Meeting of the Northern Health Board
Public Meeting
Tuesday – October 16, 2018

Brunswick Boardroom
(1411-3rd Avenue)
Prince George, BC

northern health
the northern way of caring

northern health

Public Session

AGENDA

October 16, 2018
Brunswick Boardroom
1411-3rd Avenue, Prince George BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		**12:45pm**	-
2. Opening Remarks	Chair Nyce			-
3. Conflict of Interest Declaration	Chair Nyce	Discussion		-
4. Approval of Agenda	Chair Nyce	Motion		**1**
5. Approval of Previous Minutes: June 12, 2018	Chair Nyce	Motion		**4**
6. Business Arising from Previous Minutes	Chair Nyce			**-**
7. CEO Report	C Ulrich	Information		**10**
7.1 Human Resources Report	D Williams	Information		**13**
8. Audit & Finance Committee				
8.1 Reappointment of External Auditor FY2018-19	M De Croos	Motion		**22**
8.2 Period 5 Comments & Financial Statement	M De Croos	Motion		
8.3 Period 5 Capital Expenditure Plan Update	M De Croos	Motion		
8.4 Northern Haida Gwaii Hospital (Masset) – Biomass Heating System Contract	M De Croos	Motion		
9. Performance, Planning & Priorities Committee	S Killam			
9.1 Strategic Priority: Quality				
9.1.1. Innovation and Development Commons	F Bell	Information		
10. Governance & Management Relations Committee				
10.1 Policy Manual BRD 300 Series	C Ulrich	Motion		
10.2 Annual Review of Enduring Motions	C Ulrich	Motion		
10.3 Healthy Heart Community Consultation	S Raper/ Dr. R Chapman	Information		
10.4 2018 Wildfire Response	S Raper	Information		
Adjourned			**2:30pm**	

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Public Motions *Meeting Date: October 16, 2018*				
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?	☐	☐
4.	Approval of Agenda	The Northern Health Board approves the October 16, 2018 public agenda as presented		
5.	Approval of Minutes	The Northern Health Board approves the June 11, 2018 public minutes as presented.	☐	☐
8.1	Reappointment of External Auditor FY2018-19	The Northern Health Board approves the reappointment of PricewaterhouseCoopers LLP as external auditor to Northern Health for the fiscal year ending March 31, 2019, representing Year Two of a five-year term of engagement.	☐	☐
8.2	Period 5 Comments & Financial Statement	The Northern Health Board receives the 2018-19 Period 5 financial update as presented.	☐	☐
8.3	Period 5 Capital Expenditure Plan Update	The Northern Health Board receives the Period 5 update on the 2018-19 Capital Expenditure Plan.	☐	☐
8.4	Northern Haida Gwaii Hospital (Masset) – Biomass Heating System Contract	The Northern Health Board supports Northern Health finalizing the agreement with Northwest Clean Heat and BC Hydro and proceed to final design and implementation of the biomass heating project at the Northern Haida Gwaii Hospital and Health Centre (Masset).	☐	☐
10.1	Policy Manual BRD 300 Series	The Northern Health Board of Directors approves the revised BRD 300 series.	☐	☐
10.2	Annual Review of Enduring Motions	The Northern Health Board of Directors recommends that the following suggested amendments be approved: The 2009 approved motion be revised as follows:	☐	☐

		• The Northern Health Board delegates the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Regional Director for Health Protection & Disease Prevention and the Chief Medical Health Officer.		
		The current four School Medical Officer motions on file be rescinded and replaced with the following: • The Northern Health Board approves the appointment of Drs. Sandra Allison, Andrew Gray, Raina Fumerton, and Jong Kim as School Medical Officers pursuant to section 89(1) of the School Act, RSBC 1996, c 412, for the school districts within the geography of Northern Health.	☐	☐

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Board Meeting

Date: June 12, 2018

Location: Chetwynd, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• Stephanie Killam • Frank Everitt • Gaurav Parmar	• Edward Stanford • Rosemary Landry • Ben Sander
Regrets:	• Brian Fehr	• M Squires
Executive:	• Cathy Ulrich • Mark De Croos • Angela De Smit • David Williams • Kelly Gunn	• Dr. Ronald Chapman • Dr. Sandra Allison • Steve Raper • Dr. Helene Smith • Terry Checkley

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 10:59am

2. Opening Remarks

Chair Nyce welcomed the members of public the Chetwynd Board meeting.

3. Conflict of Interest Declaration

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

- There were no conflict of interest declarations made related to the June 12, 2018 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by G Parmar
The Northern Health Board approves the June 12, 2018 public agenda as presented

5. Approval of Previous Minutes: April 16, 2018

Moved by F Everitt seconded by R Landry
The Northern Health Board approves the April 16, 2018 minutes as presented.

6. Business Arising from Previous Minutes

There was no business arising from the previous minutes

7. CEO Report

An overview of the CEO report was provided with the following topics highlighted:

- The Rural Coordination Centre of BC presented several Northern Family Practice physicians with BC Rural Health Awards on May 12 at its BC Rural Health Conference in Nanaimo BC.
  - The Award of Excellence in Rural Medicine: Effective and Efficient Healthcare partnerships in Rural BC: CHANGE BC was presented to Drs. Jocelyn Black, Brenda Huff, Gregory Linton, Matthew Menard, Wouter Morkel, and Onuara Odoh who make up the Change BC team.
  - The Award of Excellence in Rural Medicine: Lifetime Achievement: Dr. Geoffrey Appleton.
- The Northern Healthy Communities forum "Healthy, Sustainable, and Thriving Communities: was held on May 8th in Fort Nelson BC as a pre-forum workshop for Northern Community Local Government Association Convention attendees. 50 people attended the community forum.
- Peter Martin was appointed as the Health Service Administrator for Chetwynd/Tumbler Ridge effective April 17, 2018. His presence in this role has brought more stability to the community of Chetwynd and an opportunity for enhanced collaboration with Tumbler Ridge.
- Both the Health Service Administrator and the Manager, Patient Care Services at the Fort Nelson hospital recently retired after many years of service. Northern Health wishes both Betty Asher and Christine Morey the very best for a healthy and fulfilling retirement. Leslie Bmdiar started as the Manager, Patient Services at the Fort Nelson Hospital on June 4th.
- Northern Health has worked with First Nations communities and local government representatives to undertake a community health planning process for the community of Chetwynd and area and the Regional Municipality of the Northern Rockies. Two Community Health Plan Steering Committees were established in Chetwynd and Fort Nelson to guide the development of a District of Chetwynd and Fort Nelson and Area Community Health Plan. The plan outlines ways to improve the health of people for the next two to four years. Implementation planning is now underway.
- The Northern Health Connections program is expanding passenger eligibility to include more people who might require assistance with travel related to health care needs and issues. The Connections service is now open to clients who meet any of the three new eligibility criteria outlined in the material.

7.1. Human Resources Report

An overview of the Human Resource report was provided for information. The following topics were highlighted:

- Over the past year, the HR Planning and Design team has been working on various initiatives to support NH's enabling priority Our People; namely the provincial Integrated Health Human Resources Planning initiative and the NH Workforce plan, which focuses on understanding our workforce and planning for future needs within the context of a Northern population.
- The overall purpose of a Human Resource Strategy is to optimize, support and retain existing NH workforce. Such a strategy requires a comprehensive Health Human Resources and Strategy and a Healthy Workforce Plan, which combine to address the emerging workforce issues in health care sector and require continuous revision to achieve optimum use of the organizations most valuable asset – its people.
- To support and standardize workforce planning across the health authority, HR Planning and Design developed and is currently implementing an innovative Workforce Planning Toolkit. The Toolkit facilitates information sharing and identifies leading workforce planning strategies to address workforce challenges. The Workforce Planning Toolkit includes three main components:

  - Workforce Profile Reports
  - The Workforce Planning Wizard
  - A Thought Partner
- The Workforce Planning Toolkit has been implemented in various communities and regional programs throughout NH.
- An overview of the posting summary for fiscal year 2017/18 was outlined in detail in the report which included information on difficult-to-fill vacancies by posting type for the organization.

8. Audit and Finance Committee

8.1. 2017-18 Year End Update

- An update on the status of the audit of Northern Health's 2017-18 financial statements, and government requirements regarding disclosure of the audited financial statements was provided.
- Northern Health ended fiscal year 2017-18 on March 31, 2018. The annual financial statements are currently being audited by PricewaterhouseCooper (PwC). Upon conclusion of the audit, the audited financial statements will be presented to Northern Health's Board of Directors for approval. Following approval, the audited financial statements will be submitted to the Ministry of Health for its review and approval to release to the general public.
- Once Ministry approval is received, Northern Health's 2017-18 audited financial statements will be posted on its website.

8.2. Capital Expenditure Plan update

- The Northern Health Board received the 2017-18 capital expenditure plan in February 2017, and amendments in July and December 2017, and January 2018.
- The updated plan approves the total expenditures of $29.4M, with funding support from the Ministry of Health ($19M, 39%), Six Regional Hospital Districts ($18M, 37%), Foundations, Auxiliaries and Other Entities ($3.5M, 7%), and Northern Health ($8.5M, 17%).
- The details related to $28.9M expenditures in 2017/18 towards the execution of the plan was summarized in the material.
- Northern Health acknowledged the contributions made to Northern Health from the Regional Hospital Districts, Foundations and Auxiliaries for minor equipment and projects.

Moved by B Sander seconded by E Stanford
The Northern Health Board receives the 2017-18 Period 13 capital expenditure plan update, as presented.

9. Performance, Planning & Priorities Committee

9.1. Strategic Priority: Healthy People in Healthy Communities

9.1.1. Population & Preventive Health Report – Injury Prevention Strategic Rebooting and Recommendations.

- Dr. Jong Kim, Medical Health Officer for the North East presented on injury prevention in Northern Health and spoke to the following topics:
  - Investing in prevention provides an environment for positive change, saving lives, reducing disabilities and saving health care resources.
  - Key elements of the NH Regional Action Plan for Prevention Injuries will include:
    - Collection and dissemination of data and information related to injuries across the North.
    - Engage, collaborate and partner with key internal and community stakeholders

        - Build efficiencies across programs to address identified injury prevention priorities.
    - Moving forward:
        - Regional Action Plan for Prevention Injuries
        - Northern Road Health Coalition
        - Community Senior's Falls Prevention Coalition
- The Board members thank Dr. Kim for the presentation and look forward to hearing about the work that will unfold with the plans moving forward.

9.1.2. 10 Years of Community Granting Presenter Mandy Levesque

- Mandy Levesque, NI Lead for Healthy Settings, provided a presentation on the IMAGINE Community Grants Program. Community Granting is prevention in action, about improving the health of the population, caring for communities and is core to Northern Health's work in community settings.
- Some of the quality improvement processes have been:
    - Streamlined project focus areas and priorities align with Healthy Families BC Policy Framework
    - Improved support for applicants and communities, including review and support process for unsuccessful applicants.
    - New partnership / funders
    - Multiple cycles per year
    - Annual Communication strategy
    - Improved tracking, data collection and evaluation processes
    - Creation of a screening assessment tool to support health equity and screening process.
- Opportunities have been identified as increased partnership engagement and guaranteed financial commitment from other programs within Northern Health.
- The Board members were impressed by the various processes that have been implemented through the community granting processes and thank Mandy Levesque and her team for the work that has been undertaken.

9.2. Strategic Priority: Quality

9.2.1. Mental Health and Addictions

- An annual update was provided to the Board on the Mental Health and Substance Use (MHSU) program.
- The Mental Health and Substance Use Program is responsible to stimulate, steward, support and sustain quality improvement. Fulfillment of these functions involves planning and quality improvement processes/ initiatives.
- Planning and Setting standards in the following areas:
    - Mental Health and Substance Use Strategy
    - First Nations Health Authority (FNHA) MHA Mobile Support Teams;
    - Mental Health and Psychiatry Patient Transfers – NH Draft Policy;
    - Regional Detailed Implementation Plan Response to Provincial Overdose
    - Mental Health & Substance Use Business Owner Working Group
    - Accreditation
- Some elements of the Mental Health and Substance Use Strategy include:
    - A review of all Substance Use Services provided in communities, regionally and through a contracted service providers has been completed.
    - A Provincial Review focused on Child and Youth Substance use services is in progress with an emphasis on the highly specialized Tier 5 and 6 service levels.

- The Strategy development may inform enhanced priorities for the program for the coming year.

10. Presentation – Integration in Chetwynd

Jason Farquharson, Interprofessional Team Lead, joined the meeting to provide an overview of the Chetwynd Integrated Services Model. The work continues to progress with continued collaboration and community partnerships.

- The Board appreciated receiving the presentation and was impressed by the work that has been undertaken. It is encouraging to see the flexibility and adaptability of the team to work within the community.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 200 Series

- The revised policy manual BRD 200 Series was presented to the Board for review and approval.

Moved by G Parmar seconded by R Landry
The Northern Health Board of Directors approves the revised BRD 200 series

11.2. Emergency Preparedness: After Action Report 2017 Wildfires

- The Cariboo wildfires impacted Northern Health from July 7 through August 23, 2017. The largest impacts to NH were caused by the northward evacuation of Interior Health facilities and communities into the NH region. With the support of local partners, the City of Prince George and Emergency Support Services hosted a total of approximately 10,000 evacuees.
- In fall 2017, Northern Health Emergency Management conducted review activities, in which over 335 staff and physicians participated. These included a survey, departmental meeting, and open houses. Feedback was mostly positive.
- Recommendations will continue to be implemented from the report across our region and within our sites. This includes working with external partners on recommendations that overlap. The After Action Review tracker and the full report were both included in the material for information.

11.3. Northern Connections Update

- An overview of the recent changes to the NH Connections system was provided for information. NH Connections continues to be successful in bridging many of the health care transportation needs for northerners who are required to travel throughout the Northern Health region, or to larger centers in Kelowna and Vancouver, for medical services not available in their home communities.

11.4. Annual Report 2017-2018

- The annual report provides an annual summary that links Northern Health's work to the Strategic Plan and the objectives set forth in that plan. A progress update and recommendation for the 2017-2018 Annual Report was provided for information and discussion. The report will be completed and posted on the Northern Health website by August 31, 2018.

The meeting was adjourned 12:55pm
Moved by R Landry seconded by F Everitt

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

Northern Health Regional Office
600-299 Victoria Street,
Prince George, BC V2L 5B8

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	October 4, 2018
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

2018 Wildfire Season

- The 2018 wildfire season had an impact on the whole Northern region. The most significant impacts occurred in the Stikine area and the Omineca area for both staff and patients. Throughout this emergency situation, there was an incredible level of collaboration between Health Emergency Management BC, First Nations Health Authority, BC Ambulance Services, local government, and Northern Health as people were evacuated away from their homes to neighbouring communities. In the Omenica area the patients and long term care residents at Stuart Lake Hospital were evacuated to Vanderhoof. Staff and physicians are to be sincerely thanked for their efforts to ensure continuity of care for those evacuated.
- During the wildfire season the staff at Stuart Nechako Manor in Vanderhoof had the privilege of hosting a 100th birthday party for one of the evacuees from Fort St James.

Union of BC Municipalities Convention (UBCM): The UBCM convention occurred in Whistler, BC from September 10 - 14, 2018. Colleen Nyce, Board Chair and I had opportunity to meet with 17 local government 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. This year the focus of discussions included

services for seniors, Physician and health professional recruitment and retention and capital project updates.

NH Connections: Earlier in 2018, Northern Health shifted the eligibility criteria for the Northern Health Connections bus service to include people over the age of 60. In the first three months since this change has been implemented, there has been a noticeable increase in the ridership. Additionally, the number of positive comments received is suggesting these changes are serving the needs of a vulnerable population better than anticipated.

Northern Health Website: The new Northern Health website has been implemented and is functioning well. Northern Health has been receiving positive feedback on the changes that were included in this new website version. In particular, the introduction of google maps for Northern Health facilities has been well received. Most importantly, the new website meets current accessibility standards.

Interage Project at Gateway Lodge in Prince George

- UNBC and Northern Health have partnered to undertake a 4-month research study at Gateway Lodge. As of September 2018, two UNBC students are living in Gateway Assisted Living for the semester.
- The students receive rent free accommodation and in turn provide 10 hours a week of their time to spend with residents doing social activities.
- The study is measuring clinical indicators pre and post study from consenting residents. The biopsychosocial impact on students and residents will yield information that hasn't been researched before.

Awards: Each year, the Faculty of Medicine recognizes faculty and staff members for excellence in teaching, research, administration, innovation and public service. Northern Health is pleased to congratulate the following individuals:

- Dr. Catherine Textor received the Clinical Award for Excellence in Community Practice Teaching. This award recognizes Clinical Faculty members throughout British Columbia who have demonstrated excellence in teaching and made an educational impact in a local community. Dr. Textor is a Family Practice physician in Prince George, is an active member of the Prince George Division of Family Practice Board of Directors, and is involved in community practice teaching with the UBC Faculty of Medicine, Northern Medical Program at UNBC.

- Dr. Nadine Caron received the Distinguished Achievement award which recognizes meritorious performance for her service to the University and Community. Dr. Caron is a General and Endocrine Surgeon at the University Hospital of Northern BC and an Assistant Professor–Surgery, Faculty of Medicine, UBC, as well as an Associate Faculty member at Johns Hopkins University's School of Public Health, Adjunct Professor at the University of Northern British Columbia, Associate Faculty at UBC's School of Population and Public Health and BCCA Scientist, Genome Sciences Centre. As well, Nadine is the interim Director for UBC's Centre for Excellence in Indigenous Health.

Order of British Columbia: On Thursday, September 20, 2018 Northern Health Board member, Mr. Brian Fehr was named to the Order of British Columbia at a ceremony held in Victoria, BC. This award was presented in recognition of his achievements as both a businessman and a community supporter.

Northern Health Regional Office
600-299 Victoria Street
Prince George, BC V2L 5B8

HR REPORT

Meeting:	Northern Health Board Meeting	Date:	October 2018
Agenda Item:	Human Resources Report		
Purpose:	Information		
Prepared by:	WH&S Leadership		
Reviewed by:	David Williams, VP Human Resources Cathy Ulrich, CEO		

Workplace Health & Safety

Northern Health's Workplace Health & Safety department consists of the following programs:

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

Workplace Health and Safety continues to focus efforts on supporting a safe and healthy workplace, including:

- Integrating disability management best practices into business operations
- Reducing occurrence and impact of occupational injury events
- Sustaining and implementing strategies for reducing long-term disability claims
- Creating action plans for assisting employees struggling at work to enhance uptake of early intervention participation
- Enhancing the occupational health and safety incident reporting and investigation process through awareness and education campaign, and introduction of incident notifications to site Joint Occupational Health and Safety Committees

- Strengthening understanding of occupational health and safety rights and responsibilities and the actions all workers can take to decrease hazards in the workplace;
- Decreasing risk of violence via education, training, assessments and tools.

Average Days Lost and Return to Work – Occupational Injuries/Illnesses

Average Days to Return to Work (RTW) measures the average days for a worker to come back to work from a straightforward injury/illness (employee is expected to fully return without additional support such as modification to job). For this period, Northern Health is on par with the provincial average (16.7 days).

Average Days Lost is the average paid days lost per WorkSafeBC timeloss claim (for claims closed within reporting period). These would be considered complex injuries/illnesses. From quarter three 2017 to quarter two 2018 the average days lost per WorkSafeBC time loss was 46.4 days. The provincial average, same period, was 41.1 days. Northern Health's average days lost is currently higher than the provincial average.

Occupational Return to Work Outcomes

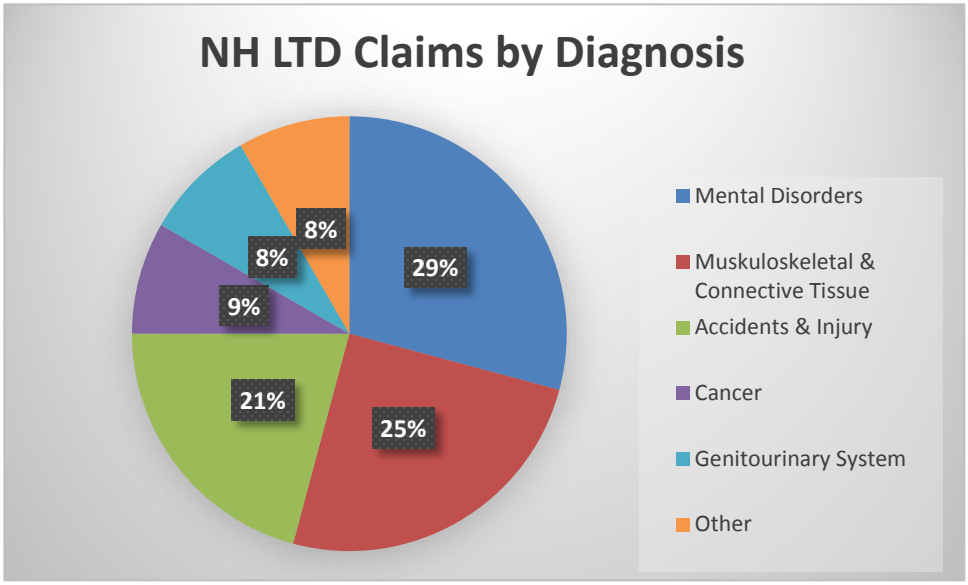
From 2017Q3 to 2018Q2	NHA	Province
Average days to RTW per RTW imminent case	16.7	16.7
Average Claim Cost per WSBC claim	$4, 540	$5, 185
Average Days Lost per WSBC time loss claim	46.4	41.1

A review of contributing factors identified an increase in the long recovery strains and sprains injury type. As these types of injuries require longer treatment and/or recovery timeframes, there has been an impact on average days lost. We continue to implement strategies to reduce duration, including supporting early return to modified duties, exploration of alternate duties and education on prevention of frequent accident types contributing to sprains/strains (ex. slips, trips, and falls on same level).

Long-Term Disability

Northern Health's benefits plan includes long-term disability insurance for permanent

employees who are unable to work for a prolonged period of time due to an illness or injury. There are currently 373 open claims as of September 28, 2018.



A review of trends shows that the factors impacting the number of claims include: aging workforce and staff with chronic illnesses and mental health conditions as a primary diagnosis requiring complex recovery journeys. Northern Health continues to be below the industry rate.

Strategy for reducing long-term disability claims

In partnership with other health authorities, Great West Life, and Healthcare Benefit Trust, Workplace Health & Safety continues to implement strategies such as promotion of early, safe return-to-work programs, and temporary or permanent accommodation solutions to improve long-term disability performance and reduce overall claims.

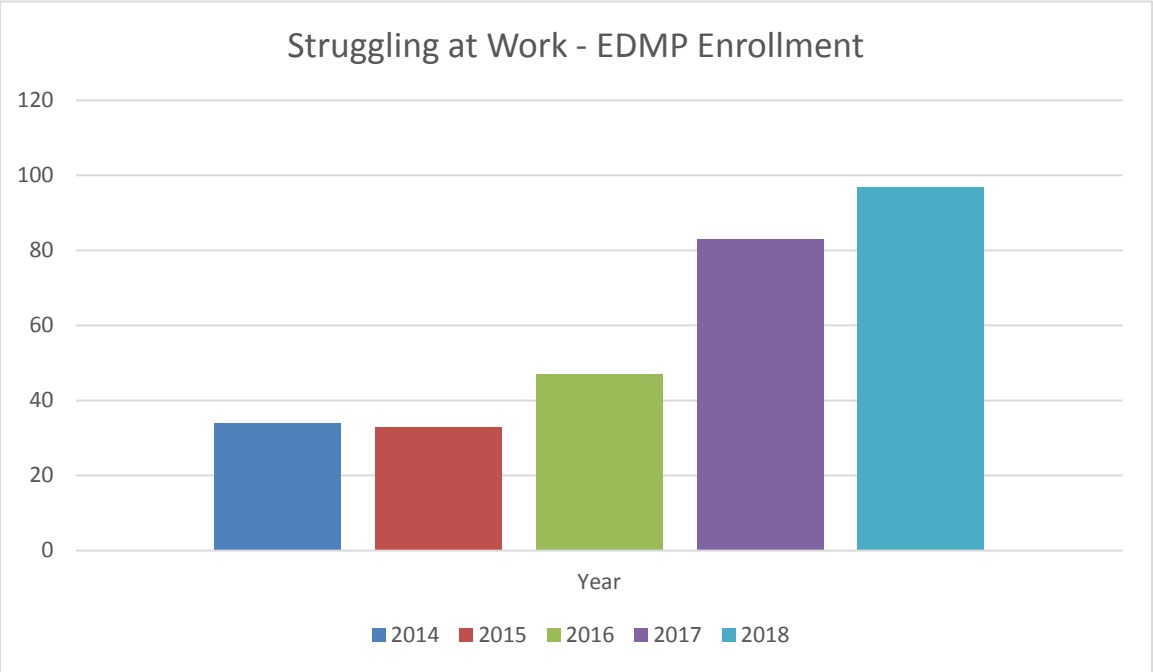
Support at Work

The Enhanced Disability Management Program identifies and enrolls employees who are struggling at work, proactively supporting them and reducing sick time in the organization. New and continued support-at-work initiatives include:

- Broadening promotion of the Enhanced Disability Management Program to reach employees who are struggling at work.
- Educating and promoting what each employee can do to help remove stigma and encourage accessing support.

- Implementing comprehensive support-at-work solutions, focusing on effective accommodation strategies, tailored to individual needs.
- Preparing managers to support predefined modified-work tasks so that their employees can remain in the workplace.

The graph below, Struggling at Work – Enhanced Disability Management Program (EDMP) Enrollment, highlights the yearly increase of employee enrollment for those who are struggling, but still at work. This data captures enrollment from 2014 to August 2018. As depicted, enrollment has steadily increased with four months still remaining for this year.

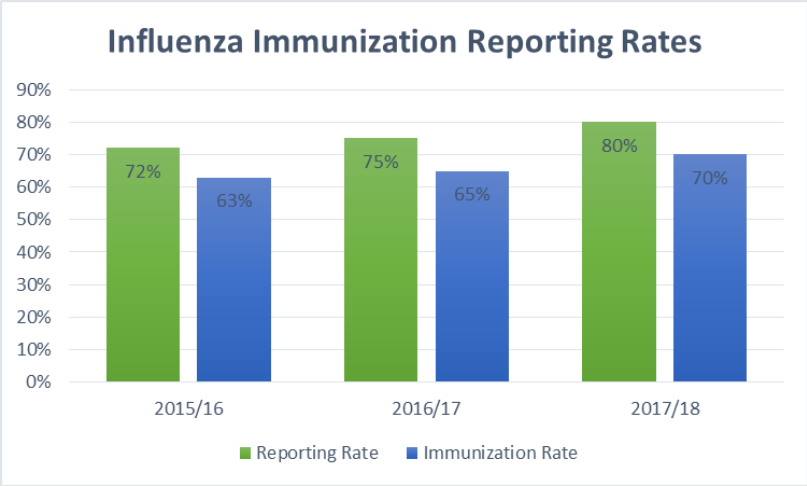


The Enhanced Disability Management Program's ultimate goal is to assist the organization in fostering a healthy, supportive work environment that provides early and timely support and services to our workforce.

Focus on Influenza Prevention

Workplace Health & Safety continues to work with the Infection Prevention and Control and Public Health departments to minimize the spread of influenza through immunization, education, and monitoring.

The graph below shows the percentage of employees who reported their decision to be immunized or wear a mask, and the percentage of staff who were vaccinated. Over the past three Influenza seasons, Northern Health has continued to see an increase in both reporting and immunization rates.



Focus on Violence Prevention

Violence Prevention Education and Training

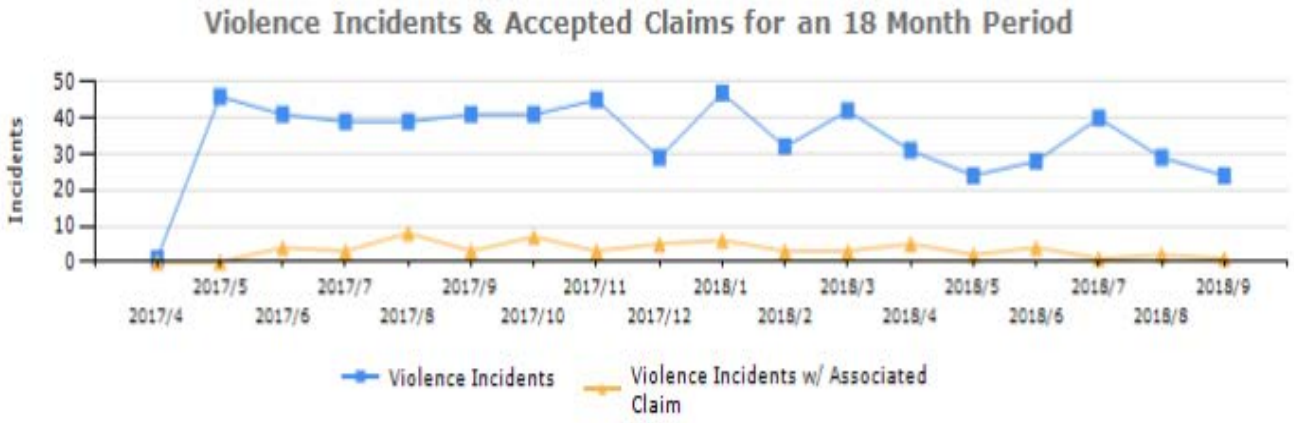
The Provincial Violence Prevention Curriculum (PVPC) is an education and training program for all BC healthcare workers. It includes eight online modules, full day classroom, and practice-based Refresher training and is designed to reduce incidents related to violence in the workplace. Workplace Health and Safety has worked to implement and sustain PVPC training in three ways:

1. Support staff to complete the PVPC education elements required for the risk of violence in their area of work;
2. Develop and support a PVPC facilitator network across Northern Health so education delivery is timely and accessible in all Northern Health communities;
3. Develop and continuously improve the standardized education resources through participation on the provincial working group.

Curriculum	Completion
Staff completion of modules - Low-risk	81%
Staff completion of modules - Medium-risk	85%
Staff completion of modules – High risk	92%
Staff completion of PVPC Classroom – High risk	84%

Violence Incidents & Accepted Claims for last 18 Months

Northern Health continues to have a positive reporting culture for violent incidents, with high numbers of report-only incidents (incidents that have the potential to cause an employee injury, but do not) compared to incidents that do result in an injury and a WorkSafeBC claim.



Incident Reporting/Investigation

Work to improve Northern Health occupational hazard and incident reporting and investigation is underway. In the summer of 2018 all leaders, responsible to conduct incident investigations, were asked to complete two online modules on occupational incident investigation. Workplace Health and Safety introduced a process to assist managers with serious workplace incident investigations. Also an investigation oversight process that will build on investigation quality is now in the process of implementation. A daily authenticated incident notification report was introduced so members of Joint Occupational Health and Safety Committees can review the incidents reported at their site(s) and participate on investigations.

Fostering a Culture of Health and Safety

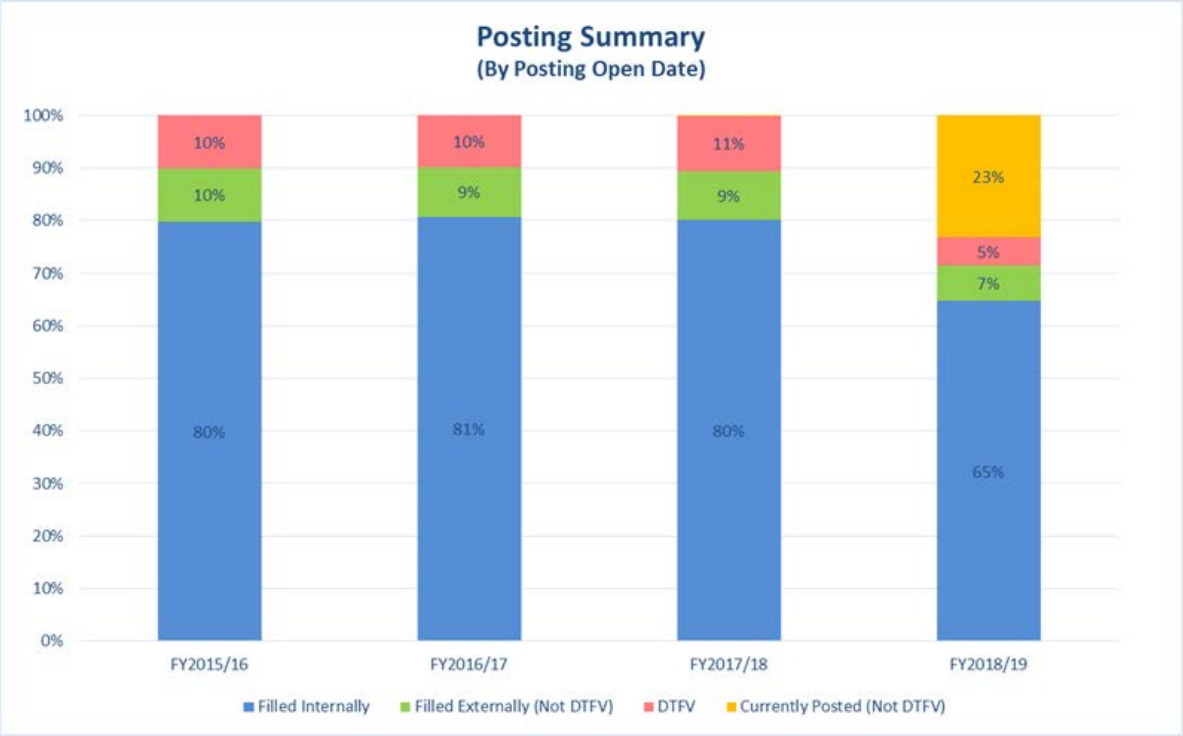
In support of decreasing workplace injuries Workplace Health and Safety has partnered with site leaders to communicate occupational health and safety rights and responsibilities – highlighting, the importance of reporting hazards and occupational incidents. This work includes safety tips, tool talks, and scripts, and uses the Northern Health Learning Management System to document the conversations at prototype locations. Our updated Northern Health onboarding curriculum was designed to introduce all new employees to occupational health and safety rights and responsibilities. Additionally, it requires new workers to complete safety modules such as the Provincial Violence Prevention Curriculum and Workplace Hazardous Materials Information System education.

Recruitment

1.) Posting Summary

To date in fiscal year 2018/19, Northern Health has posted 1972 positions, 69% have been filled by internal staff (existing regular and casual staff) and 7% have been filled externally (qualified applicants from outside of Northern Health). Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). On average, only 10% of approximately 3000 positions go to DTFV.

Casual hires are not reflected in this data. On average, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.



*****As of April 2018, Nurse Practitioner recruitment falls under the Physician Recruitment department and is therefore excluded from recruitment stats

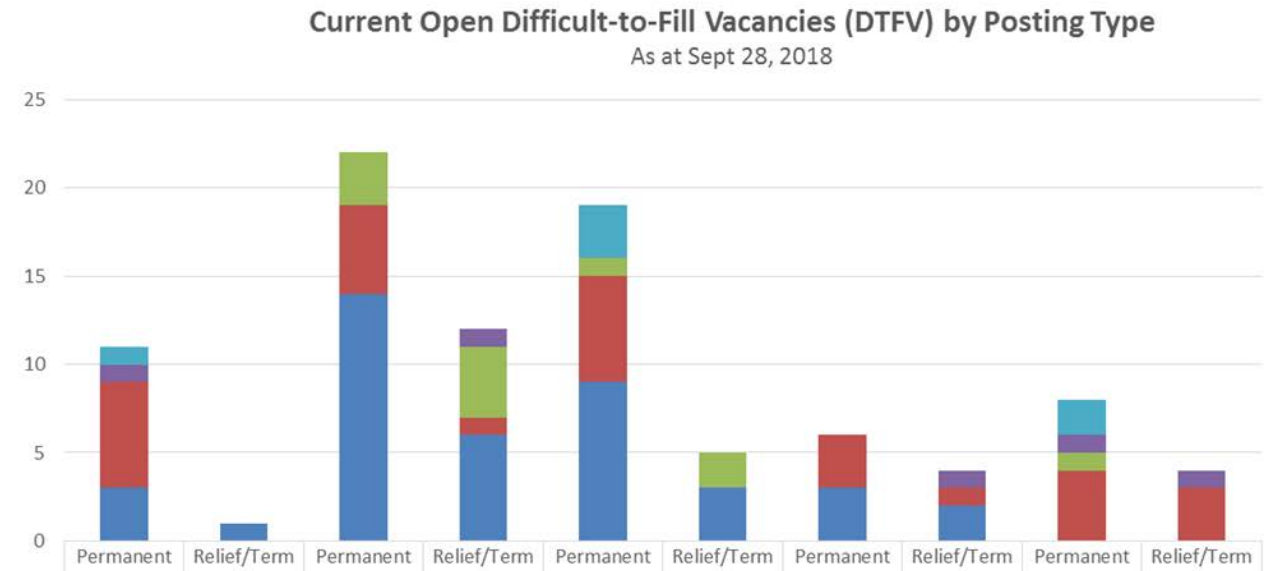
2.) Difficult-to-Fill Vacancies by Posting Type

Northern Health recruitment continues to focus on a variety of strategies to address DTFV.

- Northern Health successfully recruited to an audiologist DTFV posting that was open for two years. In addition, over the summer there were four international

nurses who successfully on boarded to Northern Health.

- Recruitment is coordinating monthly meetings with the Leadership in each Health Service Delivery Area (HSDA) to review all current postings and be proactive in forecasting future needs for each geographic area. Attention and consideration is given to each HSDA regarding their unique recruitment challenges, which, in turn, allows for discussion on HSDA-specific strategies to mitigate such challenges.
- Recruitment continues to partner with HealthMatch BC (a health professional recruitment service funded by the Government of British Columbia) to attend conferences to target qualified nurses in the United States. Additionally recruitment has expanded efforts to attend conferences and post-secondary student events to address shortages in areas including Nursing, Physiotherapists and Speech Language Pathologists.
- Additional strategies include:
    a) the development of profession-based specific plans with clear goals and performance metrics that allow measurement of progress,
    b) measuring the success of DTFV strategies and
    c) a redesign of NH's Relocation Reimbursement program.



	NI Rural		North East		North West		Prince George		Regional	
	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term	Permanent	Relief/Term
EXCLUDED	1				3				2	
COMMUNITY SUBSECTOR	1			1				1	1	1
FACILITIES SUBSECTOR			3	4	1	2			1	
HEALTH SCIENCE PROFESSIONALS	6		5	1	6		3	1	4	3
NURSES PROVINCIAL AGREEMENT	3	1	14	6	9	3	3	2		

The Face of Northern Health

As at Sept 28, 2018

Summary of Employees by Status	Headcount	%	FTE
Active: Total	7,954	100%	4,812
Full-time	3,585	45%	
Part-time	1,818	23%	
Casual	2,551	32%	
Non-Active: Total	783	100%	317
Leave	410	52%	292
Long Term Disability (LTD)	373	48%	24

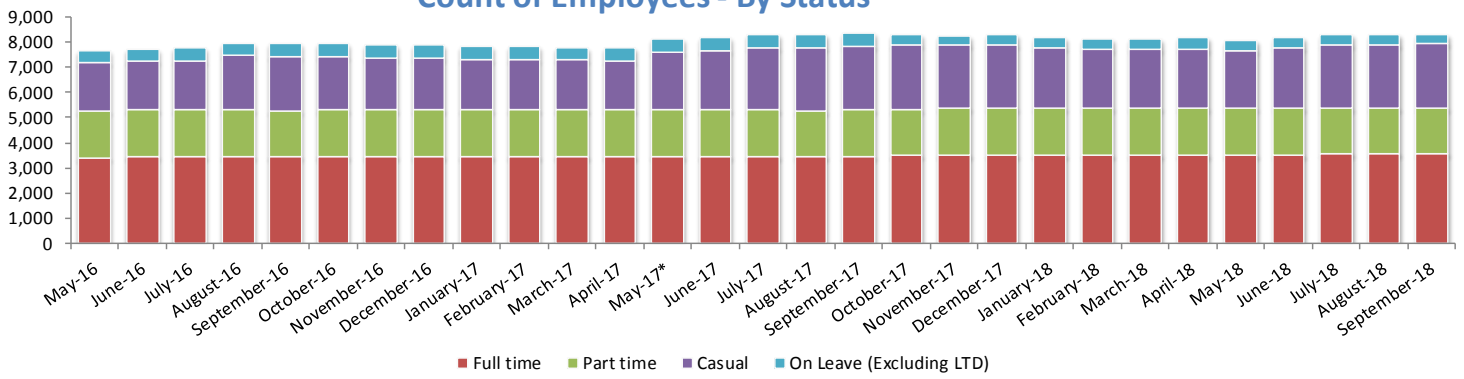
Active Employees by Region	Headcount	%
Active: Total	7,953	100%
North East	1,219	15%
North West	1,910	24%
Northern Interior: Prince George	2,461	31%
Northern Interior: Rural	1,144	14%
Regional	1,219	15%

Active Employees by Collective Agreement	Headcount	%
Active: Total	7,953	100%
Nurses	2,481	31%
Facilities	3,165	40%
Health Sciences	1,027	13%
Community	702	9%
Excluded	578	7%

Active Nursing	Headcount	%
Active: Total	2,481	100%
RN/RPN	1,912	77%
LPN	569	23%

Clinical vs. Support	Facilities	Community
Active: Total	3,165	702
Clinical	1,369	415
Non-Clinical	1,796	287

Count of Employees - By Status



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BOARD BRIEFING NOTE

Date:	September 27, 2018	
Agenda item	Reappointment of External Auditor: 2018-19 Fiscal Year	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Beverly Little, Regional Director, Finance & Controller Mark De Croos, VP Financial & Corporate Services/CFO	

Purpose:

Board approval is required for the reappointment of Northern Health's external auditor to perform NH's financial statement audit for fiscal year ending March 31, 2019, representing Year Two of a five-year term of engagement. At its meeting of September 27, 2018 the Audit and Finance Committee endorsed a recommendation for this reappointment.

2016-21 Strategic Plan:

Compliance with *Health Authorities Act* to appoint a qualified auditor to audit the fiscal yearend financial statements.

Background:

In October 2017 NH's Board of Directors awarded a five-year contract to PricewaterhouseCoopers (PwC) for the provision of external audit services commencing with the FY2017-18 financial statement audit.

Board approval is required annually for the reappointment of PwC for the remaining four years of this contract.

The Year One audit of the 2017-18 financial statements was completed in accordance with the audit plan as presented to the Audit & Finance Committee in January 2018. PwC met all key milestones and deliverables.

Interaction with NH staff was professional, and balanced the auditors' need for access to staff members' time with the staff members' need to carry out operational tasks.

Recommendation:

The Audit & Finance Committee endorses the following recommendation to go forward for approval at the October Board meeting:

> The Northern Health Board approves the reappointment of PricewaterhouseCoopers LLP as external auditor to Northern Health for the fiscal year ending March 31, 2019, representing Year Two of a five-year term of engagement.

BOARD BRIEFING NOTE

Date:	September 18, 2018	
Agenda item:	2018-19 Period 5 – Operating Budget Update	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

August 23, 2018 (Period 5)

Year to date Period 5, Northern Health's (NH) has a net operating surplus of $102,000.

Revenues are favourable to budget by $2.0 million or 0.6% and expenses are unfavourable to budget by $1.9 million or 0.6%. Budget overage in Acute Care is primarily due to higher than expected patient volumes in a number of acute care facilities. Budget surplus in Community Care and Corporate is primarily due to vacant positons.

Forecast Yearend 2018-19

At this time, Northern Health is forecasting to be in a balanced position on base operations at yearend.

Recommendation(s):

The following motion is recommended:

> The Northern Health Board receives the 2018-19 Period 5 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending August 23, 2018 (Period 5)
$ thousand

	Annual Budget	YTD August 23, 2018 (Period 5) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	645,529	251,961	251,811	(150)	-0.1%
Other revenues	229,450	86,237	88,364	2,127	2.5%
TOTAL REVENUES	**874,979**	**338,198**	**340,175**	**1,977**	**0.6%**
EXPENSES (BY PROGRAM)					
Acute Care	469,569	179,629	187,612	(7,983)	-4.4%
Community Care	213,526	82,323	79,088	3,235	3.9%
Long term care	122,749	48,589	47,762	827	1.7%
Corporate	69,135	27,657	25,611	2,046	7.4%
TOTAL EXPENSES	**874,979**	**338,198**	**340,073**	**(1,875)**	**-0.6%**
Net operating surplus before extraordinary items		**-**	**102**		
Cost of wildfire response		-	153		
Less anticipated supplemental funding from Ministry of Health		-	(153)		
Net extraordinary items		-	-		
Net operating surplus	**-**	**-**	**102**		

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BOARD BRIEFING NOTE

Date:	September 17, 2018	
Agenda item:	Capital Public Note	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **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 2018-19 capital expenditure plan in February 2018, and an amendment in June 2018. The updated plan approves total expenditures of $49.4M, with funding support from the Ministry of Health ($18.5M, 37%), Six Regional Hospital Districts ($16.5M, 33%), Foundations, Auxiliaries and Other Entities ($4.6M, 9%), and Northern Health ($9.8M, 20%).

Year to date Period 5 (August 23, 2018), $12.0M has been spent towards the execution of the plan as summarized below:

$ million	YTD	Plan
Major Capital Projects (> $5.0M)	0.7	-
Major Capital Projects (< $5.0M)	4.4	22.4
Major Capital Equipment (> $100,000)	1.4	7.4
Equipment & Projects (< $100,000)	3.2	8.0
Information Technology	2.3	11.5
	12.0	49.4

Significant capital projects currently underway and/or completed in 2018-19 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	Parkwood Reverse Osmosis	$0.56	Planning	MOH
Prince George	Phoenix Outpatient Lab Renovation	$0.42	Construction In Progress	FFGRHD, MOH
Prince George	UHNBC C-Arm	$0.28	Ordered	FFGRHD, MOH
Prince George	UHNBC Hematology Autoimmune	$0.13	Ordered	FFGRHD, MOH
Prince George	UHNBC Microbiology Blood Culture Analyzer	$0.15	Ordered	FFGRHD, MOH
Prince George	UHNBC Microbiology Vitek 2XL	$0.16	Planning	FFGRHD, MOH
Prince George	UHNBC Tomosynthesis	$0.19	Ordered	Spirit of the North Healthcare Foundation
Prince George	Jubilee Lodge/UHNBC Rehab Nurse Call System	$0.32	Construction In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Domestic Hot Water Upgrades	$1.03	Construction In Progress	FFGRHD, MOH
Prince George	UHNBC Electrical Supply Upgrade	$4.50	In Operation	MOH, FFGRHD, NH
Prince George	UHNBC Inpatient Bed Capacity Project	$8.00	Construction In Progress	MOH, FFGRHD, NH
Prince George	UHNBC Maternal OR	$0.88	Construction In Progress	Spirit of the North, FFGRHD, NH
Quesnel	GR Baker ER/ICU/DCS Addition	$20.0	Planning	CCRHD, MOH
Vanderhoof/Southside	Phone Systems	$0.26	In Operation	SNRHD, NH

Burns Lake	The Pines Cafeteria Expansion	$3.75	Construction In Progress	SNRHD, NH, MOH
Fraser Lake	FLC X-Ray	$0.56	Planning	SNRHD, NH, MOH
Fort St. James	Primary Care Leasehold Improvement	$2.00	Planning	SNRHD, NH
McBride	Ventilation System	$1.43	Construction In Progress	FFGRHD, NH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Terrace	MMH C-Arm	$0.22	Ordered	Dr. REM Lee Foundation
Terrace	MMH Portable X-Ray	$0.21	Ordered	NWRHD, NH
Terrace	MMH Hospital Replacement Planning	$3.50	In Progress	NWRHD
Hazelton	Wrinch Boiler Upgrade	$0.30	In Progress	NWRHD, MOH
Atlin	Clinic Replacement	$1.06	Planning	NH
Smithers	BVDH CT Suite	$2.90	Planning	Bulkley Valley Healthcare and Hospital Foundation, NWRHD
Smithers	BVDH Digital Mammography	$0.95	In Operation	MOH
Smithers	BVDH Radiology Room #1	$0.90	Installation In Progress	NWRHD, NH
Kitimat	KGH Fire Alarm System Panel	$0.29	Construction In Progress	NWRHD, NH
Kitimat	KGH General Radiographic Room	$0.87	Ordered	NWRHD, MOH
Kitimat	KGH Phone System	$0.33	Planning	NWRHD, NH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	Automated Medication Dispensing Cabinet	$0.16	In Operation	MOH, PRRHD

Dawson Creek	Medical Device Reprocessing Renovation	$2.08	Planning	PRRHD, NH, MOH
Dawson Creek	DCDH Hospital Redevelopment Planning	$5.00	In Progress	PRRHD
Fort Nelson	Automated Medication Dispensing Cabinet	$0.15	On hold	NRRHD, NH
Fort St. John	Ultrasound	$0.24	Ordered	Fort St. John Hospital Foundation, NH
Fort St. John	X-Ray Rad Rex Room #1	$0.64	Ordered	PRRHD, NH, MOH
Fort St. John	Medical Clinic – 3rd Pod Renovation	$2.05	Planning	PRRHD, NH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Health Link North: Cerner Upgrade	$4.5	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Community Health Record (Phase 3)	$4.90	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Clinical Interoperability	$1.0	Work In Progress	NH
All	PACS and Cardiology Information System	$3.39	Work In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MySchedule Enhancements	$0.16	Work In Progress	NH
All	MySchedule – Smart Leave, Annual Vacation	$0.29	Work In Progress	NH

All	Secure Texting	$0.79	Work In Progress	NH
All	Clinical Data Repository (CeDaR)	$1.53	Planning	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 2018-19, it is forecasted that NH will spend $9.8M on such items.

Note 1: Abbreviations used:

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

Recommendation:

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

The Northern Health Board receives the Period 5 update on the 2018-19 Capital Expenditure Plan.

Capital Planning & Support Services
300-299 Victoria Street
Prince George, BC V2L 5B8
(P) 250-565-5709 (F) 250-565-2753

BOARD BRIEFING NOTE

Date:	September 19, 2018	
Agenda item	Northern Haida Gwaii Biomass Heating System	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Phil Beaulieu, Manager, Facility Maintenance Ken Van Aalst, Director, Facility Maintenance, Energy and Environmental Sustainability Mike Hoefer, Regional Director, Capital Planning and Support Services	
Reviewed by:	Mark De Croos, VP, Finance and Corporate Support	

Issue:

Northwest Clean Heat (NCH) has approached Northern Health with a proposal aimed at reducing our carbon footprint in the form of a stand-alone biomass heating system at the Northern Haida Gwaii Hospital and Health Centre facility (NHGHHC).

2016-21 Strategic Plan

Strategic Priority 3: Quality

Encourage and enable local teams and departments to design and test innovative solutions.

Identify and manage risks to the organization and to service delivery.

Enabling Priority #2: Communications, Technology, and Infrastructure

Build, maintain and manage facilities and infrastructure in support of service delivery.
- Creative partnerships are established to meet infrastructure needs.

The Project allows for a low risk implementation of alternative fuels for heating. This approach can be evaluated and incorporated into additional sites that are applicable. The project adds redundancy in heating fuel source to Masset which reduces risk. The project is a unique partnership utilizing BC Hydro funds and a third party energy provider which, if successful, will yield reduced operating costs, environmental benefits and enhanced service delivery through fuel redundancy. NCH is in discussions with the Local First Nations in regards to fibre supply and/or partnership on the project which will increase the local community involvement in the project.

Background:

In March of 2017 a briefing note was presented to the Audit and Finance Committee providing information on the above project and how it aligned with the guiding principles for assessment and approval of District Energy System proposals approved by the NH Board in 2013.

The following section provides an update on the project and specifically details the business case (including risk assessment and identifying how the partners will manage NH's energy related infrastructure) and contract development required to proceed with the project.

Contract Development:
Over the past months the Capital Planning and Support Services team and NCH have come to agreement in principle.

Business Case:
Northern Health will utilize committed BC Hydro Incentive Funding to facilitate the financial requirements to enter into an agreement with a third party (NCH) to provide hydronic heating water. NCH will generate the hydronic heating water through the combustion of biomass fuel.

NCH will construct, own, and operate a 150kW capacity biomass heating system using Viessmann boiler technology. This includes fuel storage, heat generating equipment, and all interconnections to the existing heating systems. The biomass plant will burn biomass to generate hot water which will be used for space and domestic hot water (DHW) heating in Northern Haida Gwaii Hospital and Health Centre. Currently NH's space and DHW heating is produced by electrical energy which is supplied by BC Hydro and generated with diesel generators. The proposed NCH system would displace the BC Hydro diesel generated electricity. The electrical heating system would remain in place to provide redundancy and augment heat provided by NCH during peak heating, if needed.

Northern Health will provide capital funding through a BC Hydro grant that has already been secured. Northern Health will contribute the space required for the biomass plant and will purchase the hot water provided by NCH. The hot water utilized will be

metered and converted to kilowatt hours (KWH) and NH will be charged for KWH of electricity used. NH will be charged current BC Hydro rates less a minimum of 25% for the duration of the contract.

NCH is responsible for all operating costs with the exception of limited services to be provided by NH staff. It is projected to be less than 40 person hours per annum.

NH has minimal financial exposure and commitment for the project with the capital investment limited to transfer of BC Hydro Grant Funds, and limited operational requirements. The benefits for undertaking the program are reduced greenhouse gas usage, operational savings in heating costs, public relations benefits in reducing carbon footprint and, perhaps most importantly, the opportunity to test drive a biomass plant operation with minimal risk.

Recommendation:

The Audit and Finance Committee recommend that the NH Board support NH finalizing the agreement with Northwest Clean Heat and BC Hydro and proceed to final design and implementation of the biomass heating project at the Northern Haida Gwaii Hospital and Health Centre (Masset).

BOARD BRIEFING NOTE

Date:	October 16, 2018	
Agenda item	Innovation and Development Commons	
Purpose:	☒ Information	☐ Discussion
	☐ Seeking direction	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Tammy Hoefer, Regional Manager IDC Tanis Hampe, Regional Director Quality and Innovation	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

Issue:

This briefing note is intended to update the Board on key Northern Health activities in three sections: quality education, quality improvement resources, and innovation.

Quality Education

Northern Health offers an in-house quality improvement training program that began with the development of an Introductory-level quality improvement (QI) workshop in 2012 and has expanded to include training specific to lean in healthcare, physician-focused QI training, and an intermediate-level course. External QI training is also encouraged, such as the BC Patient Safety & Quality Council's Quality Academy and Clinician Quality Academy, advanced Lean training through the Leading Edge Group, and courses through the Institute for Healthcare Improvement's Open School.

A comprehensive evaluation of the quality improvement training program (2012-2017) is underway with results expected in October 2018.

Quality Education in Northern Health		
Quality Improvement Training	**Description**	**# Trained to August 31, 2018**
Introduction to QI	1 day workshop on foundations of QI with a 'commitment statement' and individual follow up by the facilitator after 3 months	1628 (since 2012)
Physician-focused Training (CME Accredited) Principles of QI (Level 1)	3.5 hour workshop Introduction to QI workshop tailored for Physician audience The Physician QI team in NH is developing additional training tailored for a physician audience that will be offered starting in late 2018-19.	111 (since 2015)
Introduction to Lean (White Belt)	Online course (3 modules ~60 min) Standard provincial course	942 (since 2012)
Lean in Practice (Yellow Belt)	1 day workshop Simulation of an Emergency Room environment with improvement cycles Participants include staff, physicians and medical students	550 (since 2013)
Intermediate QI	8+ months, combination of learning sessions, webinars and completion of QI project with mentorship. Participants complete the Yellow Belt workshop as part of this course. 19 NH staff mentored participants in Cohort 5 Participants can choose to complete their Lean green belt certification with Leading Edge through their Intermediate QI course. This involves writing a report and an exam.	114 complete (cohorts 1-4) 63 still in progress (mainly cohort 5) 41 accepted for cohort 6 (September 2018 – April 2019)
Lean Green Belt certification (Leading Edge)	Online course (completed within 12 months) with exam and project report	150 (since 2009)
Black Belt certification (Leading Edge)	Online course (multi-year) with advanced project	5
Quality Academy (BC Patient Safety & Quality Council)	6 month provincial course with residencies and a QI project	31 complete (since 2011)

Quality Improvement Training	Description	# Trained to August 31, 2018
QI Training at the Office Practice Level (Dartmouth Institute-Quality by Design: A Clinical Microsystems Approach)	For Practice Support Coaches (QI support for Primary Care) 6 months, combination of learning sessions, assignments, and the culmination in a QI project Starting in 2018, new Practice Support Coaches complete Intermediate QI + Lean Green Belt rather than the Dartmouth Institute.	All 24 Practice Support Coaches are trained (Practice Support Coaches take the training in the first six months of their role)
Interprofessional Team Development Training – QI module	Principles of QI workshop with facilitation of a small QI project with the team	Piloted with teams in Fort Nelson and Hazelton in 2017-18
Customized QI training	Tailored to the audience, by request. May be offered as/through: - Department/team meetings - Conferences/events (e.g., front line leaders day, administrative professionals conference) - Modified workshops (e.g., Intro to QI/Yellow Belt combination) - Specific QI tools (e.g., driver diagram, 5S sessions)	Not tracked
Canadian Patient Safety Officer Course (Canadian Patient Safety Institute)	Online course, 100 hours of study, up to 12 months to complete Annual application process in NH for one staff member in each HSDA to be trained. Funded through NH's Patient Safety Plan for Accreditation Canada. Supported by group check-ins organized by NH Quality & Innovation.	Cohort 1: 4 participants Cohort 2 (in progress): 5 participants
Quality Improvement Conferences (held annually 2011-present)	Participants in 2014-17 conferences 554 Storyboards presented at 2014-17 conferences: 174	2018: Quality and Research Conference November 6-8 *(*see page 8 of this BN)*

Quality Improvement Resources

Quality Management Approach

Managers are stretched to handle daily service demands, ongoing human resources needs, equipment, supplies and space issues, local improvements and also to advance the strategic priorities of the organization.

Quality Management addresses the lack of a systematic approach to management in healthcare. It provides managers with a framework to: manage their area, develop their people, solve problems, and improve performance at the unit level, using quality improvement tools/approaches shown to contribute to high performance. The framework will enable managers to support efforts to achieve the organization's strategic business objectives as well as manage day-to-day operations.

Based on research and the experiences and advice of organizations that have implemented similar approaches, NH created a quality management framework and began a trial in acute, community and long term care in Terrace in November 2017.

Quality Management in Terrace

★ Trained and actively implementing

☆ Trained and more slowly implementing – want to ensure the gold star elements are running confidently

To date, senior and front line leadership in Terrace have been trained and are implementing elements of quality management with coaching from Quality and Innovation staff and other implementation supports.

The trial in Terrace is being evaluated and key lessons gathered to inform spread to other communities. A spread plan is under development to guide the implementation in additional communities.

Additional information about Quality Management can be found in the attached handout ("An Introduction to Quality Management").

Innovation

Collaboration for Health Research in Northern BC Seed Grant Competition

The Provincial Health Services Authority (PHSA), Northern Health (NH) and the University of Northern British Columbia (UNBC) have been collaborating on the seed grant program since 2015. The goal of this program is to enable researchers and knowledge users at PHSA, NH and UNBC to work in partnership and initiate new

research projects that focus on improving the quality of health services and improving population health in northern BC. Since its inception, the program has funded 17 collaborative research teams. Additional statistics are provided below for your information.

Number of total applications received	28
Number of applications funded	17
Number of completed projects	12
Number of extensions requested	13
Number of teams still in progress	5
Total amount funded	$170,000

Knowledge Synthesis Centre Planning

Dr. Martha MacLeod, in her NH-UNBC Knowledge Mobilization Chair role, is moving forward with expanding the capacity of UNBC to conduct knowledge synthesis (KS) in a more formal way. The aim is to establish a Knowledge Synthesis Centre situated within the UNBC Health Research Institute (HRI) to assist researchers, decision makers, and program planners build capacity and enhance rural and northern applicability of evidence through the provision of evidence-based research synthesis services and support contextualized for rural, remote, and northern health services and programs. The goal is to provide a place where UNBC Faculty, students, and Northern Health, community and/or patient partners can receive support for undertaking various kinds of knowledge syntheses and to set up a structure that will be able to broker getting new KS projects going with UNBC Academic Leads.

Dr. MacLeod, with the support of Erica Koopmans, HRI Research Associate, are currently exploring the infrastructure and processes that are needed to offer synthesis services through a Centre and have been scanning how other groups offer this service to explore how we may want to offer similar services in our context.

We recognize that such a Centre will only be possible with the support, insight, and involvement of UNBC Faculty. The next step is to have individual meetings to consult with those faculty who are currently working on, have previously completed, or may be interested in involvement in synthesis projects to discuss their insights, considerations, possible concerns, and what supports they would find beneficial.

Once UNBC faculty have provided their feedback on the Centre and are in support of having this service, the next phase of work will be consult with NH knowledge users and begin to implement structures and processes to undertake and develop KS products.

BC SUPPORT Unit Northern Centre

The Northern Centre is one of four regional centres of the BC SUPPORT Unit. It's the go-to resource for patient-oriented research within the geographic area served by Northern Health. The Centre serves the communities of Northern British Columbia from

Quesnel north to the Yukon border, and Haida Gwaii east to the Alberta border and operates as a partnership between Northern Health (through the IDC) and the University of Northern British Columbia (through the Health Research Institute).

Developing Northern Research Collaboration Seed Grant

The Northern Centre recently launched the second call for its "Developing Northern Research Collaboration" seed grant. During the first call the Centre received ten applications and funded five successful proposals in the amount of $10,000 each. In this recent call, seven applications were received and will go through the adjudication process in early September.

CIHR SPOR Foundations in Patient-Oriented Research Training

On June 11-13, 2018, the BC SUPPORT Unit Northern Centre hosted researchers, patient partners, health care decision makers, and BC SUPPORT Unit staff, in Prince George for the CIHR SPOR Foundations in Patient-Oriented Research Training. Colleen McGavin, BC SUPPORT Unit Patient Engagement Lead, delivered the three modules to over 30 attendees from across the region. Attendees received an introduction to health research in Canada, and learned about the fundamentals of patient-oriented re-search, building partnerships, and team-building.
Subsequent POR training requests have been received by UBC Faculty of Medicine, and a number of research teams. Northern Centre staff are in the process of developing a training plan for 2018/19.

Rural Coordination Centre of BC (RCCbc) Staffing Collaboration

We are excited to welcome two new staff members to the Northern Centre. These two positions were co-created and co-funded by RCCbc and the Northern Centre and will be focused on promoting and supporting patient oriented research and initiatives led by rural family physicians across the North.

BC SUPPORT Unit Conference

The second annual BC SUPPORT Unit conference: Putting Patients First, is being held October 4, 2018 in Vancouver. The Northern Centre has been asked and agreed to take on the roles of Emcee and Plenary/Panel Moderators for this conference.

Northern Clinical Simulation Program (NCSP)

Spirit of the North Healthcare Foundation Donations

The NCSP is honoured to have been the recipient of two donations through the Spirit of the North Healthcare Foundation this year. The first being from a private donor in the amount of $10,000, which will be used to upgrade simulation operating equipment, purchase a new task trainer, and patient monitor. The second donation occurred June 1, 2018. The Royal Bank of Canada, Prince George branch, presented the program with a cheque in the amount of $50,000. These funds will be used to purchase SimNewB, a high fidelity, tetherless newborn simulator designed to help improve neonatal resuscitation and to meet the specific learning objectives of neonatal resuscitation

protocols (NRP). The NRP program is one of the highest users of simulation at UHNBC.

In addition to these donations, the Spirit of the North has approached the NCSP about being the recipient of the funds they raise during this year's Wine Lovers Dinner. This event is being held on Friday, September 28th at the Coast Inn of the North Ballroom. The proceeds will be used to support equipment refresh.

National Simulation Week

The week of September 17-21, 2018 is Healthcare Simulation Week. To celebrate, simulation staff will be hosting open houses and education sessions at its Terrace, Quesnel, Fort St. John, and Prince George sites.

Interprofessional Education (IPE) Pilot

The Northern Clinical Simulation Program has facilitated a partnership between Northern Health, UBC Faculty of Medicine, UNBC School of Nursing and BC Emergency Health Services to develop and pilot a high quality interprofessional education training series which will be delivered in rural communities across the North. The curriculum will include IPE learning objectives for all involved disciplines and will include the delivery of four sessions on the following topics:

1. Emergency
2. Trauma
3. Obstetrics
4. Pediatrics

The intent is to pilot the series in the Robson Valley, evaluate it, and then deliver on an ongoing basis in partnership with other rural communities.

2018 Research & Quality Conference: Engaging Partners in Healthcare Improvement

This year, the IDC Research Days conference and Northern Health Quality conference will be combined to offer one exceptional event that brings together research, quality improvement, evaluation, and evidence-informed practice. The conference is hosted in partnership between Northern Health, Physician Quality Improvement, UNBC, and BC Cancer. The conference is being held November 6-8, 2018 at the Prince George Civic Centre and will be kicked off with pre-conference workshops and a reception which will include PechaKucha style presentations titled "A shared vision for health in the North". PechaKucha presenters include: Dr. Terri Aldred, Edwina Nearhood (Patient Partner), Shobha Sharma, Dr. Andrew Gray, Dr. Jenna Smith-Forrester, and Dr. Geoff Payne. The keynote speaker is Dr. Shimi Kang, a Harvard-trained doctor, researcher, and bestselling author.

Recommendation(s):

The Board accepts this briefing note for information.

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

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

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 BRD 310

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

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

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 General Guidelines for Committees (BRD 300).

All Committee members shall be both independent and "financially literate" and at least one member shall have "accounting or related financial expertise"[1].

[1] 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 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.

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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, 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)[2]
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
4. Request and review various other financial and operational information as needed to fulfil the Committee's oversight responsibilities.
5. Ensure that:

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

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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

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

B. Budget Development

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

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

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

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.

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)

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
7. Monitor compliance with the approved signing authority policy[3] through the internal audit process and recommend to the Board any changes which may be necessary from time to time

[3] Policy~~DST~~ 4-4-~~0~~2-030-P: Finance>Accounts Payable>Signing Authority

D. Internal Audit

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

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

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
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[BS1]

The Committee shall:

1. Annually review ~~the Bb~~banking and ~~i~~investment policy[4] ~~4-4-6-040~~ and recommend any needed revisions to the Board.
2. ~~Receive, a~~At minimum, ~~an~~ annually receive 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~~

~~5.~~ ~~Receive, a~~At minimum, ~~semi~~ annually receive report ~~reports from the Chief Financial Officer~~ on Northern Health's investment ~~portfolio~~ holdings (including Central Deposit Program.)~~in accordance with NH Investment Policy 4-4-6-050.~~

~~5. Where appropriate, recommend the appointment, renewal or replacement of fund managers~~

[4] Policy 4-4-6-040: Finance>General Accoutning>Banking and Investment

~~6. Regularly review the performance of fund managers, if any, against the investment policy~~

G. Other

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)

Executive and Management Support:

- Vice President, Financial & Corporate Services/Chief Financial Officer

- Regional Director, Internal Audit
- Regional Director, Capital Planning and Support Services

Recording Secretary:

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

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

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.(7), 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 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[1] 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.

[1] 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[2] specifically prohibits performance of an external audit engagement if:

   "... during either the period covered by the financial statements subject to audit or review or the engagement period, the member, ~~...~~ the firm or a network firm or a member of the firm or network 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

[2] *CPA Code of Professional Conduct*. Chartered Professional Accountants of British Columbia: s.204.4 (27) – August 2016~~6~~7.

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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.[3]
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. The term affiliates will be interpreted by reference to the substance of a

[3] Ibid, 204.2.

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 CPA Canada and 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
   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. Oversee the engagement in research, education and quality improvement partnerships with academic organisations to create a learning environment throughout NH[TK1]
9. 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.
10. 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.
11. 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.
12. Review, monitor and make recommendations regarding Director orientation and ongoing development.
13. Recommend to the Board, and annually implement, the appropriate evaluation process for the Board.
14. 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.

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~~14.~~15. 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.

~~15.~~16. Review annually, for Board approval, all Board Enduring Motions to ensure that they are still current and relevant.

~~16.~~17. Monitor compliance with laws and regulations and ensure that procedures have been established to receive and address reports and complaints regarding non-compliance.

~~17.~~18. Recommend to the Board any reports on governance that may be required or considered advisable.

~~18.~~19. 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.~~20. 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.~~21. 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.~~22. 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.~~23. Provide direction for content of the annual Board planning session and build items arising from this planning into the Board's work plan.

~~23.~~24. 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.

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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.
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 BC Clinical and Support Services Society (BCCSSS) and determine if it is meeting the needs of Northern Health.~~

6. Oversee the relationship between Northern Health and the Provincial Health Services Authority (PHSA) in relation to their provincial mandate for:
   i. Provincial clinical policy
   ii. Provincial clinical service delivery
   iii. Provincial commercial services; e.g. supply chain and accounts payable
   iv. Provincial digital and information technology~~,~~
7. Oversee the relationship between Northern Health and HEABC and Healthcare Benefit Trust (HBT).
8. Annually review Northern Health's (a) Energy and Sustainability Policy, and (b) Carbon Neutral Action Report.

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 Heath 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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 18, 2017 (R)

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
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 18, 2017 (R)

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): ~~October 18, 2017~~May 15, 2018 (R)

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[1] for Healthy People in Healthy Communities
   b. reviewing initiatives within Public Health Protection
   c. reviewing initiatves within ~~overseeing various~~ Population Health ~~Initiatives~~ such as ~~age-friendly communities and child health and wellbeing as well as partnering with communities, industry, and other organizations to ensure healthier communities for all residents of northern BC~~ partnering for healthy communities.[GB1]
   d. overseeing and reviewing work being done by Preventive Public Health

[1] 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.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): ~~October 18, 2017~~May 15, 2018 (R)

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[1] 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 Indigenous Health to understand and implement the Northern First Nations Health & Wellness Plan as well as the Northern First Nations Partnership Accord

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[1] 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
      viii. Emergency & Trauma[GB2]
   c. Reviewing information from local teams and departments that design and test innovative solutions within the Innovation and Development Commons through:
      i. quality education
      ii. quality improvement resources
      iii. innovation

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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d. ~~overseeing the engagement in research, education and quality improvement partnerships with academic organiations to create a learning environment throughout NH~~[GB3]
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*[2]
g. reviewing annual reports on Patient Safety and Learning System (PSLS) events
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[1] 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

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[1] for Communication, Technology and Infrastruture
b. reviewing an annual overview of the Information Management and Information Technology Plan and progress to the plan
c. overseeing the development, implementation, and evaluation of the Communication strategy and policies including:
    i. internal communications
    ii. external communications

[2] The 3P Committee does not itself conduct quality reviews under Section 51 of the Evidence Act.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): ~~October 18, 2017~~May 15, 2018 (R)

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:
   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
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): ~~October 18, 2017~~May 15, 2018 (R)

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.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 18, 2017 (r)

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the northern way of caring

Board & Administration Offices
#600 – 299 Victoria Street
(P) 250-565-2922

BRIEFING NOTE

Date:	**September 18, 2018**	
Agenda item	**Enduring Motions**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**Governance & Management Relations Committee and Northern Health Board of Directors**	
Prepared by:	**D Chipman, Executive Assistant to the CEO and Board**	
Reviewed by:	**C Ulrich, Chief Executive Officer**	

Issue:
Annual review of Enduring Board Motions.

Background:
Enduring motions are motions that remain in force until the Board passes a new motion to rescind or change the old motion. Enduring motions are different from transactional motions such as the approval of minutes, a report, or even more substantive issues such as approval of the annual budget. Transactional motions are intended to conclude a matter with no expectation that the motion will have to be revisited.

The problem with enduring motions is that the Board can forget that it has passed these motions as years go by and as Directors and staff support change. In January 2013 the Board added to its work plan, through GMR, the task of conducting an annual review to determine if all enduring motions passed by the Board are still current or if they require action.

Upon review, two enduring motions require revision to be current with role titles and occupancy:

- First, respecting the designation of Environmental Health Officers, management was informed that a motion that was approved in 2009 requires a minor amendment due to a change in the Program title. The amended motion is articulated below for review.
- Second, there are currently four separate motions related to School Medical Officers designations and management is proposing rescinding the four motions and replacing them with one motion which is articulated below. Additionally, Dr. Raina Fumerton is currently on leave until June 28, 2019. Dr. Sandra Allison will be the designated School Medical Officer for the North West until Dr. Fumerton returns.

The current enduring motions on file that management is suggesting be rescinded are as follows:

- 2015: moved by S Hartwell seconded by S Killam
  The Northern Health Board approves the appointment of Drs. Sandra Allison, Charl Badenhorst, and Raina Fumerton as School Medical Officers as per Section 89 of the *School Act* for the school districts within the geography of Northern Health.

  NH Public/15-13
  Carried
- 2016: Moved by S Hartwell seconded by R Landry
  The Northern Health Board designates Dr. Sandra Allison and Dr. Raina Fumerton as School Medical Officers for the school districts as described.

  NH Public/16-12
  Carried
- 2017: Moved by G Parmar seconded by R Landry
  The Northern Health Board designates Dr. Andrew Gray as the School Medical Officer for the school districts as described in the table provided.

  In Camera/17-29
  Carried
- 2018: Moved by S Killam seconded by M Squires
  The Northern Health Board designates Dr. Jong Kim as the school medical officer for the school districts as described in the table provided.

  NH Public/18-12
  Carried

All other Enduring Motions still in force as at September 18, 2018 have been reviewed with the respective Executive Leads. The attached summary provides an outline of the Enduring Motions.

Recommendation(s):

The Northern Health Board of Directors recommends that the following suggested amendments be approved:

The 2009 approved motion be revised as follows:

- The Northern Health Board delegates the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Regional Director for Health Protection & Disease Prevention and the Chief Medical Health Officer.

The current four School Medical Officer motions on file be rescinded and replaced with the following:

- The Northern Health Board approves the appointment of Drs. Sandra Allison, Andrew Gray, Raina Fumerton, and Jong Kim as School Medical Officers pursuant to section 89(1) of the School Act, RSBC 1996, c 412, for the school districts within the geography of Northern Health.

northern health

ENDURING BOARD MOTIONS

The purpose of this document is to keep track of motions passed by the Board of Directors of Northern Health (the "Board") that are outside the ordinary day to day transactional business of the Board. Such motions are made to convey some authority to a person or committee with no termination date. As Board member and management staff turnover occurs, institutional memory as to the purpose, or even the existence, of these motions may be forgotten.

This summary is maintained by the Corporate Secretary and reviewed annually. The Corporate Secretary will provide an annual update to GMR. Any proposed changes are taken to the Board through the appropriate Board Committee by the most responsible Executive Lead.

Current up to and including September 2018

2015: moved by S Hartwell seconded by S Killam
The Northern Health Board approves the appointment of Drs. Sandra Allison, Charl Badenhorst, and Raina Fumerton as School Medical Officers as per Section 89 of the *School Act* for the school districts within the geography of Northern Health.

NH Public/15-13
Carried

2016: Moved by S Hartwell seconded by R Landry
The Northern Health Board designates Dr. Sandra Allison and Dr. Raina Fumerton as School Medical Officers for the school districts as described.

NH Public/16-12
Carried

2017: Moved by G Parmar seconded by R Landry
The Northern Health Board designates Dr. Andrew Gray as the School Medical Officer for the school districts as described in the table provided.

In Camera/17-29
Carried

2018: Moved by S Killam seconded by M Squires
The Northern Health Board designates Dr. Jong Kim as the school medical officer for the school districts as described in the table provided.

NH Public/18-12
Carried

August 2018			
HSDA	School District	School Medical Officer/Contact Info	
NW	#50 - Haida Gwaii/ Queen Charlottes #52 - Prince Rupert #54 - Bulkley Valley #82 - Coast Mountains #87 - Stikine #92 - Nisga'a #93 - Conseil Scolaire Francophone Re: Jack Cook Elementary, Terrace BC	*(Dr. Raina Fumerton – on leave)* Dr. Sandra Allison	O: 250-565-7424 C: 250-612-2582
NI	#28 - Quesnel #57 - Prince George #91 – Nechako Lakes #93 - Conseil Scolaire Francophone Re: Duchess Park Secondary and Ecole Franco-Nord	Dr. Andrew Gray	O: 250-565-7461 C: 778-349-4398
NE	#59 - Peace River South #60 - Peace River North #81 - Peace River Fort Nelson	Dr. Jong Kim	O: 250-261-7235 C: 250-793-3751

2014: Moved by L Burgart Seconded by S Hartwell
The Board approves the following:

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) and the Northern Health Medical Advisory Committee (NHMAC) for the purpose of improving the quality of health care within Northern Health, therefore be it resolved:

THAT it is affirmed that 3P and NHMAC (the "Committees") are mandated to study, investigate, and evaluate the care and services provided to patients within Northern Health *and report back to the Board the results and findings, and are further mandated to investigate practice and care, in hospital settings and in collaboration with other agencies in relation to matters of common interest among those agencies under s.51 (b.1) of the Evidence Act* , and

THAT both Committees may delegate specific quality review functions to sub-committees or ad-hoc committees or to individuals as the Committees may consider necessary, and

THAT the activities of all committees and individuals identified above, carried out for the purpose of quality improvement and quality assurance purposes, properly constituted, are conducted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*.

In Camera/14-56
Carried

2018-09-18: Still current. No change recommended.

Moved by S Killam seconded by R Landry
WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves the establishment, through the 3P Committee, of the following named Committees (the "Committees") in accordance with Section 51 (b.1) of the *Evidence Act*:

1. BC Radiology Quality Improvement System (RQIS) Data Review and Validation Committee (DRVC)
2. Cardiac Services BC – Provincial Advisory Panel on Cardiac Health (PAPCH)
3. Trauma Services BC – Performance Improvement and Patient Safety (PIPS) Committee

As committees that are established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals

and is for the purposes of improving medical or hospital practice or care in those hospitals, or during transportation to or from those hospitals and is of a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/ 15-66
Carried

2018-09-18: Still current. No change recommended.

2017: Moved by S Killam seconded by S Hartwell
WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the BC Colon Screening Program Quality Management Committee in accordance with Section 51 (b.1) of the *Evidence Act* as a committee:

- established or approved by the boards of management of two or more hospitals, that includes health care professionals employed by or practicing in any of those hospitals; and
- that carries out or is charged with the function of studying, investigating or evaluating the medical or hospital practice of, or care provided by, health care professionals in those hospitals, in relation to a matter of common interest among those hospitals

THAT it is affirmed that Northern Health agrees to participate in and adopt the Quality Management Committee as a joint quality assurance activity with other health authorities with its reports being directed to the 3P Committee of the Northern Health Board, and that the Quality Management Committee or its participating Northern Health member will report

anonymous data relevant to the quality issues identified by the committee through the 3P Committee of the Northern Health Board.

In Camera/17-27
Carried

2018-09-18: still current. No change recommended.

Moved by E Stanford seconded by S Killam
The Northern Health Board supports the establishment of the British Columbia Transplant Quality Improvement and Patient Safety Committee (BCT QIPS).

WHEREAS the Board of Directors of Northern Health (the "Board") has established the Performance, Planning and Priorities Committee (3P) for the purpose of improving the quality of health care within Northern Health, and

THAT the 3P Committee may delegate specific quality review functions to sub-committees, therefore be it resolved:

THAT the Northern Health Board approves, through the 3P Committee, the establishment of the British Columbia Transplant Quality Improvement and Patient Safety Committee (BCT QIPS) as a committee established or approved by the boards of management of two or more hospitals, that include health care professionals employed by or practicing in any of those hospitals and is for the purposes of improving medical or hospital practice or care in those hospitals, or during transportation to or from those hospitals and is of a matter of common interest among those hospitals, and

THAT it is affirmed that Northern Health agrees to participate in these joint quality assurance activities with other health authorities, whereby the Committees or the Northern Health participant will direct reports and anonymized data relevant to quality issues identified therein to the 3P Committee of Northern Health.

In Camera/17-82
Carried

2018-09-18: still current. No change recommended.

2010: Moved by D Shannon Seconded by G. Milne
The Board approves the recommended revisions to the BRD 300 series of policies and, specifically in relation to BRD 310, conveys authority to the Audit & Finance Committee to review and approve the Statement of Financial Information (SOFI) report annually and to bring forward the SOFI report for information at the Board meeting immediately following the A&F meeting where the SOFI report was approved.

Public/ 10-18
Carried

(Note: This is footnoted in the Terms of Reference of the Audit & Finance Committee BRD310**)**

2018-09-18: still current. No change recommended.

Moved by D. Nyce Seconded by D. Shannon
The Board delegates the Chief Operating Officers as directors under the Mental Health Act and rescinds the delegation to Jim Campbell and directs administration to communicate this change to the Ministry of Health Services and Office of the Public Guardian and Trustee.

In Camera/10-49
Carried

2018-09-18 still current. No change recommendation

2009: Moved by D Nyce seconded by G Milne

That the Board delegate the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Regional Director for Health Protection and the Chief Medical Health Officer.

NH/09-13
Carried

2018-09-18: Request to amend wording as department title has changed. See briefing note.

2009: Moved by D Bumstead seconded by A Downing

That the Board appoint the Chief Medical Health Officer to prepare annual reports as outlined in section 73.6 of the Act.

NH/09-14
Carried

(Note: The Act referred to in NH/09-14 is the *Public Health Act***)**

2017-09-21: Still current as per Dr. Sandra Allison, Chief Medical Health Officer

Document Created: 2012-11-27
Last Update: 2018-09-21 D Chipman

Medical Affairs
600-299 Victoria Street

BRIEFING NOTE

Date:	October 1, 2018	
Agenda item	Northern Health Community Consultation 2018: Heart Health	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	Northern Health Board & GMR Committee	
Prepared by:	Jessica Place, Executive Lead, Regional Chronic Diseases	
Reviewed by:	Ronald Chapman, Vice President Medical Affairs Steve Raper, Chief Communications & External Relations	

Issue:
To provide an update on Northern Health-wide community consultation on heart health.

Background:
Northern Health's community consultations engage citizens in Northern BC in conversations about health to inform the Board and Executive's planning and decision-making processes. The Northern Health Board has chosen heart health as the topic of this year's community consultation.

Community Consultation Update
The Heart Health Community Consultations are taking place between September 17 and November 15, 2018. Seventeen communities across Northern Health, including small, medium, and large centers, will host public meetings and focus groups in order to:

1. To provide residents of Northern BC with information about 1) heart health and cardiac services across the continuum of care – from prevention through treatment.
2. To engage residents of Northern BC in discussions about heart health and cardiac care to learn about their priorities, what works well, and where there are barriers and opportunities for improvement.
3. To record and report back on the health concerns, hopes, and ideas of participants.

See Appendix 1 for list of meeting locations and times.

Public meetings are occurring in every community and are facilitated by expert consultants, Gary Ockenden and Penny Lane. The COO or HSA hosts the event and provides the welcome. This is followed by a brief presentation on heart health and cardiac services. Everyone is welcome to attend, including physicians and Northern Health staff. A printed profile of cardiac services and heart health indicators will be available to participants as part of the process.

In select locations focus groups are being held in addition to the public meeting. There are three types of focus groups: 1) for stakeholders and health care providers; 2) for patients and families; and, 3) for Indigenous community members and health leaders. Focus groups help gather more detailed, in-depth information about patient and family experiences, barriers to accessing care, as well as opportunities for improving heart health. Locations for Indigenous Peoples Focus Groups were selected at the advice of Northern Health's Indigenous Health Department and shared with Aboriginal/Indigenous Health Improvement Committees for input/feedback.

Thoughtexchange, an online survey, is available for the duration of the consultation. In this way, those who cannot attend a public meeting or focus group have an alternative option to participate in the consultation process.

As in previous community consultations, the 2018 community consultation will commit to two-way communication in which participants and facilitators learn from each other. We anticipate that this approach will provide us with rich qualitative information about the multiple and interacting factors that influence cardiac care. A summary report, by community and region, will be completed by mid-January.

Recommendation(s):
The Northern Health Board of Directors receive for information. Any feedback or questions are welcome.

Appendix 1. Meeting Schedule

Community	Consultation Date	Type of Meeting
Week 1		
Fort Nelson	Sept 17, 18	PM; FIP
Fort St John	Sept 18, 19, 21	PM; FIP; FSP
Dawson Creek	Sept 19/20	PM; FSP
Chetwynd	Sep 20	PM; FPF
Week 2		
Kitimat	Sept 24	PM
Terrace	Sept 24, 25	PM; FSP; FPF
Hazelton	Sept 26	PM; FIP
Smithers	Sept 27	PM; FSP
Week 3		
Vanderhoof	Oct 9	FSP; PM
Burns Lake	Oct 10	FIP; PM
Fort St James	Oct 11	FIP; PM
Week 4		
Queen Charlotte	Oct 15, 16	FPF; PM
Masset	Oct 16, 17	FIP; PM
Prince Rupert	Oct 17, 18	PM; FSP
Week 5		
Valemount	Oct 29	PM; FPF
Quesnel	Nov 1	PM; FSP
Week 6		
Prince George	Nov 13, 14, 15	PM; FSP; FPF

Legend for Consultation type

PM=Public Meeting

FIP= Focus Group w/ Indigenous Peoples

FPF=Focus Group w/ Patients & Families

FSP = Focus Group w/ Stakeholders &Providers

BRIEFING NOTE

Date:	October 1st 2018	
Agenda item	2018 Wildfire Response	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	GMR Committee and Northern Health Board of Directors	
Prepared by:	Jim Fitzpatrick, Director, Health Emergency Management BC	
Reviewed by:	Steve Raper, Chief, Communications & External Relations	

Issue:

Preliminary review of the impacts of the 2018 wildfire season on Northern Health's (NH) healthcare delivery system.

2016-21 Strategic Plan

Priority #1 – Healthy People in Healthy communities.

Background:

Between August 1st and Sept 3rd 2018 there was significant risk to communities due to the wildfires within the NH region resulting in the declaration of local/ provincial "state of Emergencies" (SOLE). The wildfire season resulted in hundreds of residents of rural, remote and First Nations' communities evacuating to neighboring towns and villages.

NH's involvement in the 2018 fire season was significantly different than in the 2017 Cariboo wildfires. NH's participation last year was primarily supporting IHA by accepting evacuated patients. This year the NH health care service delivery was directly affected by the wildfires.

Areas throughout NH saw an influx of evacuees from near-by towns and rural areas due to evacuation orders and self-evacuees due to poor air quality. The movement of entire communities to neighboring towns and villages had the potential to negatively impact or overwhelm the local healthcare delivery system.

The NH senior leadership was tasked with two concurrent challenges: planning a "complete community/facility transfer" from Dease Lake, Quesnel, Ft. St. James and Burns Lake while preparing NH facilities to receive evacuees (Prince George, Vanderhoof, and Terrace). The NH evacuees included acute, residential, assisted living, homecare and those on mental health support. NH senior leadership responded to these challenges by creating a corporate Emergency Operations Center (EOC) to guide, coordinate and support several facility and regional command centers throughout the region.

Fortunately, only one NH site had to physically transfer patients to an alternate facility; as a result of an evacuation alert in the Village of Ft. St. James - a total of 14 NH patients were transferred to St. John's hospital in Vanderhoof and returning them once the evacuation alert was rescinded.

Impacts to Health care delivery

NH is in the preliminary stages of assessing the impacts of the 2018 wildfires on NH healthcare delivery system. Analysis of health care data, facility process reviews and a general After Action Review (AAR) are underway to understand the impacts as we enter into the recovery phase.

As a result of the learnings from 2017 the Cariboo Wildfires, NH Senior leadership concentrated on advanced planning efforts and the response process - the transfer of patients from Ft. St. James to Vanderhoof was extremely successful. The resultant transfer had a very calm, safe and carefully measured approach. Also due to the advanced planning, there were no apparent negative effects when the patients were returned once the alert was rescinded.

St. John's Hospital in Vanderhoof saw an increased workload requiring additional staff and resources; however, there were no apparent negative impacts to the healthcare delivery system. Other facilities in NH communities were busier than normal but did not appear to be impacted significantly. Additional staffing that may have been required was provided through the normal Human Resources staffing process.

The local government strategy to house evacuees in commercial lodging vs. centralized group lodging resulted in the distribution of evacuees all along the Central Interior Cariboo corridor thereby reducing the impacts to any single community and healthcare system.

The 2018 season allowed NH Emergency Management to validate Quality improvement initiatives (QI) arising from 2017 wildfire review and recommendations. Actions such as the redesign of NH's EOC structure, advanced planning techniques, and the distribution of a facility evacuation guide proved to be very helpful in this year's response.

Recommendation(s):

- Development of a NH recovery advisory committee with a focus on community and staff mental health recovery post event. The advisory committee would prepare NH to respond as a local/regional health care partner as the Provincial recovery strategy unfolds.
- Local facility process reviews and an overarching After Action Review be conducted to garner a full understanding of the impacts to NH as a result of the 2018 wildfires.
- A facility based health care data analysis be conducted to further understand the clinical impacts that an influx of evacuees may have on a health care system.