

# Meeting of the Northern Health Board Public Meeting

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**Wednesday, October 18, 2017**

**Northern Health Boardroom  
1411 – 3<sup>rd</sup> Avenue  
Prince George, BC**



**northern health**  
*the northern way of caring*

# AGENDA

**October 18, 2017**  
**Brunswick Boardroom**  
**1411-3<sup>rd</sup> Avenue, Prince George, BC**

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
<b>1. Call to Order of Open Board Session</b>	Chair Nyce		<b>1:15pm</b>	
<b>2. Opening Remarks</b>	Chair Nyce			
<b>3. Conflict of Interest Declaration</b>	Chair Nyce	Discussion		
<b>4. Approval of Agenda</b>	Chair Nyce	Motion		<b>1</b>
<b>5. CEO Report</b>	C Ulrich	Information		<b>3</b>
<b>5.1 Human Resources Report</b>	D Williams	Information		<b>6</b>
<b>6. Audit &amp; Finance Committee</b>				
<b>6.1 Period 5 Financial Statements</b>	M De Croos	Information		<b>15</b>
<b>6.2 Capital Projects Expenditure Plan update</b>	M De Croos	Information		<b>17</b>
<b>7. Governance &amp; Management Relations Committee</b>				
<b>7.1 Policy Manual BRD 300 Series</b>	C Ulrich	Motion		<b>21</b>
<b>7.2 Policy BRD 210 – Code of Conduct and Conflict of Interest Guidelines for Directors</b>	C Ulrich	Motion		<b>51</b>
<b>7.3 NE Medical Health Officer Appointment</b>	C Ulrich	Motion		<b>59</b>
<b>7.4 Regulatory Framework – Legislative Compliance</b>	C Ulrich	Information		<b>67</b>
<b>7.4.1. Greenhouse Gas Reduction Targets Act</b>				
<b>Adjourned</b>			<b>2:15pm</b>	

## Public Presentation Session

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
<b>Call to Order of Public Presentation</b>	Chair Nyce		<b>2:20pm</b>	
<b>Opening Remarks</b>	Chair Nyce			
<b>8. United Way of Northern BC</b>		Information		<b>77</b>
<b>Presenters:</b>				
• Roberta Squire, Chief Executive Officer				
<b>Adjourned</b>			<b>2:35pm</b>	

## Public Motions

*Meeting Date:*  
October 18, 2017

Agenda Item		Motion	Approved	Not Approved
3.	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?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Approval of Agenda	The Northern Health Board approves the October 18, 2017 public agenda as presented		
7.1	Policy Manual BRD 300 Series	The Northern Health Board of Directors approves the revised BRD 300 series	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Policy BRD 210 – Code of Conduct and Conflict of Interest Guidelines for Directors	The Northern Health Board of Directors approves revised BRD 210 Policy.	<input type="checkbox"/>	<input type="checkbox"/>
7.3	NE Medical Health Officer Appointment	The Northern Health Board of Directors requests that: <ul style="list-style-type: none"> <li>• the Provincial Health Officer proceed to recommend to the Lieutenant Governor in Council that</li> <li>• Dr. Jong Kim be designated as a medical health officer for the Northern Health Authority, with powers under the Public Health Act.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

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# CEO REPORT

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<b>Meeting:</b>	Northern Health Board Meeting	<b>Date:</b>	October 18, 2017
<b>Agenda Item:</b>	CEO Report		
<b>Purpose:</b>	Information		
<b>Prepared by:</b>	Cathy Ulrich		

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**2017 Wildfire Response** – From July 8 to the week of August 21, Northern Health was involved in the response to the wildfire emergency that impacted the Cariboo Chilcotin region. As the communities of 100 Mile House and Williams Lake were evacuated, many evacuees came north to Quesnel and Prince George. As part of the evacuation process, the patients and residents in the hospital, long term care and assisted living facilities in Williams Lake were transferred to Quesnel and Prince George. Northern Health staff and physicians provided care for inpatients, long term care and assisted living residents, renal, maternity, and palliative care patients. Together with our physician partners, we also provided primary care and community services for the evacuees who came to Quesnel and Prince George over the course of the summer.

The Quesnel and Prince George managers, staff, and physicians demonstrated an amazing level of dedication and compassion for those relocated to the north during the wildfires. Many of the staff in the finance, human resources, planning and quality, and numerous other areas contributed extensively to supporting clinical service delivery staff in providing care to those in need.

We are grateful for the partnership we experienced from the City of Prince George, the City of Quesnel, UNBC, CNC, the Prince George Division of Family Practice, the First Nations Health Authority and many other organizations who participated in this unprecedented response. Over the course of this fall, we will be reviewing our response to identify what went well and the learnings that will improve our emergency response plans and processes in the future.

**Union of BC Municipalities Convention** – The UBCM convention occurred in Vancouver, BC from September 25 to 29, 2017. Colleen Nyce, Board Chair and I attended two days of the convention and had opportunity to meet with 19 municipal representatives from Regional Districts and communities across the North. These meetings are valuable to Northern Health and provide a constructive opportunity to hear directly from communities about their concerns about the health needs in their communities. The themes from this year’s convention included seniors services, mental health and substance use and in particular, the opioid response, and strategies to support health professional recruitment and retention.

**Foundry Centre in Prince George** - In March 2015, the Ministry of Health provided \$3 million to the InnerChange Foundation to expand the BC Integrated Youth Services Initiative to launch five Foundry centres. The centres are designed to improve access to primary care, team-based care and appropriate specialized mental health and addictions services for vulnerable youth and young adults between the ages of 12 and 24 in five communities throughout British Columbia. In Prince George, the Foundry Centre is hosted by the YMCA of Northern BC and brings existing services together so families and young people can access a one-stop location for primary care, mental health, substance use, and social services.

The Foundry Centre in Prince George was officially opened on October 12, 2017 by the Honourable Judy Darcy, Ministry of Mental Health and Addictions and the partners in the Foundry Centre. Northern Health is one of the partners in the Foundry Centre and we look forward to working in partnership with other organizations to improve services for vulnerable youth and young adults in the Prince George area.

**Opening of new Breast Imaging Clinic at UHNBC in Prince George** - The official opening of the new Breast Imaging Clinic at the University Hospital of Northern BC took place on Thursday September 28, 2017. The clinic was made possible through a partnership between Northern Health and the BC Cancer Agency's Screening Mammography Program.

The Breast Imaging Clinic brings together new, state-of-the-art digital mammography and ultrasound equipment and a dedicated team of radiologists and technologists in a dedicated space at UHNBC. This Clinic will enable women to have their screening mammograms as well as any diagnostic mammograms and ultrasounds that may be required in one location. This new service delivery model will improve access to these services and result in less time between screening, diagnosis and treatment.

This Clinic was made possible through the BC Cancer Agency's Screening Mammography Program and the Ministry of Health who provided \$2.037 million towards the project. In addition, the Spirit of the North Health Care Foundation provided \$548,000 towards this project. We are grateful for the generosity of many northern organizations and people who made it possible to enhance the quality of services provided in this Clinic.



**Pharmacy Accreditation:** The Northern Health Pharmacy Department has supported the education of pharmacists through a residency program at UHNBC. This is a valuable way for Northern Health to both recruit and retain pharmacists as well as stimulate an exemplary level of quality in the department. In order to participate in the residency program, Northern Health is required to be accredited by the Canadian Pharmacy Residency Board.

The Northern Health Pharmacy Residency Program completed the accreditation process in 2016/17 and has been awarded full accreditation for a six year term to December 31, 2023. The next on-site survey of the Northern Health Pharmacy Residency Program is due in 2023.



# Human Resources Board Report

October 2017



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## **Workplace Health & Safety**

Northern Health's Workplace Health & Safety department consists of the Disability Management; Health, Safety, and Prevention; and Psychological Health and Safety in the Workplace programs. The Disability Management program provides support and guidance to help injured or ill employees recover and return-to-work activities, as soon as medically possible. The Health, Safety, and Prevention program supports the organization to prevent workplace incidents and illnesses, and to investigate and correct workplace hazards. The Psychological Health and Safety in the Workplace program involves a documented and systematic approach to developing and sustaining a psychologically healthy and safe workplace and to removing stigma surrounding mental health within the organization.

Despite the attention given to the BC wildfire response during the summer of 2017, Workplace Health and Safety has made good progress in several areas, and continues to focus efforts on supporting a safe and healthy workplace. These include:

- Reducing WorkSafeBC short-term disability duration
- Instituting a provincial strategy for reducing long-term disability claims
- Creating strategies for assisting employees struggling at work and early intervention in return to work
- Increasing the focus on workplace violence reduction through a comprehensive strategy that incorporates implementation of all violence prevention program elements, including violence risk assessments
- Fostering a culture of health and safety within Northern Health
- Introducing the Psychological Health and Safety in the Workplace National Standard to the organization and providing resources related to Psychological Health and Safety in the Workplace for all staff and physicians

### **Short-Term Disability – Occupational Injuries/Illnesses**

Short-term disability duration is the average number of days an employee is off for a work-related injury/illness. When injured employees return to modified duties as soon as medically approved, WorkSafeBC short-term disability duration outcomes and claims costs decrease for the organization.

The average for all health authorities is 53 days. Northern Health's short-term disability duration is currently 50 days. This is an increase from Northern Health's previous report; however Northern Health's short-term disability duration still remains below the average. Because duration changes on a monthly basis, Northern Health completes annual reviews of short-term duration.

Between 2014 and 2016, WorkSafeBC ranked Northern Health as number 1 out of 12 similar sized employers in the same industry for duration.



## Long-Term Disability

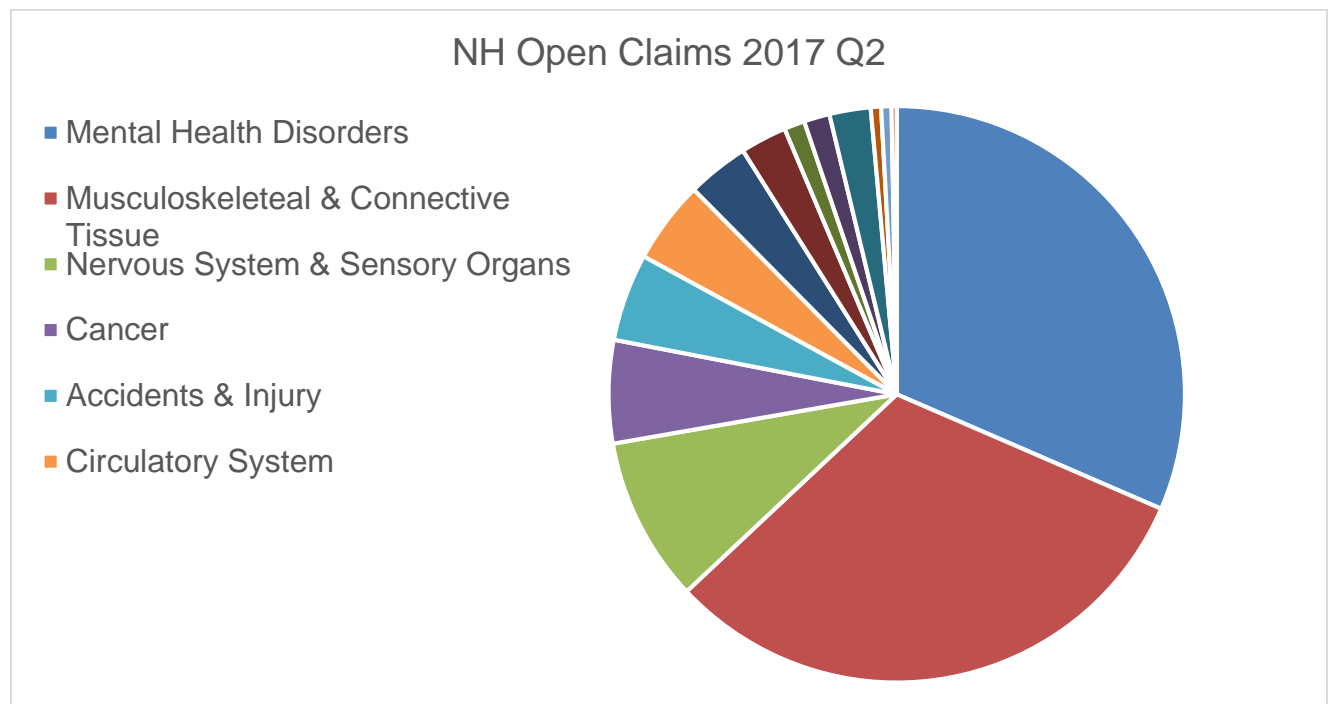
Long-term disability insurance is part of the benefit plan for permanent employees that are unable to work for a prolonged period of time due to an illness or injury (qualification period ranges from four to five months off work, depending on collective agreement). The chart below highlights the long-term disability claims activity by quarter since January 2016. The reporting period highlights a decrease of 25 claims from January 2016 to end of period July 2017 (377 to 352 claims overall).

## Strategy for reducing long-term disability claims

In partnership with other health authorities, Workplace Health and Safety, Great West Life, and Healthcare Benefit Trust participated in the development of an action plan in 2016 to improve long-term disability performance and reduce claims. This action plan continues in 2017 with on-going promotion of early and safe return to work programs with a focus on providing supports for those off work.

## Primary Diagnosis of new claims

At the end of quarter two, mental health disorders and musculoskeletal and connective tissue disorders remain the top diagnosis for long-term disability claims. Of the current 352 claims, 109 claims fall within the mental disorder category and 109 fall within the musculoskeletal and connective tissue category. The remaining 13 categories have significantly less claims. For instance, nervous system and sensory organs total 32 claims, and cancer totals 20 claims.



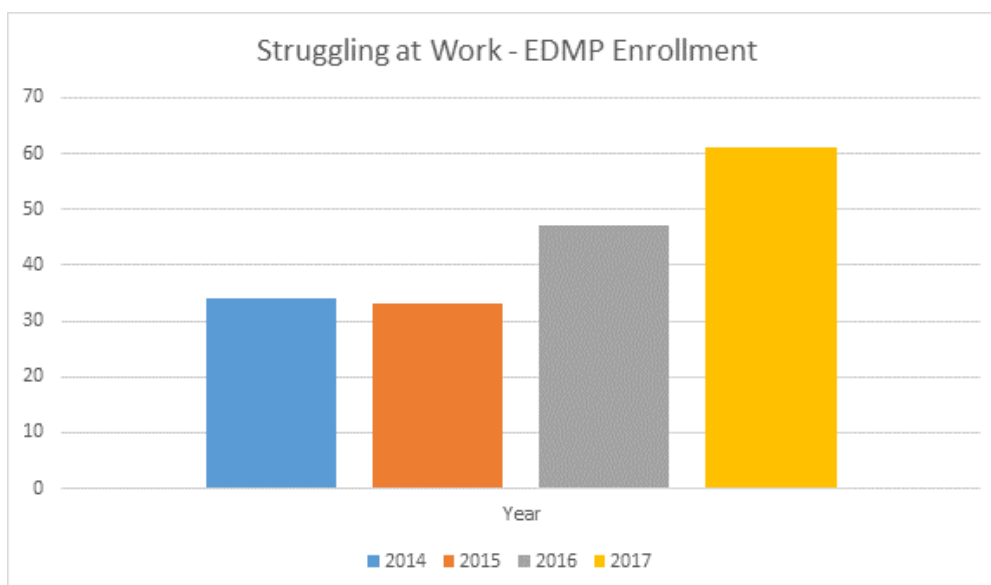
## Support at Work

In an effort to shift from tertiary towards secondary prevention, numerous initiatives were implemented in 2016 to identify and enroll employees who are struggling in the workplace, but have yet to miss five consecutive shifts from work into the Enhanced Disability Management Program.

Current support-at-work initiatives:

- Broadening promotion of the Enhanced Disability Management Program to reach employees struggling at work, not just those mandatorily required to participate in the Enhanced Disability Management Program (i.e., off five-plus days).
- Enhancement of communication plan to increase employee awareness of the Enhanced Disability Management Program, ability to enroll while at work, and support/services available through disability management.
- Supporting and encouraging alternate referral channels (other than payroll or the Employee Absence Reporting Line reports), such as manager referrals, employee self-referrals, union referrals, and Attendance Support Program referrals to the program.
- Implementing comprehensive support-at-work programs to mitigate sick leaves and remove barriers for employees staying in the workplace in a safe, durable manner.
- Pre-defined modified work for employees to remain in the workplace.

The graph below, Struggling at Work – Enhanced Disability Management Program Enrollment, highlights the increase of employee enrollment as “struggling at work.” This data captures enrollments from 2014 to August 2017. With three months remaining, 2017 enrollment has already significantly surpassed previous years.



The ultimate goal of the Enhanced Disability Management Program is supporting employees with appropriate services early while maintaining connection with the workplace and preventing sick leave absences. These initiatives have aided Disability Management in enhancing a supportive approach for those struggling at work.

### **Health and Safety Performance – Peer Comparison from WorkSafe BC**

WorkSafeBC has released data to help employers understand their organization's current health and safety performance. This function allows for an informative peer comparison. The comparison indicates Northern Health is below average for both claim duration and average injury rate for 2014-2016 compared to other employers in the same rate group – for acute care, long-term care, and community classifications. Northern Health was ranked first out of 12 for duration against similar sized employers in the same industry. This supports the conclusion that Northern Health is performing well in returning our ill/injured workers back into the workplace.

### **Focus on Workplace Violence Prevention**

Violence prevention continues as a priority for health authorities, WorkSafeBC, and the Ministry of Health. In addition, the 2017 WorkSafeBC High Risk Strategy primarily focused on violence prevention, with the main objectives being:

- Completion of Provincial Violence Prevention Curriculum education requirements
- Conducting Violence Risk Assessments
- Supervisor/leader responsibilities with a focus on violence prevention
- Reporting, investigation, and corrective actions for violent incidents

To support the organization in meeting these deliverables, Workplace Health and Safety continues to build systems and infrastructure to strengthen our culture of health and safety based on the internal responsibility system.

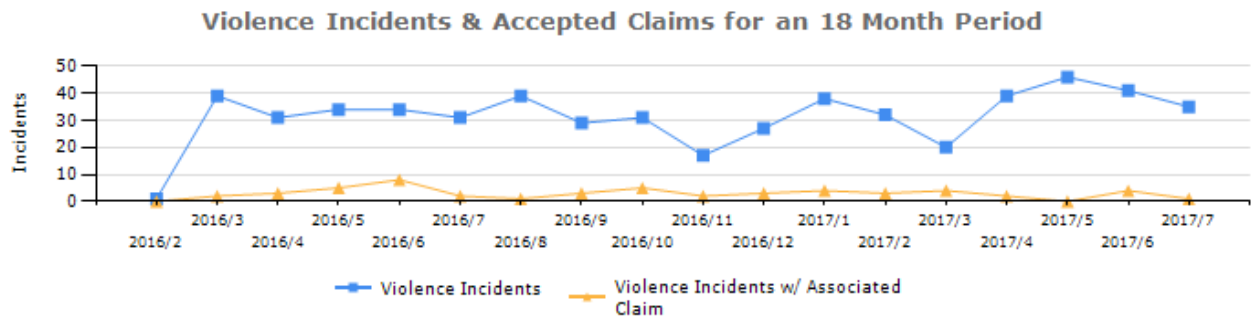
For example, Workplace Health and Safety offered training and mentorship to local facilitators who now provide the Provincial Violence Prevention Curriculum classroom sessions across Northern Health. A total of 228 Provincial Violence Prevention Curriculum classroom sessions were held across Northern Health between January 1 and June 30, 2017, creating approximately 3,514 total seats. Local Facilitators provided 171 sessions. Workplace Health and Safety Facilitators provided 57 sessions, including three videoconference sessions for remote sites.

This fall, Workplace Health and Safety is supporting the organization to sustain regular Provincial Violence Prevention Curriculum classroom sessions for high-risk staff who have not yet completed it, orientation of new staff and staff returning from leaves.

## Site Violence Risk Assessments (VRA)

Six of the eight WorkSafeBC identified high-risk sites, and 25 out of 35 sites with high-risk departments (Emergency and/or Psychiatry) have completed Violence Risk Assessments.

## Violence Incidents & Accepted Claims for Last 18 Months



The chart above indicates a positive reporting culture with a high number of report-only incidents (blue line) to incidents that result in a WorkSafeBC claim (yellow line).

## Fostering a Culture of Health and Safety

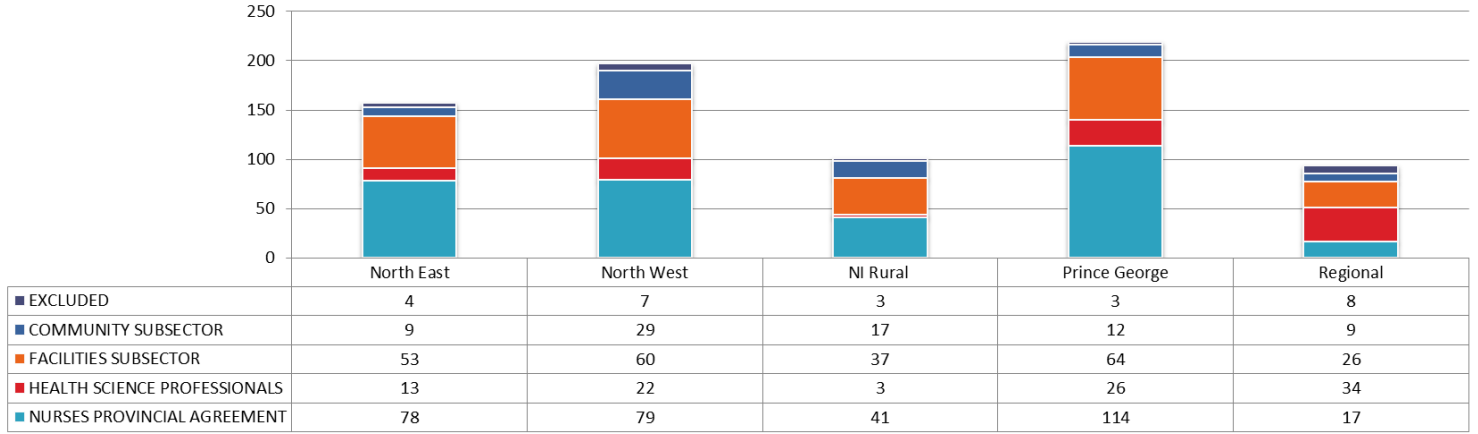
Workplace preconditions of respect and safety, in which the well-being of every person is a priority, creates conditions for workforce excellence. Meaningfully engaged employees deliver high-quality and safe care, are more satisfied, are less likely to experience burnout, and are less likely to leave the organization or the profession. Engaged employees are more likely to go beyond the call of duty and consistently provide “exceptional health services for Northerners.” The fostering of a culture of health and safety ensures that a safe and healthy workplace remains a top priority for Workplace Health and Safety.

## Appendix: Recruitment Data and Trending

Data Run Date: Sept 26, 2017

### All Postings Open

As at Sept 26, 2017 (Internal & External)

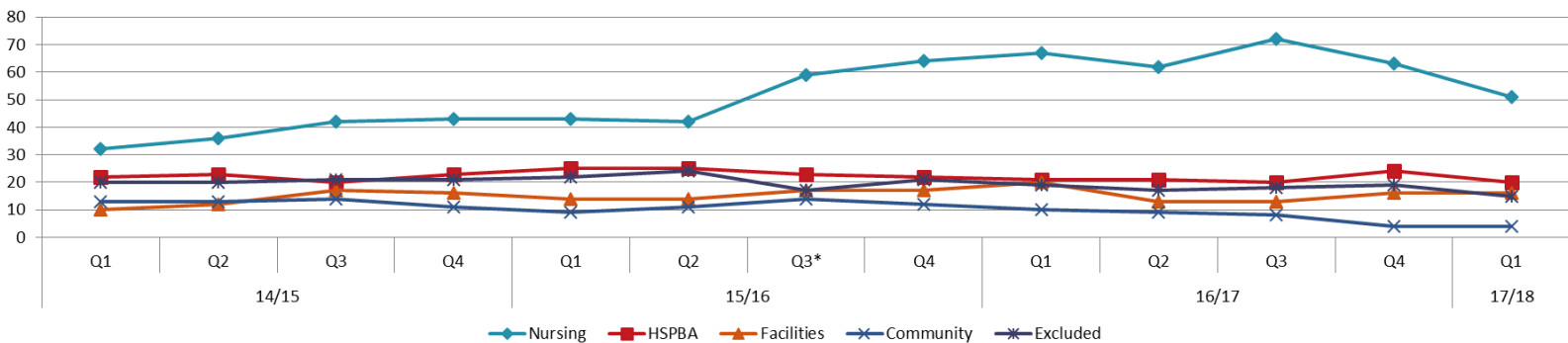


### Difficult-to-Fill Vacancies

Difficult-to-fill vacancy is a job that has been advertised externally and remains unfilled after three months of active recruitment.

### Difficult-to-Fill Vacancies (DTFV)

Total Number Posted in Quarter

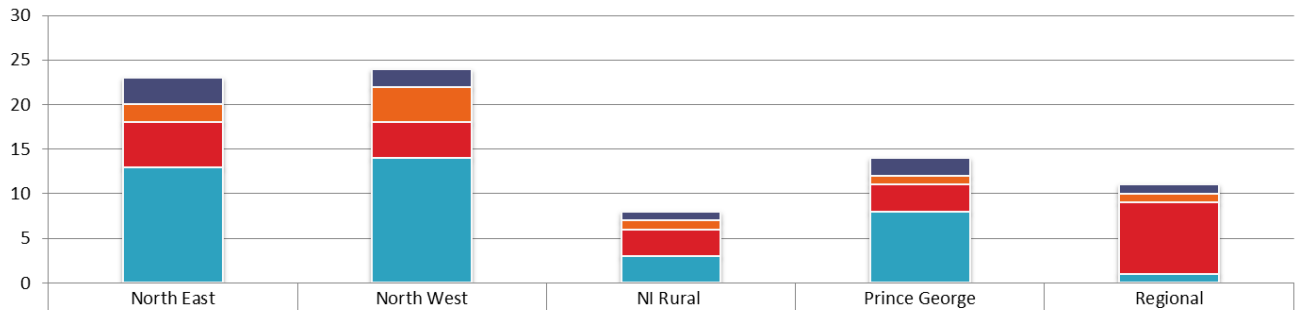


\*15/16 Q3- NH regularized 118 nursing positions as a result of the bilateral agreement.

\*17/18 Q2- data not available at this time

## Current Open Difficult-to-Fill Vacancies (DTFV)

- As at Sept 26, 2017



	North East	North West	NI Rural	Prince George	Regional
EXCLUDED	3	2	1	2	1
COMMUNITY SUBSECTOR	0	0	0	0	0
FACILITIES SUBSECTOR	2	4	1	1	1
HEALTH SCIENCE PROFESSIONALS	5	4	3	3	8
NURSES PROVINCIAL AGREEMENT	13	14	3	8	1

# The Face of Northern Health

As at October 2, 2017

Summary of Employees by Status	Headcount	%	FTE
<b>Active: Total</b>	7,900	100%	4,739
Full-time	3,497	44%	
Part-time	1,849	23%	
Casual	2,554	32%	
<b>Non-Active: Total</b>	786	100%	605
Leave	423	54%	283
Long Term Disability (LTD)	363	46%	322

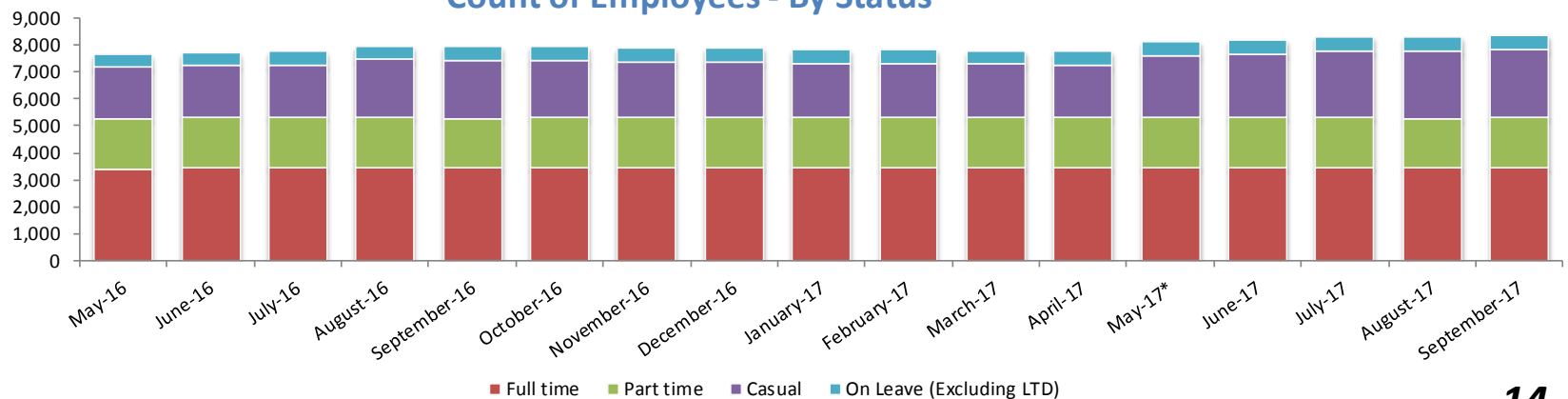
Active Employees by Collective Agreement	Headcount	%
<b>Active: Total</b>	7,900	100%
Nurses	2,580	33%
Facilities	3,107	39%
Health Sciences	986	12%
Community	678	9%
Excluded	549	7%

Active Employees by Region	Headcount	%
<b>Active: Total</b>	7,900	100%
North East	1,209	15%
North West	1,901	24%
Northern Interior: Prince George	2,440	31%
Northern Interior: Rural	1,148	15%
Regional	1,202	15%

Active Nursing	Headcount	%
<b>Active: Total</b>	2,580	100%
RN/RPN	1,927	75%
LPN	653	25%

Clinical vs. Support	Facilities	Community
<b>Active: Total</b>	3,107	678
Clinical	1,337	403
Non-Clinical	1,770	275

## Count of Employees - By Status



## BOARD BRIEFING NOTE

Date:	September 1, 2017	
Agenda item:	2017-18 Period 5 – Operating Budget Update	
Purpose:	<input checked="" type="checkbox"/> <b>Information</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/> <b>Seeking direction</b>	<input type="checkbox"/> <b>Decision</b>
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

### **August 10, 2017**

Year to date Period 5, expenses exceeded revenues by \$1.2 million excluding expenses incurred due to the response to the Cariboo Wildfire crisis. When factored, Northern Health deficit increases to \$4.2M

Revenues are favourable to budget by \$0.7 million or 0.2%. Expenses are unfavourable to budget by \$1.9 million or 0.6%. Additional expenses of \$2.9M was incurred related to the wildfire response.

### **Forecast Yearend 2017-18**

At this time, Northern Health is forecasting to be in a balanced position on base operations at yearend. Northern Health is anticipating additional funding to offset costs due to the wildfire response.

### **Recommendation:**

The following motion is recommended:

The Northern Health Board receives the 2017-18 Period 5 financial update as presented.



**NORTHERN HEALTH**  
**Statement of Operations**  
Year to date ending August 10 (Period 5)  
*\$ thousand*

	<b>Annual Budget</b>	<b>YTD August 10 (Period 5)</b>			
		<b>Budget</b>	<b>Actual</b>	<b>Variance</b>	<b>%</b>
<b>REVENUE</b>					
Ministry of Health Contributions	612,788	218,314	218,221	(93)	0.0%
Other revenues	220,399	77,599	78,361	762	1.0%
<b>TOTAL REVENUES</b>	<b>833,187</b>	<b>295,913</b>	<b>296,582</b>	<b>669</b>	<b>0.2%</b>
<b>EXPENSES (BY PROGRAM)</b>					
Acute Care	449,219	159,711	162,757	(3,046)	-1.9%
Community Care	200,969	71,088	69,947	1,141	1.6%
Long term care	111,822	40,088	41,282	(1,194)	-3.0%
Corporate	71,177	25,026	23,828	1,198	4.8%
<b>TOTAL EXPENSES</b>	<b>833,187</b>	<b>295,913</b>	<b>297,814</b>	<b>(1,901)</b>	<b>-0.6%</b>
<b>Net operating deficit before wildfire response</b>		-	<b>(1,232)</b>		
<b>Wildfire response (to Aug 10, 2017)</b>		-	2,944		
<b>Net operating deficit</b>	<b>-</b>	<b>-</b>	<b>(4,176)</b>		

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## BOARD BRIEFING NOTE

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Date:	September 11, 2017	
Agenda item:	Capital Public Note	
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision
Prepared for:	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 2017-18 capital expenditure plan in February 2017, and amendments in July 2017. The updated plan approves total expenditures of \$49.4M, with funding support from the Ministry of Health (\$10M, 20%), Six Regional Hospital Districts (\$17.8M, 36%), Foundations and Auxiliaries (\$2.8M, 6%), Northern Health (\$8.5M, 17%), and funding received in prior years (\$10.3M, 21%).

Year to date Period 5 (August 10, 2017), \$11.6M has been spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (> \$5.0M)	0.3	2.4
Major Capital Projects (< \$5.0M)	0.8	14.0
Major Capital Equipment (> \$100,000)	6.1	15.0
Equipment & Projects (< \$100,000)	3.1	9.3
Information Technology	1.3	8.7
	<u>11.6</u>	<u>49.4</u>

Significant capital projects currently underway and completed in 2017-18 are as follows:

**Northern Interior Service Delivery Area (NI-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Prince George	UHNBC Digital Mammography	\$2.55	Closing	MOH, Spirit of the North
Prince George	UHNBC Electrical Supply Upgrade	\$4.50	In Progress	MOH, FFGRHD, NH
Prince George	UHNBC Energy Conservation Project	\$0.94	In Progress	MOH, FFGRHD
Prince George	UHNBC Inpatient Bed Capacity Project	\$8.00	In Progress	MOH, FFGRHD, NH
Prince George	UHNBC Magnetic Resonance Imaging	\$2.86	Closing	MOH, FFGRHD
Prince George	UHNBC Mass Spectrometer	\$0.30	Closing	Spirit of the North, MOH
Prince George	UHNBC Patient Monitoring Systems	\$1.50	In Progress	FFGRHD, NH, Spirit of the North
Prince George	UHNBC Security Camera System	\$0.44	Approved	FFGRHD, NH
Mackenzie	Integrated Care Space Development	\$0.70	Completed	FFGRHD, NH
McBride	Ventilation System	\$0.90	In Progress	FFGRHD, NH
Quesnel	Dunrovin Park Lodge Elevator Replacement	\$0.33	Completed	MOH, CCRHD
Quesnel	GRB Anesthesia System	\$0.16	Ordered	MOH, CCRHD
Quesnel	GRB C-Arm	\$0.25	Ordered	MOH, CCRHD, NH
Quesnel	GRB Emergency Generator Replacement	\$1.21	Closing	MOH, CCRHD
Vanderhoof	SJH Patient Monitoring Systems	\$0.33	Closing	SNRHD, NH

### **Northeast Health Service Delivery Area (NE-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Chetwynd	Automated Medication Dispensing Cabinet	\$0.16	Ordered	MOH, PRRHD
Dawson Creek	Fluoroscopy Room Renovation	\$0.24	Closing	PRRHD, NH
Dawson Creek	Medical Device Reprocessing Renovation	\$1.32	In Progress	PRRHD, NH
Fort Nelson	Automated Medication Dispensing Cabinet	\$0.15	Ordered	NRRHD, NH
Fort St. John	Magnetic Resonance Imaging Machine	\$2.60	Ordered	MOH, PRRHD, FSJ Hospital Foundation, FSJ Hospital Auxiliary
Fort St. John	X-Ray Rad Rex Room #1	\$0.90	Approved	PRRHD, NH

### **Northwest Health Service Delivery Area (NW-HSDA)**

Community	Project	Project \$M	Status	Funding partner (note 1)
Terrace	MMH Boiler #3 Replacement	\$0.34	In Progress	MOH, NWRHD
Terrace	MMH C-Arm	\$0.22	Approved	Dr. REM Lee Foundation
Terrace	MMH Echocardiography Machine	\$0.19	Ordered	Dr. REM Lee Foundation
Terrace	MMH Magnetic Resonance Imaging Machine	\$2.92	Closing	MOH, NWRHD
Terrace	MMH Phone System	\$0.44	In Progress	NWRHD, NH
Terrace	MMH SPECT Scanner	\$1.55	In Progress	MOH, NWRHD, NH
Terrace	Terraceview Lodge Nurse Call System	\$0.46	In Progress	MOH, NWRHD
Smithers	BVDH Digital Mammography	\$0.95	Approved	MOH
Smithers	BVDH Maternity Modernization Project	\$0.21	Closing	MOH, Bulkley Valley Healthcare & Hospital Foundation

Smithers	BVDH Radiology Room #1	\$0.90	Approved	NWRHD, NH
Stewart	X-Ray Room	\$0.25	In Progress	MOH, NH
Prince Rupert	Fluoroscopy Unit	\$1.35	Ordered	MOH, NWRHD
Queen Charlotte	Hospital replacement	\$50.00	Closing	MOH, NWRHD

**Regional Projects**

Community	Project	Project \$M	Status	Funding partner (note 1)
All	Health Link North: Cerner Upgrade	\$4.5	Planning	MOH, All RHDs
All	Community Health Record (Phase 2)	\$3.16	In Progress	MOH, All RHDs
All	Clinical Interoperability	\$1.0	In Progress	NH
All	PACS and Cardiology Information System	\$3.27	Planning	All RHDs, NH

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 2017-18, it is forecasted that NH will spend \$9.3M on such items.

Note 1: Abbreviations used:

- CCRHD      Cariboo Chilcotin Regional Hospital District
- FFGRHD    Fraser Fort George Regional Hospital District
- MOH        Ministry of Health
- NH          Northern Health
- NRRHD     Northern Rockies Regional Hospital District
- NWRHD     Northwest Regional Hospital District
- PRRHD     Peace River Regional Hospital District
- SNRHD     Stuart Nechako Regional Hospital District

**Recommendation:**

It is recommended that the Audit & Finance Committee recommended the NH Board motion the following:

The Northern Health Board accepts the Period 5 capital update, as presented.

**BOARD COMMITTEES V.1****BRD 300****PURPOSE**

1. Board committees are a mechanism that permits deeper examination of major areas for which the Board of Directors of Northern Health (the “Board”) has governance responsibilities, both continuing and emergent, and supports the Board in handling its responsibilities.
2. Only Directors may serve as voting members on Board committees.
3. Board committees and their respective mandates are established by the Board, and the Board may vary the committee structure from time to time to meet its governance needs. The current Board committees are:
  - Audit and Finance Committee
  - Governance and Management Relations Committee
  - Performance, Planning and Priorities Committee
4. From time to time the Board may assign exceptional tasks to a committee not captured by the committee’s terms of reference.
5. The Board may delegate, by Board motion, specific areas of business to a committee to act on behalf of the Board between Board meetings and the committee must report thereon at the Board meeting immediately following.
6. Board committees are not established to assume functions or responsibilities that properly rest with management.

**GENERAL GUIDELINES FOR COMMITTEES**

1. Each committee reviews its mandate and terms of reference annually. These are submitted to the Governance and Management Relations Committee (GMR) for review in terms of alignment to policy standards, and then submitted by GMR to the Board for approval.
2. Each year the Board Chair is responsible for proposing to the Board the leadership and membership of each committee to be appointed. This will occur in accordance with the Board and Committee work plans or as needed to fill vacancies during the year.
3. In preparing recommendations for committee membership and leadership, the Board Chair will consult with the President and Chief Executive Officer (the “CEO”) and take into account the preferences, skills and experience of each

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Director. Periodic rotation in committee membership and leadership is to be considered in a way that recognizes and balances the need for new ideas, continuity, and maintenance of functional expertise.

4. The Board Chair will be an ex-officio and voting member of all committees on which the Board Chair is not a formal member.
5. The CEO shall be an ex-officio and non-voting member of all committees.
6. A committee member may be removed or replaced at any time by the Board and will cease to be a member upon ceasing to be a Director of the Board.
7. The number of members and composition of each committee is indicated in each committee's terms of reference.
8. Each committee will normally meet before each Board meeting or more frequently as deemed necessary by the committee. Generally, meetings will be scheduled each year in advance.
9. Business conducted by committees of the Board will not be open to the public (BRD220).
10. Each committee shall have a committee timetable and work plan that outlines when the committee will address each of its duties and responsibilities during the course of the year. The timetable and work plan shall be referenced in the committee's terms of reference, but does not form part of the terms of reference. Changes to the terms of reference require Board approval; changes to the timetable and work plan are the domain of the committee, can be made at any time, and must be recorded in the minutes of the committee. If, in the view of the committee, a work plan change is substantive, the terms of reference and work plan should be referred back to the Board for approval.
11. Notice of the time and place of every committee meeting shall be given in writing or by facsimile or email communication to each regular and ex officio member of the committee at least 48 hours prior to the time fixed for such meeting provided, however, that a member may in any manner waive notice of a meeting; and attendance at a meeting is a waiver of notice of the meeting, except where a member attends a meeting for the express purpose

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of objecting to the transaction of any business on the grounds that the meeting was not lawfully called.

12. The Chair of a committee or any two members of a committee may call a meeting of the committee.
13. If a committee Chair is unable to attend or is not present at any meeting of a committee within thirty minutes after the time that the meeting is scheduled to commence, one of the other members of the committee present at the meeting shall be chosen by the committee to preside at the meeting.
14. A committee member may participate in a committee meeting by means of such telephonic, electronic or other communication facilities that permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.
15. A quorum for the transaction of business at a committee meeting will be a majority of the voting members, which includes the Board Chair if in attendance as an ex officio member as per #4 above. Questions arising at a meeting will be determined by a majority of votes of the members present. Note: 50% is the majority for a quorum; more than 50% is a majority for the purpose of voting.
16. The committee shall designate a Recording Secretary who will ensure that the minutes of each committee meeting are prepared and given in a timely fashion to each committee member and to the Corporate Secretary. A complete meeting record will be maintained electronically by the Recording Secretary and the Corporate Secretary and shall be made available to Directors and the CEO.
17. A committee may invite such Director or, in consultation with the CEO, such Northern Health employees or consultants as may be considered desirable to attend meetings and assist in the discussion and consideration of the business of the committee.
18. A committee may, from time to time, require the expertise of outside resources, including independent counsel or other advisors. No outside

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resource will be retained without the approval of the Board or Board Chair, generally in consultation with the CEO.

19. Committees will provide written reports to the Board through minutes as outlined in #16 above, and will report to the Board at each Board meeting with respect to specific recommendations or advice consistent with its mandate or other responsibilities as assigned by the Board. The Board will take whatever action it deems appropriate.

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**TERMS OF REFERENCE FOR THE AUDIT AND FINANCE COMMITTEE V.1** **BRD 310**

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**Purpose**

The primary function of the Audit and Finance Committee (the "Committee") is to advise the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by reviewing financial planning and performance related to the operating and capital budgets, including:

- a. The provision of financial information to the Government and other stakeholders
- b. The systems of internal controls
- c. Compliance with legal and regulatory requirements related to financial planning and performance
- d. All audit processes conducted through the office of the Internal Auditor
- e. All other external financial audits
- f. Financial risk management
- g. Oversight of investment management activities

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This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given to it.

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**Composition and Operations**

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The Committee shall be composed of not fewer than three directors and not more than five directors. (see Membership section for complete Committee membership details).

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The Committee shall operate in a manner that is consistent with the General Guidelines for Committees (BRD 300).

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All Committee members shall be both independent and "financially literate" and at least one member shall have "accounting or related financial expertise"<sup>1</sup>.

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<sup>1</sup> The Board has defined "financial literacy" as the ability to read and understand standard financial reporting. Where there is a requirement for a Director to have "accounting or financial expertise", this means the

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Northern Health’s external auditors and the BC Office of the Auditor General (OAG) shall be advised of the names of the Committee members. The Committee shall meet with the external auditor and the OAG as it deems appropriate to consider any matter that the Committee, auditors or the OAG determine should be brought to the attention of the Board.

**Duties and Responsibilities**

Subject to the powers and duties of the Board, the Committee will perform the following duties:

**A. Financial Performance**

The Committee shall:

- 1. Review and recommend for approval to the Board, ~~financial information that will be forwarded to the Government or made publicly available, including:~~
- 1. ~~The~~ financial content of Northern Health’s annual report and other significant reports required by government or regulatory authorities (to the extent such reports discuss the financial position or operating results) for consistency of disclosure with the financial statements themselves. ~~While the Committee has that the authority to determine which reports it shall review, the Committee is dependent on the integrity and professionalism of the Chief Executive Officer (“CEO”) and the Chief Financial Officer (“CFO”) to identify the reports that are “significant” and require Committee review~~
- 2. Review and approve Northern Health’s annual “Statement of Financial Information (SOFI)” (also referred to as “Public Bodies Report”)<sup>2</sup>
- 3. Review normal periodic financial information provided to the Board, including:
  - a. Periodic financial statements
  - b. Capital budget reports that provide information on both a project and expenditure basis
  - c. Annual audited financial statements

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<sup>1</sup> Director shall have the ability to analyze and understand a full set of financial statements, including the notes attached thereto in accordance with Canadian GAAP.

<sup>2</sup> In accordance with BRD 300 as a delegated authority from the Board (Oct 19, 2010: Motion Public/10-18)

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- 4. Request and review various other financial and operational information as needed to fulfil the Committee’s oversight responsibilities.
- 5. Ensure that:
  - a. The Board receives timely, meaningful reports that keep it properly informed of Northern Health’s financial situation and that provide the information needed for decision-making
  - b. All reports to the Board clearly display the financial results of each principal area of activity and include cash flow for the period and year-to-date
  - c. The Board receives, at each meeting, an up-to-date forecast of year-end results, which reflects events to date and known factors which may materially influence either revenue or expense components

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- 6. Review and discuss:
  - a. The appropriateness of accounting policies and financial reporting practices used by Northern Health
  - b. Any significant proposed changes in financial reporting and accounting policies and practices to be adopted by Northern Health
  - c. Any new or pending developments in accounting and reporting standards that may affect Northern Health

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~~6-7.~~ Review any proposed changes to the position and duties of the CFO

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**B. Budget Development**

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The Committee will, with the assistance of the ~~Chief Financial Officer~~CFO, make an examination of the budget development process, including:

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- 1. The methodology used to establish the operating budget such as revenue estimates, base assumptions for expense projections, financial risk factors, inflation allowances
- 2. Planned capital expenditure by category and the projections for expenditures justified by a priority scoring method endorsed by the Committee, including rate of return
- 3. Alignment/correlation of planned operating and capital budget decisions to the strategic direction of Northern Health

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The Committee will review the planned management summary presentation to the Board to ensure that it will provide the Directors with a clear, concise picture of the financial implications of the operating plan and the associated financial risks.

**C. Financial Risk Management, Internal Control and Information Systems**

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The Committee will review and obtain reasonable assurance that financial risk management, internal control and information systems are operating effectively to produce accurate, appropriate and timely financial information.

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This includes:

- 1. Reviewing Northern Health's financial risk management controls and processes relating to financial planning and performance
- 2. Reviewing management steps to implement and maintain appropriate internal control procedures
- 3. Obtaining reasonable assurance that the information systems are reliable and the systems of internal controls are properly designed and effectively implemented through discussions with and reports from management, the internal auditor and the external auditor
- 4. Reviewing the adequacy of security of information, information systems and recovery plans and annually receiving affirmation of security and integrity
- 5. Monitoring compliance with statutory and regulatory obligations relating to financial planning and performance (such as the Taxpayer Accountability Principles)

~~5.~~

**Level of Spending Authority**

The Committee shall:

- 6. Develop with management a comprehensive statement of authorities for operating and capital expenditures, in compliance with Northern Health's executive limitations policy, and present these authorities to the Board for approval

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- 7. Monitor compliance with the approved signing authority policy<sup>3</sup> through the internal audit process and recommend to the Board any changes which may be necessary from time to time

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**D. Internal Audit**

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The Committee will oversee Northern Health's internal audit function and the internal audit relationship with the external auditor and with management.

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This includes:

1. Reviewing the objectivity and independence of the internal auditor
2. Reviewing goals, resources and work plans
3. Reviewing any restrictions or issues
4. Reviewing significant recommendations and management responses
5. Meeting periodically, and at least twice per year, with the Regional Director of Internal Audit without management present
6. Reviewing proposed changes in the internal audit function

**E. External Audit**

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The Committee will review the planning and results of audit activities and the ongoing relationship with the auditor.

This includes:

1. Assessing the performance of, and recommending to the Board for approval, engagement of the auditor
2. Reviewing the annual audit plan, including but not limited to the following:
  - a. engagement letter
  - b. objectives and scope of the external audit work
  - c. materiality limit
  - d. areas of audit risk
  - e. staffing
  - f. timetable
  - g. proposed fees

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<sup>3</sup> DST 4-4-02-030-P: Finance>Accounts Payable>Signing Authority

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3. Meeting with the external auditor to discuss Northern Health’s annual financial statements and the auditor’s report including the appropriateness of accounting policies and underlying estimates
4. Reviewing and advising the Board with respect to the planning, conduct and reporting of the annual audit, including but not limited to:
  - a. Any difficulties encountered, or restrictions imposed by management, during the annual audit
  - b. Any significant accounting or financial reporting issue
  - c. The auditor’s review of Northern Health’s system of internal controls, procedures and documentation
  - d. The post audit or management letter containing any findings or recommendations of the external auditor, including management’s response thereto and the subsequent follow-up to any identified internal control weaknesses
  - e. Any other matters the auditor brings to the Committee’s attention
5. Reviewing any disagreements between management and the auditor regarding financial reporting
6. Reviewing and receiving assurances on the independence of the auditor
7. Reviewing the internal audit services and non-audit services to be provided by the auditor’s firm or its affiliates (including estimated fees), and consider the impact on the independence of the audit
8. Meeting periodically, and at least annually, with the auditor without management present

**F. Banking and Investment Management Activity**

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The Committee shall:

1. Annually review the banking policy and recommend any needed revisions to the Board.
2. Receive, at minimum, an annual report of all bank accounts, including their purposes and signing officers.
3. Annually review the investment policy for those handling Northern Health’s funds and recommend any needed revisions to the Board
4. Receive, at minimum, semi-annual reports from the Chief Financial Officer on Northern Health’s investment portfolio in accordance with NH Investment Policy 4-4-6-050.

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- 5. Where appropriate, recommend the appointment, renewal or replacement of fund managers
- 6. Regularly review the performance of fund managers, if any, against the investment policy

**G. Other**

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The Committee shall:

- 1. Review annually a Business Development report detailing progress on goals and objectives set out for the prior and current fiscal years
- 2. Review annually insurance coverage of significant risks and uncertainties
- 3. Review annually material litigation and its impact on financial reporting
- 4. Institute and oversee special examinations or investigations, as needed
- 5. Receive reports regarding Ministry of Health funding models, as needed
- 6. Review annually the Committee work plan and the Committee terms of reference as part of the regular Board Policy Review cycle
- 7. Confirm annually that all responsibilities outlined in the work plan attached to these terms of reference have been carried out

**Accountability**

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision-making at the next Board meeting.

**Membership**

- Committee Chair (Board member)
- Minimum two additional Board members (to a maximum of four)

**Ex Officio:**

- Northern Health Board Chair (voting)
- President and Chief Executive Officer (non-voting)

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Executive and Management Support:

- Vice President, Financial & Corporate Services/Chief Financial Officer
- Regional Director, Internal Audit
- Regional Director, Capital Planning and Support Services

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Recording Secretary:

- Executive Assistant to Vice President, Financial & Corporate Services/Chief Financial Officer

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Ad Hoc:

Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair, including:

- Chief Information Officer
- Regional Director, Business Development
- Regional Director, Finance & Controller
- Regional Director, Financial Planning & Budgeting

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**COMMITTEE WORK PLAN**

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. In accordance with G.(97), annually provide to the Committee a report that:
  - a. Reconciles the Committee's Terms of Reference to the Committee's work plan for the upcoming year
  - b. Reconciles the Committee's work plan to actual performance in the previous year, noting any exceptions and providing an explanation for these.
3. Committee reviews and approves the work plan for the upcoming year

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**EXTERNAL AUDITOR INDEPENDENCE V.1****BRD 315****PURPOSE**

Policy BRD 310, *Terms of Reference for the Audit & Finance Committee* (the “Committee”), assigns to the Committee the responsibility of reviewing the planning and results of external audit activities, and for overseeing the ongoing relationship with the external auditor.

The Committee recommends engagement of the external auditor to the Board of Directors of Northern Health (the “Board”). As specified in the section entitled “External Audit”, it is also required to:

- *review and receive assurances on the independence of the external auditor; and*
- *review the non-audit services to be provided by the external auditor's firm or its affiliates (including estimated fees) and consider the impact on the independence of the external audit*

The objectivity and integrity of the external auditor is fundamental to the public confidence in the reliability of the external auditor's report and hence the public accountability of Northern Health.

Since the external auditor is required to have a relationship with the client, absolute independence is not possible. The significance of economic, financial and other relationships must therefore be evaluated in the light of what a reasonable and informed third party would conclude as acceptable.

The purpose of this policy is to establish principles and controls designed to provide reasonable assurance that the external auditor maintains an adequate degree of independence to ensure objectivity and integrity.

The principles and controls set out below concern the engagement of the external auditor, the justification of non-audit services, and the hiring of audit staff.

**ENGAGEMENT OF THE EXTERNAL AUDITOR**

1. The external auditor's independence can be influenced by a number of threats including, but not limited to:
  - a. Self-review threats that occur when an external auditor provides assurance on his or her own work

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- b. Self-interest threats that occur when an external auditor could benefit from a financial interest in a client or when there is an undue dependence on an assurance<sup>1</sup> client
  - c. Advocacy threats that occur when an external auditor promotes a client's position or opinion
  - d. Familiarity threats which occur when an external auditor becomes too sympathetic to a client's interests
  - e. Intimidation threats which occur when an external auditor is deterred from acting objectively by actual or perceived threats from a client
2. It is expected that the external auditor will maintain a quality control system which recognizes these and other threats and provides reasonable assurance that his or her independence is not impaired.
  3. The external auditor is required to give the Committee annual assurances concerning independence.
  4. The external auditor is expected to adhere to a rotation policy that provides a balance between effectiveness, efficiency and independence. This rotation must be at intervals of no more than seven years for the lead partner responsible for the audit.

An exemption on an annual basis from these requirements can be granted by the Committee if circumstances require such an exemption. Where there is only one partner engaged, the Committee may request that a partner from another location of the same firm be utilized in at least one year.

5. The external auditor should not hire and involve any of the following individuals to participate in the audit within twelve months of the cessation of their employment with Northern Health:
  - a. Individuals who were previously employed as senior management of Northern Health, or
  - b. Individuals who were previously employed as participants in processes or areas subject to external audit procedures.
6. Once the Committee is satisfied that the external auditor recognizes and accepts these principles and responsibilities it will authorize the Board Chair and the President and Chief Executive Officer (the "CEO) to jointly co-sign the letter of engagement.
7. The Committee will annually provide the Board with a summary of any internal audit and non-audit services undertaken by the external auditor and the associated fees.

**Commented [DCM1]:** A report is provided to the Committee. However, is this report included in the Board package??

**Commented [BS2R1]:** AFC determined that Committee-level review of these items was acceptable; this item could be removed from the policy.

<sup>1</sup> An 'assurance client' is a client who is receiving external audit services

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## INTERNAL AUDIT SERVICES

1. Internal audit services encompass assurance and consulting activities undertaken by the Internal Audit department of Northern Health. Internal Audit may, during the course of the year, seek assistance on projects through contract relationships with qualified individuals or firms.
2. The Chartered Professional Accountants of British Columbia (CPABC) Code of Professional Conduct<sup>2</sup> specifically prohibits performance of an external audit engagement if:
 

*“... during either the period covered by the financial statements subject to audit or the engagement period, ...the firm or a member of the firm ... provides an internal audit service to the entity or a related entity unless, with respect to the entity for which the internal audit service is provided:*

  - (i) the entity designates an appropriate and competent resource within senior management to be responsible for internal audit activities and to acknowledge responsibility for designing, implementing and maintaining internal controls;*
  - (ii) the entity or its audit committee reviews, assesses and approves the scope, risk and frequency of the internal audit services;*
  - (iii) the entity’s management evaluates the adequacy of the internal audit services and the findings resulting from their performance;*
  - (iv) the entity’s management evaluates and determines which recommendations resulting from the internal audit services to implement and manages the implementation process; and*
  - (v) the entity’s management reports to the audit committee the significant findings and recommendations resulting from the internal audit services.”*
3. The external auditor should not provide internal audit services where the services comprise a significant portion of the internal audit activities.
4. Certain internal audit activities may impair the independence of the external auditor and should not be undertaken by the external auditor:
  - a. Performing ongoing monitoring or quality control activities that relate to the execution, accounting for, or approval of transactions
  - b. Determining which, if any, recommendations for improving the internal control system should be implemented

<sup>2</sup>[Rules of Professional Conduct CPA Code of Professional Conduct](#). Institute of Chartered Professional Accountants of British Columbia: s.204.4 (27) – [Mar/2012 August 2016](#).

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- c. Reporting to the Board or the Committee on behalf of management or Internal Audit
- d. Approving or being responsible for the overall internal audit work plan, including the determination of the internal audit risk and scope, project priorities, and frequency of performance of audit procedures
5. The licensed firm is required to identify threats to its independence and either apply safeguards to reduce the threats to an acceptable level or refuse to accept the external audit engagement.<sup>3</sup>
6. A proposal by Internal Audit to engage the external auditor for any internal audit services must be approved in advance by the Committee. The proposal will provide an estimate of fees and a description of safeguards to ensure independence of the external auditor is maintained. The proposal must be accompanied by a statement by the external auditor that such services:
  - a. Will not be provided by external audit staff members participating in an external audit of Northern Health within twelve months of the provision of internal audit services
  - b. Will be supervised and reviewed by an external audit partner other than that responsible for the provision of external audit services
  - c. Will exclude audit items covered in the annual external audit
  - d. Will exclude activities outlined in #4 above
7. The total fees incurred in the provision of internal audit services by the external auditor will not exceed 25% of the regular external audit fee for the year as approved by the Board.

#### NON-AUDIT SERVICES

1. External audit services are those related to the formulation of an opinion on financial statements prepared by management and include advice on accounting policies. Non-audit services are those services other than external or internal audit services.
2. Non-audit services undertaken by the external auditor create actual and/or perceived self-review, self-interest or advocacy threats to the independence of the external auditor. The degree of the threat depends on the nature, scale and scope of the non-audit services.
3. In relation to the provision of non-audit services, the term external auditor shall be interpreted as meaning the external auditor and any of its affiliates.

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<sup>3</sup> Ibid, 204.2.

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The term affiliates will be interpreted by reference to the substance of a relationship with the audit firm but will generally include any entity controlled by the audit firm or under common control, ownership or management.

4. The external auditor may be engaged to provide non-audit services where there are good reasons and the services to be provided do not create a material threat to the independence of the external auditor. Good reasons for the external auditor to be appointed to perform non-audit services include:
  - a. It is economical in terms of skill and effort for the external auditor to provide such services as a result of his or her intimate and specialised knowledge of the business
  - b. The information required is a by-product of the audit process
  - c. The services are required by legislation or regulation
5. Certain categories of non-audit services are considered to be potentially incompatible with the independence of the external auditor and should normally be avoided. These categories include:
  - a. Performance of management functions or making management decisions
  - b. Financial statement preparation services and bookkeeping services
  - c. Valuation services
  - d. Actuarial services
  - e. Designing or implementing a hardware or software system
  - f. Designing or implementing internal controls over financial reporting
  - g. Legal services
  - h. Recruiting services
  - i. Certain corporate finance activities that create an unacceptable advocacy or self-review threat including making investment decisions or having custody of assets such as securities
6. A proposal by Northern Health management to engage the external auditor for any services in the categories set-out in #5 above must be approved in advance by the Committee. In the review of such proposals the Committee will, where further detailed guidance is considered necessary, refer to standards and guidelines issued by [the Canadian Institute of Chartered Accountants CPA Canada](#) and [the Institute of Chartered Accountants of CPA British Columbia](#).
7. Except for those services set out in #5 above, management may arrange the provision of non-audit services by the external auditor provided that:
  - a. A formal procurement is followed in accordance with NH procurement policies

**Commented [BS3]:** New title of this organization; note that this revision is also shown in the FOOTER on page 3 of this policy.

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- b. The costs of such services do not exceed an amount equal to 25% of the regular external audit fee for the year as approved by the Board
  - c. The costs of the service to be provided, combined with the cost of any other non-audit or internal audit services provided by the external auditor in the same year do not exceed an amount equal to 50% of the regular audit fee
  - d. All such services are reported to the Committee at the next scheduled meeting along with the reasons therefore
  - e. Any proposal to engage the external auditor for the provision of non-audit services, the costs of which will exceed the limits set out in 7(b) and (c), must have the prior approval of the Committee. Where the need for such services is time sensitive, the CFO may request the Chair of the Committee to convene a special meeting of the Committee.
8. Taxation services comprise a broad range of services, including compliance, planning, provision of formal taxation opinions and assistance in the resolution of tax disputes. Such assignments are generally not seen to create threats to external auditor independence.

#### **HIRING OF EXTERNAL AUDIT STAFF**

1. Any individual that was employed by the external audit firm and participated in the external audit within the last three months will not be hired to a position at the Regional Director level or above.

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## TERMS OF REFERENCE FOR THE GOVERNANCE & MANAGEMENT RELATIONS COMMITTEE V.1 BRD 320

### PURPOSE

The primary function of the Governance and Management Relations Committee (“GMR” or the “Committee”) is to assist the Board of Directors of Northern Health (the “Board”) in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Overseeing the development of Board meeting agendas to address the critical issues emerging from the deliberations of Board Committees and elsewhere in the organization
- Assessing and making recommendations regarding Board effectiveness, providing direction in relation to ongoing Director development and leading the process for recommending Director criteria to the government for consideration when appointing Directors, and setting and reviewing Board policies and procedures
- Providing guidance to the Board Chair and to the President & Chief Executive Officer (the “CEO”) regarding the development and management of government relations
- Developing the agreement between Northern Health and the Government of British Columbia as set out in the mandate letter
- Assisting the Board in fulfilling its obligations related to management compensation policy and overseeing plans for the continuity and development of senior management

This committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

### COMPOSITION AND OPERATIONS

The Committee shall be composed of the Chair of the Audit and Finance Committee, the Chair of the Performance, Planning and Priorities Committee, the Board Chair, and one or two Directors, one of whom will serve as Committee Chair. (See Membership section for complete committee membership details).

The Committee shall operate in a manner that is consistent with committee guidelines outlined in policy BRD 300 of the Board policy manual.

### DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

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## A. **Governance**

The Committee shall:

1. Develop Board meeting agendas with a focus on the strategic and critical issues emerging from Board Committee deliberations.
2. Establish the key internal and external communication messages arising from the Board meeting agenda and initiate the development of Board communication releases based on these messages.
3. Oversee the creation and distribution of the annual report.
4. Recommend to the Board the plan for Northern Health's community consultation strategy and oversee the implementation of this strategy.
5. Oversee the development and monitoring of Northern Health's enterprise-wide Integrated Risk Management Framework.
6. Review and advise the Board with respect to risk management issues including major incident/negligence summaries, and issues involving litigation.
7. Review and advise the Board with respect to Privacy and the Patient Care Quality Office (PCQO).
8. Develop, and annually update, a long-term plan for Board composition that takes into consideration the current strengths, skills and experience on the Board, retirement dates and the strategic direction of Northern Health.
9. Develop recommendations regarding the essential and desired experiences and skills for potential Directors, taking into consideration the Board's short-term needs and long-term succession plans.
10. In consultation with the Board Chair and the CEO, recommend to the Board for subsequent recommendation to government, criteria and potential candidates for consideration when they are appointing Directors.
11. Review, monitor and make recommendations regarding Director orientation and ongoing development.
12. Recommend to the Board, and annually implement, the appropriate evaluation process for the Board.
13. Review annually, for Board approval, a board manual outlining the policies and procedures by which the Board will operate including, but not limited to, the terms of reference for the Board, the Board Chair, the CEO, individual Directors and Board committees.
14. Ensure there is a system that enables a committee or Director to engage separate independent counsel in appropriate circumstances, at Northern Health's expense, and be responsible for the ongoing administration of such a system.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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15. Review annually, for Board approval, all Board Enduring Motions to ensure that they are still current and relevant.
16. Monitor compliance with laws and regulations and ensure that procedures have been established to receive and address reports and complaints regarding non-compliance.
17. Recommend to the Board any reports on governance that may be required or considered advisable.
18. Oversee the development, revision and renewal of the Memorandum of Understanding between Northern Health and the University of Northern British Columbia including the Innovation and Development Commons (IDC)
19. Oversee the development, revision and renewal of the Northern Partnership Accord between the First Nations Health Council: Northern Regional Caucus, Northern Health, and the First Nations Health Authority
20. Oversee the development, revision and renewal of the Memorandum of Understanding with the Foundation(s), and the development and maintenance of a productive relationship with the Auxiliaries and Societies that support Northern Health.
21. At the request of the Board Chair or the Board, undertake such other governance initiatives as may be necessary or desirable to contribute to the success of Northern Health.
22. Provide direction for content of the annual Board planning session and build items arising from this planning into the Board's work plan.
23. Review the existence and application of the corporate conduct policy on an annual basis (BRD 260).

## B. **Management Relations**

The Committee shall:

1. Recommend a performance planning and review process for the CEO and, when approved, lead the implementation of the process.
2. Review and recommend the CEO's compensation to the Board for approval, subject to the legislative guidelines.
3. Review policy and procedures related to the review and approval of the CEO's expenses.
4. Review the CEO's analysis of the senior management team structure, processes, and performance.
5. Review with the CEO the succession planning strategy across all management levels and ensure that comprehensive succession plans are in place for all senior executive positions.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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6. Review and recommend Northern Health's compensation philosophy and guidelines and ensure compliance with any applicable guidelines established by Health Employers' Association of BC (HEABC) and the Public Sector Employers Council (PSEC).
7. Review and recommend to the Board the ratification of collective agreements. Only the Board has the authority to ratify collective agreements.
8. Review with the CEO any significant outside commitments the CEO is considering before the commitment is made. This includes commitments to act as a Director or Trustee of for-profit and not-for-profit organizations.

### C. **Government Relations**

The Committee shall:

1. Provide advice to the Board Chair and CEO in relation to regular interactions with government through such forums as the Board Chairs/CEO meeting, Northern Caucus, meetings with the Minister of Health Services, and other ministries and government bodies.
2. Create an environment that fosters productive relationships with the North Central Local Government Association (NCLGA), Regional Hospital Districts (RHD), and MLAs through regular communication, management of issues, and opportunities for interaction with the Board during regular Board meetings.
3. Receive reports and provide advice regarding Board Chair and CEO meetings with local government at the NCLGA and Union of British Columbia Municipalities (UBCM) meetings.
4. Organize opportunities for the Board to interact with the Minister and Ministry of Health leadership, as relevant to Northern Health priorities and issues.
5. Oversee the communications processes between Northern Health, Government Communications & Public Engagement (GCPE), the Ministry of Health and other government organizations and bodies.
6. Oversee the performance of the ~~Health Shared Services BC (HSSBC)~~BC Clinical and Support Services Society (BCCSSS) and determine if it is meeting the needs of Northern Health.
7. Oversee the relationship between Northern Health and the Provincial Health Services Authority (PHSA), HEABC and Healthcare Benefit Trust (HBT).
8. Annually review Northern Health's (a) Energy and Sustainability Policy, and (b) Carbon Neutral Action Report.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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## ACCOUNTABILITY

The Committee is accountable to the Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

## MEMBERSHIP

- Northern Health Board Chair
- Chairs of the Standing Committees (Audit & Finance; Performance, Planning and Priorities)
- 1 or 2 other Board Members one of whom will serve as the Committee Chair

### Ex Officio:

- President and Chief Executive Officer (non-voting)

### Executive and Management Support:

- Regional Director, Risk Management & Compliance
- Executive Assistant, Northern Health Board & President/CEO

### Recording Secretary:

- Executive Assistant, Vice President Human Resources

### Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair

## COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
  - a. Indicates all elements of the work plan were undertaken in the previous year.
  - b. Notes any exceptions and provides an explanation,
  - c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Author(s): Governance & Management Relations Committee

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## TERMS OF REFERENCE FOR THE PERFORMANCE, PLANNING AND PRIORITIES COMMITTEE V.1 **BRD 330**

### PURPOSE

The purpose of the Performance, Planning and Priorities Committee (“3P” or the “Committee”) is to assist the Board of Directors of Northern Health (the “Board”) in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Oversight of quality and patient safety review processes for the purpose of improving the quality of health care or practice within Northern Health (NH)
- Development and review of the Strategic Plan
- Setting of strategic priorities designed to enable the organization to meet the goals set out in the Strategic Plan
- Monitoring performance of the organization in achieving the goals set out in the Strategic Plan and the performance expectations set forth by the Ministry of Health
- Ensuring a Communications Strategy is developed, implemented and monitored

This Committee is not intended to act on behalf of the Board unless specific delegated authorities have been given.

### COMPOSITION AND OPERATIONS

The Committee shall be composed of not fewer than three Directors and not more than five Directors. (See Membership section for complete Committee membership details).

- The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in Policy BRD300 of the Board Manual
- Each committee meeting will focus on one (or two) strategic priorities with the understanding that there may be the need to include additional agenda items that are time sensitive
- Each Committee meeting will include a review of the scorecard indicators for the strategic priority being reviewed

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## DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

### 1. **Strategic Plan**

The Committee will oversee the development and review of the Strategic Plan and will provide guidance in setting the strategic priorities and directions required to achieve the expected outcomes by:

- a. reviewing organizational priorities
- b. reviewing the operational plan

### 2. **Service Plan**

The Committee will oversee and approve Northern Health's public Service Plan each year by:

- a. reviewing the Ministry of Health mandate letter
- b. overseeing the development of the annual Service Plan
- c. monitoring and evaluating NH's performance as per the annual Service Plan
- d. reviewing and overseeing clinical quality priorities

### 3. **3P Terms of Reference**

The Committee will annually review and update the 3P Terms of Reference to ensure it accurately reflects the performance, planning and priorities identified for the Board and Northern Health.

### 4. **Strategic Priority: Healthy People in Healthy Communities**

The Committee will oversee the work done to partner with communities to support people to live well and to prevent disease and injury by:

- a. reviewing scorecards<sup>1</sup> for Healthy People in Healthy Communities
- b. reviewing ~~initiatives within Public Health Protection~~ the report provided by the Chief Medical Health Officer on the health status overview for the population served by Northern Health
- c. overseeing various population health initiatives such as age-friendly communities and child health and wellbeing as well as overseeing the partnering with communities, industry, and other organizations to ensure healthier communities for all residents of northern BC
- ~~d. overseeing various population health initiatives such as age friendly communities and child health and wellbeing~~

Commented [GB1]: Changes made to correspond with the updated work plan (2017-01-13)

<sup>1</sup> The Committee will regularly analyze scorecards in an effort to measure performance and management's success in achieving the goals and targets as set out in the Strategic Plan, annual Service Plan and Ministry of Health performance expectations.

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 Issuing Authority: Northern Health Board  
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e-d. \_\_\_\_\_ overseeing and reviewing work being done [by Preventive Public Health to promote and protect environmental health](#)

#### 5. **Strategic Priority: Coordinated and Accessible Services**

The Committee will oversee the provision of health services based in a Primary Care Home and linked to a range of specialized services, which support each person and their family over the course of their lives from staying healthy, to addressing disease and injury, to end-of-life care by:

- a. reviewing scorecards<sup>1</sup> for Coordinated and Accessible Services
- b. reviewing person and family centered care within Northern Health
- c. reviewing primary care and community services to ensure that NH is collaborating with the Division of Family Practice to plan, implement, evaluate and improve quality and that interprofessional teams are established
- d. reviewing the implementation of specialized services teams connected to specialist physicians, with service pathways for the person and their family
- e. overseeing the distribution of services by community size
- f. reviewing the work done by [Aboriginal-Indigenous Health](#) to understand and implement the Northern First Nations Health & Wellness Plan [as well as the Northern First Nations Partnership Accord](#)

Commented [GB2]: This item moved from GMR to 3P

#### 6. **Strategic Priority: Quality**

The Committee will oversee the development and implementation of the quality improvement framework including the policies, standards, structures and processes necessary to support quality improvement and patient safety. The Committee will ensure a culture of continuous quality improvement in all areas by [reviewing client safety information at each meeting, including:](#)

- a. reviewing scorecards<sup>1</sup> for quality
- b. reviewing high level work of clinical programs to ensure establishment of quality improvement goals at the program level and to oversee quality monitoring:
  - i. Chronic Disease
  - ii. Critical Care
  - iii. Elder Services
  - iv. Mental Health & Addictions
  - v. Perinatal
  - vi. Surgical Services
  - vii. Child & Youth
- c. Reviewing information from local teams and departments that design and test innovative solutions within the Innovation and Development Commons through:
  - i. quality education

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- ii. quality improvement resources
- iii. innovation
- d. overseeing the engagement in research, education and quality improvement partnerships with academic organisations to create a learning environment throughout NH
- e. reviewing patient satisfaction surveys from facilities throughout NH
- f. reviewing and advising the Board with respect to an Annual Quality Review and receiving reports arising from quality review committees properly constituted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*<sup>2</sup>
- g. reviewing annual reports on Patient Safety and Learning System (PSLS) events
- g-h. overseeing the development and review of the Integrated Ethics Framework

#### 7. **Enabling Priorities: Our People**

The Committee will oversee the provision of services through its people and will work to have those people in place and to help them flourish in their work by:

- a. reviewing scorecards<sup>1</sup> for Our People
- b. overseeing the development, monitoring and evaluation of the Health Human Resource Plan
- c. overseeing the development, monitoring and evaluation of the Recruitment and Retention Strategy
- d. overseeing the development, monitoring and evaluation of the employee education framework and plan
- e. overseeing the development, monitoring and evaluation of Workplace Health and Safety
- f. reviewing Northern Health's policies, structures and processes for the development of the Physician Human Resource Plan
- g. review and advise the Board with respect to annual school medical officer appointments

#### 8. **Enabling Priorities: Communications, Technology and Infrastructure**

The Committee will oversee the implementation of effective communications systems and sustain a network of facilities and infrastructure that enables service delivery by:

- a. reviewing scorecards<sup>1</sup> for Communication, Technology and Infrastructure
- b. reviewing an annual overview of the Information Management and Information Technology Plan and progress to the plan

<sup>2</sup> The 3P Committee does not itself conduct quality reviews under Section 51 of the Evidence Act.

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**Commented [GB3]:** This item is moved to the GMR Committee. As these are enduring motions, this item will only come forward as required.



- c. overseeing the development, implementation, and evaluation of the Communication strategy and policies including:
  - i. internal communications
  - ii. external communications
  - iii. media relations
- d. Providing advice to the Board Chair and President and Chief Executive Officer (the “CEO”) regarding emerging communication issues involving the Board

## ACCOUNTABILITY

The Committee is accountable to the Northern Health Board and will maintain minutes of its meetings and will bring forward advice and recommendations for Board deliberation and decision making at the next Board meeting.

### Membership

- Committee Chair (Director – not the Board Chair)
- Two to four additional Directors

### Ex Officio:

- Board Chair (voting)
- CEO (non-voting)

### Executive & Management Support:

- Vice President, Planning, Quality and Information Management
- Regional Director, Internal Audit

### Recording Secretary:

- Executive Assistant, VP Planning, Quality and Information Management

### Ad Hoc:

- Presenters to the Committee will be called upon from time to time, at the request of the Committee Chair.

## COMMITTEE WORK PLAN

The Recording Secretary shall maintain the Committee's annual work plan and will:

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:

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- a. Indicates all elements of the work plan were undertaken in the previous year.
- b. Notes any exceptions and provides an explanation,
- c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

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**TASK FORCES V.1****BRD 340**

A task force is a committee of the Board of Directors of Northern Health (the “Board”) established for a defined period of time, normally not longer than six months, to undertake a specific task, and is then disbanded.

**Guidelines for Task Forces**

1. A task force operates according to a Board approved mandate, which outlines its duties and responsibilities.
2. Each task force must have terms of reference with the following headings:
  - Purpose
  - Composition
  - Duties and Responsibilities
  - Completion Date
3. A task force must get an extension approved to go beyond the time limit specified in its terms of reference. The Guidelines for Committees (Policy BRD 300) also apply to task forces established by the Board.

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## CODE OF CONDUCT AND CONFLICT OF INTEREST GUIDELINES FOR DIRECTORS

BRD 210

### Introduction

The Board of Directors of Northern Health (the “Board”) is committed to developing and maintaining a reputation for Northern Health as an ethical organization.

The fundamental relationship between each Director and Northern Health must be one of trust; essential to trust is a commitment to honesty and integrity. Ethical conduct within this relationship imposes certain obligations.

1. Directors are expected to use their best efforts to ensure that consideration is given to legal and/or statutory components of any decision taken by the Board. If in doubt, Directors are expected to ask for clarification.
2. No Director shall commit or condone an unethical or illegal act or instruct another Director, employee, or supplier to do so.
3. Directors have a responsibility to have some familiarity with the regulatory regime in which Northern Health operates. They are expected to recognize potential liabilities and to know when to seek legal advice. If in doubt, Directors are expected to ask for clarification<sup>1</sup>.

Northern Health is continually under public scrutiny. Therefore, Directors must not only comply fully with the law, but must also avoid any situation which could be perceived as improper or indicate a casual attitude towards compliance. Directors must be familiar and compliant with the Integrated Ethics Framework<sup>2</sup>, including using the ethical framework to guide Board decision-making.

### Conflicts Of Interest

1. In general, a conflict of interest<sup>3</sup> exists for Directors who use their positions on the Board to:
  - a. Benefit themselves, friends, relatives<sup>4</sup>, or business associates, or
  - b. Benefit other corporations, societies<sup>5</sup>, suppliers, unions or partnerships in which they have an interest or hold a position, or
  - c. Benefit the interests of a person to whom the Director owes an obligation.

---

<sup>1</sup> Throughout this policy, when Directors are requested to seek clarification or make a declaration, unless specific direction is otherwise given, Directors shall consult with either the Board Chair, the CEO, or the Corporate Secretary.

<sup>2</sup> Northern Health [Integrated Ethics Framework](#)

<sup>3</sup> *Conflict of interest* can be real or apparent; direct or indirect.

<sup>4</sup> *Relatives* generally means a spouse, child, parent or sibling of a Director and can include other relatives, direct or through marriage.

<sup>5</sup> Refer to *Schlenker v. Torgrimson 2013 BCCA 9*

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- The above are hereafter collectively referred to as “Related Persons<sup>6</sup>”.
2. A Director must not take personal advantage of an opportunity available to Northern Health unless the Board or management has clearly and irrevocably decided against pursuing the opportunity, and the opportunity is also available to other Directors or the public.
  3. A Director must not use his or her position with Northern Health to solicit clients for the Director's business or Related Persons.
  4. Every Director must avoid any situation in which there is, or may appear to be, potential conflict which could appear<sup>7</sup> to interfere with the Director's judgment in making decisions in Northern Health's best interest.
  5. There are several situations that could give rise to a conflict of interest. The most common are accepting gifts, favours or kickbacks, or the passing on of confidential information and using privileged information inappropriately.

### Disclosure

Northern Health requires full disclosure of all circumstances that could conceivably be construed as conflict of interest.

1. Full disclosure enables Directors to resolve unclear situations before any difficulty can arise.
2. At the beginning of each meeting of the Board, or of one of its Committees or Task Forces, there shall be a standing agenda item requiring each Director present to declare any conflict of interest he/she may have with any item of business on the agenda.
3. Outside of meetings, a Director must, immediately upon becoming aware of a potential conflict of interest situation, disclose the conflict in writing to the Board Chair. This requirement exists even if the Director does not become aware of the conflict until after a transaction is completed.
4. If a Director is in doubt whether a situation involves a conflict, the Director must immediately seek the advice of the Board Chair or the Chair of the Governance and Management Relations Committee (GMR). It may also be appropriate to seek legal advice.
5. Unless a Director is otherwise directed by the Board Chair, a Director must immediately take steps to resolve the conflict or remove the suspicion that it exists.
6. If a Director is concerned that another Director is in a conflict of interest situation, the Director must immediately bring his or her concern to the other Director's

<sup>6</sup> Not an exhaustive list, merely representative.

<sup>7</sup> *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.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): June 12, 2017 (r)

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attention and request that the conflict be declared. If the other Director refuses to declare the conflict, the Director must immediately bring his or her concern to the attention of the Board Chair. If there is a concern with the Board Chair, the issue should be referred to the Chair of GMR.

7. A Director is required to disclose the nature and extent of any conflict at the first meeting of the Board after which the facts leading to the conflict have come to that Director's attention. After disclosing the conflict, the Director:
  - a. must not take part in the discussion of the matter or vote on any questions in respect of the matter. However, the Director may be counted in the quorum present at the Board meeting.
  - b. may, if the meeting is open to the public, remain in the room, but shall not take part in that portion of the meeting during which the matter giving rise to the conflict is under discussion, and shall leave the room prior to any vote on the matter giving rise to the conflict.
  - c. must, 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 is completed.
  - d. must not attempt, in any way or at any time, to influence the discussion or the voting of the Board on any question relating to the matter giving rise to the conflict.

#### **Outside Business Interests**

1. Directors must declare possible conflicting outside business activities at the time of appointment. Notwithstanding any outside activities, Directors are required to act in the best interest of Northern Health.
2. No Director may hold a significant financial interest, either directly or through a Related Person, or hold or accept a position as an officer or Director in an organization in a relationship with Northern Health, where by virtue of his or her position on the Board, the Director could in any way benefit the other organization by influencing the purchasing, selling or other decisions of Northern Health, unless that interest has been fully disclosed in writing to the Board Chair. A "significant financial interest" in this context is any interest substantial enough that decisions of Northern Health could result in a personal gain for the Director.
3. These restrictions apply equally to interests in companies that may compete with Northern Health in any of its areas of activity.

#### **Confidential Information**

1. Confidential information includes personal, proprietary, technical, business, financial, legal, or Director information, which the Board or management treats as confidential.
2. Directors may not disclose such information to any outside person unless authorized.

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3. Similarly, Directors may never disclose or use confidential information gained by virtue of their association with Northern Health for personal gain, or to benefit Related Persons.

Directors are advised to seek guidance from the Board Chair or the President & Chief Executive Officer (the “CEO”) with respect to what is considered confidential.

### Investment Activity

Directors may not, either directly or through Related Persons, acquire or dispose of any interest, including publicly traded shares, in any company while having undisclosed confidential information obtained in the course of work on the Board, which could reasonably affect the value of such securities.

### Outside Employment or Association

A Director, who accepts a position with any organization that could lead to a conflict of interest or situation prejudicial to Northern Health’s interests, 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.

### Public Office

1. No one who holds public elected office<sup>8</sup> is eligible to be a Director of Northern Health unless unless otherwise directed by the Board Resourcing Office.
2. A Director may run for 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:
    - i. At the start of each meeting the Director’s candidacy for elected office is declared and minuted, and
    - ii. The Director excuses<sup>9</sup> themselves from any discussion/vote that could be viewed as partisan, and
  - c. Not speak on behalf of Northern Health, and
  - d. Not refer to their work on the Board other than a factual declaration of Board membership in their biography.

<sup>8</sup> Public elected office includes: Municipal Council, Band Council, School Board, Regional District/Regional Hospital District, Member of the Legislative Assembly of BC, Member of Parliament.

<sup>9</sup> When a Director excuses themselves from discussion in an in camera meeting they shall leave the room. The Director may remain in the room if during the public session. The minutes of the meeting shall note the Director’s actions to excuse themselves from discussion.

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3. If elected, the Director must resign immediately unless otherwise directed by the Board Resourcing Office.

### Entertainment, Gifts and Favours

1. It is essential to efficient business practices that all those who associate with Northern Health, as suppliers, contractors or Directors, have access to Northern Health on equal terms.
2. Directors and Related Persons shall not accept entertainment, gifts or favours that create or appear to create a favoured position for doing business with Northern Health. Any firm offering such inducement shall be asked to cease doing so. A sustained business relationship will be conditional on compliance with this code.
3. Similarly, no Director may offer or solicit gifts or favours in order to secure preferential treatment for themselves, Related Persons or Northern Health.
4. Under no circumstances may Directors offer or receive cash, preferred loans, securities, or secret commissions in exchange for preferential treatment. Any Director experiencing or witnessing such an offer must report the incident to the Board Chair immediately.
5. Inappropriate gifts received by a Director shall be returned to the donor and will be accompanied by a copy of this code with full and immediate disclosure to the Board Chair.

### Use of the Authority's Property

1. A Director requires Northern Health's approval to use property owned by Northern Health for personal purposes, or to purchase property from Northern Health unless the purchase is made through the usual channels also available to the public.
2. Even then, a Director must not purchase property owned by Northern Health if that Director is involved in an official capacity in some aspect of the sale or purchase.
3. Directors may be entrusted with the care, management and cost-effective use of Northern Health's property and shall not make significant use of these resources for their own personal benefit or purposes. Clarification on this issue should be sought from the Board Chair.
4. Directors shall ensure all Northern Health property which may be assigned to them is maintained in good condition and shall be able to account for such property.
5. Directors may not dispose of Northern Health property except in accordance with the guidelines established by Northern Health.

### Responsibility

1. Each Director must adhere to the standards described in this Code of Conduct, and to the standards set out in applicable policies, guidelines or legislation.
2. Integrity, honesty, and trust are essential elements of Northern Health's success. Any Director who knows or suspects a breach of this Code of Conduct and Conflict of Interest Guidelines has a responsibility to report it to the Board Chair.

Author(s): Governance & Management Relations Committee

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3. To demonstrate determination and commitment, Northern Health requires each Director to review and sign the Code annually. The willingness and ability to sign the Code is a requirement of all Directors.

#### **Breach of Code**

A Director found to have breached his/her duty by violating the Code of Conduct will be liable to Board censure or a recommendation for dismissal to the Government.

#### **Where to Seek Clarification**

The Board Chair or the Chair of GMR will provide guidance on any item in this Code of Conduct and Conflict of Interest Guidelines. The Board Chair may at his/her discretion, or at the request of a Director, seek the advice of outside legal counsel.

Author(s): Governance & Management Relations Committee  
Issuing Authority: Northern Health Board  
Date Issued (I), REVISED (R), reviewed (r): June 12, 2017 (r)

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# 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

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- 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

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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  
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## BOARD BRIEFING NOTE

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Date:	2017-August 31	
Agenda item	<b>NE Medical Health Officer – Dr. Jong Kim</b>	
Purpose:	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion
	<input type="checkbox"/> Seeking direction	<input checked="" type="checkbox"/> Decision
Prepared for:	<b>NH Governance and Management Relations Committee</b>	
Prepared by:	<b>K Thomson</b>	
Reviewed by:	<b>C Ulrich</b>	

**Issue:**

A motion is required for the Board to request the Provincial Health Officer to arrange for an Order in Council for Dr. Jong Kim as a Medical Health Officer for Northern Health with powers under the *Public Health Act*.

**Background:**

Dr. Jong Kim (CV attached) has been recruited as the Medical Health Officer for the North East health service delivery area and is based in Fort Saint John. He started in his position on August 31<sup>st</sup>, 2017.

Under Section 71 of the *Public Health Act* medical health officers are designated through an Order in Council on the recommendation of the Provincial Health Officer (PHO), and it is up to the health authority to pass a Board motion and make the formal request to the PHO.

Once passed, a letter will be sent to the PHO with a copy of the Board motion, Dr. Kim's CV, and his certificate to practice medicine in BC.

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**Recommendation(s):**

The NH Board of Directors request that the Provincial Health Officer proceed to recommend to the Lieutenant Governor in Council that Dr. Jong Kim be designated as a medical health officer for the Northern Health Authority, with powers under the Public Health Act.

# JONG WOAN KIM

Fort St John, BC

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## EDUCATION

University of Calgary, Calgary, Alberta  
*Master of Science in Community Health Sciences, 2017*  
Queen's University, Kingston, Ontario  
*Doctor of Medicine, 2012*  
McMaster University, Hamilton, Ontario  
*Bachelor of Arts in Economics, 2007*  
McMaster University, Hamilton, Ontario  
*Bachelor of Health Sciences, 2006*

## POST DOCTORAL TRAINING AND PROFESSIONAL EXPERIENCE

Residency, University of Calgary  
*Public Health & Preventive Medicine, 2012 – 2017*

Fellow, Royal College of Physicians of Canada  
*Public Health & Preventive Medicine, 2017*

Licentiate of the Medical Council of Canada, 2013

### Rotations:

Northern Health, Prince George, British Columbia 02/2017 – 06/2017  
*Health Promotion, Community Advocacy*

- Established solid relationships with the public health teams and with key stakeholders internal and external to Northern Health.
- Learnt and understood Northern Health's strategic directions, organizational structure and programmatic priorities.
- Learnt about health profile of Northern British Columbia's populations.

PUBLIC HEALTH AGENCY OF CANADA, Ottawa, Ontario 09/2016 – 01/2017  
*Chronic Diseases and Disease Prevention; Human resources*

- Developed competency assessment tests for new hires.
- Provided feedback to international implementation plans to address childhood obesity.
- Produced plan including over-diagnosis issue for cancer screening guideline and designed pilot project.

WORLD HEALTH ORGANIZATION, Geneva, Switzerland 07/2016 – 09/2016  
*Immunization, Vaccines & Biologicals; Policy Development, Human Resources, Global Health*

- Worked with Strategic Advisory Group of Experts (SAGE) for the Immunization Secretariat and his team.
- Studied and reviewed methodologies of values and preferences of people for immunization guideline development.

- Participated in a BCG vaccine working group and contributed to recruitment, CV reviews, selection process and meeting schedule.
- Reviewed the summaries of systematic reviews for the maternal neonatal tetanus elimination working group.
- Worked with team members to update and track actions taken for recommendations from the previous advisory group meetings.
- Updated the working group summary for document and website for public communication.

VANCOUVER COASTAL HEALTH, Vancouver, British Columbia 04/2016 – 05/2016

***Aboriginal Health; Strategic Implementations & Monitoring, Population Health***

- Conducted health assessments for aboriginal communities. Analyzed disparity within and without aboriginal communities and association with determinants of health. Worked with people from several programs and organizations dedicated to aboriginal health to fulfill a shared goal and assess the issue of inequity in indigenous communities.

KINGSTON, FRONTENAC AND LENNOX & ADDINGTON PUBLIC HEALTH 12/2015 – 03/2016  
Kingston, Ontario

***Surveillance; Innovations & Change Management, Public Communications***

- Managed influenza surveillance and outbreaks. Led planning and decisions regarding risks associated with communicable diseases.
- Worked with CD teams to respond to the initial emergence of the Zika Virus. Led Zika related issues including building related operational guidelines for the CD program and responded to inquiries.
- Led educational sessions and updates on Zika to team members and communicated with external stakeholders such as the Medical Director of the Fetal Assessment Unit in the Kingston General Hospital to coordinate Zika follow-up screening by the program.
- Managed an outbreak of Pertussis cases including organizing an initial investigation and discovering cases were epi-linked to previously reported cases. Implemented control measures and successfully controlled the chain of transmission.
- Directed a regional team for contact screening and management of a Tuberculosis case that involved multiple jurisdictions. Worked with provincial, regional and federal partners to complete contact tracing and screening.

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, Edmonton, Alberta 09/2015 – 12/2015

***Health Policy; Business Cases, Program Development***

- Produced a business case for improving provincial blood and body fluid exposure (BBFE) management, by innovating from fragmented system to centralized, streamlined system. Wrote a briefing note on this issue for funding request.
- Reviewed and updated clinical practice guidelines for BBFE at emergency or urgent care settings.
- Reviewed and consulted an occupational health program's BBFE management plan for their employees.
- Summarized cost-effectiveness evidence of pre-exposure prophylaxis, and made recommendations for a provincial medical officer meeting.
- Studied and commented on the issue of reprocessing of single-use medical devices, developing a briefing note.
- Reviewed environmental health concern of community disposal of medical device, and produced a briefing note.
- Participated in weekly communicable diseases and immunization team meetings, contributing planning and evidence based policy development.

ALBERTA HEALTH SERVICES, Calgary, Alberta 07/2015 – 09/2015

***Cancer Screening; Research Project Management, Leadership, Collaborator***

- Served as the lead investigator on research efforts and completed paper, “Effect of human papillomavirus vaccination on cervical cancer screens in Alberta” which was published in CMAJ. Managed members from different organizations to work together.
- Facilitated Alberta Health Services and Alberta Health to link cervical cancer screening database to HPV immunization database, to have comprehensive cervical cancer prevention database.

ALBERTA HEALTH SERVICES, Calgary, Alberta 05/2015 – 06/2015

***Environmental Health; Health Advocacy, Risk Assessment and Communications***

- Recruited fellow residents to engage the public committee for e-cigarette regulation development. Presented evidence and precautionary information which contributed to Calgary’s bylaw on e-cigarette that applied most of smoking related regulations in public space to e-cigarette.
- Worked with Tobacco free future team to develop tobacco reduction project plan in one of the Calgary’s tertiary care hospitals, coordinating both clinical and not-clinical stakeholders. Produced the project charter with evaluation plan.
- Reviewed evidence and developed internal public communication advisory for arsenic in private well water.
- Assessed potential health impact from change in air quality and pollutants with the phase-out of coal generation in Alberta. Produced summary of scientific evidence of health impact of air pollutants, and coal generation to air pollutants.
- Conducted environmental scan of provincial and municipal bed bug management program and legal contexts for health protection in rental housing. Produced a report with recommendations and engaged the provincial environmental health for communication and feedback for their references; lack of language availability was identified as an issue for access, and Alberta Health Services updated its website to provide more multi-lingual information resources.
- Resolved conflict between a tanning salon operator and business insurance company with prospect of introduction of new legislation for tanning regulation that put more accountability of age restriction on operators. Involved several communications with both parties, and official letter to clarify issues.

ALBERTA HEALTH SERVICES, Calgary, Alberta 02/2015 – 05/2015

***Health Promotion; Strategic Planning, Budgeting***

- Analyzed smoking cessation practice for First Nations people, and identified importance of pharmacotherapy, cultural competency and community engagement. Produced a report that advised quality improvement project of an aboriginal health clinic in Calgary.
- Participated in strategic planning and budget planning meetings at the program and organizational level.

ALBERTA HEALTH SERVICES, Calgary, Alberta 08/2014 – 11/2014

***Communicable Disease Control; Emerging Diseases, Emergency Management***

- Worked in the Calgary’s communicable disease team, participated in their daily operation.
- Led EVD68 associated acute flaccid myelitis cluster investigation. Worked in a collaborative team of laboratory specialist, pediatricians and neurologists, as well as communicable disease team. Built better understanding of emerging issues surrounding potential associations between EVD and acute flaccid myelitis, and translated knowledge through publication.
- Participated in regular meetings for infection prevention control and adverse effect following immunization.
- Managed atypical immunization cases, including one involving infantile spasm with concern for pertussis vaccination, and immunosuppressive treatment for inflammatory disease with concern for varicella vaccination. Communicated to specialists, reviewed guideline and additional evidences to make recommendation and communicate them, and following-up as necessary.



- Investigated a case of strabismus following influenza vaccination. Synthesized available evidence to assess degree of causality and risk of future vaccination, before recommending continued influenza immunization in future.
- With the onset of the international Ebola outbreak, participated in emergency planning and preparedness, and guideline development, with multiple stakeholders, including health care providers, as well as police and other community service providers. Conducted initial screening of people returning from high risk countries, and arranged daily monitoring for enhanced surveillance.

ALBERTA HEALTH SERVICES, Calgary, Alberta

07/2014 – 08/2014

***Health Assessment; Program Planning, Teaching***

- Developed a logic model for provincial immunizations strategy to improve performance-based accountability. Compared provincial plan to national plan to identify gaps and redundancies.
- Produced educational module to teach logic model development for public health residents.

ALBERTA HEALTH SERVICES, Calgary, Alberta

06/2014

***Infection Prevention & Control; Risk Assessment and Management***

- Worked with the infection prevention & control (IPC) teams in Calgary tertiary care hospitals.
- Managed a rotavirus outbreak management with IPC team in a children's hospital. Produced a line list for investigation and Reported for future reference and recording-keeping.
- Learned about hospital acquired infection and fundamentals of IPC, including investigation and management of IPC breach.

## RESEARCH

### Original Reports

1. Kim J, Bell C, Sun M, Kliewer G, Xu L, McInerney M, Svenson LW, Yang H. Effect of human papillomavirus vaccination on cervical cancer screening in Alberta. CMAJ. 2016 Jul 4
2. Crone M, Tellier R, Wei XC, Kuhn S, Vanderkooi OG, Kim J, Mah JK, Mineyko A. Polio-Like illness associated with outbreak of upper respiratory tract infection in children. J Child Neurol. 2016 Mar 31(4):409-14
3. Kim J, Kielstra L, Belanger P, Moore KM. New surveillance system using public health syndromic surveillance skills, integrated with an Ontario Local Health Integration Network (Submitted)
4. Kim J, Strong D, Musto R, Clement F. Cost-effectiveness of the human papillomavirus vaccination program for grade 5 boys in Alberta (In preparation)

### Articles

1. Kim J. Will we sustain our health care system? Queen's Medical Review, 2007:1

### Posters

1. Kim J, Bell C, Sun M, Kliewer G, Xu L, McInerney M, Svenson LW, Yang H. Effect of human papillomavirus vaccination on cervical cancer screening in Alberta. Canadian Immunization Conference, Ottawa, Ontario, Dec 2016 (Accepted)
2. Kim J, Russell M, Chadha R. Persistent rubella vulnerability in an urban Calgary prenatal clinic's clients. Canadian Immunization Conference, Ottawa, Ontario, Dec 2014

### Presentations

1. HPV vaccination and cervical cancer program impact. Alberta Cervical Cancer Screening Program Conference, Calgary, Alberta, Nov 2015
2. Rubella immunity in prenatal population at the CUPS women's health clinic. 24th Annual Clara Christie Research Day, Department of Obstetrics & Gynecology, University of Calgary, Calgary, Alberta, May 2015

### **CERTIFICATES**

**Incident Command System** (ICS Canada I-200) Certificate, Albert Services Emergency & Disaster Management, 2015

**Quality Improvement Yellow Belt Certificate**, Albert Health Services Improvement Way, 2014

### **TEACHING EXPERIENCE**

**Group Preceptor**, Cumming School of Medicine, University of Calgary, 2014-2016

**Visiting Lecturer**, Master of Public Health Program, Weill Bugando University College of Health Sciences. Tanzania, 2014

**Teaching Assistant**, Department of Gerontology, McMaster University, 2006-2007

**Teaching Assistant**, Department of Economics, McMaster University, 2004-2006

### **AFFILIATIONS**

**Fellow**, Royal College of Physicians and Surgeons of Canada, 2017 - Current

**Student Member**, Canadian Public Health Association, 2012 - 2017

**Training License**, College of Physicians & Surgeons of Alberta, 2012 - 2017

**Sponsorship Coordinator**, National Health Sciences Student Association, Kingston, Ontario, 2008 - 2009

**Vice President**, Queen's Health Sciences Student Association, Kingston, Ontario, 2007 - 2008

**Public Advocate**, Hamilton Health Coalition, Hamilton, Ontario, 2005 - 2006

**One-on-one Worker**, Conway Opportunity Home, Hamilton, Ontario, 2003 - 2007

**Peer Educator**, Welcome Inn Community Center, Hamilton, Ontario, 2002 - 2005

### **ACADEMIC AWARDS**

**Thomas M. and Louise A. Brown Research Studentship**, Queen's University, Kingston, Ontario, 2009

**McLaughlin Studentship**, Queen's University, Kingston, Ontario, 2008

**University (Senate) Scholarship**, McMaster University, Hamilton, Ontario, 2005

**McMaster Honour Award**, McMaster University, Hamilton, Ontario, 2002



## College of Physicians and Surgeons of British Columbia

300-669 Howe Street  
Vancouver, BC V6C 0B4  
[www.cpsbc.ca](http://www.cpsbc.ca)

Telephone: 604-733-7758  
Toll Free: 1-800-461-3008 (in BC)  
Fax: 604-733-3503

August 04, 2017

Dear Dr. Kim;

It is my pleasure to welcome you and confirm that your name has been entered in the medical register of the College of Physicians and Surgeons of British Columbia ("the College"). A receipt for your registration fee is available by logging into the College website ([www.cpsbc.ca](http://www.cpsbc.ca)).

Please take note of the following:

- Registrant Name: **Dr. Jong Woan Kim**
- Class of licensure: **Full - specialty**
- Specialties: **Public Health and Preventive Medicine**
- Your CPSID is **043227**
- Your registration number is **52258**
- The effective date of your licence is **Monday, August 14, 2017**
- The expiry date of your licence is **Wednesday, February 28, 2018**, subject to change
- Licence limits: **NA**
- Practice conditions: **NA**
- Sponsorship: **NA**
- Supervision: **NA**

Your **CPSID** identifies you as a registrant of the College. It will be referred to in correspondence from the College and should be imprinted on your prescription pads. It must also be used to log into the College website to complete your annual licence renewal process.

Your **registration number** refers to your identification number in the medical register and will be required by the Canadian Medical Protective Association (CMPA).

Please be aware that in order to complete **hospital credentialing and/or privileging** prior to commencement of your appointment you may be required to provide a copy of this letter to your health authority.

For matters regarding your Medical Services Commission (MSC) billing number please contact Health Insurance BC (HIBC), Medical Services Plan (MSP), Provider Services at 1-866-456-6950 (toll-free in BC), 604-4566950 (from Vancouver) or online at <http://www2.gov.bc.ca/gov/content/health>. Please quote your CPSID and effective date.

Yours truly,

Corinne de Bruin, LLB, CAE  
Executive Director, Registration Services

## BOARD BRIEFING NOTE

Date:	<b>2017 August 30</b>	
Agenda item	<b>Regulatory Framework – Legislative Compliance</b> • <b><i>Greenhouse Gas Reduction Targets Act</i></b>	
Purpose:	<input checked="" type="checkbox"/> <b>Information</b>	<input type="checkbox"/> <b>Discussion</b>
	<input type="checkbox"/> <b>Seeking direction</b>	<input type="checkbox"/> <b>Decision</b>
Prepared for:	<b>GMR Committee</b>	
Prepared by:	<b>K. Thomson</b>	
Reviewed by:	<b>C. Ulrich</b>	

**Issue:**

To provide an update on the legislative compliance review process.

**Background:**

**1. Current Review**

The *Greenhouse Gas Reduction Targets Act* describes the obligations of public sector organisations to minimize the production of greenhouse gas emissions, to take action to net those emissions to zero, and to provide annual public reporting on actions taken to meet the net zero target.

Northern Health is highly compliant with the requirements of the Act; there are no outstanding obligations or compliance issues.

**2. Upcoming Review(s)**

TBA

### **3. Completed Reviews**

The running list of completed reviews is maintained in a separate spreadsheet stored in the GMR Committee folder on the network drive.

#### **Recommendation(s):**

That the Board receives this briefing note for information.

**RISK AND COMPLIANCE  
LEGISLATIVE COMPLIANCE RECORD**

**GREENHOUSE GAS REDUCTION TARGETS ACT**

[SBC 2007] Chapter 42

<b>Date</b>	<b>Action</b>
2017 Aug 21	Document Created
2017 Oct 2	GMR Review
2017 Oct 16	Board Review
Executive Sign-Off Received:	M. De Croos (2017-09-12)
2022 Sept	Next full review

## Summary

The *Greenhouse Gas Reduction Targets Act* (the “Act”) describes the obligations of public sector organisations to minimize the production of greenhouse gas emissions, and to take action to net those emissions to zero.

Public sector organizations are required to be carbon neutral, effective as of the 2010 calendar year, and are required to publicly report on greenhouse gas emissions; the activities taken and planned to minimize greenhouse gas emissions; and the offset units retired on behalf of the public sector organization.

The *Carbon Neutral Government Regulation*, made under the Act, provides further information about how emissions are to be measured, and what emissions are considered to be PSO (public service organizations) sources of greenhouse gas emissions.

Sources of emissions considered include: direct emissions from heating, air conditioning and lighting; direct and indirect emissions from operation of vehicles owned by the organization; and direct emissions from the production of office paper purchased by the public sector organization for use in its business.

**A. Review**

Section	Description	Comments	Compliance	Likelihood <sup>2</sup>	Impact <sup>3</sup>
5	(1) Each public sector organization must be carbon neutral for the 2010 calendar year and for each subsequent calendar year.	NH has been Carbon Neutral since 2010 and each consecutive year as we use the government reporting tool, SmartTool, and we purchase our Carbon Offsets each year according to our reported Carbon use.	H	L	M
6	(1) In order to be carbon neutral for a calendar year, a public sector organization must: (a) pursue actions to minimize its PSO greenhouse gas emissions for the calendar year (b) determine its PSO greenhouse gas emissions for that calendar year in accordance with the regulations, and (c) no later than the end of June in the following calendar year, enter into an agreement described in subsection (4)	Each year the summary Energy and Environmental Sustainability Report, as well as our Climate Action Secretariat Reporting is provided to Governance and Management Relations, ensuring we are in compliance with regulation, have action plans in pursuit of greenhouse gas emissions, and are making payment for carbon offsets as required to be in compliance.	H	L	L
	(4) A public sector organization and the minister, on behalf of the Provincial government, must enter into an agreement that sets out the terms and conditions the minister considers necessary or advisable, and that are consistent with the	The agreement for retirement of carbon offsets is built into the Carbon Neutral Action Report (CNAR) template so when signed by NH's senior officer, NH is signing off on the agreement. This gives Climate Action	H	L	L

<sup>1</sup> Compliance = degree to which NH currently complies with this requirement. Key: H= High; M = Medium; L = Low; U = Unranked

<sup>2</sup> Likelihood = residual risk in light of processes already in place

<sup>3</sup> Impact = impact on operations, sustainability or reputation if NH were to inadvertently fail to meet this requirement



Section	Description	Comments	Compliance	Likelihood <sup>2</sup>	Impact <sup>3</sup>
	directives of Treasury Board, on which the minister will direct the director under the <i>Greenhouse Gas Industrial Reporting and Control Act</i> to retire offset units on behalf of the public sector organization.	Secretariat the authority to purchase offsets on behalf of NH.			
8	(1) Each public sector organization must prepare and make public no later than June of the following calendar year, a carbon neutral action report in accordance with this section.	<p>Note – s. 11 allows this to be published electronically</p> <p>Public Sector reporting is handled through the Climate Action Secretariat, and NH’s compliance with the Provincial Environmental Technical Team.</p>	H	L	M
	(3) The carbon neutral action reports must include the following: (a) a description of the actions taken by the public sector organization in the relevant calendar year to minimize its PSO greenhouse gas emissions (b) its plans to continue minimizing those emissions (c) a determination of its PSO greenhouse gas emissions for the relevant calendar year (d) a statement of the offset units retired on behalf of the public sector organization in relation to those emissions; (e) any other information required by regulation	<p>a.) See annual Governance and Management Relations agenda items Energy and Environmental Sustainability reporting (June) yearly.</p> <p>b.) Quarterly Strategic Energy Management Plan reviews (SEMP) which are reviewed with strategic partners of BC Hydro, Fortis, Facility Maintenance and project staff and FM departments as appropriate.</p> <p>c.) Carbon Neutral Action Reports and SmartTool completed and signed off yearly.</p> <p>d.) Not clear on this one, requires conversation, we pay for them, and government retires them.</p> <p>e.) No further actions required.</p>	H	L	H

Section	Description	Comments	Compliance	Likelihood <sup>2</sup>	Impact <sup>3</sup>
<b>Carbon Neutral Government Regulation</b>					
5	A public sector organization must determine and report greenhouse gas emissions resulting from the operation of a public transit bus or school bus that is owned or leased by the public sector organization.	Only existing fleet vehicles owned and operated by Northern health are included in this category under Fleet for fuel consumption tracking. Health connections (contracted health travel assistance) has been deemed exempt by the Climate Action Secretariat.	H	L	L

### B. Risk Matrix

<b>IMPACT</b>	<b>H</b>			
	<b>M</b>	5(1); 8(1); Reg 5		
	<b>L</b>	6(1); 6(4); 8(3)		
		<b>L</b>	<b>M</b>	<b>H</b>
<b>LIKELIHOOD</b>				

**C. Other Acts Referred to in this Act**

<b>Section</b>	<b>Description</b>	<b>Notes</b>
1	<i>Greenhouse Gas Industrial Reporting and Control Act</i>	Defines 'offset unit', 'registry', and 'retire'
1	<i>Budget Transparency and Accountability Act*</i>	Defines 'public sector organization'

(\*) Denotes an Act previously reviewed by the Board through the legislative compliance review process

**D. Certificate(s) of Compliance**

I, Mark De Croos, VP Finance and Chief Financial Officer, in my capacity as the Northern Health staff person with executive lead responsibility, do hereby certify Northern Health’s compliance with the above reviewed sections of the ***Greenhouse Gas Reduction Targets Act***.

<u>Section(s)</u>	<u>Compliance</u>	
<b>All</b>	<input checked="" type="checkbox"/> Full, without reservation	<input type="checkbox"/> Substantial, with reservation – see notes below
	<input type="checkbox"/> Partial – see notes below	<input type="checkbox"/> Non-compliant – see notes below

\_\_\_\_\_**Mark De Croos\***\_\_\_\_\_

Signature

\*Certification provided electronically

\_\_\_\_\_ **12 Sept 2017** \_\_\_\_\_

Date

Date of Request: October 3, 2017

Date of Board Meeting You Wish to Present at: October 18th, 2017

Group/Organization/Delegation Being Represented: United Way of Northern BC

Name(s) of Presenter: Roberta Squire

**Key Contact**

Name: Roberta Squire Title: CEO

Address: 1600 3rd Avenue, 5th flr Prince George, BC V2L 3G6

Phone: 250-561-1040 ext 102 Fax: 250-562-8102

Topic: Shared regional work of United Way of Northern BC & Northern Health Authority - Giving in the North

Brief Summary (please provide a brief overview of your topic)

United Way of Northern BC and NHA have parallel service areas. We would like the opportunity to present some possible ways of increasing community impact in Northern BC together.

**Preference for giving presentation**

In Person  Videoconference (*may not be available at all sites*)

**Audiovisual Requirements**

Laptop  Proxima  Overhead Projector

Other: \_\_\_\_\_

Please submit all requests to:  
**Desa Chipman, Executive Assistant**  
#600-299 Victoria St.  
Prince George, BC V2L 5B8  
Phone: (250) 565-2922 Fax: (250) 564-7196  
Email: [desa.chipman@northernhealth.ca](mailto:desa.chipman@northernhealth.ca)  
**\*\*\* Requests must be received at least 10 business days in advance of the meeting date. \*\*\***