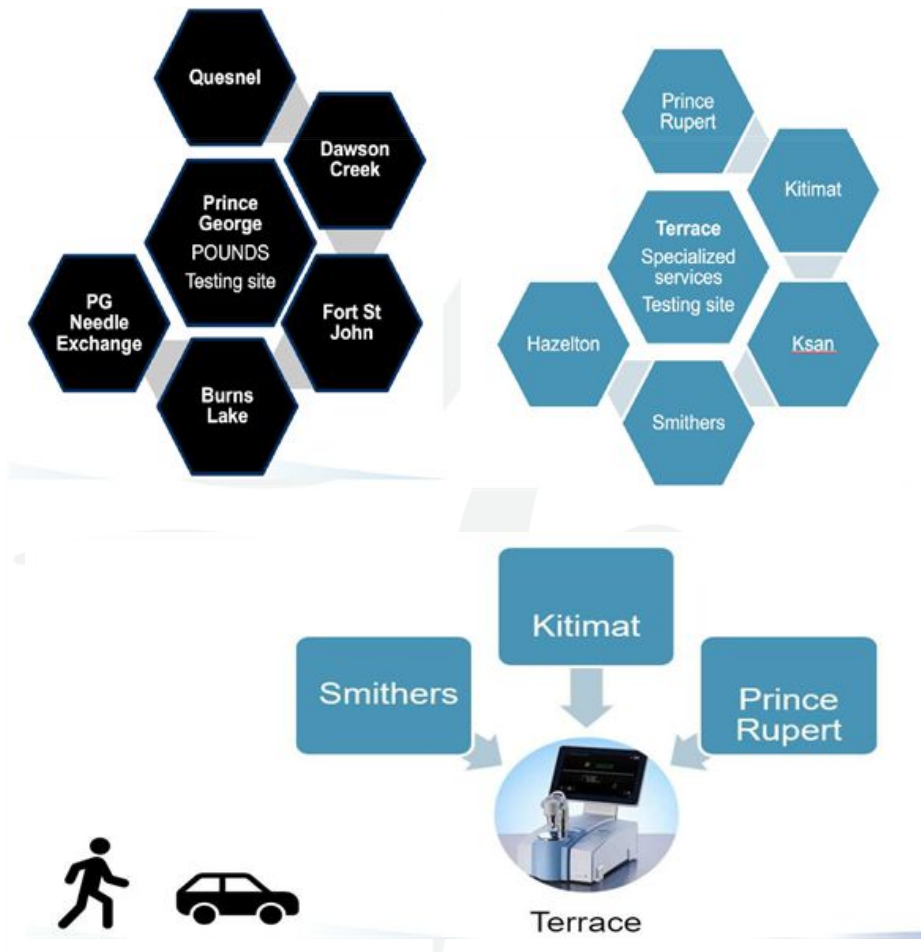
Terrace Specialized Mental Health and Substance Use Outreach Team
 101-4450 Greig Ave., Terrace, BC (Stepping Stones Building)
 Phone: 250-631-4647
 Monday to Friday from 12 pm to 4 pm (excluding holidays).

Episodic Overdose Prevention Services
 available between from 8:30 am – 8 pm, seven days per week, as staffing allows.

Have a Safety Plan

- Don't use alone
- If alone, use the Lifeguard or BeSafe app
- When possible avoid mixing drugs or mixing drugs with alcohol
- Carry and know how to use naloxone
- Test a small amount and go slow
- Take into account potential decreased tolerance and isolation due to cold weather
- Call 9-1-1 or your local emergency number right away if someone overdoses

Federal Exemption: Urgent Public Health Needs Sites



- In June 2021, Health Canada issued an amended subsection 56(1) class exemption to the *Controlled Drugs and Substances Act* (CDSA) to allow for the establishment of “urgent public health need sites” (UPHNS) for distributed models of drug checking or lab analysis, through legal collection, storage and transport of small samples of illicit drugs.
- To operationalize this exemption, the B.C. Ministry of Health is authorizing Medical Health Officers (MHOs) to enter into agreements with prospective UPHNS operators to create UPHNS for the purpose of enabling distributed models of drug checking and analysis – hereby referred to as “B.C. Distributed Drug Checking Sites” – on behalf of the Minister.
- This exemption has been extended until September 2025
- Under this exemption samples can travel by vehicle/courier between collection sites to testing sites to ensure expanded access to drug checking services across NH

Ksyen Regional Hospital, Terrace: Name Gifting Ceremony

- On Friday December 13, 2024, a well attended name gifting ceremony took place in the lobby of the new hospital to officially provide recognition of its name.
- Northern Health Leadership was fortunate that newly appointed Minister of Health Josie Osborne was able to travel to Terrace to attend the event alongside Northern Health Board Chair, Colleen Nyce and Northern Health President and Chief Executive Officer, Ciro Panessa.
- As part of the ceremony Ksyen was spoken by Kitsumkalum elder Sharon Bryant to Health Minister Josie Osborne who then repeated it back.
- A Tsimshian name, Ksyen Regional Hospital, Terrace, is in recognition of the territory in which the hospital was built and the regional it services. Ksyen is the Sm'algyax name for the Skeena River. The word translates as "River of the Mist". "Sm'algyax is the language spoken by the Ts'msyen.
- The new hospital opened ahead of schedule and is more than twice the size of the previous facility and has 82 beds, private rooms, a bigger emergency department space, including two trauma bays, six stretcher bays, pediatric care space and four operating rooms, as well as the latest diagnostic imaging equipment.

Ksyen Regional Hospital, Terrace: Name Gifting Ceremony



Fort St James Hospital Opening



- On Tuesday January 14, 2025 the new hospital in Fort St James was opened to patients.
- The new facility is three times the size of the previous hospital and has 27 beds, with 18 long-term care and nine acute-care beds.
- The new hospital has an expanded emergency department with two treatment rooms, a trauma bay and an ambulance bay. In addition, there are bigger laboratory and diagnostic-imaging spaces.
- The new hospital is located at 606 Stuart Dr. E and the current Fort St. James Health Centre will be integrated with the new hospital at this address.
- First Nations in the area were consulted throughout the design process to help ensure the facility is welcoming to everyone and is reflective of the local Indigenous culture.
- An official opening ceremony will be held in 2025.



**Northern Health Human Resources
Public Board Report
David Williams, VP Human Resources
February 10 2025**

The BIG Picture

10M Global Shortfall By 2030



Northern Health Context



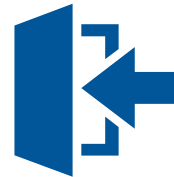
20.17%

Baseline positions are unfilled



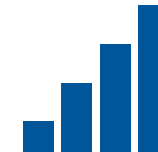
1,423

Employee Net Gains in Last 12 Months



22.15%

Increase in workforce supply since 2020



34.49%

Increase in workforce demand since 2020

Northern Health's Our People Plan – Aligning with the Four Pillars of BC's HHR Strategy

Retain

Foster healthy, safe, and inspired workplaces, support workforce health and wellness, embed reconciliation, diversity, inclusion and cultural safety and better support and retain workers in high-need areas, build clinical leadership capacity and increase engagement.

Redesign

Balance workloads and staffing levels to optimize quality of care by optimizing scope of practice, expanding, and enhancing team-based care, redesigning workflows, and adopting enabling technologies.

Recruit

Attract and onboard workers by reducing barriers for international health-care professionals, supporting comprehensive onboarding, and promoting health-care careers to young people.

Train

Strengthen employer supported training models; enhance earn and learn programs to support staff to advance the skills and qualifications; expand the use of bursaries, expand education seats for new and existing employees.



Healthcare Worker Incentives – Northern, Rural, Remote

In May 1, 2024, the government announced new and expanded programs as part of its ongoing commitment to recruit and retain dedicated Health Professionals across BC.

Currently, these incentives are available from April 1, 2024, to March 31, 2025. Eligibility varies by community and profession.

Highlights:

- **Rural and Remote Recruitment Incentive (RRRI):** This incentive provides up to \$30,000 to eligible healthcare workers who have signed an employment agreement by March 31, 2025 to a RRRI qualified positions in rural and remote BC communities.
- **Provincial Rural Retention Incentive (PRRI):** In 2021, a scalable Prototype Rural Retention Incentive was launched in Northern Health to address increasing health sector labour market pressure in several high-needs rural and remote communities in our region. The program is expanded to include 56 new rural and remote communities in addition to those that were already eligible under the previous prototype program. The PRRI provides quarterly payments of \$2,000, pro-rated to productive hours, to a maximum of \$8,000 annually, to eligible staff in identified communities.



Join the Northern Health team for a
\$30,000
Signing bonus

Emergency Nurses

Take advantage of this rural and remote incentive and join a career where work-life balance and professional growth go hand in hand.

careers.northernhealth.ca

northern health
the northern way of caring

Rural and Remote Recruitment Incentive (RRRI)

The Rural Remote Recruitment Incentive (RRRI) was rolled out by the Province in two-year 2024, offering \$30,000 to eligible new staff for a two-year return of service.

Positive Trending:

- Approved 285 hires (40 part-time and 245 full time across HN).
- The RRRI has supported 180 Nurses recruits in targeted communities/positions.
- Filled difficulty-to-fill positions across the regions, some of which have been posted for over 700 days.
- Ability to attract RNs to remote areas such as Atlin, Stewart, Kitimat, Daajing Gidds.

Prototype Rural Retention Incentive (PRRI)

Provincial Incentives to Keep Staff in the North

- Keeping the highly skilled and trained staff we already have, is just as important as attracting new talent
- To address this, the Provincial Rural Retention Incentive (PRRI) has expanded eligibility to current staff in most Northern BC communities
- Eligible staff are entitled to up to \$2,000 Quarterly to a max of \$8,000 for the year
- Eligibility based on regular full-time and regular part time employees covered by the Nurses Bargaining Association (NBA), Health Sciences Professional Bargaining Association (HSPBA), Facilities Bargaining Association (FBA), Community Bargaining Association (CBA), and Excluded

Internationally Educated Health Professionals (IEHPs) Program

Health Match BC

Role:

- Largest source of IEN referrals to Northern Health

Support:

- Assists with licensure, registration, and immigration processes

NH Hiring Data: *(January 1- December 31, 2024)*

- Number of Referrals from Health Match BC: 78
- Number of Hires: 33 (of the 78 Referrals)

In addition to this program, an additional 44 internationally educated nurses were hired by Northern Health

Health Care Access Program (HCAP)

HCAP

Care Aides

2024 forecasted gap reduced from 372 to 142 HCAs due to steady influx

- 432 HCAP care aides are working in Return of Service period
- There are 122 students currently in school set to graduate May- July 2025.
- Recruitment will start in April for 98 more students to start school in the fall

Mental Health Support Workers

- 12 students graduating by June 2025.
- **17 new seats now funded** to start school in May and Sept 2025.
- Recruitment begins February.

Earn and Learn Programs (ELP)

ELP

Access to Practical Nurse Program Pilot Cohort (June 2025 to August 2026)

- 24 sponsored seats (tuition, books, stipend for 14 months)
- 132 internal applications. Candidate selection and college approvals underway

Combined Lab Xray Technician

- 5 graduates in July 2025, 2 graduates in July 2026.
- Pending MOH approvals for 3 candidates to start Sept 2025

Rehabilitative Assistants:

- 8 funded seats: 40 applications received.
- Candidate selection underway now for May 2025 school start

Future Earn and Learn streams for 2025 – 2026 (through Provincial Health Human Resources Coordination Centre)

- **Phase 1:** Pharmacy Technician, Medical Laboratory Assistants, Rehabilitation Assistants
- **Phase 2:** Medical Radiology Technicians, Cardiology Technician, Dental Hygienist

The Face of Northern Health

As at January 16, 2025

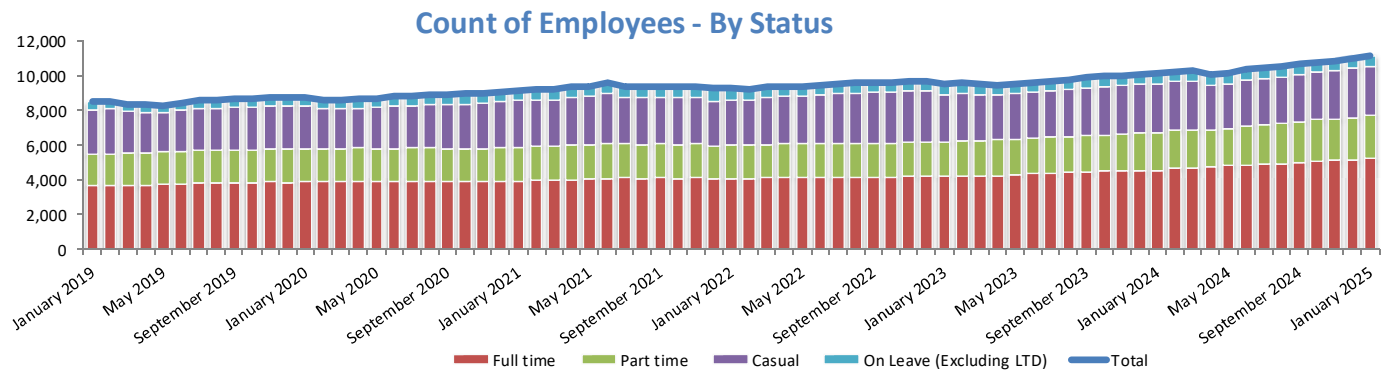
Summary of Employees by Status	Headcount	%	FTE
Active: Total	10,621	100%	6,960
Full-time	5,261	50%	
Part-time	2,517	24%	
Casual	2,843	27%	
Non-Active: Total	963	100%	784
Leave	581	60%	453
Long Term Disability (LTD)	382	40%	331

Active Employees by Region	Headcount	%
Active: Total	10,621	100%
North East	1,698	16%
North West	2,378	22%
Northern Interior: Prince George	3,297	31%
Northern Interior: Rural	1,307	12%
Regional	1,941	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	10,621	100%
Nurses	3,229	30%
Facilities	3,958	37%
Health Sciences	1,249	12%
Community	1,153	11%
Excluded	1,032	10%

Active Nursing	Headcount	%
Active: Total	3,229	100%
RN/RPN	2,391	74%
LPN	838	26%

Clinical vs. Support	Facilities	Community
Active: Total	3,844	1,153
Clinical	1,847	669
Non-Clinical	1,997	484





BOARD BRIEFING NOTE

Date:	January 22, 2025	
Agenda item:	2024-25 Period 9 – Operating Budget Update	
Purpose:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Decision
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD December 5, 2024 (Period 9)

Year to date Period 9, Northern Health (NH) has a net deficit of \$8.4 million.

The unfavourable variance in Ministry of Health Contributions is year to date actual funding received being less than expected.

The unfavourable variance in Acute is due to higher-than-expected patient volumes and overage in labour costs due to high instances of overtime and agency staff.

The favourable variance in Community Care and Mental Health and Substance Use 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.

Recommendation:

The Northern Health Board receives the 2024-25 Period 9 financial update, as presented.

NORTHERN HEALTH
Statement of Operations

Year to date ending Dec 5, 2024

\$ thousand

	Annual Budget	YTD December 5, 2024 (Period 9)			
		Budget	Actual	Variance	%
REVENUES					
Ministry of Health Contributions	1,339,180	887,250	874,460	(12,790)	-1.4%
Other revenues	309,560	209,570	226,843	17,273	8.2%
TOTAL REVENUES	1,648,740	1,096,820	1,101,303	4,483	0.4%
EXPENSES (BY PROGRAM)					
Acute	904,860	594,620	616,094	(21,474)	-3.6%
Community care	262,490	174,510	167,490	7,020	4.0%
Long term care	187,130	125,830	131,830	(6,000)	-4.8%
Mental health and substance use	117,620	73,190	61,704	11,486	15.7%
Population health and wellness	48,150	32,730	34,464	(1,734)	-5.3%
Corporate	128,490	95,940	98,169	(2,229)	-2.3%
TOTAL EXPENSES	1,648,740	1,096,820	1,109,751	(12,931)	-1.2%
NET OPERATING DEFICIT	-	-	(8,448)		



BOARD BRIEFING NOTE

Date:	January 22, 2025	
Agenda item:	Capital Public Note	
Purpose:	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> 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 2024-25 capital expenditure plan in February 2024, with amendments in April 2024 and July 2024. The plan approves total expenditures of \$433.6M, with funding support from the Ministry of Health (\$349.9M, 81%), Six Regional Hospital Districts (\$54.7M, 13%), Foundations, Auxiliaries and Other Entities (\$4.5M, 1%), and Northern Health (\$23.4M, 5%).

Year to date Period 9 (ending December 5, 2024), \$240.0M was spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (Priority Investment)	204.2	322.3
Major Capital Projects (Routine Capital)	19.1	77.4
Major Capital Equipment (> \$100,000)	6.1	16.0
Equipment & Projects (< \$100,000)	8.1	11.7
Information Technology	2.5	6.2
	<u>240.0</u>	<u>433.6</u>

Significant capital projects currently underway and/or completed in 2024-25 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Burns Lake	BLH DI Ultrasound Replacement	\$0.22	In Progress	Burns Lake Auxiliary, MOH
Burns Lake	BLH FM Hot Water Decoupling (CNCP)	\$0.28	Closing	SNRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Burns Lake	PIN FM Cooling and DHW Upgrade (CNCP)	N/A	In Procurement	SNRHD, MOH
Fort St. James	Stuart Lake Hospital Replacement	\$158.34	In Progress	SNRHD, MOH
Mackenzie	MCK Medical Clinic Renovation	\$1.79	In Progress	FFGRHD, MOH, Division of Family Practice
Prince George	Alward Place Boiler Upgrade	\$0.33	In progress	MOH, BC Housing
Prince George	Gateway Chiller Replacement	\$0.75	Closing	FFGRHD, MOH
Prince George	Prince George Diabetes and Renal Clinic Space Renovation	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC Cardiac Care Unit	\$1.58	Closing	SONHF, FFGRHD, MOH, NH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	Phase 3 In Planning	FFGRHD, MOH
Prince George	UHNBC DCS Topcon Optical Coherence Tomo	N/A	In Procurement	MOH
Prince George	UHNBC DI D670 SPECT Upgrade	\$0.31	In Progress	FFGRHD, MOH
Prince George	UHNBC DI Hawkeye Replacement	\$2.76	In Progress	FFGRHD, MOH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	\$1.09	Complete	FFGRHD, MOH
Prince George	UHN DI Ultrasound Interventional Radiology	\$0.17	Complete	SONHF
Prince George	UHN DI Ultrasound N0035886 Replacement	\$0.14	Complete	FFGRHD, MOH
Prince George	UHN DI Ultrasound N0035887 Replacement	\$0.14	Complete	FFGRHD, MOH
Prince George	UHNBC FM Fire Alarm System Replacement	\$6.4	In Progress	FFGRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince George	UHNBC FM DHW Decoupling and Condensing Boilers	\$1.24	Complete	FFGRHD, MOH
Prince George	UHNBC FM Elevator Cars Upgrade	\$1.2	In Progress	MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	\$0.68	In Progress	FFGRHD, MOH
Prince George	UHNBC Lighting Upgrade	\$0.34	In Progress	BC Hydro
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	\$1.23	In Progress	FFGRHD, MOH
Prince George	UHNBC FS Trayline Assembly System Replacement	\$1.66	Complete	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	\$9.61	Closing	FFGRHD, MOH
Prince George	UHNBC Lab Renovations Phase 2A	N/A	In Procurement	FFGRHD, NH
Prince George	UHNBC Maternity and Fetal Monitoring System	\$0.32	In Progress	FFGRHD, MOH
Prince George	UHNBC Maternity Ultrasound Machine	\$0.37	In Progress	SONHF, MOH
Prince George	UHNBC IT Server Refresh	\$0.69	In Progress	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	\$5.00	Complete	FFGRHD
Prince George	UHNBC New Acute Care Tower	N/A	In Planning	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Early Works	\$103.22	In Progress	FFGRHD, MOH
Prince George	UHNBC Reverse Osmosis Replacement	\$0.62	In Progress	MOH
Prince George	UHNBC Sterile Compounding Room Upgrade	\$5.70	In Progress	FFGRHD, MOH, NH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince George	UHNBC OR Anesthesia Units Replacement	\$0.48	In Progress	MOH, NH
Prince George	UHNBC OR Microscope OPMI Lumera 700	\$0.43	In Progress	FFGRHD, NH
Quesnel	GRB DI EPIQ Elite Ultrasound	\$0.21	In Progress	SONHF, MOH
Quesnel	GRB ER & ICU Addition	\$27.0	Closing	CCRHD, MOH
Quesnel	GRB IT Network Replacement	N/A	In Planning	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	\$0.69	Closing	CCRHD, MOH, NH
Quesnel	GRB OR Surgical Tower Replacement	\$0.31	Complete	CCRHD, MOH
Quesnel	GRB Phone System	\$0.67	Complete	CCRHD, MOH
Quesnel	Quesnel Long Term Care Business Plan	\$0.53	Complete	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	\$1.19	Closing	CCRHD, MOH
Vanderhoof	St. John Hospital DI X-Ray and Portable Replacement	\$0.55	Complete	SNRHD, MOH
Vanderhoof	St. John Hospital Domestic Hot Water Upgrade (CNCP)	\$0.53	Closing	SNRHD, MOH
Vanderhoof	St. John Hospital Lab Chemistry Analyzer	N/A	In Planning	SNRHD, MOH, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	\$7.7	Complete	SNRHD, MOH
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 Nurse Call Replacement	\$0.19	Complete	PRRHD, MOH
Dawson Creek	DCDH Hospital Replacement	\$589.61	In Progress	PRRHD, MOH
Dawson Creek	DCH DI X-Ray Replacement	\$0.60	Closing	PRRHD, MOH
Dawson Creek	DCH Lab Chemistry Analyzer Replacement	\$0.49	Closing	PRRHD, MOH, NH
Dawson Creek	DCH Patient Monitoring System Replacement	\$0.43	Closing	PRRHD, MOH
Fort Nelson	FNH DI CT Planning	N/A	Planning Only	NH
Fort Nelson	FNH FM Elevator Upgrade	\$0.32	In Progress	NRRHD, MOH
Fort Nelson	FNH FM Lighting Upgrade	\$0.19	In Progress	BC Hydro
Fort St. John	Fort St. John DI Bone Densitometer Replacement	\$0.13	In Progress	FSJHF, MOH
Fort St. John	Fort St. John DI CT Replacement	\$3.64	In Planning	PRRHD, MOH, NH
Fort St. John	Fort St. John IT Network Replacement	N/A	In Planning	PRRHD, MOH
Fort St. John	Fort St. John IT Phone System Replacement	\$0.51	In Progress	PRRHD, MOH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	\$1.31	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Vitek MS Prime System	\$0.30	In Progress	FSJHF, SONHF
Fort St. John	FSO Specialized Community Services Centre Leasehold Improvement	\$5.11	In Progress	MOH
Fort St. John	Fort St. John Long Term Care Business Plan	\$0.46	Complete	PRRHD
Fort St. John	Peace Villa Air Conditioning Upgrade	\$1.7	Closing	PRRHD, MOH
Fort St. John	Peace Villa Long Term Care House C	N/A	Planning	PRRHD, 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	\$0.37	In Progress	MOH
Daajing Giids	HGH DI CT Planning	N/A	Planning Only	NH
Daajing Giids	HGH PHA Sterile Compounding Room Upgrade	N/A	In Planning	MOH, NH
Hazelton	Hazelton Long Term Care Business Plan	\$0.60	Closing	NWRHD
Houston	Houston Health Services Wheelchair Accessible Van	\$0.13	In Progress	SONHF
Houston	Houston D&T FM AHU Replacement (CNCP)	\$0.81	Complete	NWRHD, MOH
Houston	Houston D&T FM Roof Drain System Replacement	\$0.37	In Progress	NWRHD, MOH
Houston	Houston D&T Primary Care Renovation	N/A	On Hold	MOH
Houston	Houston Long Term Care Planning	N/A	Planning Only	NH
Kitimat	Kitimat Dementia Care Housing	N/A	In Planning	NWRHD, Kitimat Valley Housing Society, MOH
Kitimat	Kitimat DI CT Suite	N/A	In Planning	Kitimat Hospital Foundation, NWRHD, MOH
Kitimat	Kitimat FM DDC Control & BOS Replacement	N/A	In Planning	NWRHD, MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	\$2.95	In Progress	NWRHD, MOH, NH
Masset	Northern Haida Gwaii Hospital	\$2.6	Complete	MOH
Terrace	MMH Hospital Replacement	\$634.6	In Progress	Dr. REM Lee Foundation, NWRHD, MOH
Terrace	SVN Withdrawal Management Beds Planning	N/A	In Planning	MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Terrace	TEO Withdrawal Management Facility Planning	N/A	In Planning	MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	\$6.03	In Progress	NWRHD, MOH, NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	\$0.55	Closing	NWRHD, MOH
Prince Rupert	PRRH OR Urology Suite	N/A	In Planning	NWRHD, MOH
Prince Rupert	PRRH OR 4K Surgical Tower	\$0.27	Complete	NCHIS
Prince Rupert	PRRH Sterile Compounding Room Renovation	\$8.1	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Condensing Boilers, Controls & Recommissioning (CNCP)	\$0.94	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	\$1.09	Complete	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	\$2.27	Closing	NWRHD, MOH
Prince Rupert	PRRH Emergency Department Renovation	\$16.5	In Progress	NWRHD, MOH
Smithers	Bulkley Lodge FM Cooling and Radiant Heating Upgrade (CNCP)	N/A	In Planning	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	N/A	In Planning	NWRHD, MOH
Smithers	BVDH DI CT True Fidelity Software Upgrade	\$0.17	Complete	BVHHF, MOH
Smithers	BVDH FM Cooling and Heat Recovery Upgrade (CNCP)	N/A	In Procurement	NWRHD, MOH
Smithers	BVDH FM Electrical Upgrade	\$3.9	In Progress	MOH
Smithers	BVDH LAB Chemistry Analyzers Replacement	\$0.52	Complete	BVHHF, NWRHD
Smithers	Smithers Health Services Wheelchair Accessible Van	\$0.10	In Progress	SONHF

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Smithers	Smithers Long Term Care Business Plan	\$0.60	Complete	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	Data Storage Devices Replacement	\$0.77	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	EmergCare	\$4.35	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	InCare Phase 2	\$9.9	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Lab Pathology Service Enhancement	\$3.06	In Progress	NWRHD, PRRHD, NH
All	Network SDWAN	\$0.9	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Videoconferencing Infrastructure Replacement	\$0.55	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Virtual Primary Care Clinic Leasehold Improvements	\$1.28	Closing	MOH
Prince George	Corporate Office 4 th Floor Leasehold Improvements	\$0.66	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 2024-25, NH is expecting to spend \$11.5M 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 Northern Health Board receives the Period 9 update on the 2024-25 Capital Expenditure Plan.

DIRECTOR EXPOSURE AND LIABILITY**BRD 510**

Members of the Board of Directors of Northern Health (the "Board") act both as agents of Northern Health and as directors of Northern Health's assets. Directors¹ are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health's by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

If a director *knowingly* acts outside this authority, those actions may be invalid (doctrine of *ultra vires*²) and in some instances a Director may be held personally liable for the adverse consequences resulting to Northern Health.

Liability Coverage

Individually and as a group, Directors are exposed to actions under common law, civil law and, in some cases, criminal law. To reduce the risk of litigation for Directors, protection is provided by legislation (the *Health Authorities Act* and the *Society Act*) and by the Health Care Protection Program's (HCPP) Directors' and Officers' Liability and Corporate Reimbursement Agreement.

The *Health Authorities Act* provides protection under Section 14 as follows:

Liability of members

- 14** (1) No action for damages lies or may be brought against a member, officer or employee of a board because of anything done or omitted in good faith
- (a) in the performance or intended performance of any duty under this Act, or
 - (b) in the exercise or intended exercise of any power under this Act.

The Directors' and Officers' Liability and Corporate Reimbursement Agreement is provided by the Health Care Protection Program (HCPP) through the Risk Management Branch, Ministry of Finance. Covered parties include Directors of Northern Health.

¹ A Director is defined as: any person, who was, now is or shall become a duly elected or appointed Director of Northern Health, while acting within the scope of his/her duties as a Director of Northern Health.

² Ultra vires is a [Latin phrase](#) meaning literally "beyond the powers". If an act requires legal authority and it is done with such authority, it is characterised in law as *intra vires* (literally "within the powers"). If it is done without such authority, it is *ultra vires*. Acts that are *intra vires* may equivalently be termed "valid" and those that are *ultra vires* "invalid".

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Accident Coverage

Directors are covered for personal injury sustained during the course of business, including travel to and from Board meetings, Board Committee meetings, Meetings with the Ministry of Health and any other public meetings at which they represent Northern Health. This coverage is procured annually by Northern Health Risk Management through the BC Health Services Group Travel Accident Insurance program.

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PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS**BRD 530****Introduction**

The purpose of this policy is to ensure that a clear process exists by which Directors of the Board of Northern Health (the “Board”) may direct concerns or complaints received by them from members of the public, or concerns of their own, to the office of the President and Chief Executive Officer (the “CEO”) for investigation, and to be assured of a timely and appropriate response. There is a distinction between administrative complaints and complaints involving clinical or patient care issues.

Process**A. Administrative Concerns & Complaints****a) From the Public**

The Director shall forward concerns or complaints of an administrative policy or process nature requiring investigation to the Executive Assistant to the Chief Executive Officer & Board of Directors with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Where it is unlikely that the concern/complaint can be resolved within one week, the CEO or designate will forward a written acknowledgment to the individual making the complaint, indicating that the concern/complaint is under review and will be responded to as soon as possible. A copy of this acknowledgment will also be provided to the Board Chair and to the entire Board at the next Board meeting.

b) From Directors

A Director may have occasion to raise concerns, whether in their role as a member of the Board or as a member of the public.

If the Director has concerns about a fellow Director, they will follow the process set out in BRD 210 Code of Conduct and Conflict of Interest Guidelines for Directors.

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or

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in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

Directors should not raise issues of this nature at Committee or Board meetings until there has been appropriate opportunity for proper advance investigation or preparation by the CEO and management that could lead to timely resolution.

Directors also have the right to report a serious wrongdoing to Northern Health Safe Reporting, in accordance with the *Public Interest Disclosure Act*, and as guided by the Northern Health Safe Reporting policy¹. Wrongdoings that can be reported and investigated through this process include acts or omissions that constitute an offence; create a substantial and specific danger to the life, health or safety of persons or the environment; serious misuse of public funds or assets; or gross or systemic mismanagement.

B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the reporting requirements of the Health Care Protection Program (HCPP), Northern Health's insurer.²

Complaints from patients are governed by the *Patient Care Quality Review Board Act* (PCQRB Act) and follow provincial processes for response outlined in Ministerial Directives. These complaints are handled through the Northern Health Patient Care Quality Office (PCQO).

Directors receiving complaints from patients or patient representatives shall forward such complaints to the Executive Assistant to the CEO/Board with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Communications on these issues will be managed by the CEO through staff responsible for the PCQO to ensure compliance with legislation and provincial process and to liaise with risk management if needed.

¹ Policy [5-3-1-150 Safe Reporting](#)

² Policy [4-2-1-030-P Health Care Protection Program \(HCPP\): Reportable Incidents](#)

Reporting to the Board will depend on the nature of the complaint. Reports may be made through the CEO Report, as a separate Board or Board Committee agenda item, as a Section 51 quality review follow-up through the 3P Committee, or as determined by the CEO.

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ORGANIZATION AND PROCEDURE BYLAWS**BRD 600****DEFINITIONS**

1.1 In these bylaws

- a. “Act” means *Health Authorities Act*, and the regulations made there under.
- b. “Board” means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the “Board”).
- c. “Bylaws” means the bylaws of the Board.
- d. “Chief Executive Officer” means the President and Chief Executive Officer engaged by the Board to manage its affairs (the “CEO”).
- e. “Health Facility” means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.
- f. “Health Services” means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.
- g. “Housing Services” means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.
- h. “Member” means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.
- i. “Minister” means the Minister of Health of the Province of British Columbia.
- j. “Other Acts” means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.
- k. “Ordinary Resolution” means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.
- l. “Special Resolution” means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

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- m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.
- 1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.
- 1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

- 2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.
- 2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.
- 2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.
- 2.4 **Board to Govern Operations** -The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

- 3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.
- 3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.
- 3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

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- 3.4 **Remuneration for Members** - Members shall be entitled to such remuneration as the Minister shall determine but in no event shall Members be entitled to receive remuneration in connection with duties related to Housing Services. Members shall be entitled to be paid reasonable expenses in connection with the performance of their duties. No part of the income of the Authority shall be otherwise available for the personal benefit of any Member. The latter provision is unalterable.

ARTICLE 4 - OFFICERS

- 4.1 **Chair** - The Minister will designate the Chair of the Board.
- 4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.
- 4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.
- 4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

- 5.1 **Committees** - The Members may appoint one or more committees consisting of such Member or Members of the Board as they think fit and may delegate¹ to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.
- 5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more Members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have

¹ It is the practice of the Northern Health Board not to delegate powers of the Board to a Committee except in rare and well defined circumstances.

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power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business². The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate.

ARTICLE 6 – MEETINGS OF THE BOARD

- 6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.
- 6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board³.
- 6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.
- 6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.
- 6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.
- 6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.
- 6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular resolution or to accommodate a Member participating by telephone call or video conference.
- 6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to

² It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.

³ 50% is a majority for the purpose of quorum.

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be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.

- 6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.
- 6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.
- 6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.
- 6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of Members present and eligible to vote.

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

- 7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:
- a. in the performance or intended performance of any duty under the Act or Other Acts; or
 - b. in the exercise or intended exercise of any power under the Act or Other Acts.
- 7.2 **Disclosure of Interest** - A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.
- 7.3 **Indemnity** - Subject to the provisions of the *Society Act* (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by reason of being or having been a Member of the Board, including any action brought by the Board if:
- a. the Member acted honestly and in good faith with a view to the best interests of the Board; and

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- b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

- 8.1 **Corporate Address** - The Board will maintain one corporate address where all communications and notices are to be sent or delivered, and will advise the Minister of any change of corporate address.

ARTICLE 9 - EXECUTION OF DOCUMENTS

- 9.1 **Authority to Execute** - All documents and contracts of the Board may be executed on behalf of the Board by the CEO or senior executives of the Board who are authorized by the CEO, provided that, in those instances in which the written authority of the Board to such document or contract is required under the terms of bylaw 2.2, the Chair or another Member designated by the Chair shall also execute the document or otherwise signify in writing the express consent of the Board to the execution of the document or contract on behalf of the Board.
- 9.2 **Routine Correspondence and Appointments** - In the absence of the Board Chair the CEO shall be empowered to execute on behalf of the Board routine correspondence and medical staff applications and appointments.

ARTICLE 10 - GENERAL

- 10.1 **Certificates of Incapability** - The Board authorizes the CEO to designate persons as having authority to issue certificates of incapability under section 32 of the *Adult Guardianship Act*.

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

- 11.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.
- 11.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.
- 11.3 **Members to have Copy** - Every Member shall receive a copy of every bylaw of the Board upon request.

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES**BRD 610****BOARD REMUNERATION****Introduction**

The purpose of this policy is to provide a clear description of the amounts payable to members of the Board of Directors of Northern Health (the “Board”) for their time while discharging their duties on behalf of Northern Health¹. The policy also addresses reimbursement of expenses.

Annual Retainers

The annual retainer portion of Board remuneration is meant to compensate Directors for their time and expertise outside of Board and Board Committee meetings, including but not limited to attendance at Northern Health related meetings and functions other than Board or Board Committee meetings, reading in preparation for Board and Board Committee meetings, and the first two hours of travel to or from Board or Board Committee meetings etc.

- Chair \$ 25,875
- Director \$ 12,940
- Audit & Finance Committee Chair \$ 5,750
- Other Committee Chairs \$ 3,450

Note: Committee Chair retainers are in addition to Directors’ retainers.

Payment for Attendance at Meetings

Directors will be compensated for attending meetings, including Board and Board Committee meetings, as well as other meetings attending to the business of the Board 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. The Board Chair may approve compensation for meetings other than those listed above, with discussion with the President and Chief Executive Officer (“the CEO”). Directors attending authorised meetings will be compensated as follows:

- For meetings in excess of 4 hours duration \$720
- For meetings of 4 hours or less duration \$360

¹ This document conforms to [Treasury Board Directive 2/24](#) effective April 1, 2023

No distinction will be made between participation in person, by videoconference or by teleconference or such other mode that permits an appointee to hear, and be heard by, all other participants.

Travel Time Compensation

Travel time to and from Board and Board Committee meetings is reimbursed at the rate of \$62.50 per hour, or part thereof, but not including the first two hours of travel in each direction.

Travel time shall be calculated from the Director's normal place of residence. In circumstances where a Director relocates, travel and expenses will continue to be paid from the new place of residence, unless there is an appreciable difference in cost. These situations will be assessed as exceptions by the Board Chair, Chief Executive Officer (CEO) and Corporate Secretary on a case by case basis, to determine if any pro-rating of travel expenses is required.

Maximum Daily Compensation

Compensation for Board and Board Committee meetings and associated travel time will not exceed \$720 in total in a 24-hour day.

Annual Compensation Limits²

- Chair \$69,075
- Director \$34,540
- Audit & Finance committee chair \$40,290
- Other board committee chairs \$37,990

Expense Reimbursement

Expenses are reimbursed to Directors for out of pocket expenses paid by Directors while conducting Board business. Expense reimbursement is not included within the annual compensation limits.

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives. Expense claims, must be supported by receipts. Where a meal is provided without charge to the Director, no claim for that meal can be made. Directors should consider the following guideline for reasonable meal expenses:

² The sum of retainer plus meeting fees and travel time

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Full Day Cap	\$63.75
Breakfast	25.50
Lunch	25.50
Dinner	35.25
B&L	37.00
L&D	46.75
B&D	46.75
Incidental	15.00

Transportation and accommodation arrangements should be based on overall economy and efficiency, balancing the travel costs with the director's time commitments and travel safety. All air travel is to be booked utilizing economy class fares and, wherever possible, arrangements should be made to obtain early booking discounts. Travel and accommodation booking may be completed using a contracted regional travel booking service to which NH subscribes.

Mileage for transportation using a private vehicle is paid at \$0.63 per kilometre. Directors have the discretion to choose the method of transportation that is most appropriate, while considering cost, efficiency and availability.

Preferred government rates should be used for accommodation and car rentals whenever possible.

Subject to prior approval by the Board Chair, a director attending a conference or professional development activity will be reimbursed for the registration fee and expenses on the same basis as other travel on Northern Health business.

Payment

Payment of Board and Board Committee meeting fees, and travel time, will be processed by the Corporate Secretary based on attendance confirmed in Board and Committee meeting minutes.

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing³.

³ Claims must be submitted on a timely basis after expenses are incurred. Directors are further requested to take note of the March 31st fiscal year-end. Claims will be processed for payment within 7 days of receipt.

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The annual retainer is pro-rated and paid on a monthly basis. All payments to Directors are made through the Northern Health payroll system by direct deposit.

The annual retainer, meeting fees, and compensation for travel time are subject to statutory deductions and are taxable as employment income. Expense reimbursement is not subject to statutory deductions.

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