Northern Health Board
Public Package - June 2020

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northern health

Board Meeting

Date: February 10, 2020

Location: Burns Lake, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• Stephanie Killam • Frank Everitt • John Kurjata	• Edward Stanford • Rosemary Landry • Patricia Sterritt • Wilfred Adam
Regrets:	• Linda Locke	
Executive:	• Cathy Ulrich • Fraser Bell • Mark De Croos • David Williams • Kelly Gunn	• Dr. Ronald Chapman • Steve Raper • Dr. Helene Smith • Penny Anguish

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 10:30am

2. Opening Remarks

Chair Nyce welcomed the members of the public to the meeting and invited Director Adam to provide a traditional welcome to directors, executive members and guests.

Chair Nyce expressed appreciation to Director Rosemary Landry and Director Edward Stanford who will be completing their term on the Northern Health Board on March 31, 2020.

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 February 10, 2020 Public agenda.

4. Approval of Agenda

Moved by W Adam seconded by R Landry
The Northern Health Board approves the February 10, 2020 public agenda as presented

5. Approval of Board Minutes

Moved by J Kurjata seconded by S Killam
The Northern Health Board approves the December 2, 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 topics being highlighted;

- **BC Patient Safety and Quality Council Quality Awards for 2020:** Northern teams and individuals have been acknowledged as recipients for a number of BC Patient Safety and Quality Council (BCPSQC) Quality Awards for 2020.
  - There are 8 quality award categories – 4 individual awards and 4 team/project awards - and the North received awards in 3 of the 8 categories.
  - Northern Health teams/projects received both the winner and runner-up in the Living with Illness award category. Teams and individuals will receive their awards on February 25th during the Quality Forum 2020 Health Talks evening event. We are very proud of these initiatives and the commitment demonstrated by those involved.
- **The Pines Renovations:** The new dining room at The Pines opened in the summer and residents, family and staff are enjoying this new area. The space is large, bright and allows family to join their loved ones at meal times without overcrowding. The old dining room is now being utilized as another much needed activity area for both the residents and the Adult Daycare.
- **Fort St James Announcement**: On January 18, 2020, Premier John Horgan announced government approval of the business plan for the new Stuart Lake Hospital. With government approval of the business plan the project will proceed to procurement. Construction is expected to begin in summer 2021. The hospital is targeted to open for patients in 2024. This is exciting news for the community and surrounding area. We are grateful for the partnerships with the Stuart Nechako Regional Hospital District, the Municipality of Fort St James, and the Fort St James Primary Care Society as we have proceeded through the planning process for this new facility.
- The new hospital and health centre will Include:
  - 9 acute care beds including a maternity bed and a palliative care bed
  - 18 long term care beds
  - An emergency department with two treatment rooms, a trauma bay and ambulance bay.
  - A laboratory and diagnostic imaging department
  - A primary and community care centre that will include physicians, visiting specialists and the community services interprofessional team.
- **Vanderhoof:** Vanderhoof has undergone changes to their physician complement in 2019. On November 28, the physicians, Northern Health and leaders from the community came together in a community-wide physician recruitment and retention meeting facilitated by Dr. David Snadden. Key actions emerging from the meeting are:
  - Development of a core group to welcome and support new physicians with their families and the appointment of a District of Vanderhoof recruitment and retention coordinator.

- Ensure that students, residents, and locums have access to short-term rental options
- Increased focus on team-based primary care approaches and exploring physician compensation options.

- **Pacemaker Program:** Beginning January 10, 2020, Northern Health patients have had increased access and reduced wait times for pacemaker procedures at the University Hospital of Northern British Columbia (UHNBC). A new regional referral and central intake process are now part of the pacemaker program.
- The Northern Health Cardiac Triage Coordinator will facilitate the central intake and pre-procedure planning for pacemaker procedures in consultation with the referring physician, triage/implanter physician(s), and the patients.
- Appreciation was expressed to Rosemary Landry and Edward Stanford for their commitment and dedication while serving on the Northern Health Board.

7.1. Human Resources Report

An overview of the Human Resource Report, which focuses on a Human Resources Strategy, was provided for information and discussion as follows:

- A Human Resources (HR) Strategy is an organization's documented strategic approach to aligning the organization's culture, employees, and systems to arrive at the desired business objectives. A HR Strategy must align with the organization's mission, vision, and values.
- Northern Health's (NH) HR Strategy is intended to address the challenges facing our workforce in the North, and other key areas of HR that require attention such as workforce planning, recruitment and retention, education and training, and health and safety.
- Northern Health's vision for addressing rural health human resources challenges is to develop a sustainable foundation to ensure it has the right supply of qualified and capable health care providers to provide exceptional health services to residents of Northern British Columbia.
- Northern Health's HR Strategy is aligned with the provincial strategy which, collectively, ensures NH has the right supply, mix, and distribution of health care providers to meet patient and population needs. The Strategy is intended to produce an engaged, skilled, well-led, and healthy workforce that can provide the best possible person-centered care for Northern British Columbians. It aligns with NH's 2016-2021 Strategic Plan, supporting NH's enabling priority (our people) by creating a clear vision and targeted actions for sustaining its workforce.
- The following are the three most important actions accomplished in the last period:
  1. Completion of the HR Strategy identifying the five HR Strategic Business Objectives that represent the core business of its HR department.
  2. HR Strategic Initiatives - NH is proposing internal and external strategic initiatives with the goal of achieving a flexible and sustainable health care system for people in northern communities.
  3. Partnership Model - Foundational to meeting HR's strategic initiatives is the ability for the HR team to partner with its operational partners. HR has taken inventory of the services it provides its operational partners, as well as the current service delivery model. A wraparound service model whereby the operational

partner is at the center of the model, liaising with the appropriate HR team member, is critical in ensuring the needs of operations are met.

- A long-range HR strategy is critical for Northern Health to meet the current and emerging patient and population needs of Northern BC. Northern Health's HR Strategy is the strategic pathway that communicates, promotes, and highlights how Northern Health's HR team, together with its operational partners, address the multitude of challenges facing its workforce as well as other emerging HR issues.
- The HR Strategy for Northern Health will be refreshed annually, ensuring it is aligned with provincial and local operational objectives.
- An update on the Northern Health Recruitment was included in the report.

8. Audit and Finance Committee

8.1. Period 9 Comments & Financial Statements

- Year to date Period 9, Northern Health (NH) has a net operating deficit of $9,310,000. Revenues are favourable to budget by $4.4 million or 0.7% and expenses are unfavourable to budget by $13.7 million or 2.1%.
- 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 average inpatient daily census was 588.5 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 S Killam
The Northern Health Board receives the 2019-20 Period 9 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 9 (December 12, 2019), $27.2M has been spent towards the execution of the plan was summarized in the briefing note.

Moved by J Kurjata seconded by R Landry
The Northern Health Board receives the Period 9 update on the 2019-20 Capital Expenditure Plan, as presented.

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Our People

9.1.1. Education and Development

- The Northern Health Board of Directors was provided an overview of the significant improvements/changes in the development, monitoring and evaluation of the employee education framework and plan in Northern Health.

- NH Critical Initiative work on Workforce Sustainability has necessitated a strong strategic focus on Education and Development with three key priorities:
  1. Standardized clinical orientation: the aim of the new standardized clinical orientation is to provide a platform for all clinical staff, whether new to the organization or moving into a new role within the organization, to receive appropriate and standardized orientation specific to their role.
  2. Specialty education: in an effort to meet the ongoing need for specialty trained nurses across our region, Northern Health funds specialty education for new and existing staff.
  3. Leadership development: Leadership development is recognized as a NH strategic priority, aimed at cultivating and supporting the enhancement of characteristics and qualities toward transformational leadership, qualities that NH leaders emulate and promote within their respective teams and throughout the organization.

9.2. Rehabilitation Strategy

- An overview of Northern Health's completed Regional Rehabilitation Services Strategy was provided. The strategy was endorsed by the Executive team in June 2019.
- The strategy sets out 11 quality improvement recommendations that fall under 4 strategic pillars which are:
  1) Strengthen clinical leadership and governance to set out and enable the achievement of quality standards and provide clinical oversight and professional development support for rehabilitation professionals.
  2) Implement a service model that ensures culturally safe, comprehensive and integrated rehabilitation services for all ages and in all care settings with an emphasis on community based care, including our First Nations communities.
  3) Ensure a sufficient supply and the appropriate distribution of professional rehabilitation staff including physiotherapists, occupational and speech therapists as well as paraprofessional staff such as rehabilitation assistants.
  4) Sustain and/or develop rehabilitation initiatives that align with the strategy including facilitating academic, teaching and student placement opportunities for rehabilitative health professionals, supporting community based cardiac rehabilitation programs such as supervised walking programs and expanding surgical hip and knee and pre and post-surgical therapy programs to prevent unnecessary joint surgeries or support recovery from surgery.
- The strategy will guide the development and delivery of regional rehabilitation services over the next 5 years. An overview of the first steps to implementing the strategy was outlined in detail in the briefing note.

10. Presentation: Home Support Extended Hours

- The Primary and Community Services Interprofessional Team in Burns Lake has implemented an innovative after hours home support service, which allows unscheduled "as needed" assistance. The goal is to assist seniors in the community to stay in their own homes, living as independently as possible for longer by receiving the supportive care they need at home.

- The presentation highlighted the Program objectives, background, solutions, steps to implementation, current state and results to date. The next steps have been identified as follows:
  - Implementing fixed hour rotating schedules for all Community Health Workers
  - Assessing the ability to expand the geographical parameters
  - Maximizing the efficiency of the on-call service by utilizing the Community Health Worker during down time
  - Sharing the successes with other communities to enhance patient outcomes
- The Board members commended the team on the work implemented to date and appreciated the information shared.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 500 Series

- The revised policy manual BRD 500 Series was presented to the Board for review and approval.

Moved by F Everitt seconded by R Landry
The Northern Health Board of Directors approves the revised BRD 500 series

11.2. Regulatory Framework – Legislative Compliance

11.2.1. Declaration on the Rights of Indigenous Peoples Act – new BC Legislation

- On 28 November 2019, Bill 41 – the *Declaration on the Rights of Indigenous Peoples Act* – received Royal Assent. This Act requires the BC government to take all measures necessary to ensure the laws of British Columbia are consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).
- The Act poses no direct obligation on the health authority, but is instead a directive to government to develop an action plan to achieve the objectives of the UNDRIP, which must include consultation and cooperation with Indigenous peoples and annual reporting.
- While the Act poses no direct obligation to the health authority, there are provisions in the UNDRIP that, when fully implemented by the BC government, may result in legislative changes that affect health authority operations.

11.3. Relationship with Foundations and Fundraising Societies

- In 2018/19, the foundations and auxiliaries committed investments of $3.165 million to Northern Health. The presentation included details, photos and highlights of the funding accomplishments and commitments from the foundations and auxiliaries across the region.
- The Board expressed appreciation to the volunteers, the donors, the foundations, the auxiliaries and the supporters for all the hard work and generosity that continues to better the health outcomes in northern communities.

Meeting was adjourned at 12:06pm
Moved by S Killam

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

BOARD BRIEFING NOTE

Date:	May 28, 2020	
Agenda item	2019-20 Year End Financial Statements – Public Disclosure	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos – VP, Finance & Chief Financial Officer	

Purpose:

To provide an update on the status of the audit of Northern Health's 2019-20 financial statements, and government requirements regarding disclosure of the audited financial statements to the general public.

2016-21 Strategic Plan:

Performance Management Reporting – disclosure of information to the general public on the status of yearend financial statement audit.

Background:

Northern Health ended fiscal year 2019-20 on March 31, 2020. The annual financial statements are being audited by PricewaterhouseCoopers (PwC).

- Upon conclusion of the audit, the audited financial statements will be presented to Northern Health's Board of Directors for approval.

- Following Board 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 2019-20 audited financial statements will be posted on its website – www.northernhealth.ca.

Recommendation:

For information only.

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BOARD BRIEFING NOTE

Date:	May 28, 2020	
Agenda item	Capital Public Note – FY2019-20 Period 13	
Purpose:	☐ **Discussion**	☒ **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 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%).

In 2019-20 $44.2M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	6.2	6.7
Major Capital Projects (< $5.0M)	14.6	18.7
Major Capital Equipment (> $100,000)	5.8	9.2
Equipment & Projects (< $100,000)	7.4	9.2
Information Technology	10.1	11.9
	44.2	55.6

Significant capital projects currently underway and/or completed in 2019-20 are as follows:

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	CHT X-Ray Replacement	$0.89	Ordered	PRRHD, MOH
Dawson Creek	Ultrasound Replacement #1	$0.20	Complete	DCDH Hospital Foundation, PRRHD, MOH
Dawson Creek	Ultrasound Replacement #2	$0.20	Complete	PRRHD, MOH
Dawson Creek	Medical Device Reprocessing Renovation	$2.08	Construction in Progress	PRRHD, NH, MOH
Dawson Creek	DCDH Hospital Redevelopment Planning	$1.50	Complete	PRRHD
Dawson Creek	OR Chiller Replacement	$0.58	Complete	PRRHD, MOH
Fort Nelson	Automated Medication Dispensing Cabinet	$0.18	Complete and in operation	NRRHD, NH
Fort Nelson	Roof Repair	$0.37	Complete	MOH
Fort St. John	Ultrasound #1	$0.19	Complete	Fort St. John Hospital Foundation, PRRHD, MOH
Fort St. John	Ultrasound #2	$0.25	Complete	PRRHD, MOH
Fort St. John	Spect CT	$1.76	Planning	PRRHD, NH, MOH
Fort St. John	Sterile Compounding Room Upgrade	$0.46	Planning	NH
Fort St. John	Medical Clinic – 3rd Pod Renovation	$2.05	Construction in Progress	PRRHD, NH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Prince Rupert	PRRH Phone System Replacement	$0.33	Complete	NWRHD, MOH

Kitimat	KGH General Radiographic Room	$0.56	Complete and in operation	NWRHD, MOH
Terrace	MMH CT Suite	$2.04	Complete and in operation	NWRHD, MOH, NH
Terrace	MMH Chiller Replacement	$0.95	Complete	NWRHD, MOH
Terrace	MMH Hospital Replacement Planning	$3.50	Complete	NWRHD
Terrace	MMH Hospital Replacement	$447.50	Procurement	NWRHD, MOH
Terrace	McConnell Estates Roof Repair	$0.10	Complete	BC Housing
Terrace	Terraceview Lodge Roof Repair	$0.30	Underway	BC Housing
Terrace	McConnell Estates Courtyard Upgrade	$0.12	Construction in Progress	Rotary Club of Terrace
Hazelton	Wrinch X-Ray	$0.91	Ordered	NWRHD, MOH
Atlin	Clinic Replacement	$2.23	Construction complete	MOH, NH
Smithers	BVDH CT Suite	$2.90	Complete and in operation	Bulkley Valley Healthcare and Hospital Foundation, NWRHD
Smithers	BVDH Window Replacement	$0.50	Planning	MOH
Northern Haida Gwaii	NHG Observation Room	$0.99	Planning	NWRHD, NH

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Burns Lake	The Pines Cafeteria Expansion	$3.67	Complete and in operation	SNRHD, NH, MOH
Fraser Lake	FLC X-Ray	$0.35	Complete and in operation	SNRHD, NH, MOH
Fort St. James	Primary Care Leasehold Improvement	$3.40	Complete and in Operation	SNRHD, NH

Fort St. James	Stuart Lake Hospital Replacement Planning	$1.20	Complete	SNRHD
Fort St. James	Stuart Lake Hospital Replacement	$116.12	Planning	MOH, SNRHD
Vanderhoof	SJH Boiler Replacement	$0.84	Construction in Progress	SNRHD, NH
Vanderhoof	SJH C-Arm	$0.10	Complete and in Operation	SNRHD, MOH
Vanderhoof	SJH Sterile Compounding Room Upgrade	$0.67	Planning	NH
Prince George	Parkside Boiler Replacement	$0.08	Planning	BC Housing
Prince George	Parkwood Reverse Osmosis	$0.54	Complete and in Operation	MOH
Prince George	Phoenix Outpatient Lab Renovation	$0.55	Complete	FFGRHD, MOH
Prince George	UHNBC C-Arm	$0.26	Complete	FFGRHD, MOH
Prince George	UHNBC Microbiology Vitek 2XL	$0.16	Complete	FFGRHD, MOH
Prince George	UHNBC Tomosynthesis	$0.19	Complete	Spirit of the North Healthcare Foundation
Prince George	UHNBC OR Video Towers General Surgery	$0.36	Complete	Spirit of the North Healthcare Foundation
Prince George	UHNBC Pharmacy Fastpak Verifier	$0.17	Planning	FFGRHD, MOH
Prince George	Urgent Primary Care Centre	$2.48	Complete and in operation	MOH, NH
Prince George	UHNBC Inpatient Bed Capacity Project	$7.50	Complete and in operation	MOH, FFGRHD, NH
Prince George	UHNBC Maternal OR	$0.52	Complete and in operation	Spirit of the North, FFGRHD, NH

Prince George	UHNBC Phone System Replacement Phase 1	$0.38	In Progress	FFGRHD, MOH
Prince George	UHNBC SpyGlass	$0.15	Complete	Spirit of the North
Quesnel	GR Baker X-Ray Replacement	$0.90	Ordered	CCRHD, MOH, NH
Quesnel	GR Baker ER/ICU Addition	$27.0	Early works in progress	CCRHD, MOH
Quesnel	GR Baker Sterile Compounding Room Upgrade	$0.11	Planning	NH
McBride	Ventilation System	$1.24	Complete and in operation	FFGRHD, NH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Health Link North: Cerner Upgrade	$4.5	Complete	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	EmergCare	$4.35	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Endoscopy System Replacement Phase 1	$0.79	Work In Progress	MOH, PRRHD, FFGRHD, CCRHD

All	PACS and Cardiology Information System	$3.48	Complete	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MySchedule – Smart Leave, Annual Vacation	$0.36	Work In Progress	NH
All	eScheduling/Physician On Call Scheduling	$0.49	Work In Progress	NH, MOH
All	Northern Lights – Personal Health Record and Portal	$1.20	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Secure Texting	$0.79	Work In Progress	NH
All	Clinical Data Repository (CeDaR)	$1.53	Work in Progress	NH
All	HCC Home Care Redesign (Procura Upgrade)	$1.29	Work in Progress	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 2019-20, NH spent $9.2M 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:

The Audit & Finance Committee recommend the following motion to the Board:

> The Northern Health Board receives the Period 13 update on the 2019-20 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	June 8, 2020	
Agenda item	Regional Chronic Diseases Program Update	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Jessica Place, Executive Lead, Regional Chronic Diseases	
Reviewed by:	Ronald Chapman, VP Medicine Cathy Ulrich, CEO	

Issue & Purpose

This briefing note provides an update on Regional Chronic Diseases Program activities in 2019-2020. The work underway in the Regional Chronic Diseases Program is most aligned with the Northern Health Strategic Priorities of Coordinated and Accessible Care and Quality.

Background:

The Regional Chronic Diseases Program provides strategic leadership and stewards NH's response to chronic diseases for the entire population of the North. The Program has strategic initiatives underway in the areas of kidney care, cancer care, cardiac, stroke, HIV and Hepatitis C, and chronic pain.

Key Actions, Changes & Progress:

Kidney Care:

Fort St. John Community Dialysis Unit staffing is being managed by the operational leader with support from the regional program. The service was facing an RN shortage and recruitment difficulties. The issue was resolved by bringing in experienced hemodialysis nursing staff and training additional nurses. A new Kidney Care Action Plan is in development that will prioritize sustainability, access and quality in the Community Dialysis Units in Terrace and Fort St John, as well as the Hemodialysis Unit and other regional kidney care resources in Prince George.

Cancer Care:

In response to the fact that delays in diagnosis and staging of breast cancer translate into increased morbidity as well as mortality for breast cancer patients, a pathway was developed in the Northwest aimed at 1) improving breast cancer diagnosis, staging and

treatment quality[1] by achieving timeline and quality benchmarks; and, 2) improving the patient experience through time line management and supportive strategies, including but not limited to information exchange, psychosocial support, logistical support and navigation. The pathway was developed by the Northern Health Cancer Care team in collaboration with radiologists, pathologists, surgeons, primary care providers, oncologists, nurses and unit clerks, and is an iteration of the provincial breast diagnostic clinical pathway.

In order to spread the benefits achieved in the Northwest, a regional initiative – the Northern Health Breast Cancer Pathway Project – is building on the existing HSDA-orientated breast cancer pathway to meet or exceeds provincial quality benchmarks for breast cancer care from first presentation to treatment.

Cardiac Care:
Establishing a robust pacemaker program is a priority and key foundational component of a tertiary cardiac centre at UHNBC. Northern Health currently manages approximately 57% of its pacemaker implants and increasing the capacity of this service within Northern Health is essential in providing closer to home cardiac care. A new pacemaker program has been launched at UHNBC in January 2020 including a new regional referral and central intake process.

A collaborative initiative between Northern Health and Cardiac Services BC has been focused on optimizing the delivery of NH pacemaker services. Recent data analysis carried out by Cardiac Services BC revealed significant improvement in the pacemaker 30-day repeated procedure rate at UHNBC. Over the last two years, the pacemaker 30-day repeated procedure rate at UHNBC (1.9%) has decreased to almost one third the rate prior to joining this initiative, and also well below both current provincial average (2.2%) & provincial target (≤ 2%).

The development of a Cardiac Care Unit within UHNBC's High Acuity Unit is another important step towards improving specialized cardiac services at UHNBC. The Regional Chronic Diseases Program is working closely with UHNBC to support this initiative. A Cardiologist has been successfully recruited with an expected start of August 2020.

Stroke Care:
In 2019-20, Stroke Services BC engaged provincial stakeholders – including Northern Health – to identify and prioritize projects to advance the recommendations made in its Provincial Stroke Review (completed March 2019). The outcome is a proposed three-year roadmap (2019-2022), which includes projects grouped into 10 initiatives. Northern Health work related to Year 1 of the Roadmap includes: participation in and completion of a provincial Hyperacute Stroke Collaborative; the development of 3 regional stroke order sets based on Canadian Stroke Best Practice Guidelines; the development of stroke bypass protocols; and, the expansion of virtual health in support of stroke care.

[1] Quality as defined by the BC Health Quality Matrix includes five dimensions of quality focused on patient experience – acceptability, appropriateness, accessibility, safety and effectiveness – and two dimensions that measure performance of the system – equity and efficiency.

Stroke Services BC recently performed an analysis across the province on ischaemic stroke thrombolytic administration (tPA) rates over the course of two fiscal years. This is a key quality measure that estimates the percentage of acute ischaemic stroke patients receiving a clot-dissolving drug (i.e., IV tissue Plasminogen Activator). This medical intervention is administered to suitable candidates following an expert emergency critical care assessment and neurological imaging (i.e., Head CT scan) within a time sensitive window (3 – 4.5 hours). The results of this analysis showed that Northern Health had the highest rates (average 17%) among all regional health authorities and above the provincial benchmark target (≥13%). We continue to monitor these rates within Northern Health.

HIV & Hepatitis C Care:

The previous HIV/Hep C Care Action Plan has come to an end, and the next Action Plan has been developed in collaboration with a broad group of stakeholders. The process was very successful in ensuring engagement and shared ownership of the key areas for improvement: primary prevention, early diagnoses, quality of care and support services

Chronic Pain:

The Chronic Pain component is working towards articulating and implementing a multidisciplinary service model. To that end, process modelling for chronic pain services is in development that includes both primary care and specialized services. This exercise shows our gaps and how to improve communication, medication reconciliation, access and shared care. The leadership team also remains linked to the development of the provincial chronic pain strategy to ensure that our regional plan is well aligned.

In addition, a physiatrist was hired for the pain clinic, which aligns with plans of having a multidisciplinary pain service in our region. Another focus in Chronic Pain is provider education. Planning is underway to provide Continuing Medical Education (CME) to Primary Care Providers via events across the region. This planning is currently on hold due to COVID.

BOARD ROLE AND GOVERNANCE OVERVIEW V.1 BRD 200

Introduction

The Board of Directors of Northern Health (the "Board") is responsible for the strategic direction of the organization and, through the President and Chief Executive Officer (the "CEO"), ensures that appropriate management processes are established to realize the strategic direction.

Principal Stakeholders

The Board is appointed by, and is responsible to, the Government of British Columbia through the Ministry of Health, recognizing and considering the interests of all stakeholders, including:

- patients/residents/clients & family members
- employees
- medical staff
- public

Board Size

Keeping in mind governance effectiveness, considerations of diversity of background and expertise, along with open and effective dialogue, the Government has established that the Board will generally be composed of ten Directors[1].

Best Interest of Northern Health

Directors are expected to utilize their individual expertise and points of view to contribute to decision making that is in the best interest of Northern Health.

Director's Terms

1. Directors are appointed for one-, two- or three-year terms[2].
2. Directors will normally be appointed for a maximum of six years. In order to achieve staggering of appointments, to avoid too many Directors leaving at the same time, terms may be for other lengths, and in extraordinary circumstances a request may be made to the Minister of Health through the Crown Agencies and Board Resourcing Office (CABRO) for an extension beyond the normal 6-year limit.
3. Director appointments may be rescinded by the Minister of Health, or on the recommendation of the Board Chair.

Terms of Reference

1. Terms of reference for the Board Chair (Policy BRD120), the CEO (Policy BRD130), Directors (Policy BRD140), the Deputy Chair (Policy BRD150), the Corporate

[1] This is the normal complement and can be more or fewer as circumstances warrant
[2] A Director's first term is usually a 1-year appointment. The final decision rests with the Minister of Health.

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Secretary (BRD160), and guidelines for Committees (Policy BRD300) and Task Forces (Policy BRD340) are in place for the guidance of the Board.

2. The Governance and Management Relations Committee (GMR) reviews the above noted terms of reference annually and proposes changes to the Board for approval as required.

Key Board Responsibilities

1. The Board, in conjunction with the Deputy Minister of Health, is responsible to hire the CEO to whom the management of the organization is delegated. (Policy BRD130)
2. The Board, through the GMR Committee, is responsible to ensure that both an annual performance evaluation is conducted for the CEO and that a CEO succession plan is in place in the event of an unexpected incapacity or unavailability of the CEO. (Policy BRD 400 & 435)
3. The Board is responsible to ensure that strategic planning processes are established and maintained, with particular attention to quality and budget management. The strategic plan will generally have a five-year horizon and is to be reviewed and/or updated annually. The Board participates in the review/update process, approves the strategic plan, and monitors progress. (Policy BRD420)
4. The Board maintains a continuing understanding of the material risks associated with the organization's objectives. The CEO and the management team are responsible to ensure that the Board and its committees are kept current on material risks.
5. The Board commits to maintaining open and clear communications with the medical staff in the interest of optimal patient care and service (Policy BRD170).The medical staff bylaws describe the accountability relationship of the medical staff to Northern Health and the advisory role of the NH Medical Advisory Committee to the Board and the CEO.
6. The Board is responsible to ensure a communications plan is established that provides pertinent and relevant information to the Government and other stakeholders. See Policy BRD220, which outlines process and spokespeople for Northern Health.

Board Committees

Board committees are a mechanism that permits deeper examination of major areas for which the Board has governance responsibilities. The role of committees is to support the Board in handling its responsibilities. Board committees are not established to assume functions or responsibilities that properly rest with management or with the Board as a whole. Refer to Policy BRD300, which outlines terms of reference and guidelines for Board committees.

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Task Forces

Task Forces are Board committees established for a defined period of time to undertake a specific task and are then disbanded. Refer to Policy BRD340, which outlines terms of reference and guidelines for task forces.

Board Meetings and Agenda

1. The Board meets at least six times within the calendar year.
2. The Board may also meet at the call of the Board Chair or in his/her absence, the Deputy Chair or as provided for in the Bylaws. (Policy BRD600)
3. The GMR Committee develops the agenda for each Board meeting in consultation with the CEO and the Corporate Secretary.
4. Under normal circumstances, the agenda and meeting material will be distributed to Directors ten days[3] before the meeting.
5. It is normal Board practice for all agenda items to be considered at the appropriate committee meetings prior to being placed on the Board agenda. A Director or the CEO may, however, suggest urgent additions to the agenda through the Board Chair prior to adoption of the Board agenda. (Policy BRD530)
6. A consent agendat package will be provided with materials for the interest of the Board members for information only. This information will not be discussed during the Board meeting; however, there will be opportunity at the beginning of each Board meeting to review the consent agenda material and move items to the regular agenda for discussion.
7. Article 6.9 of the Board by-laws indicates that meetings will be conducted in accordance with Robert's Rules of Order. The Board will, however, normally conduct its business based on consensus unless Robert's Rules of Order become necessary.

Public Board Meetings

1. At the discretion of the Board, all or part of the Board meeting may be open to the public.
2. The Board may exclude the public from a meeting, or a portion of a meeting, in order to protect the interest of a person or the public interest, or if withholding information outweighs the desirability of public disclosure. (Policy BRD 220 & 600)

Board Meetings without Management

1. Practices that provide opportunity to build relationships, confidence and cohesion among Directors are essential to allow the Board to develop an understanding of its role. One such practice is a regular meeting of Directors without management present, usually at a predetermined time scheduled during the regular Board meeting time period.
2. Such meetings can be used to provide feedback about Board processes, including the adequacy and timeliness of information being provided to the Board. At times,

[3] Usually two weekends and the intervening work week prior to the Board meeting

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such meetings might also focus on substantive issues that may be more difficult for some Board members to discuss with management present. They can also provide opportunities for the Board Chair to discuss areas where the performance of the Directors could be strengthened.

3. It is important that these opportunities occur regularly, even if the meetings are short, so that they become a recognized and accepted governance practice. Any issues arising in these sessions that bear on the relationship between the Board and management should be communicated quickly and directly to the CEO by the Board Chair.

Non-Directors at Board Meetings

The Board appreciates the value of having management team members and other advisors or visitors present who can provide information and opinions to assist the Directors in their deliberations at Board meetings. The Ministry of Health may request/require the attendance of a Government representative at Board meetings. The Government representative is normally recommended by the Ministry of Health and/or the CEO and approved by the Board[4].

Board/Management Relations

1. Directors may direct general questions or concerns to the CEO, Board Chair, or to the Chair of the GMR Committee.
2. Directors must respect the organization's management structure. A Director has no authority to direct any staff member.

New Director Orientation and Continuing Director Development

1. The GMR Committee and the CEO share the responsibility to ensure that there is an orientation process for new Directors and that all Directors receive continuing education/development as required.
2. New Directors will be provided with an orientation and education program, which will include written information about the duties and obligations of Directors and the business and operations of the organization, documents from recent Board meetings and opportunities for meetings and discussion with the senior management of Northern Health.
3. The orientation program for each new Director will be tailored according to that Director's needs and areas of interest and depending on the Director's committee assignment and the HSDA in which they reside.
4. An education plan is to be developed and approved by the Governance Management Committee and should be focused on relevant changes in the operating environment and critical and emerging issues impacting the health care system.

[4] This practice is inconsistent and varies over time.

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Assessing Board Performance

The GMR Committee is responsible for ensuring that there is a process for annually assessing the performance of the Board, its committees or individual Directors, and ensuring that the process includes an opportunity to identify how the performance of the Board or of Directors could be improved. (Policy BRD410)

Outside Advisors for Committees and Directors

Occasionally, a committee or a Director may need the services of a consultant or an advisor to assist with matters involving their responsibilities. A committee or Director wishing to engage an outside advisor at the expense of Northern Health must first obtain the authorization of the Board Chair or the Chair of the Committee, normally in consultation with the CEO.

Transparency

The Board will publish, on the Northern Health website, the following:

a. The name, appointment term, and a comprehensive biography for each Director

b. In compliance with Treasury Board Directive 2/17, section 4.5.6, the compensation paid to each director for the preceding year

c. The records of activities and decisions of the Board, including agendas, minutes and board policies

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CODE OF CONDUCT AND CONFLICT OF INTEREST GUIDELINES FOR DIRECTORS V.1

BRD 210

Introduction

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

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

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

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

Conflicts Of Interest

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

    The above are hereafter collectively referred to as "Related Persons[6]".

[1] Throughout this policy, when Directors are requested to seek clarification or make a declaration, unless specific direction is otherwise given, Directors shall consult with either the Board Chair, the CEO, or the Corporate Secretary.
[2] Northern Health Integrated Ethics Framework
[3] *Conflict of interest* can be real or apparent; direct or indirect.
[4] *Relatives* generally means a spouse, child, parent or sibling of a Director and can include other relatives, direct or through marriage.
[5] Refer to *Schlenker v. Torgrimson 2013 BCCA 9*
[6] Not an exhaustive list, merely representative.

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

Disclosure

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

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

[7] *Apparent conflict of interest* means any situation where it would appear to a reasonable person that the Director is in a conflict of interest situation.

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

Outside Business Interests

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

Confidential Information

1. Confidential information includes personal, proprietary, technical, business, financial, legal, or Director information, which the Board or management treats as confidential.
2. Directors may not disclose such information to any outside person unless authorized.
3. Similarly, Directors may never disclose or use confidential information gained by virtue of their association with Northern Health for personal gain, or to benefit Related Persons.

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

Investment Activity

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

Outside Employment or Association

A Director, who accepts a position with any organization that could lead to a conflict of interest or situation prejudicial to Northern Health's interests, shall discuss the implications of accepting such a position with the Board Chair, recognizing that acceptance of such a position may require the Director's resignation from the Board.

Public Office

1. No one who holds public elected office[8] is eligible to be a Director of Northern Health unless otherwise directed by the Crown Agency Board Resourcing Office (CABRO).
2. A Director may run for provincial or federal public office while a member of the Board, and shall while campaigning:
    a. Take a paid leave of absence from the Board, or
    b. Attend Board and Board Committee meetings with the proviso that:
        i. At the start of each meeting the Director's candidacy for elected office is declared and minuted, and
        ii. The Director excuses[9] themselves from any discussion/vote that could be viewed as partisan, and
    c. Not speak on behalf of Northern Health, and
    d. Not refer to their work on the Board other than a factual declaration of Board membership in their biography.
3. If elected, the Director must resign immediately unless otherwise directed by ~~the Board Resourcing Office~~CABRO.

Entertainment, Gifts and Favours

1. It is essential to efficient business practices that all those who associate with Northern Health, as suppliers, contractors or Directors, have access to Northern Health on equal terms.
2. Directors and Related Persons shall not accept entertainment, gifts or favours that create or appear to create a favoured position for doing business with Northern

[8] Public elected office includes: Municipal Council, Band Council, School Board, Regional District/Regional Hospital District, Member of the Legislative Assembly of BC, Member of Parliament.
[9] When a Director excuses themselves from discussion in an in camera meeting they shall leave the room. The Director may remain in the room if during the public session. The minutes of the meeting shall note the Director's actions to excuse themselves from discussion.

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Health. Any firm offering such inducement shall be asked to cease doing so. A sustained business relationship will be conditional on compliance with this code.

a. Inappropriate gifts received by a Director shall be returned to the donor and will be accompanied by a copy of this code with full and immediate disclosure to the Board Chair.

3. Similarly, no Director may offer or solicit gifts or favours in order to secure preferential treatment for themselves, Related Persons or Northern Health.
4. Under no circumstances may Directors offer or receive cash, preferred loans, securities, or secret commissions in exchange for preferential treatment. Any Director experiencing or witnessing such an offer must report the incident to the Board Chair immediately.

Use of the Authority's Property

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

Social Media

Directors' use of social media is appropriate; however Directors must be aware of the actual or potential effect of their comments or statements when they are recognised as Directors, regardless of whether the statements are made while acting personally or on behalf of Northern Health. Members of the public may be unable to distinguish the personal and fiduciary roles a Director holds, which can lead to an actual or apparent conflict of interest.

1. If participating in social media on behalf of Northern Health, prior approval and coordination must be arranged through the Northern Health Communications Department.
2. If participating in social media personally, Directors should:

a. If identifying as a Northern Health Director, or discussing Northern Health interests, include a non-affiliation statement such as "The views expressed here are my own and do not necessarily reflect the views of Northern Health"

b. Ensure confidentiality is not breached, by refraining from discussing patient personal information or other Northern Health confidential information.

c. Avoid any activity that could bring Northern Health into disrepute, including defamation, discrimination, or harassment.

d. Be respectful of copyright law

3. Directors are encouraged to participate in official Northern Health social media channels by commenting and sharing posts for the purpose of celebrating and sharing positive stories about Northern Health.

Responsibility

1. Each Director must adhere to the standards described in this Code of Conduct, and to the standards set out in applicable policies, guidelines or legislation.
2. Integrity, honesty, and trust are essential elements of Northern Health's success. Any Director who knows or suspects a breach of this Code of Conduct and Conflict of Interest Guidelines has a responsibility to report it to the Board Chair.
3. To demonstrate determination and commitment, Northern Health requires each Director to review and sign the Code annually. The willingness and ability to sign the Code is a requirement of all Directors.

Breach of Code

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

Where to Seek Clarification

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

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DIRECTOR DECLARATION FORM

I ACKNOWLEDGE that I have read, considered and understood the *Code of Conduct and Conflict of Interest Guidelines for Directors* of Northern Health (BRD210) and the Northern Health Integrated Ethics Framework.

A perceived direct or indirect conflict with my duty as a Director of Northern Health may arise because:

a. I hold the following offices or sit on the following Boards (appointed or elected):

☐ None

_____

_____

_____

_____

b. I receive financial remuneration (either for services performed by me, as an owner or part owner, Trustee, Director, employee or otherwise) from the following sources:

☐ None

_____

_____

_____

_____

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Do you have relationships or interests with any of Northern Health's vendors as listed in the annual Statement of Financial Information (SOFI)?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

Other than disclosed above, do you have any relationships or interests that could compromise, either directly or indirectly, or be perceived to compromise, your ability to exercise judgement with a view to the best interests of Northern Health?

☐ Yes ☐ No

Describe:

_____

_____

_____

_____

I agree to conduct myself in accordance with the Code of Conduct and affirm, to the best of my knowledge, that I have no undeclared Conflict of Interest.

_____
Signature

_____ _____
Print Name Date

_____ _____
Corporate Secretary Date

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COMMUNICATION POLICIES V.1 **BRD 220**

This document includes all Board policies that relate to communication:

1. Board Internal Communications
2. Media Relations Protocol
3. Board Meetings

1. BOARD INTERNAL COMMUNICATIONS POLICY

This policy provides a procedure for the Board of Directors of Northern Health (the "Board") to follow regarding communication of information to its members.

Communication to the Board will occur according to the following process:

Critical or Politically Sensitive Information

Information of this type is outside the bounds of normal Northern Health operations. Some of these items will be 'crisis-oriented' while others will generally be non-recurring in nature. This information will be communicated to Directors on an urgent basis:

a. Matters relating to the President & Chief Executive Officer (the "CEO") position that affect the entire region's operations (e.g. appointment, resignation)
b. Major service delivery crisis (e.g. service disruption, adverse event)
c. Matters relating to Directors (appointment, resignation)
d. Other issues deemed extraordinary by the Board Chair

On-going Major Regional Operations Issues Information

Information that updates Directors on Northern Health's major operational issues will be communicated, on an on-going basis, according to a structure and time frame of reporting agreed to by the Board in consultation with the staff.

Duties and Responsibilities

Other than information relating to the CEO position, which will be communicated by the Board Chair or designate if the Chair is absent, it is the CEO's responsibility to ensure that information is communicated to Directors in a timely manner.

Directors are requested and encouraged to bring to the attention of the Chair, CEO, and Director of Communications issues of concern in a community about which they may have information.

Monitoring

The Governance and Management Relations Committee ("GMR" or "the Committee") will monitor the implementation and effectiveness of this policy, and make recommendations to the Board for amendment as deemed necessary.

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2. MEDIA RELATIONS PROTOCOL

The media relations protocol governs how Board decisions are communicated to the public. It is composed of two sections:

a. Guiding Principles for Directors
b. Communication Roles and Responsibilities – Board Chair, Directors, CEO, Communications Staff

Guiding Principles for Directors (See BRD 140)

a. Directors shall represent the best interests of the entire region, not just their home community.
b. Once the Northern Health Board makes a decision, it is the responsibility of the Directors to abide by and support that decision in all subsequent communication.

Communications Roles and Responsibilities

Board Chair:

The Board Chair is the primary spokesperson for the Board (BRD 120). It is appropriate for the Board Chair to speak on matters such as: governance issues (Board decisions, appointments/departures of Directors); CEO issues (recruitment); and political issues (reactions to government decisions, budgets, elections, appointments of Health Ministers). The Board Chair may also speak on behalf of the CEO if the CEO is unavailable. If the Board Chair is unavailable, the CEO may speak on the Chair's behalf; the Deputy-Chair or an alternate Board member can also be designated (BRD 130 & 150).

Directors:

While the Board Chair is the primary spokesperson for the Board, individual members of the Board may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. at Northern Health events that feature the opening of a new facility) – BRD 140. On such occasions, it is appropriate for the Director present to speak on behalf of the Board according to the following general guidelines:

a. Always keep comments at a strategic level and where possible, use the opportunity to demonstrate alignment with Northern Health's mission, vision, values and priorities
b. Abide by the guiding principles as stated above
c. Defer operational questions to the CEO or designate

When the need for a Director to speak is anticipated, Communications staff will provide support as required

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CEO:

The CEO is the primary spokesperson for operational matters of Northern Health. This covers areas such as facility or service changes, staffing issues, crisis communication, labour action, Northern Health financial and management issues. The CEO may appoint a designate from the executive or senior management to speak on specific facility or program issues (BRD 130).

Communications Staff:

The Communications Department is the main contact point for media, and has primary authority to issue press releases on behalf of Northern Health. All media calls should be directed to the Communications Department to help ensure a timely response. Using this protocol as a guide, it is the responsibility of the Communications Department to direct the call to the appropriate spokesperson. Working in cooperation with the Communications Department, Northern Health staff shall endeavour to respond to media inquiries promptly.

If required, the Communications Department can also prepare support material such as key messages to be used by spokespeople in responding to specific issues.

3. BOARD MEETINGS POLICY

The purpose at all Board meetings, whether public or in-camera, is to conduct the business of the Board. See BRD 600.

The Board is scheduled to meet six times a year. The frequency of meetings may be changed at any time at the discretion of the Board.

The schedule of Board Meetings will be available on the Northern Health website.

Every scheduled meeting of the Board will, unless the Board otherwise determines, be a combination of an "open" session and an "in camera" session. Meetings will include consideration for Regional Hospital District engagement as well as community round-table sessions.

Where the Board has determined that all agenda items for a particular meeting are to be addressed in camera there will be no open session of the Board meeting.

Business conducted within Committees of the Board will not be open to the public (BRD 300).

Board Meeting Locations

The Board will endeavour to meet face-to-face whenever possible; however, meetings may occur virtually when required, as contemplated in the Organization and Procedure Bylaws (BRD 600).

~~In each calendar year~~When meeting face-to-face, the Board will normally schedule three meetings outside of Prince George in each calendar year - one meeting within each of the three Health Service Delivery Areas.

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Due to the logistical issues of travel, accommodations, and appropriate meeting space, the Board will not normally hold its regular meetings in communities with a population under 4,000. Communities where the Board could hold its meetings include:

- Fort St. John
- Dawson Creek
- Fort Nelson
- Prince George
- Quesnel
- Vanderhoof
- Smithers
- Terrace
- Prince Rupert
- Kitimat

For exceptional issues, the Board may consider meeting in an individual community other than those listed above.

Each Board meeting held outside of Prince George will be planned with emphasis on the opportunity for Board networking with community leaders. This will include extending an invitation to community leaders in the surrounding communities

In-Camera Board Meeting

In order to protect the personal privacy of individuals, the business interests of individuals and companies, or the public interest, some items of business will not be addressed during the open Board session and will be addressed in an in-camera session of the Board. The Board will determine the items of business that will be conducted in-camera. The Board, in exercising its discretion to address certain items of business in camera, will use the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Evidence Act* as guides. Similarly, communication of decisions taken by the Board in in-camera meetings will follow these statutes, but may be expanded to include explanatory or background material related to the decisions. (Policy BRD 600)

In preparing the agenda, the GMR Committee will recommend the items of business that should be addressed in camera. The recommendations of the GMR Committee will be circulated to the Directors approximately one week prior to the scheduled meeting. Any Directors who do not endorse the GMR Committee's recommendations will notify the Executive Assistant to the CEO & Board of Directors within three days of receipt of the proposed agenda for the consideration of the Board Chair in finalizing the Board meeting agenda.

At the beginning of the meeting the Board will, in-camera, pass a motion approving the in-camera agenda.

Open Board Meetings

Open Board sessions are meetings of the Board conducted in public at which the public may attend and observe the meeting. In addition to attendance in person at meetings, members of the public may also attend Board meetings at a distance according to the provisions outlined in Schedule A.

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Any person wishing to attend open meetings of the Board is entitled to do so and is welcomed by the Board. Because of space limitations seating is available at the meeting on a first come first served basis, and to comply with fire and other regulations attendance may be restricted to a maximum number.

The agenda for the open session of the Board meeting will be available to the public on the Northern Health website seven (7) days in advance of the meeting. The full open session meeting package is posted on the Northern Health website the day of the meeting.

Open Board Meeting Procedures

The meeting will be held in accordance with the by-laws of Northern Health (BRD 600) and Roberts Rules of Order (BRD 200).

Participation in the discussion of the Board, except as noted above, is limited to Directors, the CEO, and other management personnel or third parties who may be present at the invitation of the Board.

The Board vests in its Chair or presiding officer the authority to adjourn the meeting prior to the conclusion of Board business if, in the opinion of the Chair, reasonable decorum is not being observed.

The Board vests in its Chair or presiding officer authority to end discussion during the public meeting on any public meeting agenda item and refer the matter to the Board's in-camera meeting if in the opinion of the Chair the discussion is likely to breach the personal privacy of individuals, the business interests of individuals or companies, or the public interest as reflected in previous Board decisions for public or in-camera discussion (BRD 200).

Public Presentations

The Board wishes to consult with the public on the provision of health services. To do this, provision will be made for structured consultations within Health Service Delivery Areas, meetings with Regional Hospital Districts and representatives of municipal government, and through the provision of information on the delivery of health services. In addition to these means, the Board will provide time for public presentations within the agenda of its open meetings. While the Board seeks public consultation on health issues for communities, individuals with very specific concerns may be encouraged to contact Northern Health managers directly in the interest of a timely response.

The Board will schedule opportunities for the public to make presentations to the Board at each meeting. Time for these presentations will be scheduled at the will of the Board before, after or during the Board's regular meeting.

Requests to Address the Board

Persons or groups wishing to make presentations to the Board must submit their request in writing to the Executive Assistant to the CEO & Board of Directors via a "Request to Address the Board" form indicating the name of the presenter, the group/delegation they represent, the topic, and a brief summary of the presentation.

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Instructions shall be posted on the Northern Health website.

The request and all supporting material must be received at least ten (10) business days in advance of the date of the meeting.

Given the limited number of presentations that the Board is able to hear, individuals or groups who have made presentations to the Board on a similar or related subject within the past year will be given lower priority than individuals or groups who have not yet had the opportunity to present to the Board.

The Chair may decline to hear any presentation, but will report the request for the presentation to the Board at its next meeting.

The Chair may permit an individual or delegation to make a presentation where the individual or delegation has not complied with the requirements of this policy.

Public Presentation Procedures

The time allotted for each presentation is ten (10) minutes. The Chair may extend this time limit if the Board decides that an extension of time is necessary in order to permit the delegation to give a complete outline of its position.

The total time for all public presentations at a particular meeting will be limited to 45 minutes, including time for questions by the Board.

Presenters must be recognized by the Chair and must preface their presentation by an announcement of their name, address and group affiliation.

The Executive Assistant to the CEO & Board of Directors will advise all parties indicating an interest in making a presentation to the Board that presentations are heard in public meetings and that media, including TV cameras may be present.

The Chair will advise presenters that the Board is there to listen rather than to debate issues.

Questioning will be limited to Directors initially and should be restricted to obtaining clarification of the presentation. After Directors' questions have been dealt with, members of the Northern Health Executive are welcome to ask further clarification questions.

In those instances where errors of fact are presented it may be appropriate for these to be courteously corrected by the Board for the benefit of everyone in attendance.

When presenters voice severe personal problems, it is appropriate for the Chair and CEO to be empathetic. Although presenters may describe important deficiencies in the services provided by Northern Health or the conduct of its affairs, Directors will not respond beyond acknowledging the issue until they have had an opportunity to review background information from staff or review the results of any investigation of the concern raised.

The following considerations will guide the decision to grant a request to make a public presentation to the Northern Health Board:

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1. The Board is the most appropriate audience for the topic and the presenter's intention is to address the Board rather than attempting to reach a broader audience with their issues through the Board public meeting.
2. Northern Health employees generally do not make presentations to the Board during the public presentations portion of the meeting unless requested to do so.
3. Physicians who wish to make a presentation to the Board will be asked to discuss their presentation topic with Medical Administration prior to requesting an opportunity to address the Board. If a discussion with Medical Administration has not occurred, the physician's presentation will not likely be approved to come forward as a public presentation to the Board. If a discussion has occurred, Medical Administration's advice will be sought regarding whether the presentation is appropriate for a public forum or if a different arrangement needs to be made.

The Board Chair has the authority to terminate the presentation of an individual or group that does not adhere to the rules established.

The Board recognizes the great interest and commitment of many citizens to health and health services and recognizes that many different perspectives exist.

The Board Chair has the authority to maintain reasonable decorum at all meetings to enable differing views to be expressed and has the authority to request any individual who chooses not to observe reasonable decorum to leave the meeting.

As follow up to any presentations made to the Board:

1. The Board will review the presentations received, and will identify the key issues requiring further follow up by staff.
2. Staff will review the issues identified and provide the Board with the necessary background information.
3. If and when the Board deems it necessary, a full written response will be provided after the Board has obtained further information from staff.
4. Where a proper review of a situation by Staff will take more than two (2) weeks, a letter will be sent thanking the presenter and advising that further information is being sought before responding.
5. A copy of the responses sent to the presenters will be included in the subsequent Board meeting information package.

Regional Hospital District Engagement

The Board will provide an opportunity to meet separately with each Regional Hospital District Board on an annual basis. This meeting will normally be arranged when a Board meeting is held within or near the geographic jurisdiction of that Regional Hospital District.

The purpose of this meeting is to offer Regional Hospital Districts an opportunity to directly discuss health issues with the Board.

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Meetings with a Regional Hospital District Board will normally be one hour in length. Format and duration may be changed at the discretion of the Chair.

Northern Health will ask an invited Regional Hospital District to provide topics of discussion in advance of a meeting. This will provide the Board and staff an opportunity to prepare background material to inform discussions.

The Board's meeting with Regional Hospital Districts will be considered closed to media and the public.

Community Round Table Session

The Board may invite community representatives to a round-table session, particularly when Board meetings are conducted outside of Prince George.

This meeting may:

1. Offer community partners an update on Northern Health services and initiatives in a given community and Health Service Delivery Area; and
2. Provide an opportunity for partners to ask questions with reference to local health issues.

Community partners may include Members of the Legislative Assembly of British Columbia, local government and Regional Hospital District representatives, local First Nations representatives, local health advocates, Chambers of Commerce, and other representatives as the Board deems appropriate.

Round table sessions will generally consist of a presentation by Northern Health followed by group table discussions focusing on topics relevant to the Health Service Delivery Area where the Board meeting is taking place. The table discussions may be facilitated by a senior executive member and may include at least one Board member at each table. This discussion will provide participants an opportunity to provide input and feedback to Northern Health.

The community round table session will be approximately 90 minutes in length and light refreshments will be provided to attendees. Format and duration may be changed at the discretion of the Chair.

The Board's community round table will be an invitation-only session. It will be considered closed to media. It is expected that participants will attend the session in the capacity in which they were invited rather than in other roles they may hold within the community.

Media Availability

As a significant employer and service provider in northern British Columbia, Northern Health's Board meetings are of particular interest to media outlets.

The Board Chair and CEO will provide reporters attending Board meetings with media availability through a press conference at a scheduled time during the day of the open Board meeting. This media availability will usually occur after the public presentations portion of the meeting and will provide reporters with an opportunity to receive updates

from the Board and ask relevant questions. If facilities permit, the press conference will also include teleconferencing availability for out of town media.

The Communications Department will develop a news release following regular Board meetings with the approval of the Board Chair. As per the direction of the Board Chair, the Communications Department will also assist in arranging contact with regional media unable to attend a regular Board meeting following the meeting.

SCHEDULE A: Distance Access to Northern Health Board Meetings

Northern Health is committed to providing region-wide public access to the Open and Public Presentation sessions of Board meetings.

The provision of distance access to Board meetings will be subject to limitations based on budget and technology infrastructure available in the Northern Health region.

Northern Health and the citizens of the Northern Health region will share in the responsibility of setting up this access efficiently and effectively. Access will be set up on an as-requested basis only.

Telecommunications Access to Northern Health Board Meetings

Using telecommunications technology, Northern Health will provide region-wide public access to the Open Board and Public Presentation sessions of Northern Health Board meetings if and as able depending on availability of the required technology.

a. This access will be provided in response to requests from the public for access.
b. The maximum number of sites that will be connected at any one Board meeting will be a total of three, by video-conference, telephone conference, or a combination of both. This number may be modified at the discretion of the Chair of the Board.
c. Northern Health will inform key stakeholders region-wide of the opportunity to attend the Open and Public Presentation sessions.
d. Northern Health will consider use of third-party video-conferencing capabilities if required but will not be responsible for addressing any compatibility issues impeding the use of third party equipment.

The Board Chair or designate will have the discretion to decide on the applicability of telecommunications access requests.

All by-laws, regulations, and standards of decorum for the Northern Health Board meetings will apply to remote locations linked by telecommunications equipment.

Procedure for Telecommunications Connection

Members of the public who are unable to attend a Northern Health Open Board and/or Public Presentation Session but would like to participate via telecommunications technology may request a link that is most appropriate to their location. Requests for telecommunication links must be forwarded to the Executive Assistant to the CEO & Board of Directors not less than fourteen (14) days prior to the meeting date.

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a. Placing a request for a presentation via telecommunications link does not guarantee placement on the Public Presentation Session agenda.
b. Presenters will be informed of their position on the agenda as well as the logistics of their telecommunications link no later than five (5) days in advance of the Board meeting.

In the event of technical issues disrupting a telecommunications link, Northern Health will attempt to correct the problem immediately. If a solution cannot be identified, and the telecommunications glitch interrupts the delivery of a presentation, Northern Health will offer a suitable time for the presentation to be delivered at a future Board meeting.

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EXECUTIVE LIMITATIONS V.1 BRD 230

Purpose and Scope

1. This policy enables the Board of Directors of Northern Health (the "Board") to:
   a. Delegate signing authority to the President and Chief Executive Officer (the "CEO") for the approval of financial transactions within Board approved criteria
   b. Require internal controls to provide assurance that financial transactions are in compliance with Board approved policies and procedures

2. This policy applies to the financial signing authority of the Board and CEO of Northern Health ("NH")

3. This Policy should be read in conjunction with the Terms of Reference for the President and Chief Executive Officer (BRD 130)

Policy Principles

1. The Board has the general and overriding power to enter into all financial transactions that are binding for NH
2. The CEO shall not knowingly cause or allow any organizational practice to occur, which violates legislation, commonly accepted business standards, or professional ethics, and shall only consider formal business relationships[1] that are in the best interest of NH as an independent organization
3. The restrictions to spending authority for the CEO and other personnel who have been delegated authority and responsibility are outlined in Appendix 1
4. The Board may authorize the CEO to approve financial commitments or obligations that are not normally within the authority of the CEO
5. The intentional unbundling of items to reduce the spending threshold is not permitted
6. Financial transactions spread over more than one year shall be valued based on the total contractual commitment for the duration of the contract or commitment
7. Prior to approval, the CEO shall bring to the attention of the Board any financial transactions within the CEO's authority, regardless of value, that have a high risk factor, involve any controversial matter, or that may bring the activities of NH under public scrutiny

[1] Such as a Service Level Agreement or Memorandum of Understanding or any other formal agreement that may indicate an expression of willingness and intent to cooperate for mutually beneficial purposes.

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8. The Board authorizes the CEO to set travel expense reimbursement rates for excluded employee expenses, including but not limited to travel costs, per diem meal claims and mileage. Limitations should be set in consideration of Ministry of Finance Policy 10.0 Travel[2]. The Audit and Finance Committee is to be provided, as information, the NH Travel Expense Reimbursement policy at minimum annually or when a revision has been made.
9. The CEO is not authorized to approve financial transactions where the CEO has a conflict of interest or where there are reasonable grounds to believe that there may be or may be seen to be a potential conflict of interest. The CEO must not approve a transaction that might confer a personal benefit. This includes expenditures such as all expense reimbursement claims, conference fees, educational expenses, travel expenses, advances, membership fees, items that could be used personally, and items that are intended to be located within an individual's home.
10. The Chief Financial Officer (the "CFO"), or the CFO's delegate, is authorized to approve financial transactions related to regulatory payments, utilities and payroll deductions without limit
11. The CFO will maintain a listing of all financial transactions greater than $1 million and will report annually to the Audit and Finance Committee of the Board

Designations

The CEO may designate limits of spending authority to the CFO, Chief Operating Officers, Vice Presidents, and other senior management staff with specific areas of responsibility. A Signing Authority Policy[3] outlining any such designated spending authorities will be maintained.

[2] http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/10_Travel.htm
[3] DST 4-4-2-030
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APPENDIX 1

Restrictions of Authority

The CEO and any other personnel to whom authority and responsibility has been delegated, are restricted as to signing authority for the following[4]:

1. Borrowing
   1.1. Subject to approval by the Minister of Health, the Board must authorize any borrowing of funds on behalf of NH

2. Real Property
   2.1. Subject to approval by the Ministry of Health, the Board must authorize any purchase of real property and/or the mortgage, sale, transfer or change to the use of real property owned or administered by NH

3. Capital Assets
   3.1. Capital assets identified in the Board approved Capital Plan may be purchased
   3.2. Where urgent, to maintain operational services, the CEO may authorize additional capital asset purchases up to a unit cost of $500,000.
      3.2.1. The CEO may consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval
      3.2.2. The CEO will report all such purchases, identify the source of funds, and provide the rationale for the purchases to the Audit & Finance Committee or the full Board at its next meeting, whichever comes first
   3.3. Where urgent, to maintain operational services, the Board Chair and Chair of the Audit and Finance Committee may authorize the CEO to approve additional capital asset purchases with a unit cost of $500,000 to $2 million. The CEO will report all such purchases to the full Board at its next meeting.
   3.4. Subject to approval by the Minister of Health, capital leases for equipment used directly in the provision of health services (e.g. CT scanner) will be authorized by the Board. Capital Leases for non-patient care (e.g. photocopiers) do not require Minister of Health approval, but must be included in the Board approved Capital Plan for purchase to occur.

[4] The terms of the *Health Authority Act* and the Health Authority Financial Management Policy Guidelines are considered part of this policy

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4. Operating Expenditures

4.1. Routine operating expenditures within the Board approved Operating Budget may be authorized by the CEO or as designated in the Signing Authority Policy (DST 4-4-2-030)

4.2. The CEO is authorized to sign financial transactions subject to:

4.2.1. The financial transaction not exceeding $10 million;
4.2.2. The financial transaction is within Board approved operating budget; and
4.2.3. Compliance with any other applicable policies, procedures or instructions issued by the Board

4.3 Financial transactions in excess of $1 million that are not within the Board approved operating budget must be approved by the Board

4.4 In exceptional circumstances, financial transactions between $1 million and $10 million that are not within the Board approved operating budget but require urgent approval must be:

4.4.1 Reviewed, prior to approval, by the CFO;
4.4.2 Approved by the CEO.
a) The CEO must consult with the Board Chair and if not available the Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval; or
b) In the absence of the CEO, approved jointly by the Acting CEO and the CFO. The Acting CEO and CFO must consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval.
4.4.3 And in both instances reported to the Audit & Finance Committee or the full Board at its next scheduled meeting, whichever comes first

4.5 Operating leases in excess of $250,000 annually must be authorized by the Board

4.6 Encumbrances on an individual Northern Health real property cumulatively in excess of $250,000 must be authorized by the Board

5 Compensation and Benefit Programs

5.1 The Board reserves the authority to approve:
5.1.1 The CEO's compensation
5.1.2 The annual compensation plan for non-contract staff and new benefits programs or material changes to existing programs for non-contract staff

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5.2 The CEO:

5.2.1 Shall provide to the Board for approval an annual compensation plan that ensures that compensation and benefits for non-contract staff are consistent with the Health Employees Association of BC ("HEABC") compensation plans

5.2.2 Shall provide to the Board an annual review to ensure compensation and benefits for non-contract staff are consistent with HEABC compensation plans for the skills employed

5.2.3 Shall not promise or imply lifelong employment to anyone

5.2.4 Shall not change his/her own compensation or benefits

6 Collective Agreements

6.1 Only the Board has the authority to ratify collective agreements.

7 Banking

7.1 The Board approves the appointment of the banking institution/s and the appointment of the signing officers for banking purposes[5]

8 External Auditor

8.1 The Board will appoint the external auditor

9 Non-Audit Services

9.1 The Board reserves the authority to approve all non-audit services to be undertaken by the external auditor (BRD 315)

10 Shared Services

10.1 The Board will authorize all shared services agreements

10.2 Agreements for shared services shall:

10.2.1 Work to balance the interests of NH with the interests of the overall health care system in British Columbia

10.2.2 Provide mutually beneficial opportunities to accomplish the goals set forth by each organization

10.2.3 Remain in effect until terminated in accordance with the terms of the agreement

10.3 The CEO shall put processes in place to ensure that:

10.3.1 The appropriate Memoranda of Understanding, Service Level Agreements and/or other documentation are in place that provide clarity regarding how business will be conducted between the shared services providers and NH

[5] See Banking Policy 4-4-6-040

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10.3.2 The agreements established with the shared services providers are in alignment with NH's mission, vision and values and Strategic Plan

10.3.3 The agreements established with the shared services providers are in compliance with NH's administrative and financial policies

10.3.4 The shared services providers understand how they will relate to NH's governance and management structure

10.3.5 Harmonious working relationships are maintained with shared services providers and effective problem solving and conflict resolution processes are in place to ensure continuity of operations

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FACILITY AND FUND NAMING POLICY V1 BRD 240

POLICY

Northern Health may recognize outstanding and significant contributions to Northern Health, or Foundations and Auxiliaries affiliated with Northern Health, by naming or attaching the name of a person, company, society or other organization to a particular asset.

This policy establishes criteria for naming assets, an approval process, and the general terms and conditions surrounding naming opportunities. This policy must be used in accordance with the Government of British Columbia's Naming Privileges Policy (Appendix 2).

The naming of physical assets in recognition of financial or in-kind contributions must be submitted to the Intellectual Property Program by way of a Naming Opportunity Request Form (Appendix 3), regardless of the size of the asset.

DEFINITIONS

Approving Agent: person(s) within Northern Health with the delegated level of authority to approve a naming request recommendation (see the Approval by Asset section)

Significant Contribution: may include a gift from a donor (financial or in-kind), sponsorship, or a distinctive achievement in furthering the mission and goals of Northern Health.

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PROCEDURE

1. **Initial Request**
   a) The Asset Naming Nomination Form (Appendix 1) is completed, and submitted to the appropriate Health Service Delivery Area (HSDA) Chief Operating Officer (COO).
   b) The COO reviews and forwards the request to the Chief Financial Officer (CFO), who is the Office of Record, as soon as possible.
2. **Response to Request**
   a) The CFO consults with the President and Chief Executive Officer (CEO) to consider the appropriateness of the nomination.
      i. If not appropriate, the CFO, in consultation with the COO, will notify the applicant.
      ii. If appropriate, the CFO and CEO will designate a Naming Committee Chair and convene a Naming Committee.
3. **Naming Committee**
   a) The formation, membership, and duties of the Naming Committee will vary depending on the class of the asset in question. Refer to the Naming Committee Decision Matrix for direction.
   b) The Naming Committee will abide by the Terms of Reference and evaluation criteria set out in this policy.
   c) The Naming Committee forwards their recommendation to the appropriate Approving Agent, as defined in the Naming Committee Decision Matrix.
      i. Depending on the class of asset, additional approvals may be required. Refer to the Naming Committee Decision Matrix for direction.
4. **Communication**
   a) Publicity surrounding the naming of an asset, or the change or revocation of the naming of an asset will be handled by Northern Health's Communications Department in conjunction with provincial government, as necessary.

NAMING COMMITTEE – TERMS OF REFERENCE

1. **Standing members of the Naming Committee are:**
   - Vice President, Financial & Corporate Services/CFO
   - COO of applicable HSDA in which asset resides
   - Regional Director, Capital Planning and Support Services
   - Regional Director, Business Development
   - Chief Communications Officer/Regional Director, External Relations
   - Ad hoc members will be appointed to the Naming Committee as set out under the Approval by Asset Section of this policy.
   - Naming Committee Chair: Selected by committee members or appointed by CEO

2. **Duties and Obligations:**
   - Assess naming opportunities submitted to the Naming Committee abiding by the established evaluation criteria;

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- Make recommendations with respect to pricing, term and any other material conditions that should be tied to the naming right, using the guidelines set out in this policy.
  - For proposals with no financial or in-kind consideration attached, the Naming Committee will determine whether the applicable asset has a high potential for donation and if the naming right to the asset should therefore be reserved for financial or in-kind donor recognition.
  - In this situation, the Naming Committee will recommend to the CEO that the proposal be declined and the CEO will respond accordingly.
- Ensure consultation takes place with the individuals (NH staff/physicians) most closely associated with the applicable asset. The Naming Committee may wish to include the site manager (or most senior level manager responsible for the applicable asset/program) in the evaluation/approval process.
- Notify the approving agent (as identified in the Approval by Asset Section) of any reason for deviating from the guidelines set out in this policy respecting pricing and/or term.
- Endeavour, to the extent reasonably practicable, to balance its responsibility to maintain transparent processes and provide full disclosure to the public, with its responsibility to maintain confidentiality regarding third party interests.
- Reach agreement, and recommend approval or denial of a naming right to the appropriate approving agent.

3. Evaluation Criteria (Applicable to all Naming Requests):

1. The naming of any asset must be compatible with NH's goals, mission, vision and values as articulated in NH's Strategic Plan.
2. No naming opportunity should be approved if it:
   a. May be inconsistent with Northern Health's legal obligations
   b. Is likely to result in an employee of a public sector body or an elected official receiving any benefit or personal gain
   c. Is likely to have a negative impact on the image or reputation of or damage public respect for NH or any of its affiliated Foundations and Auxiliaries.
   d. Conveys a message that might be deemed to be prejudicial to race, religion, gender, or sexual orientation, or cause offence to a community group.
   e. Is likely to be associated with an unhealthy lifestyle (e.g. alcohol or tobacco usage, obesity etc.)
   f. Implies endorsement of a partisan political, ideological or religious position. This includes use of the name of an elected official currently in office but does not preclude use of the name of an individual who has previously held public office.
   g. Implies endorsement of a specific commercial product. This does not preclude using the name of an individual or company that manufactures or distributes commercial products.
3. Naming associated with a particular facility or endowment will not preclude further naming within the facility, program or clinical area.

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4. Naming opportunities supported by financial or in-kind gifts may be named after the donor or a third party at the request of the donor.
5. Except where the naming opportunity pertains to the recognition of distinguished service, donations must represent a significant portion of the cost of the facility or activity to be named and/or be critical for the completion of such facility or activity.
6. Where a naming request proposes to honour distinguished service of Board members, staff or physicians, it is recommended that at least three years has passed after the nominee has ended their service with Northern Health or an affiliated Foundation or Auxiliary.
7. Any revenue generated from a naming opportunity that is obtained through a capital campaign organized by a Foundation or Auxiliary affiliated with Northern Health or submitted to the Naming Committee by a Foundation or Auxiliary affiliated with Northern Health will be retained by such Foundation or Auxiliary and used in accordance with the donor's wishes. Final determination of any naming, however, remains with Northern Health. In all other cases, the Naming Committee will make a recommendation as to how revenue should be distributed (including, in the case of Northern Health, which department will receive all or any portion of the proceeds) provided that the donor's wishes will be honoured to the greatest extent possible.
8. When naming recognition has been extended for a gift received, it will be honoured in accordance with the agreement that is made with the donor. In the event of a change in circumstances that would preclude honouring of the donor's wishes, NH reserves the right to determine the form of name recognition in consultation with the donor, or donor's agent, when possible.
9. Where a naming request proposes to honour an individual, it is recommended that the Naming Committee obtain some form of documentation verifying that the person being honoured is in agreement with the proposal, or by a legal representative should the individual be deceased.
10. When the proposed naming of an entire facility would recognize an individual, the complete name of the individual will be used. The surname of the individual so honoured may be used in referring informally to the facility and may be used on a name plaque affixed to the facility.
11. For Class I naming requests, community consultation should be considered, including but not limited to: First Nations communities, local government and provincial political leaders, local support societies and advocacy groups

4. Additional Criteria for Distinguished Service Nominations (Without Financial Consideration)

In addition to consideration of criteria set out in the Evaluation Criteria section, the Naming Committee shall use the following criteria to evaluate proposals in recognition of distinguished service:

1. A distinguished service nominee shall have made an extraordinary contribution in terms of a professional or public service nature over a considerable length of time. The contribution must be well documented and broadly acknowledged within the community in which the applicable asset resides. Specifically, the nominee will have achieved distinction in one or more of the following:
    a. While serving the organization in a professional capacity, the individual has demonstrated high professional distinction and/or has earned national or international recognition;
    b. While serving the organization in an important administrative capacity, the individual has rendered distinguished service which warrants recognition of the individual's exceptional contributions to the welfare of the organization; or
    c. The individual has contributed in truly exceptional ways to the welfare of the organization or community in which the applicable asset resides, or has achieved such distinction as to warrant recognition.
2. How the nominee's contribution relates to Northern Health's mission, vision, values and strategic plan.
3. How naming the asset in honour of the nominee will reflect the history, purpose and diversity of the organization.
4. Whether the contribution of the nominee is likely to be recognized two or three decades into the future.
5. The relationship of the applicable asset to the nominee.

5. Internal Naming Requests

1. Northern Health may wish to name its own assets, by way of an executive choice, or a request from a staff member or physician.
2. All applicable evaluation criteria in sections 3 and 4 should be considered in the naming process.
3. Where the naming request is a tribute to a geographical feature of the region (e.g. a river or lake), the Office of Record will be consulted and will maintain a listing of named assets to minimize duplication in naming across multiple facilities.

6. Process to Revoke or Change a Naming Right

A naming right may be revoked or changed at any time by the applicable approving agent upon recommendation of the Naming Committee. Any recommendation put forward by the Naming Committee must provide the applicable approving agent with the following information:

a. Description of the naming right involved, including the value of the naming right and the name of the donor.
b. Reasons for recommending the revocation of the naming right.
c. Names of those members of the Naming Committee who do not support revocation of the naming right and reasons for dissent.
d. Financial impact, if any.

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
Classification	External Facility (e.g. building, road, park)	Internal Facility (e.g. floor, wing, laboratory)	Program (e.g. clinical unit, health/wellness program, room, lounge)	Equipment	Research/Academic Position	Tribute Marker (e.g. plaque, medallion, other marker usually associated with feature such as tree, bench or small monument)
Ad Hoc Members (additional to standing members)	• Health Services Administrator (HSA) for the community where the applicable external facility resides • Senior representative from the Foundation representing the community where the applicable external facility resides		• If applicable, the manager responsible for the program itself or for the clinical area managing the program • If the program is site-specific, the HSA for the site and a senior representative of the	• HSA for the site where the equipment will be used • If applicable, the manager responsible for the clinical area utilizing the equipment, and • A senior representative of the Foundation	N/A	N/A

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
			Foundation connected to the site	for the site where the equipment will be used		
Pricing	The Naming Committee will assess the value of a naming right in accordance with current capital and operating costs of the applicable asset, and/or other factors pertinent to the asset.					
Term	A defined period of time (normally not to exceed 35 years) or the life of the structure, whichever occurs first	A defined period of time (normally not to exceed 20 years) or the earlier of the life of the internal facility or the life of the building housing the internal facility, whichever occurs first	A defined period of time (normally not to exceed 10 years) or commensurate with funding support for the room, lounge or the length of the program, whichever occurs first	The length of the equipment's useful life	A period of time commensurate with funding support	Negotiable
Approving Agent	Northern Health Board, upon recommendation of the CEO and GMR Committee The CEO will consult with, and receive the recommendation of, the		CEO, upon recommendation of the Naming Committee	COO responsible for the site(s) or clinical area(s) where the equipment will be used, upon	The Naming Committee will delegate the naming of a tribute marker to the appropriate Chief Operating Officer	

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	Naming Committee prior to submitting a final recommendation to the GMR Committee and the Board. Before submitting a name for approval to the Board, preliminary discussions should be held with the provincial government to ensure there will be no government barrier to approval.			recommendation of the Naming Committee		
Additional Provincial Government Approval	Where the proposed naming of an entire facility, or significant portion thereof, is to receive Board approval, additional consultation with the provincial government is required to ensure compliance with government policy. Refer to "Government of British Columbia Naming Privileges Policy" (Appendix 2.) In some cases, further approval from Cabinet may be required. Prior to submitting recommendation for GMR and Board approval: For naming opportunities for all classes of asset that are accompanied by a financial or in-kind contribution,					

NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	complete the "Naming Request Form" appended to the Government of British Columbia Naming Privileges Policy and submit to the applicable government Ministry. An additional step is required for Class I (entire facility) assets. Upon confirmation that the responsible government Ministry requires no further approval, further application must be made as follows: Hospital: This type of facility is designated under the *Hospital Act* by way of a Ministerial Order. Any change to an existing facility name requires the Ministry of Health to rescind the original designation and re-designate the facility with the new name. Residential Care Facility: This type of facility falls under the *Community Care & Assisted Living Act*. The facility is licensed by the Health Authority (therefore a Ministerial Order is not issued by government); the name of the facility is designated					

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
	by way of the Health Authority's licensing process. As a courtesy, the Ministry of Health should be consulted during the naming process, prior to the facility being licensed. Upon consultation with the appropriate provincial government bodies, proceed with GMR recommendation/Board approval process.					

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APPENDIX 1

ASSET NAMING NOMINATION FORM

**Format: Electronic fillable form linked above & Regular form attached next page*

APPENDIX 2

Government of British Columbia "Naming Privileges Policy"

APPENDIX 3

Government of British Columbia "Naming Request Form"

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Asset Naming Nomination Form

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Name of donor or sponsoring entity	Contact information

Proposed asset to be named	Proposed name	Proposed term of naming right

For proposed name honouring an individual (if applicable)

Full name	Date of birth	Date of death (if applicable)	Occupation (or former occupation)	Length of service to Northern Health

Consideration for naming opportunity (if applicable)

☐ Financial	☐ In-kind (describe)	☐ Distinguished service (no financial or in-kind gift)	☐ Other (describe)

For nomination honouring distinguished service:
Have at least 3 years elapsed since the individual last worked with Northern Health? ☐ Yes ☐ No

Association of proposed name to the asset being named

Association with and main contribution(s) to Northern Health and/or local community

Background and/or biographical information demonstrating significance of proposed name to the community

Optional: **Other reason(s) for proposed name** (to reasonably assist the committee's deliberations)

Source(s) of above information

Completed nomination form is to be submitted to Northern Health's COO responsible for community in which the application asset resides.

10-300-7052 (LC - Appr. - 06/16)

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CORPORATE CONDUCT v.1 BRD 260

Introduction

The Board of Directors of Northern Health (the "Board") is committed to exemplary standards of corporate conduct, which will inform and guide organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal, and through consistent modelling of expected behaviour by the Board and management, can the organization earn and maintain the trust of those whom it serves.

The Board is obliged to ensure that Northern Health establishes and maintains standards of conduct that all personnel are expected to follow, approved by the Public Sector Employers' Council, in order to address taxpayer accountability principles.

To this end the Board must establish clear policy objectives for its own conduct, and must also ensure that management, through the President and Chief Executive Officer (the "CEO"), develops, implements and enforces practical, well defined policy for the organization as a whole so that individuals may have clear direction in the discharge of their individual roles and understand their own personal obligation to report known or suspected violations.

Policy Scope

Management shall ensure policies are developed for standards of conduct and other corporate issues[1] as deemed prudent and reasonable:

- Ethical Behaviour
- Confidentiality
- Conflict of interest
- Respect in the workplace
- Theft, fraud, corruption, and non-compliance

Compliance

The Board expects that management will:

1. Ensure that specific standards are established and clearly communicated to all staff members, and that any updates are communicated to those affected on a timely basis.

[1] Not an exhaustive list but representative of the areas for which policy shall be created and promulgated.

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2. Inform all staff members as to where they can obtain information needed to interpret these standards in relation to their individual circumstances.

3. Make it clear that compliance with the approved standards is considered to be a condition of continued association with Northern Health.

4. Maintain established internal and management controls designed to prevent or detect failures to apply corporate standards.

5. Ensure that reports of non-compliance are regarded, except as otherwise dictated by legislation, as confidential and that no penalties are imposed on those reporting alleged violations in good faith.

6. Lead by example and consistently exhibit high standards of personal conduct in dealing with staff and others with whom they may be in contact in the discharge of their duties.

7. Deal with known and proven breaches in an appropriate manner including discipline up to and including discharge where justified.

8. Provide regular reporting regarding the application of this policy to the Governance and Management Relations Committee in accordance with the Committee's work plan.

These guidelines are not intended to abridge statutory rights, rights conferred by a collective agreement, or the obligations arising from a professional designation. The purpose is solely to promote an enterprise-wide commitment to standards of personal conduct that earns Northern Health a reputation for integrity.

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TERMS OF REFERENCE FOR THE BOARD CHAIR V.1 BRD 120

INTRODUCTION

1. The Board Chair is appointed by the BC Minister of Health.

2. The Board Chair's primary role is to act as the presiding Director at Board meetings and to manage the affairs of the Board of Directors of Northern Health (the "Board"). This includes ensuring that the Board is properly organized, functions effectively, and meets its obligations and responsibilities.

3. The Board Chair builds and maintains a sound working relationship with the President and Chief Executive Officer (the "CEO") and ensures an effective relationship between the Minister of Health, other government representatives and key stakeholders.

4. The Board Chair is an ex-officio member of Board committees where he/she is not appointed as a full member, including the Northern Health Medical Advisory Committee.

DUTIES AND RESPONSIBILITIES

Working with Management

The Board Chair:

1. Acts as a sounding board, counsellor and confidante for the CEO and assists in the review of strategy, definition of issues, maintenance of accountability, and building of relationships.

2. In conjunction with the CEO, represents Northern Health as required.

3. Ensures the CEO is aware of concerns of Government, the Board and other stakeholders.

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4. Leads the Board in monitoring and evaluating the performance of the CEO, ensures the accountability of the CEO, and ensures implementation of the management succession and development plans by the CEO.

5. Works closely with the CEO to ensure management strategies, plans and performance are appropriately represented to the Board.

6. In conjunction with the CEO, fosters a constructive and harmonious relationship between the Board and the senior management group.

Managing the Board

The Board Chair:

1. Acts as the primary spokesperson for the Board.

2. Ensures the Board is alert to its obligations to Northern Health, the Government and other stakeholders.

3. Chairs Board meetings and ensures that the appropriate issues are addressed.

4. Establishes the frequency of Board meetings and reviews such frequency from time to time as considered appropriate, or as requested, by the Board.

5. Assists the Governance & Management Relations Committee in developing Director criteria and in identifying potential candidates to be recommended to the Government for appointment as Directors, and communicates with the Government regarding the criteria and names of candidates.

6. Recommends committee membership and committee Chair appointments to the Board for approval; and reviews and reports to the Board the need for, and the performance and suitability of, Board committees.

7. Liaises and communicates with all Directors and committee Chairs to coordinate input from Directors, and optimizes the effectiveness of the Board and its committees.

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8. Ensures the coordination of the agenda, information packages and related events for Board meetings in conjunction with the CEO and the Corporate Secretary.

9. Ensures major initiatives have proper and timely Board understanding, consideration, oversight and approval.

10. Ensures the Board receives adequate and regular updates from the CEO on all issues important to the welfare and future of Northern Health.

11. Builds consensus and develops teamwork within the Board.

12. Reviews Director conflict of interest issues as they arise.

13. In collaboration with the CEO, ensures information requested by Directors or committees of the Board is provided and meets their needs.

14. Ensures regular evaluations are conducted of the Board, Board Chair, Directors and Board committees.

15. Engages independent counsel or advisors, as considered necessary, and provides approval to Board committees seeking to engage independent counsel or advisors, as appropriate.

Relations with the Government and other Stakeholders

In consultation with the Board, the Board Chair has the responsibility to establish regular interactions and relationships with individuals, groups, organizations and at meetings such as:

- Board Chair/CEO meetings
- Chair to Chair meetings
- Local & municipal governments
- Minister of Health
- MLAs

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- NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
- North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
- Other provincial Ministries and government bodies
- Regional Districts (RD) & Regional Hospital Districts (RHD)

The Board Chair may authorise other Directors to participate in meetings with government and other stakeholders.

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TERMS OF REFERENCE FOR A DIRECTOR V2 **BRD 140**

INTRODUCTION

A Director of the Board of Northern Health (the "Board") has the following fundamental obligations.

FIDUCIARY RESPONSIBILITIES

Honesty and Good Faith

Common law requires a Director to act honestly and in good faith with a view towards the best interests of the organization. The key elements of this standard of behaviour are:

1. A Director must act in the best interests of the organization and not in his or her self-interest. This also means a Director should not be acting in the best interests of some special interest group or constituency.

2. A Director must not take personal advantage of opportunities that come before him/her in the course of performing his/her Director duties

3. A Director must disclose to the Board any personal interests that he/she holds that may conflict with the interests of the organization

4. A Director must respect the confidentiality requirements of the Board's Code of Conduct and Conflict of Interest Guidelines (BRD210)

Skillful Management

A Director shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in similar circumstances. This means:

1. Directors are expected to bring their expertise to bear upon matters under consideration

2. The Director must be proactive in the performance of his or her duties by:

    a. showing diligence by examination of reports, discussion with other Directors, and otherwise being sufficiently familiar with the organization's activities

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b. participating in a meaningful way

c. being vigilant to ensure the organization is being properly managed and is complying with laws affecting the organization

d. participating in the annual Board evaluation and the evaluation of individual Directors

STANDARDS OF BEHAVIOUR ESTABLISHED BY THE BOARD

The Board has established the following standards of behaviour for Directors.

General

As a member of the Board, each Director will:

1. Demonstrate a solid understanding of the role, responsibilities and legal duties of a Director and the governance structure of the organization as outlined in the Board manual

2. Demonstrate high ethical standards in personal and professional dealings

3. Understand the difference between governing and managing, and not encroach on management's area of responsibility

Strategies and Plan

As a member of the Board, each Director will:

1. Demonstrate an understanding of the organization's strategic direction

2. Contribute and add value to discussions regarding the organization's strategic direction

3. Provide strategic advice and support to the President and Chief Executive Officer (the "CEO")

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4. Participate in monitoring and evaluating the success of the organization and the CEO in achieving established goals and objectives, including participation in the annual CEO performance planning and review process

Preparation, Attendance and Availability

As a member of the Board, each Director will:

1. Prepare for Board and committee meetings by reading reports and background materials distributed in advance

2. Maintain an excellent Board and committee meeting attendance record. The target is 100% attendance. Anything less than 80%, without extenuating circumstances, would create difficulties for the Board. Where a Board member anticipates an inability to meet the attendance requirements, he or she will discuss the circumstances with the Board Chair to determine an appropriate course of action. This may include an unpaid leave of absence or potential resignation from the Board.

3. Attend the entire Board or committee meeting, not just parts of meetings

4. Participate in committees and contribute to their purpose

5. Participate in Board meetings in person particularly those where the Board members are meeting members of the public. Some exceptions can be made in extenuating circumstances.

~~5.~~6. Attend other meetings attending to business of the Board, at the direction of the Board Chair, which may include meetings with local, municipal and provincial government, Members of the Legislative Assembly (MLAs), non-government organizations (NGOs), North Central Local Government Association (NCLGA), Union of British Columbia Municipalities (UBCM), Regional Districts, and Regional Hospital Districts.

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Communication and Interaction

As a member of the Board, each Director will:

1. Demonstrate good judgment

2. Interact appropriately with the leadership and management of the organization

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3. Participate fully and frankly in the deliberations and discussions of the Board

4. Be a positive and constructive force within the Board

5. Demonstrate openness to other opinions and the willingness to listen

6. Have the confidence and will to make tough decisions, including the strength to challenge the majority view

7. Maintain collaborative and congenial relationships with colleagues on the Board.

8. Advise the CEO and the Chair in advance when introducing significant and/or previously unknown information or material at a Board or Board Committee meeting

9. Once a decision has been made, support the decision

10. While the Board Chair is the primary spokesperson for the Board (BRD120), individual Directors may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. opening of a new facility). See BRD220.

Health Authority Knowledge

Each Director will:

1. Become generally knowledgeable about the organization's operation, health care issues, and how the organization fits into the provincial health care system

2. Participate in Director orientation and development programs developed by the organization from time to time

3. Maintain an understanding of the regulatory, legislative, social and political environments within which the organization operates

4. Become acquainted with the organization's senior managers

5. Be an effective ambassador and representative of Northern Health

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6. Become generally knowledgeable about the population served and the partners of Northern Health, such as:
   a. Local & municipal governments
   b. provincial government political leaders e.g. MLAs
   c. NGOs (Alzheimer Society, Canadian Cancer Society, Canadian Red Cross etc.)
   d. North Central Local Government Association (NCLGA) & Union of British Columbia Municipalities (UBCM)
   e. Other provincial Ministries and government bodies
   f. Regional Districts (RD) & Regional Hospital Districts (RHD)

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES V.1 BRD 610

BOARD REMUNERATION

Introduction

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the "Board") for their time while discharging their duties on behalf of Northern Health[1]. The policy also addresses reimbursement of expenses.

Annual Retainers

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

- Chair $15,000
- Director $ 7,500
- Audit & Finance Committee Chair $ 5,000
- Other Committee Chairs $ 3,000

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

Payment for Attendance at ~~Board and Committee~~ Meetings

Directors will be compensated for attending meetings, including Board and Board Committee meetings, as well as other meetings attending to the business of the Board with local, municipal, and provincial government, Members of the Legislative Assembly (MLAs), Non-Government Organizations (NGOs), North Central Local Government Association (NCLGA), Union of British Columbia Municipalities (UBCM), Regional Districts and Regional Hospital Districts. The Board Chair may approve compensation for meetings other than those listed above, with discussion with the President and Chief Executive Officer ("the CEO"). Directors attending ~~Board or Board Committee~~ authorised meetings will be compensated as follows:

- For meetings in excess of 4 hours duration $500

[1] This document conforms to Treasury Board Directive 2/17 dated September 8, 2016

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- For meetings of 4 hours or less duration $250

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

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

Travel time shall be calculated from the Director's normal place of residence. Exceptions will be handled on a case by case basis in consultation with the Corporate Secretary and/or Board Chair.

Maximum Daily Compensation
Compensation for Board and Board Committee meetings and associated travel time will not exceed $500 in total in a 24-hour day.

Annual Compensation Limits[2]

- Chair $45,000
- Director $22,500
- Audit & Finance committee chair $27,500
- Other board committee chairs $25,500

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

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives[3]. Expense claims, must be supported by receipts. Directors should consider the following guideline for reasonable meal expenses:

[2] The sum of retainer plus meeting fees and travel time
[3] Board members are reimbursed using the same rates payable to Northern Health non-contract staff, which is also consistent with Treasury Board guidelines.

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Full Day Cap	$49.00
Breakfast	22.00
Lunch	22.00
Dinner	28.50
B&L	30.00
L&D	36.50
B&D	36.50
Incidental	14.00

Transportation and accommodation arrangements should be based on overall economy and efficiency, balancing the travel costs with the director's time commitments and travel safety. All air travel is to be booked utilizing economy class airfares and, wherever possible, arrangements should be made to obtain early booking discounts.

If a Board member chooses ground transportation over air travel, the mileage compensation claimed should be less than or equal to the cost of an economy class air fare.

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

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

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Payment

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

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing[4].

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

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

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

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Capital Planning & Support Services
300-299 Victoria Street
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BRIEFING NOTE

Date:	**May 5, 2020**	
Topic	**Energy and Environmental Sustainability Portfolio**	
Purpose:	☒ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☐ **Decision**
Prepared for:	**GMR Committee and NH Board of Directors**	
Prepared by:	**Ken Van Aalst, Director, Facilities Maintenance, Engineering and Environmental Sustainability** **(with input from Les Sluggett & Keith Hebert)**	
Reviewed by:	**Mike Hoefer, Regional Director Capital Planning and Support Services**	

Issue:

Annually, the Board's Governance and Management Relations (GMR) Committee receives Northern Health's (NH) Energy and Sustainability Portfolio Report and the Carbon Neutral Action Report (CNAR). The following Energy and Environmental Sustainability portfolio report is provided for information and reference.

2016-21 Strategic Plan

This topic is aligned with Northern Health's enabling priority, *Communications, Technology, and Infrastructure.* In particular, Northern Health's efforts related to carbon neutrality are part of building, maintaining and managing facilities and infrastructure in support of service delivery.

Background:

NH's energy initiatives, described more fully in the Strategic Energy Management Plan (SEMP), outlines a series of strategies designed to produce long term, sustainable reductions in our overall energy consumption, primarily natural gas, electricity, propane, and water. These efforts are led by Capital Planning & Support Services - Energy and Environmental Sustainability portfolio.

The following provides highlights of the 2019 reporting year and plans for 2020.

Demand Considerations

The demand for energy utilization is multifaceted including the energy needs from new and/or service expansion and the incorporation of new technologies into healthcare service delivery. In 2019, NH experienced the following new demand pressures:

> **Changes in Floor Area:** The 1,086 sq. meter Prince George Urgent Patient Care Center was added in early 2019, no other additional floor area was added in 2019.
>
> **Changes in Weather:** Weather has a minor impact on NH's natural gas use. In 2019, there was a slight reduction in heating degree days (HDD) which measures relative winter coldness, from 2018. NH's 2019 natural gas use decreased by less than 1% as a result of the impact of conservation projects.

Energy Efficiency and Utilities Reduction & the Effect on Carbon Costs

Carbon Offsets Reporting: NH continues to be carbon neutral through the purchase of carbon offsets (payable to the Minister of Finance) as per provincial legislation. The price is $25 per tonne, which for natural gas works out to $1.24 per GJ. All government entities are required to self-certify the data submitted through a declaration by a Designated Representative. Northern Health's Designated Representative is Mark De Croos, VP Finance/ CFO.

Due to COVID-19, on March 31, 2020, to meet legislated requirements, "Under my authority as the Director for the purposes of the Act, and under the authority delegated to me in Section 6 of the Carbon Neutral Government Regulation, I hereby direct that all ministries and Public Sector Organizations covered by the Carbon Neutral Government requirement shall use their 2018 GHG emissions as a temporary estimate for their actual 2019 GHG emissions, for the purposes of the 2019 Carbon Neutral Action Reports and 2019 Carbon Neutral Government reporting required under the Climate Change Accountability Act". Neil Dobson, Executive Director, Clean BC Implementation Climate Action Secretariat (CAS). In effect, that 2019 carbon reporting and offset purchases will be as 2018 declared final results for 2019 with adjustments to be made in 2020.

The provincial government supplied software, SMARTTool (STT) data was frozen from 2010 up to and including 2018 by CAS so STT can be phased out and a new software called Clean Government Reporting Tool (CGRT) and reported through Social Finance (SoFi) Enterprise Sustainability Software, an updated, focused Greenhouse Gas (GHG) measurement tool, will replace STT for 2020 and beyond with more functionality, reports and analysis.

NH Carbon Neutral Action Report (CNAR) data and adjustments will be prepared and entered into SoFi by our FortisBC sponsored Energy Coordinator, who is continuing in the role of reviewing utility data/invoices for all NH owned facilities for the calendar year to ensure accuracy and completeness of data.

Carbon Tax: BC's carbon tax rate is now $45 per tonne, which for natural gas works out to $2.24 per GJ. The carbon tax is collected by the utilities on behalf of the Province on each invoice. The carbon tax rate will be increasing $5.00 per tonne on April 1st next year, reaching $50.00 per tonne. This means in 2021, NH will be paying $2.48 for each GJ of natural gas consumed, in addition to the carbon offset cost of $1.24 per GJ. The combined cost would be $3.72 per GJ, which is $75.00 per tonne.

Carbon Neutral Action Report (CNAR): As in previous years, NH will submit a report to CAS on our actions toward reducing our carbon footprint. This report highlights work identified in this Briefing Note. The report is signed by NH CEO and is posted on the BC Government website along with reports from other government agencies. From the 2019 calendar year, NH will purchase approximately 22,500 tonnes of carbon offsets at an estimated cost of $562,500 (plus applicable taxes); same as 2018 – 22,500 tonnes for $562,500.

2019 related CNAR reporting is using the following deadlines:

- **May 15, 2020:** CAS distributes invoices; receive an offset invoice with the final emissions numbers and the amount of offsets to be purchased for the 2019 reporting year; and 2019 invoices will be based on 2018 CGRT emissions data. Adjustments to reflect actual 2019 emissions will appear on 2020 invoices;
- **May 29, 2020:** CNAR (or Small Emitters Form) due with email the signed, completed CNAR;
- **June 30, 2020:** CNAR Survey due, post reports and retire offsets; with completed online 2020 CNAR Survey* – *Extended from May 29, 2020;* Climate Action Secretariat posts all PSO CNARs; Payment for offset investment due, and Climate Action Secretariat retires sufficient offsets to achieve carbon neutrality for 2019;
- **September 30, 2020** - *Extended from April 30, 2020;* Deadline to populate 2019 building, fleet and paper data into the Clean Government Reporting Tool (CGRT); and
- **October 15, 2020** - *Extended from May 15, 2020*: Self-Certification Checklist due.

Carbon Neutral Capital Program (CNCP):

During 2019-20, NH received $560,000 in capital incentives to help implement projects to reduce our carbon footprint. NH is anticipating an increase of $1.4 M in CNCP funding to $1.96 M for 2020-21 and ongoing; this funding will be used to support energy saving projects throughout NH. The anticipated 2020 savings are approaching 8,000 GJ which comes from a reduction in natural gas use at St. John Hospital, Vanderhoof. This will result in an overall reduction in NH GHG emissions of 2.0%.

2020-21 CNCP Capital projects are planned for St. John, Dunrovin and UHNBC. Other possible CNCP projects are for McBride, Lakes and Bulkley Lodge.

NH Energy Management: Over the past 10 years from 2010-2019, NH 's energy conservation and awareness energy programs have avoided electrical and natural gas costs saving NH over $13.4 Million, or 285 Gigawatt hours of energy use avoided, from:

- 55 GWh avoided electrical consumption = $ 4.6 million
- 688,000 GJs of avoided natural gas use = $ 8.8 million

This is enough to hire 10 healthcare professionals for five full years. Or 5 years of electricity use at every NH facility.

BC Hydro continues annual 50% cost shared funding for the contracted Energy Manager ($100,000/year for expenses and wages). This funding has been in place for over ten years, with Energy Advantage prior to the current contractor.

FortisBC has continued annual funding of the contracted Energy Coordinator ($60,000/year). This funding has been in place for over eight years, and may remain in place with continued participation in the programs that FortisBC offers.

CleanBC Electrification Project: In 2019, NH started a 2 year $1.55 M CleanBC electrification project (with a $200,000 incentive agreement) at St John Hospital, Vanderhoof. This project consists of condensing boilers, installed in 2019-20 (completion May 2020); and dual heat pump system for 2020-21 (tender in May 2020 with completion November 2020).

Energy Studies: An energy study was done in late 2019/early 2020 at UHNBC to improve the boiler plant and complete the Domestic Hot Water system, upgrading to new condensing boilers. Results showed significant energy and financial benefits but development may be impacted by a future expansion.

Also in 2020-21 a detailed energy study at Prince Rupert Hospital for a CleanBC electrification project (like the St John Hospital project) is awaiting BC Hydro approval to be completed this year.

Additional pre-screen studies of hospitals and care homes in NH (Smithers, Prince Rupert, Quesnel and Burns Lake) were completed. In 2020-21, with further pre-screen studies (Smithers, Houston, Prince Rupert, and McBride (propane and biomass)) for potential mechanical and boiler plant improvements.

These studies identify additional opportunities to lower GHG emission levels by reducing natural gas, propane and electricity consumption. These and other energy study costs will be able to be re-captured as incentives from CleanBC and BC Hydro (50% study cost plus up to $200,000 project incentive) and FortisBC 50% of study cost plus up to $25,000 under their respective energy efficiency programs.

FortisBC Commercial Custom Design Program: With the increase in CNCP funding, NH is planning to upgrade Dunrovin Park Lodge boiler plant to new condensing boilers using FortisBC prescriptive boiler program. NH implemented a Domestic Hot Water project at UHNBC, completed in 2019, and FortisBC provided $123,000 in incentive. In addition, this DHW project has natural gas savings of up to 4% at the site, and nearly 1% overall for the organization. NH

plans a major boiler plant upgrade at Dunrovin Park Lodge, Quesnel using the FortisBC prescriptive boiler program and qualify for up to $25,000 incentive.

Energy Behavioural Awareness: NH has continued to participate in an Energywise Network program focusing on energy saving behaviour by staff. BC Hydro funds consulting for administrative and coaching support from an engineering company that oversees delivery of the program on their behalf. Anticipated energy savings are difficult to quantify but are generally believed to be 1% - 2% for the sites which do take part. Work is continuing to support Green Champions at each participating site with the eventual goal of including all sites.

Environmental Sustainability (ES): The primary benefits of ES will be cost reductions from energy reduction, improved public profile, and improved employee recruitment and retention as staff look for an environmentally responsible employer. In addition to the energy behavioural awareness work outlined above, some new initiatives regarding wildfire and extreme weather events covering awareness, planning, monitoring and mitigation. Facility Operator surveys are underway and Health Canada will be looking for case study facilities for impact of wildfires and smoke.

In 2019 and 2020, CleanBC, via the *Climate Change Accountability Act* which includes legislated targets for reducing greenhouse gases, a climate change accountability framework, and requirements for the provincial public sector. Under *the Act*, B.C.'s GHG emissions are to be reduced by at least 40 percent below 2007 levels by 2030, 60 percent by 2040, and 80 percent by 2050. In 2019, government introduced requirements to set sectoral emissions targets and an interim emissions target on the path to the 2030 goal. Other significant goals include: More energy efficient new buildings; 20% by 2022, 40% by 2027, and 80% by 2032 – the net-zero energy ready standard. More energy efficient new transportation; 40% by 2030.

Provincial Environmental Technical Team (PETT): Participation on a provincial health authority environmental committee reporting to the BC Health Authorities Service Delivery Steering Committee. Among the guiding principles going forward are Climate Change, Mitigation, Adaptation and LEED Gold Buildings. This committee has standing representation from Provincial Health Services Authority (PHSA) Supply Chain, Ministry of Health (MOH), Climate Action Secretariat (CAS) and BC Hydro and FortisBC. The committee meets on a monthly basis or as required.

Recommendation(s):

For information only

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2019 Carbon Neutral Action Report

Executive Summary

Northern Health is pleased to submit our 2019 Carbon Action Neutral Report outlining the actions we have taken to address greenhouse gas emissions in this past year and our plans for the future.

During our 2019-2020 fiscal year, Northern Health began implementation of energy conservation projects at St. John Hospital in Vanderhoof. Once fully implemented in 2020-2021, GHG emissions for this facility are anticipated to fall by 50%.

Ongoing projects are being funded through the Carbon Neutral Capital Program, with significant incentive contributions from FortisBC and BC Hydro.

While the winter heating season demand was similar to previous winter, Northern Health was able to reduce natural gas use by approximately 1% through conservation projects.

Energy conservation projects for the next 24 months have been identified, and should result in a combined reduction of natural gas usage by more than 2% overall.

Northern Health remains committed to sustainable actions and leaving a healthy environment for the future populations of northern British Columbia.

Cathy Ulrich
President and CEO, Northern Health

Impact of COVID19 on Carbon Reporting

Due to COVID19, the following was announced on March 31, 2020:

"Under my authority as the Director for the purposes of the Act, and under the authority delegated to me in Section 6 of the Carbon Neutral Government Regulation, I hereby direct that all ministries and Public Sector Organizations covered by the Carbon Neutral Government requirement shall use their 2018 GHG emissions as a temporary estimate for their actual 2019 GHG emissions, for the purposes of the 2019 Carbon Neutral Action Reports and 2019 Carbon Neutral Government reporting required under the Climate Change Accountability Act". Neil Dobson, Executive Director, Clean BC Implementation Climate Action Secretariat (CAS). In effect, that 2019 carbon reporting and offset purchases will be as 2018 declared final results for 2019 with adjustments to be made in 2020.

2019 Greenhouse Gas Emissions

In 2019, as in 2018, heating, lighting, ventilation and other building operations necessary to maintain a healthy patient and workplace environment resulted in the emission of 21,445 tonnes of carbon and carbon equivalents into the atmosphere.

Paper consumption resulted in an additional release of 326 tonnes of carbon equivalent emissions.

Fleet vehicles resulted in an additional release of 771 tonnes of carbon equivalent emissions.

In total, Northern Health had a measured carbon footprint of 22,542 tonnes for the delivery of quality healthcare in the most challenging climate in the Province.

Offsets Applied to Become Carbon Neutral in 2019

NHA's total carbon footprint for 2019 was 22,542 tonnes, 22,512 of which are offsetable. Northern Health purchased 22,512 tonnes of carbon offsets to counter the emissions identified above, thereby achieving carbon neutrality in accordance with government legislation.

Thirty tonnes CO2e of emissions resulting from the combustion of bio-fuel were reported as part of our emissions profile in 2019. However, they were not offset

as they are considered carbon neutral in accordance with the government carbon accounting legislation.

Emissions Reduction Activities

Northern Health continued to implement energy conservation projects in 2019 to reduce carbon emissions from its operations. This is a strategic process which began in 2008, with additional opportunities already identified through 2021-2022.

These opportunities will utilize the annual Carbon Neutral Capital Program funding, as well as other substantial incentives from our utility partners.

Actions Taken to Reduce Greenhouse Gas Emissions in 2019

During the 2019-2020 fiscal year, Northern Health began implementation of energy conservation projects at St. John Hospital in Vanderhoof. The renewal of the heating plant will include: a new heat recovery coil on the main exhaust ducts; a new low temperature heating loop to new low temperature reheat coils and five new condensing boilers.

Plans to Continue Reducing Greenhouse Gas Emissions in 2020

During 2020, we will begin Phase Two work at St. John Hospital in Vanderhoof. This will include a new air to water heat pump and various new pumps, piping and duct work.

Capital investments made at facilities to improve energy performance over the last ten years are resulting in annual cost avoidance of more than $1 million. Our Energy Management team has determined that if we had not done any energy conservation projects during the previous decade, Northern Health's total GHG emissions would be up to 30% higher than they are today.

Northern Health continues to receive incentives and program support from our utility partners at FortisBC and BC Hydro, who provide funding for personnel, programs and projects. We will continue to implement projects that provide both environmental benefits, and long-term financial cost savings.