Meeting of the Northern Health Board
October 20, 2021

Due to COVID-19 Pandemic the Northern Health Board did not host a Public Board meeting on October 20, 2021 as originally scheduled.

The Northern Health Board met virtually to address regular Board business. Part of the meeting included a review of the material in this package.

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Northern Health Board
Public Package – October 2021

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Adjourned		

BOARD BRIEFING NOTE

Date:	September 29, 2021	
Agenda item	Reappointment of External Auditor: 2021-22 Fiscal Year	
Purpose:	☒ **Information**	☐ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Beverly Little, Regional Director, Finance & Controller Mark De Croos, VP Financial & Corporate Services/CFO	

Purpose:

Board approval is required for the reappointment of PricewaterhouseCoopers LLP ("PwC") as Northern Health's external auditor for the fiscal year ending March 31, 2022, representing Year 5 of a five-year term of engagement. The Committee is asked to endorse a Board motion to reappoint PwC for FY2021-22.

Background:

In October 2017, the NH Board of Directors awarded a five-year contract to PricewaterhouseCoopers (PwC) for the provision of external audit services commencing with the 2017-18 financial statement audit. Board approval is required annually for the reappointment of PwC for the remaining years of this contract.

The audit of Northern Health's 2020-21 financial statements was completed in accordance with the audit plan that was presented to the Committee. PwC met all key milestones and deliverables. Interaction with NH staff was professional, and balanced auditor's need for access to staff members' time with the staff members' need to carry out operational tasks.

BOARD BRIEFING NOTE

Date:	September 29, 2021	
Agenda item:	2021-22 Period 5 – Operating Budget Update	
Purpose:	☒ **Information**	☐ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD August 19, 2021 (Period 5)

Year to date Period 5, Northern Health (NH) has a net operating surplus of nil.

Excluding extra-ordinary items, revenues are unfavourable to budget by $5.2 million or 1.7% and expenses are favourable to budget by $5.0 million or 1.3%.

The unfavourable variance in Ministry of Health contributions is due to delays in implementation of programs funded with targeted funds and the resulting deferral in recognition of associated revenue.

The unfavourable in Other revenues is primarily due to shortfall in patient and client revenues. Health Authorities are able to bill for services provided to non-residents of BC. However, with travel restrictions due to COVID-19, service utilization by non-residents severely declined resulting in a shortfall in revenue. Additionally, reduction in utilization of diagnostic and rehabilitation services due to COVID-19 resulted in a reduction in revenue from third party payers such as Medical Services Plan and WorkSafe BC.

The favourable variance in Community programs is primarily due to vacancies.

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.

In response to the global COVID-19 pandemic, NH has incurred $30.2 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditure and loss revenue.

NORTHERN HEALTH
Statement of Operations
Year to date ending August 19, 2021
$ thousand

	Annual Budget	YTD August 19, 2021 (Period 5) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	787,694	301,849	296,668	(5,181)	-1.7%
Other revenues	258,237	96,179	93,453	(2,726)	-2.8%
TOTAL REVENUES	**1,045,931**	**398,028**	**390,121**	**(7,907)**	**-2.0%**
EXPENSES (BY PROGRAM)					
Acute Care	552,468	210,061	210,981	(920)	-0.4%
Community Care	277,808	104,562	95,493	9,069	8.7%
Long term care	132,239	50,369	53,507	(3,138)	-6.2%
Corporate	83,416	33,036	33,049	(13)	0.0%
TOTAL EXPENSES	**1,045,931**	**398,028**	**393,030**	**4,998**	**1.3%**
Net operating deficit before extraordinary items	**-**	**-**	**(2,909)**		
Extraordinary items					
COVID-19 expenses	-	-	30,240		
Total extraordinary expenses	-	-	30,240		
Supplemental Ministry of Health contributions	-	-	33,149		
Net extraordinary items	-	-	2,909		
NET OPERATING SURPLUS	**-**	**-**	**-**		

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BOARD BRIEFING NOTE

Date:	September 28, 2021	
Agenda item:	Capital Public Note	
Purpose:	☒ **Information**	☐ **Decision**
Prepared for:	NH 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 2021-22 capital expenditure plan in January 2021, with an amendment in July 2021. The updated plan approves total expenditures of $274.4M, with funding support from the Ministry of Health ($165.4M, 60%), Six Regional Hospital Districts ($90.67M, 33%), Foundations, Auxiliaries and Other Entities ($2.5M, 1%), and Northern Health ($15.8M, 6%).

Year to date Period 5 (ending August 19, 2021), $66M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	51.8	194.0
Major Capital Projects (< $5.0M)	2.0	25.8
Major Capital Equipment (> $100,000)	3.3	26.6
Equipment & Projects (< $100,000)	4.2	12.2
Information Technology	5.0	15.7
	66.3	274.4

Significant capital projects currently underway and/or completed in 2021-22 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Burns Lake	BLH FM Domestic Hot Water Heaters	$0.41	In Progress	MOH
Fort St. James	Stuart Lake Hospital Replacement	$116.12	In Progress	SNRHD, MOH
Granisle	Granisle Health Centre Leasehold Improvements	$1.15	In Progress	SNRHD, MOH
McBride	MCB Boiler Plant Upgrade	$0.40	In Progress	MOH
Mackenzie	MCK DI General X-Ray Replacement	$.95	In Progress	MOH, FFGRHD
Prince George	UHNBC Cardiac Services Department Upgrade Planning	$12.5	Planning	FFGRHD, MOH, NH
Prince George	UHNBC DI Interventional Fluoroscopy	$4.25	In Progress	FFGRHD, MOH
Prince George	UHNBC DI General Fluoroscopy Replacement	$2.05	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Integrated Fault Detection & Diagnostics	$0.17	Closing	FFGRHD, MOH
Prince George	UHNBC LND Washing Machine 1	$0.96	Closing	FFGRHD, MOH, NH
Prince George	UHN OR Electrical Upgrade and Lights	$0.46	In Progress	MOH
Prince George	UHNBC Panther Fusion	$0.83	Closing	SONHF, MOH
Prince George	UHNBC Pharmacy Fastpak Verifier	$0.17	Closing	FFGRHD, MOH, NH
Prince George	UHNBC Phone System Replacement Phase 2	$0.91	In Progress	FFGRHD, MOH
Prince George	UHNBC – New Acute Tower Business Plan	$5.00	In Progress	FFGRHD

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC – Sterile Compounding Room Upgrade Planning	$1.90	Planning	FFGRHD, MOH, NH
Prince George	UHNBC Lab Chemistry Automation	$5.75	In Progress	FFGRHD, MOH, NH
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	UHNBC OR Dual Focus Lithotripter Replacement	$2.3	In Progress	MOH
Prince George	GTW RC Vocera	$.50	Planning	MOH
Prince George	UHNBC ED Negative Pressure Upgrade	$.36	Planning	MOH
Prince George	UHNBC FM Transformer Replacement	$2.13	In Progress	FFGRHD, NH
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$.63	In progress	CCRHD, MOH
Quesnel	GRB CT Scanner Replacement	$1.92	In Progress	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GRB Kitchen Renovation	$5.00	In Progress	CCRHD, MOH, NH
Quesnel	Quesnel Long Term Care Business Plan	$.90	In Progress	CCRHD
Quesnel	QUO MJ Substance Abuse Club Leasehold Improvement	$1.27	In Progress	CCRHD, MOH
Vanderhoof	St. John Hospital Heat Pumps and Coils	$0.59	In Progress	SNRHD, MOH
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	$1.97	In Progress	SNRHD, NH, MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Kitimat	Kitimat Washing Machine Replacement	$0.39	In Progress	NWRHD, MOH
Kitimat	Kitimat LAB Chemistry Analyzer Replacement	$0.18	In Progress	NWRHD, MOH, NH
Kitimat	Kitimat Ultrasound Replacement	$.26	In Progress	Haisla Nation, NWRHD
Kitimat	Kitimat LND Large Piece Folder Replacement	$.38	In Progress	NWRHD, NH
Terrace	MMH Hospital Replacement	$622.60	In Progress	NWRHD, MOH
Terrace	MMH OR Automated Medication Dispensing Cabinet	$0.18	In Progress	MOH
Terrace	MMH OR Video System Tower 2 Replacement	$0.24	Closing	MOH
Terrace	MMH – Ultrasound (unit 3)	$0.21	Complete	DR REM Lee Foundation, MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	$1.75	In Progress	NWRHD, MOH
Hazelton	Hazelton Long Term Care Business Plan	$.60	In Progress	NWRHD
Northern Haida Gwaii	NHG Observation Room	$0.99	Planning	NWRHD, NH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	In Progress	NWRHD, NH
Prince Rupert	PRRH Medical Device Reprocessing Department Equipment Replacement and Centralization	$0.74	In Progress	MOH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	$1.54	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	$.48	In Progress	NWRHD, MOH
Prince Rupert	PRRH Main Floor Renovation - Planning	$.25	Planning	NH
Smithers	BVDH Sterile Compounding Room Upgrade	$2.51	In Progress	NWRHD, MOH, NH

Community	Project	Project $M	Status	Funding partner (note 1)
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$0.55	In Progress	NWRHD, MOH
Smithers	Smithers Long Term Care Business Plan	$.90	In Progress	NWRHD
Smithers	Bulkley Lodge FM Nurse Call System (CNCP)	$.17	In Progress	NWRHD
Stikine	STC DI X-Ray Machine Replacement	$.54	In Progress	NWRHD, NH
Houston	HDT FM AHU Replacement (CNCP)	$.87	In Progress	NWRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	CGH Chemistry Analyzer Replacement	$.22	In Progress	PRRHD, NH
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$.57	In Progress	PRRHD, MOH
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$0.17	In Progress	MOH
Dawson Creek	DCDH Hospital Replacement	$377.86	In Progress	PRRHD, MOH
Dawson Creek	DCH Phone System	$.45	In Progress	PRRHD, MOH
Dawson Creek	DCH CT Replacement	$2.55	In Progress	PRRHD, MOH
Fort Nelson	FNH FM Domestic Hot Water Upgrade (CNCP)	$.21	In Progress	MOH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$.74	In Progress	PRRHD, MOH
Fort St. John	Fort St. John Hospital Spect CT	$1.76	Closing	PRRHD, NH, MOH
Fort St. John	FSH Reverse Osmosis Replacement	$.49	In Progress	MOH, NH
Fort St. John	Fort St. John Hospital Sterile Compounding Room Upgrade	$1.0	In Progress	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Renovation Planning	$1.22	In Progress	PRRHD, MOH, NH

Community	Project	Project $M	Status	Funding partner (note 1)
Fort St. John	FSH NUR Patient Monitoring System Replacement	$.48	In Progress	MOH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	$2.83	In Progress	PRRHD, MOH
Fort St. John	Fort St. John Long Term Care Business Plan	$1.2	In Progress	PRRHD
Tumbler Ridge	Tumbler Ridge Health Centre Cooling System Replacement	$.60	In Progress	PRRHD, NH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Community Health Record (Phase 3)	$5.10	Closing	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Endoscopy System Replacement Phase 1	$0.79	Closing	MOH, PRRHD, FFGRHD, CCRHD
All	Physician eScheduling and OnCall	$0.49	In Progress	MOH, NH
All	Home Care Redesign	$1.29	In Progress	MOH
All	InCare Phase 1	$4.91	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	InCare Phase 2	$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD,NH
All	MOIS/Momentum Interop	$0.16	Planning	MOH
All	MySchedule – Partial Shifts, Prebooking	$0.18	In Progress	MOH, NH
All	Northern Lights – Personal Health Record and Portal	$1.20	In Progress	MOH, CCRHD, FFGRHD,

Community	Project	Project $M	Status	Funding partner (note 1)
				NRRHD, NWRHD, PRRHD, SNRHD
All	Sharepoint Upgrade	$0.21	In Progress	MOH
All	Clinical Data Repository (CeDaR)	$1.53	In Progress	NH
All	DNS Replacement	$0.14	In Progress	MOH
All	Computer Assisted Coding Software	$.23	In Progress	NH
All	Core Network Infrastructure	$.95	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	FNHA Community Health Record EMR Collaboration	$1.34	Planning	MOH
All	SurgCare	$.78	Planning	MOH
All	Virtual Clinic (COVID)	$1.48	Planning	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 2021-22, it is forecasted that NH will spend $11.8M on such items.

Note 1: Abbreviations used:

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

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BOARD BRIEFING NOTE

Date:	September 21, 2021	
Agenda item	Elder Program Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Performance, Planning and Priorities Committee	
Prepared by:	Aaron Bond, Executive Lead, Elder Program Dr. Raymond, Medical Lead, Elder Program	
Reviewed by:	Kelly Gunn, Vice President Primary & Community Care and Chief Nursing Executive Cathy Ulrich, President and CEO	

Issue & Purpose
An overview of the priority work of the Elder Program for the Performance, Planning and Priorities Committee.

Background:
The Elder Program stimulates, stewards, and supports planning and quality improvement across Northern Health, in all care settings, to improve care for seniors.

Key Actions, Changes & Progress:

COVID-19 Pandemic response:
Active outbreaks in long-term care and seniors' assisted living settings have significantly decreased since vaccination began in December 2020. Substantial progress on BC's Immunization Plan also resulted in declining rates of community transmission, hospitalizations, and mortality rates across the province until recently with the circulation of the Delta variant in the younger, unvaccinated population. The presence of virus 'variants of concern', in particular the Delta variant, has heightened the risk to the population generally and particularly to the frail elderly and persons with underlying medical concerns. Given this, the Ministry of Health in consultation with the Public Health Officer and health authorities have communicated Orders, COVID-19 policy and practice updates for long-term care, seniors' assisted living, and adult day programs.

The Elder Program has:
- Interpreted and disseminated Ministry of Health policy and Provincial Health Officer direction for use of personal protective equipment, infection prevention and control

measures as well as the safe admission of seniors to long-term care and assisted living from both the acute care and community settings, including safe facility transfers.
- Provided support and oversight to ensure the safe implementation of visitation guidelines in long-term care and seniors' assisted living, including reviewing all site level plans.
- Provided support to ensure compliance with the COVID-19 Vaccination Status Information and Preventive Measures Order, issued by the Provincial Health Officer on August 20, 2021. The Order sets out requirements for residents and staff to provide personal information to enable verification of their vaccination status, outlines temporary preventative measures applicable to staff who are unvaccinated, and outlines the requirements and precautions applying to other groups who interact with facilities (e.g. volunteers).
- Provided support and oversight to ensure safe resumption of all Northern Health adult day programs by the end of September 2021.

Implementation of Specialized Community Services Program for the Medically Complex/Frail (Seniors population):
A flexible range of services is required to support independence based on client's and their families' needs regardless of their living environment, to provide the right supports for people to remain safely in their homes for as long as possible. The Elder Program is leading the following work to support this strategy:
- **Home support modelling analysis** work has been completed at the community level to determine achievable home support targets that will meet the needs of seniors in each community, including expanded services and overnight response to prevent unnecessary admission to hospital and enable timely, supported discharge.
- **To support recruitment of sufficient and qualified staff**, a new Health Career Access Program is being implemented, intended first to be a career laddering opportunity for existing employees, and second, as a pathway for new employees to enter the health sector. Northern Health has been approved for 112 Heath Career Access Program seats in the community sector.
- **Alternative seniors housing** is intended to fill a service gap that exists for seniors who cannot be adequately supported in seniors' assisted living but who do not require the intensity of services provided in long-term care. Housing projects aimed at providing alternative care for dementia will be operational in Vanderhoof by the Spring of 2022 and in Kitimat by the fall of 2022.
- **Long-term care homes** use admission criteria to ensure people are appropriately admitted to these care settings. Previous analysis indicated seniors are being admitted to long-term care homes prematurely and as a result, a proportion of individuals are being cared for in a higher level of service than they require. Over the fall of 2021, the Elder Program will be implementing revised long-term care access clinical criteria to support specific and consistent admission decisions to ensure appropriate admission.
- **Appropriate use of antipsychotics in Northern Health long-term care homes:** The Elder Program continues to work with all long-term care homes to review site level reporting on quality indicators for the appropriate use of antipsychotics. A key

project target is: “By March 2022, 80% of long-term care facilities will reduce the number of residents inappropriately prescribed an antipsychotic to 28.5% with a further reduction to 25% to be achieved by March 2023. This will be achieved through the Northern Health Long-term Care Antipsychotic Reduction Collaborative. Currently the Collaborative is ensuring all frontline teams are receiving education, tools and developing approaches to manage the challenging behavioral and psychological symptoms of dementia without the use of medication. This will improve the dignity and quality of life for residents by introducing and supporting person and family centered care, as well as promoting best practices for caring for those living with dementia. For further information please refer to the briefing note in the 3P package, “Update Re: The Appropriate Use of Antipsychotics in Northern Health Long-term Care Homes”.

Risks:

- Older adults and especially those who have serious underlying medical conditions, are at higher risk for developing more serious complications from COVID-19 illness. As services and programs impacted by COVID-19 gradually reopen, focus is required to build and sustain the capacity to minimize exposure to COVID-19 in communities across the North.
- Northern Health continues to work on increasing needed health human resources in this service area. There is a special emphasis on increasing the number of health care aides via the Health Career Access Program.

Recommendation(s):

The Elder Program submits this report for information and discussion purposes.

BOARD BRIEFING NOTE

Date:	October 20, 2021	
Agenda item	Update on Community Health Service Volumes and Projections	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Aaron Bond, Executive Lead, Elder Program Dr. Raymond, Medical Lead, Elder Program	
Reviewed by:	Kelly Gunn, Vice President Primary & Community Care and Chief Nursing Executive Cathy Ulrich, President and CEO	

Issue & Purpose

This briefing note is to update the Northern Health Board of Directors on Northern Health's performance for Community Health services for Fiscal Year 2020/21 and the approach to projected service volumes for Fiscal Year 2021/22. Home Support services and Nursing or Allied Health Professional services are provided through Northern Health's Interprofessional Teams.

Background:

Home and Community Care service volume reporting is mandated by the Ministry of Health every period as part of the Specialized Community Service Programs funding monitoring process. Reporting includes the provision of data for home support, community based professional services, adult day services and in-facility overnight respite.

Health Authorities are also mandated to submit annual projected service volume targets that demonstrate meaningful growth for the above services.

Key Actions, Changes & Progress:

Northern Health's COVID-19 response included focused attention to adapt Clinical Guidelines to ensure continued service provision by the Interprofessional Teams across community settings throughout the pandemic. Table 1 shows actual Fiscal Year 2020/21 service volumes and projected service volumes for Fiscal Year 2021/22.

Table 1: Actual 2020/21 Volumes and Projected 2021/22 Volumes

Home and Community Care Service	Actual Fiscal Year 2020/21 Volumes	Projected Fiscal Year 2021/22 Volumes
Long-term Home Support	266,664 hours	267,000 hours
Short-term Home Support	38,399 hours	39,000 hours
Assisted Living	102,628 hours	108,000 hours
Total Home Support	**407,691 hours**	**414,000 hours**
Community Nursing	74,170 visits	75,000 visits
Community Rehab	9,807 visits	10,000 visits
Community Social Work	17,927 visits	18,000 visits
Total Community Based Professional Services	**100,904 visits**	**103,000 visits**

In Fiscal Year 2020/21, Northern Health met or exceeded service volume projections despite significant pressures placed on community resources throughout the COVID-19 Pandemic. Projections for Fiscal Year 2021/22 acknowledge this performance, and take into consideration a period of rest and recovery for our teams while still committing to modest service growth.

Home Support: Northern Health projected a 2% increase in home support (measured by service hours) for Fiscal Year 2020/21. We achieved the 2% increase in hours projected which is remarkable. While some home support visits were virtually enabled, the increase was appropriately low (1%) for this particular service type. In 2019/20, 222 virtual hours were provided, and in 2020/21, this increased to 2431 hours.

Projections for Fiscal Year 2021/22: Sustain Fiscal Year 2020/21 service volumes periods 1 through 6, followed by a projected increase in service volumes for periods 7 through 13 of 2% for short and long-term home support, and returning to Fiscal Year 2019/20 volumes for home support in seniors' assisted living.

Community Based Professional Services: Community based professional services (measured by service visits) are those services provided by nurses and allied health professionals (physiotherapy, occupational therapy, social work). Northern Health projected a 3% increase in all of these service categories for Fiscal Year 2020/21 and achieved a 5.6% increase. Nursing increased by 1.8%, social work services increased by 16% and rehabilitation services increased by 19%. Data shows that 14% of services were virtually enabled.

Projections for Fiscal Year 2021/22: Sustain Fiscal Year 2020/21 service volumes periods 1 through 6, followed by projected increase periods 7 through 13 of 4%.

Adult Day Services: In March 2020, Ministry of Health temporarily suspended adult day services for COVID 19 safety reasons. Community services teams worked to maintain contact and support with clients and care givers that would have otherwise accessed adult day services using a combination of in-home visits and virtual platforms.

Projections for Fiscal Year 2021/22: In July 2021, Ministry of Health announced the resumption of adult day services including those that share space, staff and/or equipment with a long-term care or assisted living setting. The opening of each program is dependent on regional Medical Health Officer approval. Terrace resumed its Adult Day Program in August. Northern Health plans to re-start all adult day services by the end of September 2021 with the support of Medical Health Officer guidance.

In-facility Overnight Respite: Northern Health has 35 in-facility respite beds distributed across the region. Provincial suspension orders were lifted but some families are understandably reluctant to use these supports.

Projections for Fiscal Year 2021/22: In compliance with the Ministry of Health announcement in July 2021, Northern Health is resuming all in-facility overnight respite services with precautions based on vaccination status.

Risks:

The COVID-19 Pandemic has caused teams to live and work in exceptionally stressful and unusual circumstances for many months. We do not know what impact this prolonged stress will have for our staff and resource capability.

Service volume projections are dependent on achieving target rates of vaccination, and stable or declining rates of COVID-19 cases and hospitalizations.

Recommendation(s):

The Elder Program submits this report for information and discussion purposes.

BOARD BRIEFING NOTE

Date:	October 20, 2021	
Agenda item	Perinatal Service Network Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Vanessa Salmons, Executive Lead, Perinatal Program Dr. Bill Kingston, Medical Lead, Perinatal Program	
Reviewed by:	Kelly Gunn, VP Primary and Community Care and Chief Nursing Executive Cathy Ulrich, President and CEO	

Issue & Purpose
An overview of the priority work of the Perinatal Service Network.

Background:
The Perinatal Service Network stimulates and facilitates quality improvement and quality assurance to achieve and sustain high quality, culturally safe perinatal and obstetrical services in a rural and remote context.

Highlighted priorities are to stabilize rural maternity services and support quality improvement, with a focus on the intrapartum period.

Key Actions, Changes & Progress:
1. Stabilize Rural Maternity Services

Maternity services are vulnerable in northern communities due to several themes and factors:

- *Health Human Resources (HHR) – Recruitment, Retention & Compensation:* General challenges with provider coverage for maternity services (physician, nursing and allied health), particularly in the NW.
- *Low Birth Volumes in small sites, Site Dependencies & Transfer/Transport:* Low birth volumes limit health care provider ability to maintain clinical competence and confidence in supporting families through labour and delivery leading to higher level of care dependencies and patient transfer.
- *Perinatal/Neonatal Education:* Challenges with access to rural/remote perinatal and neonatal nursing specialty education and training.

A Northwest (NW) Priority Stabilization Working Group involving Northwest and Northern Interior physicians and administrative leaders have *d*etermined 11 recommendations to stabilize maternity services in the North West and other vulnerable sites. Stabilization efforts include:

- *Recruitment, Retention & Compensation*: Working with Northern Health Medical Affairs, the Provincial Health Services Authority (PHSA) and the Ministry of Health to pursue: targeted Obstetrician/Gynecology specialist recruitment and locum coverage, payment enhancements for primary care physicians and contract arrangements for recruited specialists.

- *Provincial Maternity Services Strategy:* Collaborating with Perinatal Services BC, the Ministry of Health and other Health Authorities to develop a comprehensive Provincial Maternity Services Strategy (i.e. healthy pregnancies, safe deliveries and care for the new baby and family).

- The creation of "Maternity Rapid Response Teams" to support the implementation of critical community and education projects across the province.

- *Provincial Rural Maternity Support Programs:* There are a number of provincial programs that continue to strengthen team-based maternity care and include but are not limited to:
    - Rural Surgical Obstetrical Network (RSON) – seeks to stabilize, support, and enhance the delivery of quality surgical and non-surgical obstetrics services to vulnerable rural BC populations through clinical coaching, use of technology, continuous quality improvement opportunities and evaluation support (Vanderhoof, Smithers and Hazelton receiving supports);
    - Rural Obstetrical and Maternity Support Program (ROAM-SP) – support and funding to strengthen peer, facility, and regional networks and relationships as well as create and implement quality and sustainability plans. Several rural sites have accessed funding for local maternity improvements;
    - Real-time Virtual Supports (RTVS) –virtual care pathways support patient care and healthcare collaboration in rural and remote communities in BC, providing guidance on urgent and non-urgent care for both moms and newborns. MABLe and CHARLiE are used for maternal child service support
    - Maternity Care Initiative (MCI) – one-time local funding for projects that address sustainability in local maternity care services;
    - Mobile Maternity (MOM) – allows patients to "meet" with their out-of-town obstetrician using virtual means. The model encourages three way care planning between the family, the primary care team and specialists. This approach also supports emergent care needs. Currently being trialed in the Northern Interior with a goal to spread to Terrace, the Northwest more generally and for interested Indigenous communities.

- *Perinatal Education Working Group:* Supporting acute care specialty and community-based (prenatal and postpartum) competencies underpinned by cultural safety and trauma informed practice through an interprofessional rural/remote maternity/neonatal education program tailored to address unique community needs.

- *NH Midwifery Review:* Completed. Will provide findings and recommendations to build effective and collaborative obstetrical practice models. The report has not been released but will inform how we strengthen a team approach to maternity services (person and family, traditional healing, nursing, medical and midwifery contributions).

- *5 Year NH Maternity Care Strategy:* Is being finalized this fall and is informed by the findings and recommendations from the NW Maternity Stabilization report, NH Midwifery Review, NH Perinatal Learning Strategy, Provincial Maternity Services Strategy, In Plain Sight Report and other sources.

2. Perinatal Quality Improvement & Assurance

The Salus Global Managing Organization Risk Efficiently – Obstetrics (moreOB) program continues to guide facility Core Teams comprised of front line nurses, physicians and midwives in intrapartum skill development, including teamwork through interprofessional annual goal planning workshops, mentorship and support for collaborative learning and practice for intrapartum care. NH is entering year 16 of this continuous quality improvement program in NH.

Risks:

The primary risk for the Perinatal Service Network is the instability of rural maternity services due to small numbers of health care providers, recruitment/retention issues and the perinatal specialty education challenges in many rural areas. Mitigation strategies are described in the priority work above.

Recommendation(s)

This update is provided to the Northern Health Board of Directors for information and discussion purposes.

northern health
the northern way of caring

Indigenous Health
300-699 Victoria Street
Prince George, BC V2L 5B8

BRIEFING NOTE

Date:	September 20, 2021	
Agenda item	Aboriginal Health Improvement Program (AHIP)	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Margo Greenwood, VP Indigenous Health, NH	
Reviewed by:	Cathy Ulrich, CEO	

Purpose

To provide an update on the Aboriginal Health Improvement Program (AHIP).

Background

The Aboriginal Health Improvement Program (AHIP) began in the early 2000s. The intent of the program was to support organizations serving First Nations Inuit and Métis peoples particularly those residing away from their home communities and or living in urban settings. Until 2017, these agreements were renewed annually. In 2016, an evaluation of the program was undertaken that supported the continuation of the program. Instead of annual reporting, multi-year agreements with each organization funded for five years. There are bi-annual reporting requirements.

The AHIP Recipients

Name	Program	Amount
Dze L'Kant Friendship Centre Society (Smithers, BC)	Aboriginal/Metis Family Gathering	93, 333.32
Dze L'Kant Friendship Centre Society (Smithers, BC)	HIV Awareness	75, 000
Dze L'Kant Friendship Centre Society (Smithers, BC)	MH Outreach	150,000
Fort Nelson Friendship Centre (Fort Nelson, BC)	HIV Awareness	75, 000
Prince George Native Friendship Centre (Prince George, BC)	Counselling Services	600,000
Positive Living North (Prince George, BC)	Fire Pit Cultural Drop in Centre	105, 000

Prince Rupert Friendship House Association (Prince Rupert, BC)	Aama Goot	150,000
Prince Rupert Friendship House Association (Prince Rupert, BC)	MH Outreach	150,000
Saik'uz First Nation	Traditional Health and Wellness Work	90,000
Wet'suwet'en First Nation	Youth Wellness Program	90,000

There are 4 of the 9 Friendship Centres in northern BC supported by the AHIP funding, along with other Indigenous organizations and First Nations communities delivering health services.

Recommendation:

For information.

BOARD COMMITTEES V1 BRD 300

PURPOSE

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

GENERAL GUIDELINES FOR COMMITTEES

1. Each committee reviews its mandate and terms of reference annually. These are submitted to the Governance and Management Relations Committee (GMR) for review in terms of alignment to policy standards, and then submitted by GMR to the Board for approval.

2. Each year the Board Chair is responsible for proposing to the Board the leadership and membership of each committee to be appointed. This will occur in accordance with the Board and Committee work plans or as needed to fill vacancies during the year.

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3. In preparing recommendations for committee membership and leadership, the Board Chair will consult with the President and Chief Executive Officer (the "CEO") and take into account the preferences, skills and experience of each Director. Periodic rotation in committee membership and leadership is to be considered in a way that recognizes and balances the need for new ideas, continuity, and maintenance of functional expertise.

4. The Board Chair will be an ex-officio and voting member of all committees on which the Board Chair is not a formal member.

5. The CEO shall be an ex-officio and non-voting member of all committees.

6. A committee member may be removed or replaced at any time by the Board and will cease to be a member upon ceasing to be a Director of the Board.

7. The number of members and composition of each committee is indicated in each committee's terms of reference.

8. Each committee will normally meet before each Board meeting or more frequently as deemed necessary by the committee. Generally, meetings will be scheduled each year in advance.

9. Business conducted by committees of the Board will not be open to the public (BRD220).

10. Each committee shall have a committee timetable and work plan that outlines when the committee will address each of its duties and responsibilities during the course of the year. The timetable and work plan shall be referenced in the committee's terms of reference, but does not form part of the terms of reference. Changes to the terms of reference require Board approval; changes to the timetable and work plan are the domain of the committee, can be made at any time, and must be recorded in the minutes of the committee. If, in the view of the committee, a work plan change is substantive, the terms of reference and work plan should be referred back to the Board for approval.

11. Notice of the time and place of every committee meeting shall be given in writing or by facsimile or email communication to each regular and ex officio member of the committee at least 48 hours prior to the time fixed for such

meeting provided, however, that a member may in any manner waive notice of a meeting; and attendance at a meeting is a waiver of notice of the meeting, except where a member attends a meeting for the express purpose of objecting to the transaction of any business on the grounds that the meeting was not lawfully called.

12. The Chair of a committee or any two members of a committee may call a meeting of the committee.

13. If a committee Chair is unable to attend or is not present at any meeting of a committee within thirty minutes after the time that the meeting is scheduled to commence, one of the other members of the committee present at the meeting shall be chosen by the committee to preside at the meeting.

14. A committee member may participate in a committee meeting by means of such telephonic, electronic or other communication facilities that permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

15. A quorum for the transaction of business at a committee meeting will be a majority of the voting members, which includes the Board Chair if in attendance as an ex officio member as per #4 above. Questions arising at a meeting will be determined by a majority of votes of the members present. Note: 50% is the majority for a quorum; more than 50% is a majority for the purpose of voting.

16. The committee shall designate a Recording Secretary who will ensure that the minutes of each committee meeting are prepared and given in a timely fashion to each committee member and to the Corporate Secretary. A complete meeting record will be maintained electronically by the Recording Secretary and the Corporate Secretary and shall be made available to Directors and the CEO.

17. A committee may invite such Director or, in consultation with the CEO, such Northern Health employees or consultants as may be considered desirable to attend meetings and assist in the discussion and consideration of the business of the committee.

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18. A committee may, from time to time, require the expertise of outside resources, including independent counsel or other advisors. No outside resource will be retained without the approval of the Board or Board Chair, generally in consultation with the CEO.

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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TERMS OF REFERENCE FOR THE AUDIT AND FINANCE COMMITTEE V1 BRD 310

Purpose

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

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

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

Composition and Operations

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

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

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

[1] The Board has defined "financial literacy" as the ability to read and understand standard financial reporting. Where there is a requirement for a Director to have "accounting or financial expertise", this means the Director shall have the ability to analyze and understand a full set of financial statements, including the notes attached thereto in accordance with Canadian GAAP.

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

Duties and Responsibilities

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

A. Financial Performance

The Committee shall:

1. Review and recommend for approval to the Board, the financial content of Northern Health's annual report and other significant reports required by government or regulatory authorities (to the extent such reports discuss the financial position or operating results) for consistency of disclosure with the financial statements themselves. While the Committee has that the authority to determine which reports it shall review, the Committee is dependent on the integrity and professionalism of the Chief Executive Officer ("CEO") and the Chief Financial Officer ("CFO") to identify the reports that are "significant" and require Committee review
2. Review and approve Northern Health's annual "Statement of Financial Information (SOFI)" (also referred to as "Public Bodies Report)[2]
3. Review normal periodic financial information provided to the Board, including:
   a. Periodic financial statements
   b. Capital budget reports that provide information on both a project and expenditure basis
   c. Annual audited financial statements
4. Request and review various other financial and operational information as needed to fulfil the Committee's oversight responsibilities.

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

5. Ensure that:
   a. The Board receives timely, meaningful reports that keep it properly informed of Northern Health's financial situation and that provide the information needed for decision-making
   b. All reports to the Board clearly display the financial results of each principal area of activity and include cash flow for the period and year-to-date
   c. The Board receives, at each meeting, an up-to-date forecast of year-end results, which reflects events to date and known factors which may materially influence either revenue or expense components
6. Review and discuss:
   a. The appropriateness of accounting policies and financial reporting practices used by Northern Health
   b. Any significant proposed changes in financial reporting and accounting policies and practices to be adopted by Northern Health
   c. Any new or pending developments in accounting and reporting standards that may affect Northern Health
7. Review any proposed changes to the position and duties of the CFO

B. Budget Development

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

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

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

C. Financial Risk Management, Internal Control and Information Systems

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

This includes:

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

Level of Spending Authority

The Committee shall:

6. Develop with management a comprehensive statement of authorities for operating and capital expenditures, in compliance with Northern Health's executive limitations policy, and present these authorities to the Board for approval
7. Monitor compliance with the approved signing authority policy[3] through the internal audit process and recommend to the Board any changes which may be necessary from time to time

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

D. Internal Audit

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

This includes:

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

E. External Audit

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

This includes:

1. Assessing the performance of, and recommending to the Board for approval, engagement of the auditor
2. Reviewing the annual audit plan, including but not limited to the following:
   a. engagement letter
   b. objectives and scope of the external audit work
   c. materiality limit
   d. areas of audit risk
   e. staffing
   f. timetable
   g. proposed fees
3. Meeting with the external auditor to discuss Northern Health's annual financial statements and the auditor's report including the appropriateness of accounting policies and underlying estimates
4. Reviewing and advising the Board with respect to the planning, conduct and reporting of the annual audit, including but not limited to:

a. Any difficulties encountered, or restrictions imposed by management, during the annual audit
b. Any significant accounting or financial reporting issue
c. The auditor's review of Northern Health's system of internal controls, procedures and documentation
d. The post audit or management letter containing any findings or recommendations of the external auditor, including management's response thereto and the subsequent follow-up to any identified internal control weaknesses
e. Any other matters the auditor brings to the Committee's attention

5. Reviewing any disagreements between management and the auditor regarding financial reporting
6. Reviewing and receiving assurances on the independence of the auditor
7. Reviewing the internal audit services and non-audit services to be provided by the auditor's firm or its affiliates (including estimated fees), and consider the impact on the independence of the audit
8. Meeting periodically, and at least annually, with the auditor without management present

F. Banking and Investment Management Activity

The Committee shall:

1. Annually review Banking and Investment policy[4] and recommend any needed revisions to the Board.
2. At minimum, annually receive report of all bank accounts, including their purposes and signing officers.
3. At minimum, annually receive report on Northern Health's investment holdings (including Central Deposit Program.)

G. Other

The Committee shall:

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

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

Accountability

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

Membership

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

Ex Officio:

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

Executive and Management Support:

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

Recording Secretary:

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

Ad Hoc:

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

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

COMMITTEE WORK PLAN

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

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. In accordance with G.(7), annually provide to the Committee a report that:
    a. Reconciles the Committee's Terms of Reference to the Committee's work plan for the upcoming year
    b. Reconciles the Committee's work plan to actual performance in the previous year, noting any exceptions and providing an explanation for these.

Committee reviews and approves the work plan for the upcoming year.

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EXTERNAL AUDITOR INDEPENDENCE V1 BRD 315

PURPOSE

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

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

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

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

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

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

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

ENGAGEMENT OF THE EXTERNAL AUDITOR

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

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b. Self-interest threats that occur when an external auditor could benefit from a financial interest in a client or when there is an undue dependence on an assurance[1] client
c. Advocacy threats that occur when an external auditor promotes a client's position or opinion
d. Familiarity threats which occur when an external auditor becomes too sympathetic to a client's interests
e. Intimidation threats which occur when an external auditor is deterred from acting objectively by actual or perceived threats from a client

2. It is expected that the external auditor will maintain a quality control system which recognizes these and other threats and provides reasonable assurance that his or her independence is not impaired.
3. The external auditor is required to give the Committee annual assurances concerning independence.
4. The external auditor is expected to adhere to a rotation policy that provides a balance between effectiveness, efficiency and independence. This rotation must be at intervals of no more than seven years for the lead partner responsible for the audit.

   An exemption on an annual basis from these requirements can be granted by the Committee if circumstances require such an exemption. Where there is only one partner engaged, the Committee may request that a partner from another location of the same firm be utilized in at least one year.
5. The external auditor should not hire and involve any of the following individuals to participate in the audit within twelve months of the cessation of their employment with Northern Health:
   a. Individuals who were previously employed as senior management of Northern Health, or
   b. Individuals who were previously employed as participants in processes or areas subject to external audit procedures.
6. Once the Committee is satisfied that the external auditor recognizes and accepts these principles and responsibilities it will authorize the Board Chair and the President and Chief Executive Officer (the "CEO) to jointly co-sign the letter of engagement.

[1] An 'assurance client' is a client who is receiving external audit services

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INTERNAL AUDIT SERVICES

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

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

   (i) the entity designates an appropriate and competent resource within senior management to be responsible for internal audit activities and to acknowledge responsibility for designing, implementing and maintaining internal controls;

   (ii) the entity or its audit committee reviews, assesses and approves the scope, risk and frequency of the internal audit services;

   (iii) the entity's management evaluates the adequacy of the internal audit services and the findings resulting from their performance;

   (iv) the entity's management evaluates and determines which recommendations resulting from the internal audit services to implement and manages the implementation process; and

   (v) the entity's management reports to the audit committee the significant findings and recommendations resulting from the internal audit services."
3. The external auditor should not provide internal audit services where the services comprise a significant portion of the internal audit activities.
4. Certain internal audit activities may impair the independence of the external auditor and should not be undertaken by the external auditor:
   a. Performing ongoing monitoring or quality control activities that relate to the execution, accounting for, or approval of transactions
   b. Determining which, if any, recommendations for improving the internal control system should be implemented
   c. Reporting to the Board or the Committee on behalf of management or Internal Audit

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   d. Approving or being responsible for the overall internal audit work plan, including the determination of the internal audit risk and scope, project priorities, and frequency of performance of audit procedures

5. The licensed firm is required to identify threats to its independence and either apply safeguards to reduce the threats to an acceptable level or refuse to accept the external audit engagement.[2]
6. A proposal by Internal Audit to engage the external auditor for any internal audit services must be approved in advance by the Committee. The proposal will provide an estimate of fees and a description of safeguards to ensure independence of the external auditor is maintained. The proposal must be accompanied by a statement by the external auditor that such services:
   a. Will not be provided by external audit staff members participating in an external audit of Northern Health within twelve months of the provision of internal audit services
   b. Will be supervised and reviewed by an external audit partner other than that responsible for the provision of external audit services
   c. Will exclude audit items covered in the annual external audit
   d. Will exclude activities outlined in #4 above
7. The total fees incurred in the provision of internal audit services by the external auditor will not exceed 25% of the regular external audit fee for the year as approved by the Board.

NON-AUDIT SERVICES

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

[2] Ibid, 204.2.

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4. The external auditor may be engaged to provide non-audit services where there are good reasons and the services to be provided do not create a material threat to the independence of the external auditor. Good reasons for the external auditor to be appointed to perform non-audit services include:
   a. It is economical in terms of skill and effort for the external auditor to provide such services as a result of his or her intimate and specialised knowledge of the business
   b. The information required is a by-product of the audit process
   c. The services are required by legislation or regulation
5. Certain categories of non-audit services are considered to be potentially incompatible with the independence of the external auditor and should normally be avoided. These categories include:
   a. Performance of management functions or making management decisions
   b. Financial statement preparation services and bookkeeping services
   c. Valuation services
   d. Actuarial services
   e. Designing or implementing a hardware or software system
   f. Designing or implementing internal controls over financial reporting
   g. Legal services
   h. Recruiting services
   i. Certain corporate finance activities that create an unacceptable advocacy or self-review threat including making investment decisions or having custody of assets such as securities
6. A proposal by Northern Health management to engage the external auditor for any services in the categories set-out in #5 above must be approved in advance by the Committee. In the review of such proposals the Committee will, where further detailed guidance is considered necessary, refer to standards and guidelines issued by CPA Canada and CPA British Columbia.
7. Except for those services set out in #5 above, management may arrange the provision of non-audit services by the external auditor provided that:
   a. A formal procurement is followed in accordance with NH procurement policies
   b. The costs of such services do not exceed an amount equal to 25% of the regular external audit fee for the year as approved by the Board
   c. The costs of the service to be provided, combined with the cost of any other non-audit or internal audit services provided by the external auditor in the same year do not exceed an amount equal to 50% of the regular audit fee

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d. All such services are reported to the Committee at the next scheduled meeting along with the reasons therefore

e. Any proposal to engage the external auditor for the provision of non-audit services, the costs of which will exceed the limits set out in 7(b) and (c), must have the prior approval of the Committee. Where the need for such services is time sensitive, the CFO may request the Chair of the Committee to convene a special meeting of the Committee.

8. Taxation services comprise a broad range of services, including compliance, planning, provision of formal taxation opinions and assistance in the resolution of tax disputes. Such assignments are generally not seen to create threats to external auditor independence.

HIRING OF EXTERNAL AUDIT STAFF

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

TERMS OF REFERENCE FOR THE PERFORMANCE, PLANNING AND PRIORITIES COMMITTEE V1 BRD 330

PURPOSE

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

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

Commented [TK[1]]: Moved to GMR ToR

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

COMPOSITION AND OPERATIONS

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

- The Committee shall operate in a manner that is consistent with the Committee Guidelines outlined in Policy BRD 300 of the Board Manual
- Each committee meeting will focus on one (or two) strategic priorities with the understanding that there may be the need to include additional agenda items that are time sensitive
- Each Committee meeting will include a review of the scorecard indicators for the strategic priority being reviewed

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DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

1. **Strategic Plan**
   The Committee will oversee the development and review of the Strategic Plan and will provide guidance in setting the strategic priorities and directions required to achieve the expected outcomes by:
   a. reviewing organizational priorities
   b. reviewing the operational plan

2. **Service Plan**
   The Committee will oversee and approve Northern Health's public Service Plan each year by:
   a. reviewing the Ministry of Health mandate letter ~~and the bilateral letter to the CEO~~
   b. overseeing the development of the annual Service Plan and annual Service Plan report
   c. monitoring and evaluating NH's performance as per the annual Service Plan ~~and the bilateral letter~~
   d. reviewing and overseeing clinical quality priorities

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

4. **Strategic Priority: Healthy People in Healthy Communities**
   The Committee will oversee the work done to partner with communities to support people to live well and to prevent disease and injury by:
   a. reviewing scorecards[1] for Healthy People in Healthy Communities
   b. reviewing initiatives within Population and Public Health including partnering for healthy communities
   c. Receiving and reviewing health status reports prepared by the Chief Medical Health Officer

5. **Strategic Priority: Coordinated and Accessible Services**
   The Committee will oversee the provision of health services based in a Primary Care Network ~~Home~~ and linked to a range of specialized community

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

Author(s): Governance & Management Relations Committee
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service and acute care programs, which support each person and their family over the ~~course of their lives~~lifespan from staying healthy, to living well with ~~addressing~~ disease and injury, to end-of-life care by:

a. reviewing scorecards[1] for Coordinated and Accessible Services

~~b.~~

~~c.~~b. reviewing primary care and community services ~~to ensure that NH is~~including collaboration ~~collaborating~~ with the Divisions of Family Practice to plan, implement, evaluate and improve quality through the ~~and that interprofessional teams are established including Northern Health's collaborative work with Divisions of Family Practice on the planning and~~ implementation of Primary Care Networks, interprofessional teams, and Urgent and Primary Care ~~Centres~~Services.

~~d.~~c. reviewing the implementation of community specialized service programs connected to specialist physicians, with service pathways for the person and their family

~~e.~~d. overseeing the distribution of services by community size in a rural and remote geography ~~including partnering with FNHA regarding First Nations community access to services~~

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6. Strategic Priority: Quality

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

a. reviewing scorecards[1] for quality

b. reviewing the key priorities for each clinical service network to ensure establishment of quality improvement goals at the program level and to oversee quality monitoring:
   i. Chronic Disease
   ii. Critical Care
   iii. Elder Services
   iv. Emergency & Trauma
   v. Mental Health & Substance Use
   vi. Perinatal
   vii. Surgical Services
   viii. Child & Youth
   ~~viii.~~ix. Rehabilitative Services

c. ~~Reviewing progress with the Academic Health Sciences Network – Northern Node~~Building NH research capacity and infrastructure

d. Reviewing implementation progress of quality programs related to:
   i. Patient and Family Centered Care

Commented [TK[3]: This is duplicated in GMR:
6.Oversee the engagement in research, education and quality improvement partnerships with academic organisations to create a learning environment throughout NH.
Should I remove here or from GMR?

Author(s): Governance & Management Relations Committee
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ii. Accreditation
iii. Quality Training/Education
iv. Service Networks

e. reviewing patient satisfaction surveys from facilities throughout NH
f. reviewing and advising the Board with respect to an Annual Quality Review and receiving reports arising from quality review committees properly constituted within the provisions of Section 51 of the *Evidence Act [RSBC 1996] Chapter 124*[2]
g. reviewing annual reports on Patient Safety and Learning System (PSLS) events
h. overseeing the development and review of the Integrated Ethics Framework

7. Enabling Priorities: Our People

The Committee will oversee the provision of ~~services through its people and will work to have those people in place and to help them flourish in their work~~ a positive, dynamic environment where staff and physicians make a difference for the people we serve by:

a. reviewing scorecards[1] for Our People
b. overseeing the development, monitoring and evaluation of the Health Human Resource Plan and Workforce Sustainability Strategy including recruitment and retention
~~c. overseeing the development, monitoring and evaluation of the Workforce Sustainability Strategy~~
~~d.~~c. overseeing the development, monitoring and evaluation of the employee education and development framework and plan
~~e. overseeing the development, monitoring and evaluation of Workplace Health and Safety~~
~~f.~~d. reviewing Northern Health's policies, structures and processes for the development of the Physician Human Resource Plan

8. Enabling Priorities: Communications, Technology and Infrastructure

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

a. reviewing scorecards[1] for Communication, Technology and Infrastruture
b. reviewing an annual overview of the Information Management and Information Technology Plan and progress to the plan

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

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

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ACCOUNTABILITY

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

Membership

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

Ex Officio:

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

Executive & Management Support:

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

Recording Secretary:

- Executive Assistant, VP Planning, Quality and Information Management

Ad Hoc:

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

COMMITTEE WORK PLAN

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2020 (R)

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

Author(s): Governance & Management Relations Committee
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TASK FORCES BRD 340

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

Guidelines for Task Forces

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): October 20, 2020 (r)

TERMS OF REFERENCE FOR THE INDIGENOUS HEALTH AND CULTURAL SAFETY COMMITTEE BRD 350

PURPOSE

The purpose of the Indigenous Health and Cultural Safety Committee ("IHCS" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its governance responsibilities for ensuring the culturally safe and effective delivery of care and services to First Nations, Metis, and Indigenous Peoples by providing advice to the Board in the following areas of responsibility:

- Overseeing the implementation, evaluation, revision and renewal of Northern Health commitments in the Northern Partnership Accord between the Frist Nations Health Council – Northern Regional Caucus, First Nations Health Authoritiy and Northern Health
- Overseeing Northern Health's contribution to the development, implementation and evaluation of the Northern First Nations Health and Wellness Plan.
- Overseeing the implementation, evaluation, revision and renewal of Northern Health's commitments in the Letter of Understanding between the Metis Nation of BC and Northern Health
- Overseeing the Northern Health ("NH") Cultural Safety Plan development, implementation and evaluation
- Monitoring performance of the organization in achieving the goals set out in the Strategic Plan related to Indigenous health, cultural safety, and systemic racism
- Ensuring that the recommendations from the Ministry of Health's investigations into systemic racism in the health care system are incorporated into Northern Health's strategic, operational and budget management plans.

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

COMPOSITION AND OPERATIONS

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

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): September 2020 (I) Approved October 20, 2020

The Committee shall operate in a manner that is consistent with the Committee Guidelines set out in Policy BRD 300 of the Board Policy Manual.

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

1. Ensuring that Northern Health's policies and plans are inclusive of First Nations and Metis perspectives and ways of knowing.
2. Overseeing the engagement with the First Nations Health Authority and First Nations communities in the delivery of health services for northern First Nations through the Northern First Nations Health Partnership Committee.
3. Overseeing the engagement with the Metis Nation of BC in the delivery of health services for Metis Chartered Communities in the Northern region.
4. Reviewing progress in implementing the recommendations arising from the Ministry of Health's investigations into systemic racism in the health care system.
5. Developing and receiving progress reports on specific indicators that measure progress in achieving Northern Health's Strategic Plan as it relates to the health and wellbeing of First Nations and Metis communities, including the implementation of surveys and other methodologies that provide insight into the experience of Indigenous people who access health care and services.
6. Overseeing the development, implementation, monitoring, and evaluation of the NH Cultural Safety Framework, including the implementation of Cultural Safety Education and the work underway through the Indigenous Health Improvement Committees.
7. Overseeing Northern Health's contributions and progress in the development, implementation, evaluation and revision of the Northern First Nations Health and Wellness Plan.
8. Receiving reports regarding the implementation and evaluation of other programs and services that support the provision of services to Indigenous communities or service contracts that are provided to Indigenous communities and Indigenous serving organizations, such as the contracts under the Aboriginal Health Improvement Program and the services provided by Aboriginal Patient Liaison Workers.
9. Receiving reports on progress on the Northern Health commitments in the Northern Partnership Accord between the First Nations Health Council, Northern Regional Caucus, Northern Health, and the First Nations Health

Authority and participate in the annual review and evaluation of the Northern Partnership Accord.
10. Receiving reports on progress on Northern Health commitments in the Letter of Understanding (LoU) with the Metis Nation of BC and participate in the annual review and evaluation of the LoU.
11. Ensuring that Northern Health has established complaint resolution processes that are accessible and respectful of First Nations and Metis needs and experiences.
12. Reviewing and advising the Board about complaints received by Northern Health from Indigenous peoples especially those related to discrimination or racism.

ACCOUNTABILITY

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

Membership

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

Ex Officio:
- Board Chair (voting)
- CEO (non-voting)

Executive and Management Support:
- Vice President, Indigenous Health
- Chief Operating Officer

Recording Secretary:
- Executive Assistant, VP, Indigenous Health

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

COMMITTEE WORK PLAN

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

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
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1. Ensure that changes to the Committee's Terms of Reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
   a. Indicates all elements of the work plan were undertaken in the previous year.
   b. Notes any exceptions including explanations for the exceptions,
   c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

Author(s): Indigenous Health, Cultural Safety and Humility Committee
Issuing Authority: Northern Health Board
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Board & Administration Offices
#600 – 299 Victoria Street
(P) 250-565-2922

BRIEFING NOTE

Date:	**September 23, 2021**	
Agenda item	**Enduring Motions**	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	**Governance & Management Relations Committee**	
Prepared by:	**D Chipman, Executive Assistant to the CEO and Board**	
Reviewed by:	**C Ulrich, Chief Executive Officer**	

Issue:

Annual review of Enduring Board Motions.

Background:

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

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

Due to recent structure changes, the 2008 motion related to the Environmental Health Officers designations under Section 78 of the Public Health Act needs to be amended. The suggested amended motion is articulated below for review.

All other Enduring Motions still in force as at September 23, 2021 have been reviewed with the respective Executive Leads. The attached summary provides an outline of the Enduring Motions.

Recommendation(s):

The GMR committee recommends that the following suggested amendment be submitted to the Northern Health Board for review and approval.

The current motion on file be rescinded and replaced with the following:

That the Board delegate the authority to designate Environmental Health Officers under Section 78 of the Public Health Act to both the Vice President Population & Public Health and the Chief Medical Health Officer.

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

HR REPORT

Workplace Health and Safety

Northern Health's Workplace Health and Safety department consists of the following portfolios:

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

Health, Safety, and Prevention

COVID-19 Pandemic Response

Throughout 2020 and early 2021, the COVID-19 pandemic response has continued to dominate Workplace Health and Safety's efforts. Over the past few months, attention has been focused on sustaining other important occupational health and safety initiatives as well.

During the pandemic response, Health, Safety, and Prevention has provided guidance on personal protective equipment decisions and allocation, mentorship to local personal protective equipment champions across Northern Health, and review of COVID-19 safety plans as requirements change or when outbreaks have occurred.

Health, Safety, and Prevention is currently collaborating with Public Health and Infection Prevention and Control to update Biological and Communicable Disease Exposure Control Plans, assisting Northern Health in transition from COVID-19 Safety plans to Exposure Control Plans.

Influenza Prevention

Northern Health's Influenza Prevention Program immunizes over 4,500 health care workers annually via clinics and peer immunizers. COVID-19 guidelines continue to impact all areas of the program, including the immunization service model.

Focus this season is on having peer immunizers provide primary immunization delivery for health care workers with supplemental clinics offered in various communities.

Joint Occupational Health and Safety Committees

Joint Occupational Health and Safety Committees play an important role in supporting safe workplaces at the local level. Each Northern Health committee completed an annual evaluation, and is now working on action plans for continuous quality improvement.

Provincial Violence Prevention Curriculum Delivery

The Provincial Violence Prevention Curriculum is an education and training program for all BC healthcare workers. It is designed to reduce incidents related to violence in the workplace. Health, Safety, and Prevention partners with operations to sustain this training. The curriculum consists of

- Eight foundational online modules
- Classroom training (7.5 hours)
- Annual refresher training (30 minutes)

During the COVID-19 pandemic response, virtual offerings of classroom training were expanded.

Additional Occupational Health and Safety Focus Areas

Within the constraints of the ongoing pandemic response, Health, Safety, and Prevention is supporting all Northern Health sites with additional focused occupational health and actions including completion of annual First Aid Assessments, completion of annual Violence Prevention Program reviews, ongoing fit-testing, and strengthening implementation of exposure control plans for designated substances and hazardous drugs.

Disability Management

Disability Management Intake

Disability Management receives referrals from a variety of sources: payroll reports, the Workplace Health Contact Centre, managers, employee self-referral, the union, etc. for employees who are in need of support services. In 2020, Disability Management received 2303 notifications, of which 737 staff were enrolled in the Enhanced Disability Management Program (prompting comprehensive case management plans), as well as another 1,356 triaged with support, guidance and monitoring leading to a successful return to work within 30 days. Intake numbers increased in 2020, related to

COVID-19, with Disability Management following up on presumptive and positive cases of COVID-19. For 2021, thus far (quarter one to quarter two 2021), Disability Management has received 1003 notifications, forecasting similar annual volume as 2020.

Occupational Injuries/Illnesses – Return to Work Outcomes

Ill or injured employees are offered support at work and/or return-to-work opportunities, as soon as possible, as transitional work or a graduated return-to-work program can help the employee protect their quality of life while reducing the employer's WorkSafeBC claim costs, workdays lost, and premiums.

In 2020, Northern Health's average work days lost from occupational injuries and illnesses was at 31.2, which has decreased from 2019's 44.4 average days lost. During the same period (2020), Northern Health also saw a decrease in the average claim cost ($2,884) in comparison to the provincial average ($8,475). This positive trend in the decrease of average days lost and average claim cost was due to an increase in the number of workers we were able to accommodate with temporary or modified work, both in their owned positions and COVID-related work.

Long-Term Disability – Non-Occupational Injuries/Illnesses

Northern Health's benefits plan includes long-term disability insurance for any permanent employee who is unable to work for a prolonged period due to an illness or injury. The qualification period ranges from four to five months off work, depending on the employee's collective agreement.

In partnership with Canada Life and Healthcare Benefit Trust, Northern Health continues to promote early, safe return-to-work programs, and temporary or permanent accommodation solutions to improve long-term disability performance and reduce overall claims.

For the active claims, as of 2021 quarter two; 39% are Mental Health, 30% are Musculoskeletal and Connective Tissue, 10% Nervous System and Sensory Organs, 6% Cancer and 6% Accidents and Injury. Mental Health claims have increased provincially, especially in the age band less than 45 years of age.

Northern Health is committed to increasing psychological health and safety awareness in our workplaces, and to reduce the stigma surrounding mental health. It is important to recognize, address and treat mental health with the same attention as physical health or any other health-related condition.

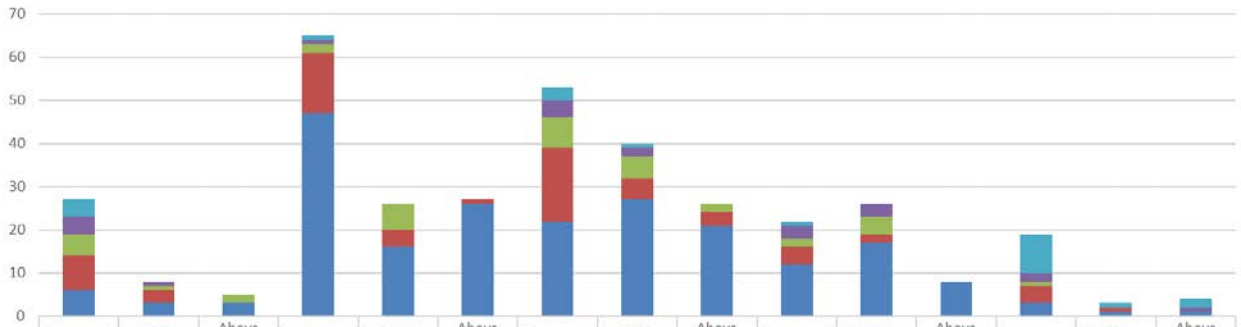
Northern Health Recruitment Updates/Charts

Posting Information: In fiscal year 2021/22 year to date, Northern Health has posted 2549 non-casual positions. Of these postings, 61% have been filled by internal staff (existing regular and casual staff) and 7.5% have been filled externally (qualified applicants from outside of NH) within 90 days. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). Annually, approximately 12% of our postings become DTFV. Some unfilled positions are currently in the competition phase.

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

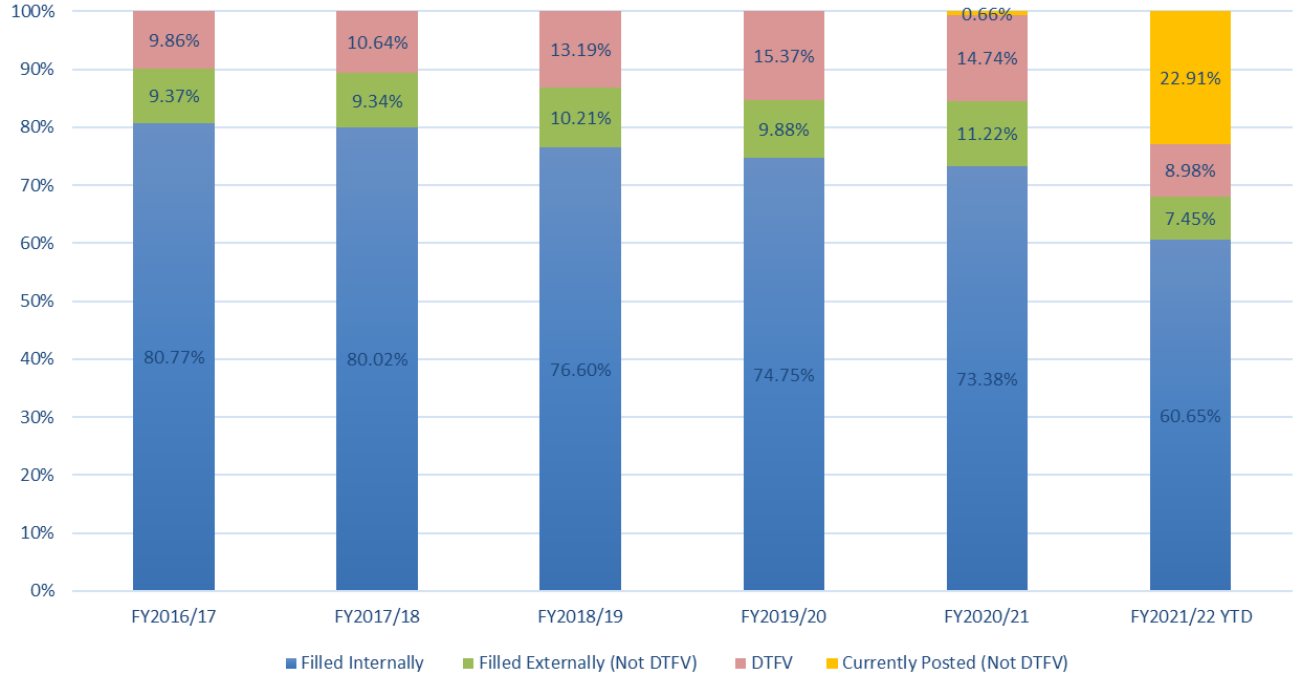
Current Open Difficult-to-Fill Vacancies (DTFV) by Posting Type

As at October 4, 2021



	NI Rural			North East			North West			Prince George			Regional		
	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline	Permanent	Relief/Term	Above Baseline
EXCLUDED	4			1			3	1		1			9	1	2
COMMUNITY SUBSECTOR	4	1		1			4	2		3	3		2		1
FACILITIES SUBSECTOR	5	1	2	2	6		7	5	2	2	4		1		
HEALTH SCIENCE PROFESSIONALS	8	3		14	4	1	17	5	3	4	2		4	1	
NURSES PROVINCIAL AGREEMENT	6	3	3	47	16	26	22	27	21	12	17	8	3	1	1

Posting Summary
(By Posting Open Date)



The Face of Northern Health

As at October 4, 2021

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,703	100%	5,402
Full-time	4,080	47%	
Part-time	1,948	22%	
Casual	2,675	31%	
Non-Active: Total	1,039	100%	808
Leave	626	60%	441
Long Term Disability (LTD)	413	40%	367

Active Employees by Region	Headcount	%
Active: Total	8,703	100%
North East	1,296	15%
North West	2,009	23%
Northern Interior: Prince George	2,749	32%
Northern Interior: Rural	1,184	14%
Regional	1,465	17%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,703	100%
Nurses	2,653	30%
Facilities	3,444	40%
Health Sciences	1,079	12%
Community	816	9%
Excluded	711	8%

Active Nursing	Headcount	%
Active: Total	2,653	100%
RN/RPN	1,997	75%
LPN	656	25%

Clinical vs. Support	Facilities	Community
Active: Total	3,444	816
Clinical	1,554	456
Non-Clinical	1,890	360

Count of Employees - By Status