

**Board Meeting**

<b>Chair:</b>	Colleen Nyce	<b>Recorder:</b>	Desa Chipman
<b>Board:</b>	<ul style="list-style-type: none"><li>• Stephanie Killam</li><li>• Frank Everitt</li><li>• Maurice Squires</li><li>• Gaurav Parmar</li></ul>	<ul style="list-style-type: none"><li>• Edward Stanford</li><li>• Rosemary Landry</li><li>• Ben Sander</li><li>• Brian Fehr</li></ul>	
<b>Executive:</b>	<ul style="list-style-type: none"><li>• Cathy Ulrich</li><li>• Fraser Bell</li><li>• Mark De Croos</li><li>• David Williams</li></ul>	<ul style="list-style-type: none"><li>• Dr. Ronald Chapman</li><li>• Dr. Sandra Allison</li><li>• Steve Raper</li><li>• Penny Anguish</li></ul>	

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***Public Minutes***

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**1. Call to Order Public Session**

The Open Board session was called to order at 1:19pm

**2. Opening Remarks**

Chair Nyce welcomed members of the public to the December meeting and acknowledged that we were meeting on the Traditional Territory of the Lheidli T'enneh. Appreciation was expressed to two Board members Ben Sander and Maurice Squires who will be completing their term on the Board as of December 31, 2018.

**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 December 3, 2018 Public agenda.

**4. Approval of Agenda**

Moved by R Landry seconded by S Killam

The Northern Health Board approves the December 3, 2018 public agenda as presented

**5. Approval of Previous Minutes**

Moved by M Squires seconded by F Everitt

The Northern Health Board approves the October 16, 2018 minutes as presented.

**6. Business Arising from Previous Minutes**

There was no business arising from the October 16, 2018 minutes.

## 7. CEO Report

An overview of the December CEO Report was provided for discussion with the following areas being highlighted:

- In October the Honourable Adrian Dix, Minister of Health traveled to the north to make the following capital project announcements for the north:
  - On October 9<sup>th</sup> the approval of the concept plan for the redevelopment of the Stuart Lake Hospital and Health Centre in Fort St James was announced. This approval grants permission to Northern Health to begin the development of a Business Plan which will outline in more detail the replacement plans for this hospital and health centre. As a result of this announcement, Northern Health has begun the preparatory work for business planning.
  - On October 10<sup>th</sup> the announcement of the development of an Urgent Primary Care Centre (UPCC) in Quesnel was made. This Centre is co-located with community health services in GR Baker Hospital and began delivering services to the community of Quesnel on October 31, 2018. The UPCC enables access to primary care and community services over extended hours and ensures that those who do not have access to a primary care physician or nurse practitioner are supported to receive immediate care and are ultimately attached to a primary care provider who can provide continuity of care.
- On November 6-8, Northern Health, in collaboration with UNBC, BC Cancer Centre for the North, Physician Quality Improvement (a Specialist Services Committee Initiative), and the Innovation and Development Commons hosted the 2018 Northern BC Research and Quality Conference. Located in Prince George, the conference was attended by nearly 200 people including researchers, physicians, health authority staff, students, and patient partners.
- Staff and physicians in the Northern Health region will be recognized by the BC Patient Safety and Quality Council's 2019 Quality Awards. The following awards will be presented to all winners at the BC Patient Safety & Quality Council's Quality Forum Health Talks event on February 26, 2019.
  - Local Prince George Family Physician Dr. Garry Knoll will receive the Quality Award for Quality Culture Trailblazer.
  - Northern Health's IMAGINE Community Grants were recognized as the winner in the Staying Healthy category.
- The Sharon Martin Community Development Award was created in November 1999 as a memorial to Sharon Martin, a visionary and staunch advocate for public and community health at national, provincial and community levels. Shelly Crack, Dietician from the Northern Haida Gwaii Hospital & Health Centre was awarded the Sharon Martin Award for her considerable contributions to community development at the recent Public Health Association of BC conference, held November 15<sup>th</sup> and 16<sup>th</sup>, in Vancouver.
- From October 21<sup>st</sup> to 25<sup>th</sup>, 2018, Northern Health participated in the Accreditation Canada, Trauma Distinction Program. Over the 5 days, accreditors performed three on-site surveys at the University Hospital of Northern BC (UHNBC), GR Baker Memorial and Fort St. John Hospital as well as two video-conference surveys for Mills Memorial and Mackenzie District Hospitals. Interviews were conducted with Northern Health's provincial partners, frontline staff, physicians, and site leadership teams involved in caring for the patient who has experienced a trauma.
  - The accreditors were impressed with the tremendous work and effort from all those involved in the trauma accreditation process and the demonstrated shared commitment to the continuous improvement of trauma care.
  - The report from Accreditation Canada will be shared with the Northern Health Board in January for review and discussion.

### 7.1. Human Resources Report

An overview of the Human Resources report was provided for information and discussion. The following areas were the focus of this report:

- **Nursing Recruitment**
  - Since April 2017, the number of registered nurses throughout Northern Health has remained fairly consistent. However, the demand for registered nurses has increased because additional positions were created for specialty training opportunities, vacation coverage, and relief-type positions.
  - To address the growing demand, the health authority is continuing traditional recruitment methods (career fairs, online sourcing, etc.) and working on several proactive initiatives which were outlined in the report.
- **Multi-media recruitment strategies and brand awareness**
  - Recruitment is developing a candidate sourcing strategy that includes a social media strategy and raising brand awareness in a competitive candidate market. As this strategy takes shape, the recruitment department is increasing its presence in the digital realm. Social media metrics are being used to evaluate the digital work and will be an aspect of the sourcing strategy.
  - For several years, UNBC and Northern Health have been working together on a proposal for a nursing program in the Northeast. Northern Health has provided UNBC with information and support for UNBC's proposal to the Ministry of Advanced Education, Skills and Training.
- **Difficult-to-fill vacancies**
  - To address difficult-to-fill positions, the recruitment department is meeting regularly with the Chief Operating Officers in each health service delivery area (the Northwest, Northern Interior, and the Northeast) to review the current postings and forecast their future needs. The recruitment department is monitoring the postings in order to identify those that have not attracted qualified candidates during the first 60-90 days that it's been posted (before it becomes "difficult-to-fill"). This allows recruitment staff to work with the hiring manager to implement additional approaches to recruiting to these positions.
- **Manager training updates**
  - The recruitment department is updating curriculum for managers' orientation and ongoing training focused on internal and external recruitment processes and roles and responsibilities.
- To date in fiscal year 2018/19, Northern health has posted 2457 position, 70% have been filled by internal staff and 8% have been filled externally. Some unfilled positions are currently in the competition phase.

## **8. Audit and Finance Committee**

### **8.1. Period 7 Comments & Financial Statements**

- Year to date Period 7, Northern Health (NH) has a net operating deficit of \$1,110,000. Revenues are favourable to budget by \$2.4 million or 0.5% and expenses are unfavourable to budget by \$3.5 million or 0.7%. Budget overage in Acute Care is primarily due to higher than expected patient volumes at a number of acute care facilities. Budget surplus in Community Care and Corporate is primarily due to vacant positions.
- At this time Northern Health is forecasting to be in a balanced position on base operations at yearend.

Moved by B Sander seconded by S Killam

The Northern Health Board receives the 2018-19 Period 7 financial update as presented.

### **8.2. Period 7 Capital Projects Expenditure Plan update**

- 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 7 (October 18, 2018), \$18.2M has been spent towards the execution of the plan.

Moved by B Sander seconded by M Squires

The Northern Health Board receives the Period 7 update on the 2018-19 Capital Expenditure Plan.

## **9. Performance, Planning & Priorities Committee**

### **9.1. LNG Canada Export Terminal**

- On October 1st, 2018, the LNG Canada Export Terminal (LNG Canada) in Kitimat, made a non-conditional positive Final Investment Decision to proceed. Construction of the project is anticipated to take approximately five (5) years and may see significant temporary workforce housed in Kitimat.
- Since 2014, Northern Health has worked with the approval agencies and the LNG Canada joint venture partnership to manage impacts to health services and social health aspects of the project. Engagement with LNG Canada and these agencies is ongoing.
- Northern Health, primarily supported by the Office of Health and Resource Development, has been engaged in various aspects of the LNG Canada project since 2014. Most of this work has occurred in support of the Provincial Environmental Assessment Process. On October 25, 2018, Northern Health met with LNG Canada and their prime contractor, JGC Fluor to further conversations related to Condition 14 (Community Services and Infrastructure) and Condition 15 (Health and Medical Services).

## **10. Presentation: Northern BioBank Initiative**

- High quality care depends on the results of clinical research that adequately reflects patient populations. Clinical research is primarily conducted through research hospitals in large urban areas and therefore the majority of individuals who participate in these studies are from metropolitan populations. This means that rural, northern and Indigenous populations have inequitable access to, and opportunity to participate in and benefit from, clinical research so are underrepresented in important studies.
- As we strive to improve our role and support in clinical research, Northern Health has partnered in the “Northern Biobank Initiative” led by Dr. Nadine Caron. This research aims to establish a population-based Biobank at the University Hospital of Northern BC (UHNBC) in which cancer tissue samples, and clinical data from northerners, are systematically stored and comprehensively annotated for use in future clinical research.
- Dr. Nadine Caron, MD, MPH, FRCSC Associate Professor, UBC Northern Medical Program, Co-Director, UBC Centre for Excellence in Indigenous Health joined the meeting to present to the Northern Health Board an overview of the Northern Biobank Initiative.

## **11. Governance and Management Relations Committee**

### **11.1. Policy Manual BRD 400 Series**

- The revised policy manual BRD 400 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 400 series

### **11.2. Review of Memorandum of Understanding between Northern Health & University of Northern British Columbia**

- Northern Health has worked collaboratively with UNBC under a Memorandum of Understanding that dates back to 2010 (with a modest refresh in 2016).
- The relationship under the previous and renewed MOUs has been very positive. Many successes have been realized and it is expected that this would continue. In 2018, it was determined by both UNBC and NH that opportunity now exists for further mutual gain through a strengthened action-oriented agreement.
- A revised MOU (MOU #3) was developed in 2018 and was formally signed by the NH CEO and UNBC President on November 1, 2018.

#### 11.3. Status of Locums Tenens Report

- Northern Health uses the term 'locum' to refer to either a temporary position vacated by a regularly employed physician (vacancy) or a person filling – or willing to fill – a temporary vacancy (physician). Locums are used to provide continued access to care in community and institutional settings when regularly practicing physicians are unavailable.
- Generally, there is a need for a locum to fill a planned vacancy when a local physician takes a vacation, participates in Continuing Medical Education (CME) and training, or to temporarily fill an unplanned vacancy in a community. It is the responsibility of the physician needing coverage to secure a locum and access related rural programs through the provincial government.
- The importance of locum's will be considered and integrated into Northern Health's overall long-term physician HR, Recruitment and Retention strategy.

Meeting was adjourned at 2:35pm  
Moved by M Squires



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Colleen Nyce, Chair



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Desa Chipman, Recording Secretary