

Board Meeting**Date: October 23, 2019****Location: Prince George, BC**

Chair:	Colleen Nyce	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">• Stephanie Killam• Frank Everitt• John Kurjata	<ul style="list-style-type: none">• Edward Stanford• Rosemary Landry• Patricia Sterritt	
Regrets:	<ul style="list-style-type: none">• Wilfred Adam• Brian Fehr		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Mark De Croos• David Williams• Kelly Gunn	<ul style="list-style-type: none">• Dr. Ronald Chapman• Steve Raper• Kirsten Thomson• Dr. Helene Smith• Danielle Guglielmucci	

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 10:46am

2. Opening Remarks

Chair Nyce welcomed guests to the Northern Health Board meeting and acknowledged that the meeting was being held on the traditional territory of the Lheidli T'enneh. Chair Nyce commented that the Northern Health Board participated in two engaging days of planning and education sessions where they received presentations on Advances in Technology in Support of Clinical Service Delivery in a Rural and Remote Geography and had focused discussions on the operational and budget management plan for the organization.

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 was no conflict of interest declarations made related to the October 23, 2019 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by J Kurjata

The Northern Health Board approves the October 23, 2019 public agenda as presented.

5. Approval of Board Minutes

Moved by R Landry seconded by F Everitt

The Northern Health Board approves the June 10, 2019 minutes as presented.

6. Business arising from previous Minutes

There was no business arising out of the previous minutes.

7. CEO Report

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

- Urgent and Primary Care Centre Services in Prince George:
 - The Centre opened at Parkwood in June 2019 and is operated by Northern Health through a partnership with the Nechako Medical Clinic, the Prince George Division of Family Practice and Northern Health.
 - The Centre provides treatment for non-emergency injuries and illnesses that need medical attention within 12 to 24 hours. The services are provided on an unscheduled or drop-in basis. In addition to the Medical Services provided by the Nechako Medical Clinic, there is access to nursing services and to Mental Health and Substance Use clinicians for short term counselling and crisis intervention.
 - Since the Urgent and Primary Care Centre opened, over 10,000 visits have occurred.
- Seniors in northern communities received increased community-based seniors' services:
 - In August the Ministry of Health announced that through Northern Health, they funded \$100,000 in grants to an initial group of three organizations.
 - Dawson Creek Society for Community Living
 - Prince George Council of Seniors
 - Smithers Community Services Association
 - This is part of a provincial initiative to help British Columbia's seniors maintain meaningful social connections through a series of community projects to support healthy aging in place and improve opportunities for social connection.
- Golden Apple Health Care Hero Awards – Health Employers Association of BC
 - Presented by the Health Employers Association of BC (HEABC), the BC Health Care Awards were created in 2007 to celebrate excellence and innovation in BC's health care community. Awards are given to initiatives that are improving health care delivery in BC and to individual health employees who inspire those around them.
 - On June 24, 2019, the BC Health Care Awards were presented to Northern Health employees.
 - Lexie Gordon, Quality Improvement Lead received the Health Care Hero Award
 - Jordan Oliver, Project lead and Project Team members received the Top Innovation – Merit Award
- Northern Health Strategic Plan refresh:
 - Based on discussion at the October 22, 2019 Northern Health Board and Executive Planning session, management is seeking approval from the Board to refresh the Northern Health Strategic Plan.
 - Management is recommending that the vision, mission and value statements will remain as they are however a review of the Strategic Plan will occur with a focus on the four critical initiatives which are:
 - Strengthen our Quality & Safety Culture
 - Enhance Workforce Sustainability
 - Improve Primary and Community Care
 - Ensure Care in the Right Place
 - Timeline for the refresh will be as follows:
 - At the December 1, 2019 meeting, there will be time dedicated for Board members to participate in the refresh process to ensure input is received. A draft refresh of the Strategic Plan will be presented at the February Board meeting with

- the final refreshed Strategic Plan being presented for approval at the April Board meeting.
- Board members acknowledge and agree that it is timely to refresh the Northern Health Strategic Plan.

Moved by S Killam seconded R Landry

The Northern Health Board directs management to refresh the strategic plan.

7.1. Human Resources Report

The October Human Resources report focuses on the Workplace Health & Safety Structure:

- Northern Health's Workplace Health & Safety department is made up of two programs:
 - Health, Safety and Prevention
 - Disability Management
- Workplace Health and Safety is focused on supporting a safe and healthy workplace, including:
 - System-focused occupational health and safety program implementation.
 - Deepening leadership/supervisor understanding of Occupational Health and Safety (OHS) program roles and responsibilities through resource development, education, and working to support Northern Health's senior and front line leadership with program implementation.
 - Improving and sustaining injury management performance through application of best practice systems (fulsome participation in the Enhanced Disability Management Program, early intervention services and return-to-work outcomes).
- Enhanced Disability Management Program:
 - The goal of the Enhanced Disability Management Program is to support employees when they are absent from work or struggling at work because of an occupational or non-occupational illness or injury. Holistic, proactive, and seamless support is the foundation of the program. The program and team strive to support the organization in fostering a healthy, supportive work environment that provides early and timely assistance and services to our workforce. The quick and safe recovery of the employee is the targeted outcome of the program.
- The report also included an overall Northern Health Recruitment update.
 - In fiscal year 2019/20 year to date, Northern Health has posted 1977 non-casual positions; 67% have been filled by internal staff (existing regular and casual staff) and 8% have been filled externally (qualified applicants from outside of NH) within 90 days. Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). In addition to the postings that are filled externally, 11% of approximately 3200 external postings 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.

8. Audit and Finance Committee

8.1. Period 5 Comments & Financial Statements

- An overview of the Period 5 Financial statement was provided to the board for information and discussion as follows:
 - Year-to-date Period 5, Northern Health (NH) has a net operating deficit of \$5,417,000
 - Revenues are favourable to budget by \$2.7 million or 0.8% and expenses are unfavourable to budget by \$8.1 million or 2.3%.

- The budget overage in Acute Care is primarily due to higher than expected patient volumes at a number of acute care facilities. The year to date FY2020 Period 5 average inpatient daily census was 586.5 vs a budget amount of 555.7. Additionally, due to a number of vacancies, primarily in specialized nursing positions, actual overtime hours are higher than budgeted.
- The budget overage in Long term Care is primarily due to vacancies in a number of care aide positions across the region resulting in vacant shifts filled at overtime rates.

Moved by J Kurjata seconded by E Stanford

The Northern Health Board receives the 2019-20 Period 5 financial update as presented.

8.2. Capital Projects Expenditure Plan update

- The Northern Health Board approved the 2019-20 capital expenditure plan in February 2019, and an amendment in June 2019. The updated plan approves total expenditures of \$55.6M, with funding support from the Ministry of Health (\$17.7M, 32%), Six Regional Hospital Districts (\$22.9M, 41%), Foundations, Auxiliaries and Other Entities (\$3.4M, 6%), and Northern Health (\$11.6M, 21%).
- Year-to-date Period 5 (August 22, 2019), \$14.2M has been spent towards the execution of the plan and was summarized in the briefing note.

Moved by J Kurjata seconded by S Killam

The Northern Health Board receives the Period 5 update on the 2019-20 Capital Expenditure Plan.

8.3. Reappointment of External Auditor

- Board approval is required for the reappointment of PricewaterhouseCoopers LLP ("PwC") as Northern Health's external auditor for the fiscal year ending March 31, 2020, representing Year 3 of a five-year term of engagement. The Board is asked to endorse a motion to reappoint PwC for FY2019-20.
- In October 2017, the NH Board of Directors awarded a five-year contract to PricewaterhouseCoopers (PwC) for the provision of external audit services commencing with the 2017-18 financial statement audit.
- Board approval is required annually for the reappointment of PwC for the remaining three years of this contract.
- The audit of the 2018-19 financial statements was completed in accordance with the audit plan that was presented to the Committee. PwC met all key milestones and deliverables. Interaction with NH staff was professional and balanced the external auditor's need for access to staff members' time with the staff members' need to carry out operational tasks.

Moved by J Kurjata seconded by E Stanford

The Northern Health Board approves the reappointment of PricewaterhouseCoopers LLP as external auditor to Northern Health for the fiscal year ending March 31, 2020, representing the third year of a five-year term of engagement.

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Quality

9.1.1. Elder Services

- The Elder Program stimulates, stewards and supports planning and quality improvement across Northern Health, in all care settings to improve care for seniors in accordance with Northern Health's Strategic Plan and the Seniors' Healthy Aging in the North Action Plan.

- An outline and associated key actions for the Clinical Quality Goals for the Elder Program was included in the report for information and discussion.

9.1.2. Perinatal

- The Perinatal Program stimulates, stewards, and supports Northern Health's (NH) goal to achieve and sustain high quality obstetrical services and perinatal community care.
- The Perinatal Program Council has four Clinical Quality Goals for 2019/2020:
 - *Birthing Strategy* – develop a birthing strategy that supports a sustainable collaborative practice model that is inclusive of midwives and standardizes obstetrical care.
 - *Perinatal Nursing Education Strategy* – develop a comprehensive perinatal nursing education strategy in collaboration with NH Education Services.
 - *Perinatal Mental Health and Substance Use (MHSU) Strategy* - develop a Perinatal Mental Health and Substance Use Strategy inclusive of prevention, screening, diagnosis, treatment and support across the continuum of care (from the prenatal period through the postpartum period).
 - *Baby Friendly Initiative (BFI) 10 step Standardization* – continue to support facilities and communities' efforts to achieve the BFI 10 Steps recommended by the World Health Organization (WHO).

9.1.3. Designate to Receive Report of Adult Abuse

- Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCCFAA) is coming into force on November 4, 2019. This legislation requires, in section 23(5), a health authority board to designate a person to receive reports of a substitute decision maker acting in a manner that may be abusive or harmful to the admitted adult.
 - Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCCFAA; the Act) provides a process for assessing capability of adults to consent to care facility admission, and for obtaining consent from a substitute decision maker, in the event the adult is not capable of consenting.
 - Section 23(5)(a) requires that a regional health board designates an individual to receive reports of abusive or harmful behaviour by a substitute decision maker towards the admitted adult. In this context, the substitute decision maker is the person authorized under section 22 of the Act to consent to care facility admission specifically.
 - The Ministry of Health has further clarified that this designation does not require a health authority bylaw, nor does the designation require approval by the Minister of Health.

Moved by S Killam seconded by R Landry

The Northern Health Board designates the role of Specialist, Adult Abuse and Neglect, as the recipient of reports of a substitute decision maker under section 22 of the HCCCFAA acting in an abusive or harmful manner towards an admitted adult.

9.2. Enabling Priority: Communications, Technology & Infrastructure

9.2.1. Information Management and Technology Plan Overview and Progress Report

- An update was provided on the planning process, which began in 2016, to develop a strategy for Information Management/Information Technology (IM/IT). The strategy covers core IM/IT and includes Health Information Management and Biomedical Engineering and is intended to cover thirty-six months with an annual refresh.
- This strategy focuses on what needs to be accomplished by IM/IT to help Northern Health achieve its strategic plan.

9.2.2. Strategic Communications Update

- A report was presented to the board to identify the working objectives that will measure our progress towards the goals in support of the Northern Health (NH) strategic plan to 2021. The report will also include information on external relations functions.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 300 Series

- The revised policy manual BRD 300 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by J Kurjata

The Northern Health Board of Directors approves the revised BRD 300 series.

10.2. Annual Review of Enduring Board Motions

- 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.
- Due to recent staff changes, the motion related to the School Medical Officers designations needs to be amended.
- All other Enduring Motions still in force as at September 16, 2019 have been reviewed with the respective Executive Leads. The attached summary provides an outline of the Enduring Motions.

Moved by F Everitt seconded by S Killam

The Northern Health Board approves the appointment of Drs. Raina Fumerton, Rakel Kling, Jong Kim and Andrew Gray 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.

10.3. Legislative Compliance Review: Amendments to the Community Care and Assisted Living Act

- The *Community Care and Assisted Living Amendment Act* received Royal Assent on May 19, 2016, providing revisions to the *Community Care and Assisted Living Act* to both improve the quality of assisted living residences and to enable those requiring care to stay longer in an assisted living environment before requiring long-term care admission.
- The most substantive changes made by the Act affect registered Assisted Living residences and include:
 - Removing restrictions on assisted living operators to provide only 2 prescribed services;
 - Replacing 'prescribed services' with 'assisted living services';
 - Clarifying who is appropriate to live in assisted living; and
 - Increasing the powers of the Assisted Living Registrar.
- The Regulation defines classes of assisted living residences, provides processes for registration with the Assisted Living Registrar, standards for operations respecting the physical facility, staffing and employees, emergency preparedness, care plans, and the provision of assisted living services. Ensuring assisted living residences are in compliance with the regulation sits with the Assisted Living Registrar.

Meeting was adjourned at 12:05pm
Moved by F Everitt

Colleen v Nyce

Colleen Nyce, Chair

Desa Chipman

Desa Chipman, Recording
Secretary