Meeting of the Northern Health Board
December 6, 2021

Due to COVID-19 Pandemic the Northern Health Board did not host a Public Board meeting on December 6, 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.

northern health

Northern Health Board
Public Package – December 2021

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Adjourned		

BOARD BRIEFING NOTE

Date:	November 10, 2021	
Agenda item:	2021-22 Period 7 – Operating Budget Update	
Purpose:	☐ **Information**	☐ **Discussion**
	☐ **Seeking direction**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD October 14, 2021 (Period 7)

Year to date Period 7, Northern Health (NH) has a net operating deficit of $1.7 million (0.3% of budgeted expenditures)

Excluding extra-ordinary items, revenues are unfavourable to budget by $7.0 million or 1.3% and expenses are favourable to budget by $2.0 million or 0.4%.

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 care, Mental health and substance use, and Population health and wellness is primarily due to vacant staff positions.

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 being filled at overtime rates and with agency staff.

In response to the global COVID-19 pandemic, NH has incurred $39.4 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditure ($39.43M) and loss revenue due to COVID ($3.3M).

Recommendation:

The following motion is recommended:

> The Northern Health Board receives the 2021-22 Period 7 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending October 14, 2021
$ thousand

	Annual Budget	YTD October 14, 2021 (Period 7) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	787,544	419,970	415,162	(4,808)	-1.1%
Other revenues	258,237	138,273	136,037	(2,236)	-1.6%
TOTAL REVENUES	**1,045,781**	**558,243**	**551,199**	**(7,044)**	**-1.3%**
EXPENSES (BY PROGRAM)					
Acute	552,822	295,224	297,846	(2,622)	-0.9%
Community care	177,668	93,590	90,685	2,905	3.1%
Long term care	133,931	71,187	77,028	(5,841)	-8.2%
Mental health and substance use	64,370	34,611	30,708	3,903	11.3%
Population health and wellness	34,412	18,570	15,995	2,575	13.9%
Corporate	82,578	45,061	43,970	1,091	2.4%
TOTAL EXPENSES	**1,045,781**	**558,243**	**556,232**	**2,011**	**0.4%**
Net operating deficit before extraordinary items	**-**	**-**	**(5,033)**		
Extraordinary items					
COVID-19 expenses	-	-	39,438		
Total extraordinary expenses	-	-	39,438		
Supplemental Ministry of Health contributions	-	-	42,788		
Net extraordinary items	-	-	3,350		
NET OPERATING DEFICIT	**-**	**-**	**(1,683)**		

northern health
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BOARD BRIEFING NOTE

Date:	November 10, 2021	
Agenda item:	Capital Public Note	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 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 ($165.3M, 60%), Six Regional Hospital Districts ($90.7M, 33%), Foundations, Auxiliaries and Other Entities ($2.5M, 1%), and Northern Health ($15.8M, 6%).

Year to date Period 7 (ending October 14, 2021), $103M was spent towards the execution of the plan as summarized below:

$ million	YTD
Major Capital Projects (> $5.0M)	83.4
Major Capital Projects (< $5.0M)	3.0
Major Capital Equipment (> $100,000)	5.4
Equipment & Projects (< $100,000)	5.1
Information Technology	6.2
	103.0

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	Lakes District Hospital 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	Closing	SNRHD, MOH
McBride	Boiler Plant Upgrade	$0.38	Complete	MOH
Mackenzie	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	$2.51	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Integrated Fault Detection & Diagnostics (CNCP)	$0.17	Closing	FFGRHD, MOH
Prince George	UHNBC Washing Machine 1	$0.96	Closing	FFGRHD, MOH, NH
Prince George	UHNBC 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

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC – New Acute Tower Business Plan	$5.00	In Progress	FFGRHD
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	FFGRHD, MOH
Prince George	Gateway Lodge Vocera	$.50	In Progress	FFGRHD, MOH
Prince George	UHNBC ED Negative Pressure Upgrade	$.36	Planning	MOH
Prince George	UHNBC Transformer Replacement	$2.13	In Progress	FFGRHD, MOH, NH
Prince George	UHN Ultrasound Replacement	$.25	In Progress	MOH
Quesnel	Dunrovin Heating Boilers Replacement (CNCP)	$.63	In progress	CCRHD, MOH
Quesnel	GR Baker CT Scanner Replacement	$1.92	In Progress	CCRHD, MOH
Quesnel	GR Baker ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GR Baker Kitchen Renovation	$5.00	Closing	CCRHD, MOH, NH
Quesnel	Quesnel Long Term Care Business Plan	$.90	In Progress	CCRHD
Quesnel	Substance Abuse Club Leasehold Improvement	$1.27	In Progress	CCRHD, MOH
Quesnel	GR Baker Ultrasound Replacement	$.25	In Progress	MOH
Vanderhoof	St. John Hospital Heat Pumps and Coils	$0.59	In Progress	SNRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Vanderhoof	St. John Hospital Ultrasound Replacement	$.25	In Progress	Spirit of the North Healthcare Foundation, SNRHD

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 Large Piece Folder Replacement	$.38	In Progress	NWRHD, NH
Terrace	MMH Hospital Replacement	$622.60	In Progress	NWRHD, MOH
Terrace	MMH Automated Medication Dispensing Cabinet	$0.18	In Progress	MOH
Terrace	MMH OR Video System Tower 2 Replacement	$0.11	Complete	MOH
Terrace	MMH – Ultrasound (unit 3)	$0.19	Complete	DR REM Lee Foundation, MOH
Terrace	Specialist Clinic Leasehold Improvement	$1.75	In Progress	NWRHD, MOH
Terrace	MMH Ultrasound 1 Replacement	$.26	In Progress	MOH
Terrace	MMH Ultrasound 2 Replacement	$.26	In Progress	MOH
Hazelton	Hazelton Long Term Care Business Plan	$.60	In Progress	NWRHD
Hazelton	Wrinch Ultrasound Replacement	$.26	In Progress	MOH
Northern Haida Gwaii	Observation Room	$0.99	Planning	NWRHD, NH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	In Progress	NWRHD, MOH
Prince Rupert	PRRH Medical Device Reprocessing	$0.84	In Progress	MOH

Community	Project	Project $M	Status	Funding partner (note 1)
	Department Equipment Replacement and Centralization			
Prince Rupert	PRRH Sterile Compounding Room Upgrade	$1.54	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH Domestic Hot Water Upgrade (CNCP)	$.48	In Progress	NWRHD, MOH
Prince Rupert	PRRH Main Floor Renovation - Planning	$.25	Planning	NH
Prince Rupert	PRRH Ultrasound 1 Replacement	$.22	In Progress	MOH
Smithers	BVDH Sterile Compounding Room Upgrade	$2.51	In Progress	NWRHD, MOH, NH
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)	$.43	In Progress	NWRHD, NH
Stikine	Stikine X-Ray Machine Replacement	$.54	In Progress	NWRHD, NH
Houston	Houston Air Handling Unit Replacement (CNCP)	$.87	In Progress	NWRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	Chemistry Analyzer Replacement	$.22	In Progress	PRRHD, NH
Chetwynd	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	DCDH Phone System	$.45	In Progress	PRRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Dawson Creek	DCDH CT Replacement	$2.55	In Progress	PRRHD, MOH
Fort Nelson	FNH Domestic Hot Water Upgrade (CNCP)	$.18	Complete	MOH
Fort Nelson	FNH Boiler Upgrade and Heat Recovery (CNCP)	$.74	In Progress	NRRHD, MOH
Fort St. John	Fort St. John Hospital Spect CT	$1.76	Closing	PRRHD, FSJ Hospital Foundation, NH, MOH
Fort St. John	Fort St. John Hospital 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 Hospital Lab Renovation	$1.22	In Progress	PRRHD, MOH, NH
Fort St. John	Fort St. John Hospital Patient Monitoring System Replacement	$.48	In Progress	MOH
Fort St. John	Overdose 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)	$5.0	Complete	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

Community	Project	Project $M	Status	Funding partner (note 1)
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	Planning	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	Closing	MOH, CCRHD, FFGRHD, 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	$.93	Planning	MOH
All	Virtual Clinic (COVID)	$1.48	Planning	MOH
All	Pharmacy Camera Verification Workflow	$1.16	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

Recommendation:

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

> The Northern Health Board receives the Period 7 update on the 2021-22 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	December 6, 2021	
Agenda item	Implementing the Idealized System of Services: Primary and Community Care and Specialized Community Services Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Kelly Gunn, Vice President Primary and Community Care	
Reviewed by:	Cathy Ulrich, President and CEO	

Issue & Purpose

An update on progress towards implementing Primary and Community Care and Specialized Community Services Programs according to Priority 2: Coordinated and Accessible Services as outlined in the Northern Health Strategic Plan.

Background:

This work is informed by the Ministry of Health policies for Primary Care Networks (PCN) and Specialized Community Services Programs and forms the basis for achieving the Critical Initiative to enhance primary and community care services. In 2017 the Ministry of Health released a policy requiring all health authorities to establish Primary Care Networks[i] intended to increase access and attachment to team based primary care services in communities across the north and to ensure access to Urgent Primary Care services[ii]. The Ministry of Health has set a provincial target to fully establish 65 PCNs supported by completed Service Plans across the province by the end of December. There are 59 currently in the active implementation phase. The Ministry of Health, Northern Health, the First Nations Health Authority and northern Divisions of Family Practice have defined 23 Primary Care Networks and three First Nations Led Primary Care Initiatives in the north. Primary Care Network funding is secured through a collaborative service planning process between Northern Health, Divisions of Family Practice and the First Nations Health Authority that recognizes and supports how people access their health care services. The Ministry has not factored all of the north's PCNs into the total provincial count but has approved Service Plans for Prince George, the Northern Interior Rural Division, and the North Peace.

While the COVID-19 response has disrupted this work, we continue to finalize Service Plans with the Pacific Northwest Division of Family Practice for the communities of Prince Rupert, Terrace, Kitimat, Stewart and Dease Lake, Haida Gwaii (FNHA is

leading the process for Haida Gwaii), Hazelton, Smithers and Houston. We are working with the South Peace to help this part of the region formalize a Division structure and pursue Service Plans for the communities of Dawson Creek, Chetwynd and Tumbler Ridge.

Ministry of Health policy to establish Specialized Community Services Programs for people experiencing Mental Health and/or Substance Use concerns and for people experiencing Medical Complexity or Frailty was also set out in 2017. The Ministry of Health's view of Specialized Community Services Programs as expressed in a rural and remote geography continues to evolve. Prior to the start of the Pandemic, good progress was made to build a common understanding and acceptance of our approach to delivering specialized community services in a rural distributed service model. We continue to evolve our specialized services for both seniors and people experiencing more complex mental health and substance use concerns.

Key Actions, Changes & Progress:

The Primary and Community Care Initiative and Specialized Community Services aim is to make health services more accessible and coordinated for people and their families. The following highlights the key activities to achieve this aim. All work has been adapted to accommodate the COVID-19 Pandemic Response.

1. **Enhanced Access to Primary and Specialist Care Strategy (Northern Health's Virtual Strategy)**

Northern Health has implemented the foundational service component of the strategy in the form of a regional and robust Virtual Primary and Community Care Clinic (VPCCC). This has been achieved in partnership with the Ministry of Health, the Rural Coordination Centre of BC, First Nations Health Authority, Health Link BC and northern Divisions of Family Practice. The aim is to improve equity, access, and the care experience of people in rural, remote, and First Nations Communities, and to support the provider's experience of caring for people. On November 16, 2020 the VPCCC launched, expanding the scope of services offered through the COVID-19 Clinic. The VPCCC operates 7 days a week, 365 days a year, from 10am to 10pm. Since the service launch, the VPCCC has facilitated access to COVID-19 assessment, testing, and information, with a total of 92,113 calls received since March 2020. The Clinic has provided 7,991 Primary Care Provider appointments, of which 5,388 people identified as being attached to a primary care provider and 2,651 as being unattached. Since its launch the VPCCC has served people from 85 small towns and communities across northern British Columbia which suggests we are reaching those in very rural and remote parts of our region. In October 2021 a COVID-19 online test booking form was implemented as an efficiency measure to address the increased demand for assessment and testing experienced by the VPCCC as function of the 4th wave of COVID-19. Since being implemented, 5,824 online bookings have been made.

In May 2020, the Virtual Substance Use Clinic was implemented. To date 129 individuals have been connected to this service. Planning to increase access to virtual Mental Health and Substance Use support through the VPCCC is in progress.

For all virtually enabled services, joint communications including posters and social media posts have been developed in partnership with the First Nations Health Authority and Métis Nation BC to build greater awareness of the available services and to ensure that our approaches to care are culturally appropriate and safe.

Additional components of the strategy include supporting providers to use technology to improve primary care access more locally (helping local physicians to use virtual means to serve their own patient panels) and to support virtual service integration with "in person" care to preserve or increase access to primary care locally. A Working Group has prepared and delivered 28 individual community data packages to physician practices to help local physicians and care teams understand the number of people from their communities who are accessing virtual care, whether these people are attached to their local practices and the times of the day when they are seeking care. We are hopeful that this information will be useful to physicians and their interprofessional teams to inform service re-design if or where required.

All elements of the strategy are subject to a developmental evaluation approach including rapid quality improvement cycles, patient and provider experience surveys and monitoring of service type and volumes. A formal 4- month evaluation report was released in July 2021 and focused on the early phase of utilization data and trends of the VPCCC.

2. Primary Care COVID-19 Response and Support

- The Ministry of Health has provided funding to support the active involvement of primary care providers in the COVID-19 response. The Primary and Community Care Program stewards the use of these funds via a simple proposal process. COVID-19 Primary Care proposals designed to respond to particular service areas of need are co-developed by NH operations, Divisions of Family Practice and FNHA. To date, 16 proposals have been implemented. Examples of work being supported includes the proactive outreach and monitoring of people with COVID-19 illness or other health concerns, support for vulnerable patient populations, family physician inpatient coverage for COVID-19 Infectious Disease Units, and dedicated medical leadership for Long Term Care.
- The Primary and Community Care Network, with membership from Population Public Health, Mental Health and Substance Use, the Elder Program and community partners continue to update and distribute COVID-19 information and clinical guidance to support the sustainment of community services (home support, nursing, social work, rehabilitation services) necessary to help care for people in their homes and communities. This also has the important effect of protecting our acute care capacity by preventing unnecessary presentations to Emergency Departments across the region.

4. The Implementation of Specialized Community Service Programs for Mental Health Substance Use population:

Priority enhancements have been oriented to Mental Health and Substance Use service provision due to the opioid crisis. Work is focused on implementing the Ministry of Mental Health and Addictions 'Pathway to Hope' priorities including:

- Increasing the ability of community based teams to care for individuals with moderate to severe substance use problems, concurrent disorders (both mental health and substance use concerns) and for people who have many complex social needs (housing, income, food security).
- Enhancing new mental health and addictions care initiatives for children and youth including the addition of an Occupational Therapist for the Nechako Youth Treatment Program
- Increasing the number of youth clinicians with expertise in substance use supports with a goal to have positions established in each HSDA by January 2022.
- Increase Eating Disorders team access to nursing, counselling, and dietician services to improve complex care planning processes for people from across the region.
- Expanding the availability of more intensive substance use treatment services including specialized community services "reaching in" to the hospital environment to support being who are withdrawing from substances
- Community clinician positions to support access to Overdose Prevention Services, Opioid Agonist Treatment, and community outreach these positions will assists in policy development, engagement, connection to community services, cultural supports and home community health services
- Expansion of Supportive Recovery Services in Northern Health that delivers low to moderate support in a safe housing with a structured living arrangement and day programming.

- Accelerating BC's response to the overdose emergency and separating people from the toxic drug supply:
  - Purchasing drug testing equipment
  - Continuing to engage with municipalities, community partners and people with lived experience on the implementation of Overdose Prevention and other supportive services.
  - Increased access to Opioid Agonist Therapy (OAT) in underserviced areas, including partnership with First Nations Health Authority to identify priority communities, education, clinical support and coordination. This includes creating Clinical Practice Standards to guide nurses with special training to participate in a team based approach to delivering OAT treatment.
  - Developing an approach to expand treatment and harm reduction supports for people who use opioids including safer alternatives to the toxic street supply.
    - Ministry of Mental Health and Addictions with the support from the Attorney General and Minister responsible for Housing and the Minister of Health, are leading work to provide an increased level of support for B.C.'s most vulnerable people who need more intensive care than what currently

available supportive housing is able to provide. A Complex Care housing initiative has been developed by the province. In response, Northern Health is consulting with BC Housing, Indigenous partners, community partners, and municipalities in each Health Service Delivery Area to determine where we have opportunity. Services and supports must be aligned with a recently developed Complex Care Housing (draft) Strategic Framework, which aims to deliver person centered and integrated health, housing, social and cultural supports to improve housing stability and health outcomes for people with severe mental illness and substance use challenges. We will continue to update the Board as this important work proceeds.

5. Implementation of Specialized Community Services Program for the Medically Complex/Frail (seniors population):

A flexible range of services is required to support seniors to live independently in their homes and communities. The Elder Program is leading the following work to support this overall strategy:

Home Support and Community Based Professional Services:

- In Fiscal Year 2020/21, Northern Health met or exceeded service volume projections for home support and community based professional services (those services provided by nurses and allied health professionals) despite significant pressures placed on community resources throughout the COVID-19 Pandemic.
  The fourth wave of COVID-19 has exacerbated the pressure and required response from our community teams. As of the end of Fiscal Year 2021/22 period 6, home support services (measured by service hours) exceed service volume projections with a 5% increase in services year-to-date. Community based professional services (measured by service visits) are 4% below projections, which equates to a decrease of 12 visits per day across all community nursing and allied health services. Nursing has decreased by 3% (7 visits per day), social work services have decreased by 13% (6 visits per day) and rehabilitation services have increased by 6% (2 visits per day). We continue to work on recruiting to vacancies and increasing needed health human resources.
- Northern Health is closely monitoring potential service impacts related to the Provincial Health Officer Order requiring all health professionals and health care staff to be vaccinated against COVID-19. Mitigation strategies are in place in each community including internal re-deployment of staff and short-term use of contracted agency staff. Expanding home support services, including overnight response to prevent unnecessary admission to acute care and timely, supported discharge remains a priority.

Long-term Care and Seniors' Assisted Living:

- The fourth wave of COVID-19 has required increased measures to protect the safety of people living in long-term care and seniors' assisted living, including Public Health Orders, COVID-19 policy and practice updates focused on prevention, outbreak

management measures, and mandatory vaccination for all staff, volunteers, and visitors. The Elder Program is supporting all facilities in implementing these measures, including mitigation strategies for the facilities at highest risk of staffing shortages due to staff vacancies and vaccination requirements. Additionally, to help mitigate the risk of breakthrough infections in this population, all residents in long-term care and seniors' assisted living will be offered a third COVID-19 vaccine dose (booster dose) with COVID-19 and influenza vaccine clinics occurring in every facility by the end of October 2021.

- Ministry of Health expects all long-term care homes to maintain a minimum of 3.36 hours per resident day of care. As of the end of period 6, nineteen of twenty-four long-term care homes in Northern Health are meeting or exceeding this threshold. Of the five homes that are below 3.36, three are averaging 3.34, one 3.27, and one 3.01. Northern Health continues to recruit to all vacancies in long-term care, and are utilizing contracted agency staff in order to minimize service disruption and ensure safe, dignified care. To support recruitment of sufficient and qualified staff the Health Career Access Program is also being implemented, intended first to be a career laddering opportunity for existing employees, and second, to serve as an introductory pathway for new employees entering the health sector. Northern Health has been granted 215 seats for this program specific to long-term care and seniors' assisted living, of which 192 have been filled.
- A new medication administration and delivery system is being implemented at Peace Villa in Fort St. John that allows Care Aides to safely provide certain medications to residents as part of their daily work assignments. This is a more efficient use of resources that allows Care Aides and Nurses to work to the full scope of their roles within an interdisciplinary team environment. To support rapid implementation, Northern Health Pharmacy has completed medication reviews for 80 residents, resulting in 146 medication changes or recommendations. This integrated model of clinical pharmacy support is promoting more accurate understanding of patient needs and, by extension, safe and effective prescribing practices. Implementation will be extended to Dunrovin Park Lodge in Quesnel this fall, with a plan to offer implementation support to all long-term care homes over the next 6 months.

Risks:

In both the Primary and Community and more Specialised Service areas of our system, 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 the long term impact this prolonged stress will have for our staff and resource capability. For now, we are sustaining services and making reasonable progress in achieving service efficiencies and quality improvement.

We continue to work on increasing needed health human resources in a number of service areas within primary and community care and specialized community services. We are also engaging in routine check- ins with staff, taking care to recognize their extraordinary contributions and ensuring that people can take some vacation wherever possible.

Recommendation(s):

This report is submitted for information and discussion purposes.

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[i] Primary Care Networks are defined as a network of Primary Care Homes (Physician or Nurse Practitioner practices) linked with health authority Interprofessional Teams comprised of nurses and other health professionals and paraprofessionals including social workers, physiotherapists, occupational therapists, home support and life skills workers to better serve people and families within a defined geographical area. Primary Care Networks are achieved in partnership with Divisions of Family Practice and developed in close partnership with the First Nations Health Authority to ensure indigenous wellness and primary and community care services are accessible and culturally safe.

[ii] Urgent Primary Care Services are defined as care for injuries and illnesses that should be seen within 12/24 hours but do not require the level of service or expertise found in Emergency Departments. The purpose of Urgent Primary Care Services is to extend team based care service hours including weekends and statutory holidays, to enhance access to diagnostics and to support and coordinate patient attachment to achieve longitudinal care.

BOARD BRIEFING NOTE

Date:	December 6, 2021	
Agenda item	Update on Child and Youth Service Network	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Jennifer Begg, Executive Lead Child and Youth Health Dr. Matthew Burkey, Medical Lead Child and Youth Mental Health Dr. Kirsten Miller, Medical Lead Child and Youth Health	
Reviewed by:	Kelly Gunn, Vice President Primary & Community Care and Chief Nursing Executive	

Issue & Purpose:
To provide the NH Board of Directors with an overview of the priority work of the Child and Youth Service Network.

Background:
The Child and Youth Service Network supports efforts to keep children healthy and well and improve health care services for children and youth. Our work is guided by the 2017/18 Northern Health Child Health Action Plan and key initiatives from *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia* which in part, focuses on improved wellness for children, youth, and young adults dealing with mental health or substance use concerns.

Throughout the last year, the Child and Youth Service Network has been focused on responding to the mental health and substance use challenges that young people are experiencing, made worse in some instances, as a result of the COVID-19 pandemic. The Service Network also assists with the development and dissemination of clinical guidance for pediatric patients in emergency departments, acute inpatient units, and primary and community care settings. This includes guidance specific to COVID-19 illness in infants, children and youth.

The Service Network works closely with the Ministry of Children and Family Development, First Nations Health Authority, Child Health BC, BC Children's Hospital, and community partners to develop, adapt and improve services to safely care for children, youth, and their families.

Key Actions, Changes & Progress:

1) Child and Youth Mental Health and Substance Use Resources

To ensure that youth and families in the north can easily access help when experiencing challenges with mental health and substance use, a Child and Youth Mental Health and Substance Use Resource Guide has been developed which helps youth and families find information and supports, and provides contact information for local and virtual counselling services. The resources are promoted by:

- Posters with a QR code that links directly to this resource are available for display in physician's offices, schools, libraries, etc.
- Wallet cards with the QR code have been created for distribution to schools.

2) Child and Youth Mental Health and Substance Use Supports

1. Northern Health has established a partnership with the Compass program at BC Children's Hospital to provide more timely psychiatric assessment and evaluation for youth in emergency departments and/or admitted to inpatient units. Youth who are struggling with mental health or substance use concerns often first present to emergency rooms for help, and physicians and staff often require specialized guidance to provide appropriate care. The Compass program offers increased virtual support to the emergency departments across the region. Access to this service was expanded mid-October to include pediatricians, nurse practitioners, and Ministry of Children and Family Development Child and Youth Mental Health teams to access this service in community. The supports include:

- First priority is offered to communities with no psychiatric support
- Remaining referrals prioritized by the Northern Health and Compass clinical support team
- Includes assessment, including consideration for admission and/or transfer
- Guidance for safe discharge planning to community services and primary care
- Support for rapid identification and access to the next available and appropriate service and/or bed

This is a pilot program ending December 2021 and is currently under evaluation for extension and expansion.

2. Northern Health, along with the Northern Interior Rural Division of Family Practice, Rural Coordination Centre of BC, BC Children's Hospital and Child Health BC, have developed a *Provincial Virtual Child Psychiatry Consult Service.* This service also:

- Supports emergency department staff with provider-to-provider consults with a child and adolescent psychiatrist *in real time, virtually in the emergency department.*
- Provides the local team with treatment recommendations and assistance with system navigation to meet the urgent psychiatric and psychosocial needs of the child/youth and their family.
- Supports the provision of high quality emergency care to children and youth with mental health and/or substance use issues and their families.

- Is available after hours, seven days a week from 16:00 – 23:00 to complement existing provider supports.

This consultative service is complementary to the Compass service. This service coordinates care with a Northern Regional Liaison the following morning to ensure children and youth presenting for care after hours are prioritized along with other youth awaiting assessment in the region for ongoing care planning and care coordination.

The project team is currently finalizing the operational requirements (staff and infrastructure) necessary to run the service. Once operational requirements are finalized, the service model will be implemented at Stuart Lake Hospital in Fort St. James as a demonstration project to inform expansion to other rural and remote sites in northern BC. It is likely that this service will become a provincial program added to the Real Time Virtual Supports (under the name POPie)

3. To bridge the gaps between these new supports and our existing services, the Service Network is developing a Regional Child and Youth Mental Health and Substance Use support team that functions in accordance to Northern Health's Distribution of Services model. The team's purpose will be:

- *To ensure* timely mental health and/or substance use support and evaluation for youth in emergency departments and/or admitted to hospital due to mental health concerns.
- *To guide and support* care of children and youth 18 years of age and younger, at NH sites with mental health and/or substance use concerns who do not have routine or direct access to more specialized mental health and substance use expertise.
- *To provide guidance and leadership* to Northern Health staff and physicians involved with caring for children and youth with mental health and/or substance use concerns, including violence de-escalation, suicide risk assessment, safety planning, and least restraint practices.
- *To ensure seamless transition* to follow-up services with relevant community mental health agencies and primary care providers.

Integrated Child and Youth Teams

- These are community-based multidisciplinary teams made up of Ministry of Children and Family Development (MCFD) child and youth mental health service providers and health authority youth substance use service providers. Team members will also include education staff, peer support workers, Indigenous support workers and other service providers depending on the strengths, needs and preferences of each child, youth and family. The Coast Mountain School District 82 which encompasses Terrace, Kitimat, Stewart and Hazelton will establish the first two teams in the north, one in Terrace and one in Hazelton. Each health authority must identify one site per year for the next three years. We have been granted a deferral for next year's site selection due to our capacity challenges in the midst of a prolonged pandemic response. We are using the extra time to work with the Ministry of Mental Health and Addictions to achieve

the intent of this initiative within our interprofessional team model. This will reduce service fragmentation and promote service integration in these rural communities.

Foundry Centres

- Foundry centres offer integrated primary care, mental health and substance use services, youth and family peer support and other social services for young people ages 12-24. There is a Foundry centre in Prince George and Terrace. The Burns Lake Foundry is currently in development and we are requesting consideration for the selection of a Northeast community for the next Foundry centre in 2023/24.

Youth Substance Use Beds

- We are accepting expressions of interest from non-profit health and social system organizations serving youth, including First Nations, Métis, and Urban Indigenous service providers who are able to provide youth substance use treatment beds in the Northwest, Northeast or Northern Interior health service delivery areas. Services are intended to be culturally safe, structured, live-in environments with daily programming to address the underlying causes of a youth's substance use. Northern Health's service enhancement target is 28 community treatment beds and 5 withdrawal management beds in licensed residential environments

3) Identification, development and implementation of clinical practice guidelines, tools, resources, and education, supporting the care of children and youth.

The Service Network continues to develop evidence-based clinical practice standards and order sets to ensure quality care for pediatric patients with medical, mental health, and/or substance use concerns. This includes adapting and implementing the following provincial resources:

- Pre-printed order sets, screening tools and a septic shock algorithm for the management of pediatric sepsis.
- Clinical practice standard, care algorithm, order set, and documentation tools to support the management of pediatric patients with acute asthma.
- Order set and care algorithm for the management of Pediatric Status Epilepticus (seizures lasting more than 5 minutes or the experience of more than 1 seizure in 5 minutes).
- Clinical practice standard, order set, documentation tools and an escalation pathway for children and youth admitted to inpatient care areas with mental health and/or substance use concerns.

Risks include:

- Challenges recruiting and retaining qualified staff, child psychiatrists and pediatricians to care for children and youth in both hospital and community.
- Capacity challenges for staff to engage with education and implementation of the new tools and resources that are available.

- Youth and families are often unaware of the resources available to them. This is also sometimes the case for our staff and physicians.

***Mitigation includes*:**

1. Improving access to care and support for providers using virtual means.
2. Consulting with sites to determine the best ways to make education, resources and supports more accessible.
3. Continous evaluation and improvement to our internal and external communication efforts so that both youth and families, and those who care for them know where to find help.

Recommendation(s):

This Program update is provided to the NH Board of Directors for information and discussion purposes.

BOARD BRIEFING NOTE

Date:	December 6, 2021	
Agenda item	NH Rehabilitation Services Program Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Tysen LeBlond Executive Lead, Rehabilitation Services Programs	
Reviewed by:	Kelly Gunn	

Issue & Purpose

To provide the NH Board of Directors with an annual update on the quality improvement priority initiatives currently underway within the Rehabilitative Services Network.

Background:

In support of Northern Health's Strategic Plan and the strategic priorities of *'Healthy People in Healthy Communities and Coordinated, Accessible Services'* the Rehabilitation Services Program was created in 2020 as a result of extensive consultation to create a five year comprehensive Rehabilitation Services Strategy. This was undertaken to address the historical and ongoing challenges faced by the organization's rehabilitation services. This includes opportunities to improve efficient and coordinated service provision to address variation in clinical practices, and strengthen rehabilitation service models and programming to mitigate staffing and recruitment challenges.

To ensure the regional rehabilitation focused work was able to proceed, a dyad leadership model was implemented consisting of a Medical Lead (Dr. Garry Palak), and an Executive Lead (Tysen LeBlond). Within the context of a regional quality program the Medical Lead acts as a clinical specialist and leader in the field of Rehabilitation Medicine (Physiatry), while the Executive Lead is tasked with overseeing the Rehabilitation Service Network, including coordinating, prioritizing, and supporting the implementation of the high priority actions within the strategy.

To date much of the program's focus has centered around launching and sustaining the Rehabilitation Service Network and its associated structures, including the Service Consensus Group, Reference Groups, and Communities of Practice.

Key Actions, Changes & Progress:

Service & Process Mapping: Currently in the initial phases, a comprehensive service and process mapping exercise is underway to capture the current landscape and connection points of Northern BC's rehabilitation services. The results will help to inform future service design and functionality, while continuing to address historical barriers to accessing services efficiently.

Quality Improvement in Clinical Processes: The Service Network provides regional guidance to improve key quality of care processes including the standardization of case management and case coordination, referral management, and clinical documentation practices.

Clinical Practice Leads (CPLs): Regional roles have been developed to improve clinical support of our frontline clinicians and add a key layer of regional leadership that has been absent from the organization. The Physical Therapy Clinical Practice Lead is close to being in place, with additional roles still subject to approval prior to moving forward.

UBC Northern Cohorts: September 2021 marked the launch of UBC's fulltime Northern Physical Therapy (PT) cohort, with 22 Physical Therapy students completing the entirety of their graduate studies in Prince George. September 2022 will see 16 Occupational Therapy students join their Physical Therapy counterparts fulltime at the UNBC campus. These programs are a tremendous asset to Northerners and a seamless partnership between NH and UBC is crucial to ensuring these students have the clinical support and fieldwork experiences they need to become future rural practitioners. Work underway includes identifying and training new preceptors. As part of this process a review of current specialty rehabilitation services including neurology, cardiac, and pulmonary is taking place. These practice areas are fieldwork requirements for students. It is important that Northern Health is able to support these clinical placements to prevent students from having to seek these placements elsewhere in the province.

Additional partnership opportunity exists with UBC & UNBC in the potential creation of a Prince George student-led interprofessional clinic that would help facilitate team-based care across a number of programs including physical therapy, occupational therapy, social work, and nursing. This opportunity is in the exploratory phase.

COVID-19 Impacts on Practice: NH continues to experience local and regional program interruptions related to COVID-19 outbreaks. Most NH outpatient services and many community based rehabilitation services temporarily shifted to a virtual format. Virtual rehabilitation continues to gain traction as a viable complement to in-person treatments. The regional inpatient rehabilitation program at UHNBC has experienced some service disruptions due to COVID 19. UHNBC senior leadership and the Rehabilitation Services Network continue to monitor for impact and to determine care alternatives for people where possible.

Reduction Dates	Reason for Reductions
Mar 31-Apr 30, 2020	• Health authority-wide push to reduce acute care capacity at COVID-19 onset • Most Outpatient services shifted to virtual service
Jan 4-Jan 25, 2021	• COVID-19 Outbreak (UHNBC Inpatient Rehab Department)
Aug 11-Present, 2021	• Regional rehab referrals on hold related to high COVID-19 acuity at UHNBC

As individuals recover from COVID-19 illness, post-COVID-19 management has become a significant area of focus for physiotherapy, respiratory therapy and occupational therapy to help address “long-hauler” symptoms including shortness of breath, decreased strength and conditioning, and difficulties completing activities of daily living. We will continue to monitor the impact of COVD-19 illness and develop approaches to respond to the longer term effects of this infection.

Improving Rural Access: It can be challenging to recruit physiotherapists and even rehabilitation assistants to small, rural and remote communities. In fall 2020 a creative pilot project was launched in Fort St. James that utilized a Medical Exercise Specialist (with support from a virtual physiotherapist based out of Prince George) to treat patients in the community’s primary care clinic. The pilot has been well received, and the role will be regularized within the healthcare team. In this pilot the role has been filled by a local gym owner with additional education related to medical exercise programming (overseeing individual and group exercises programs). This type of role could also be effectively delivered by rehabilitation assistants, or individuals with kinesiology backgrounds. Evaluation of this approach continues in partnership with UNBC with an aim to determine whether it can be effectively implemented in additional rural communities experiencing challenges recruiting rehabilitation professional or para professional staff.

Risks:

Capacity: Staff and clinician capacity is a risk to moving the more strategic pieces of the service network priorities forward. The ongoing Covid-19 response has resulted in Northern Health prioritizing the efforts of rehabilitation staff to maintain direct patient care services for people.

Retention/Recruitment: Securing and retaining rehabilitation clinicians continues to be a significant issue for many communities. The implementation of Clinical Practice Lead roles for Physiotherapists and Occupational Therapists will have a positive impact to support rehabilitation staff.

Recommendation(s):

This progress report is submitted to the NH Board of Directors as an update for discussion purposes.

TERMS OF REFERENCE FOR THE GOVERNANCE & MANAGEMENT RELATIONS COMMITTEE V2 BRD 320

PURPOSE

The primary function of the Governance and Management Relations Committee ("GMR" or the "Committee") is to assist the Board of Directors of Northern Health (the "Board") in fulfilling its oversight responsibilities by providing advice to the Board in the following areas of responsibility:

- Overseeing the development of Board meeting agendas to address the critical issues emerging from the deliberations of Board Committees and elsewhere in the organization
- Assessing and making recommendations regarding Board effectiveness, providing direction in relation to ongoing Director development and leading the process for recommending Director criteria to the government for consideration when appointing Directors, and setting and reviewing Board policies and procedures
- Providing guidance to the Board Chair and to the President & Chief Executive Officer (the "CEO") regarding the development and management of government relations
- Developing the agreement between Northern Health and the Government of British Columbia as set out in the mandate letter
- Assisting the Board in fulfilling its obligations related to management compensation policy and overseeing plans for the continuity and development of senior management
- **Ensuring a communications strategy is developed, implemented and monitored**.

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

COMPOSITION AND OPERATIONS

The Committee shall be composed of the Chair of the Audit and Finance Committee, the Chair of the Performance, Planning and Priorities Committee, the Chair of the Indigenous Health and Cultural Safety Committee, the Board Chair, and one ~~or two~~ Director~~s~~, ~~one of whom~~who will serve as Committee Chair. (See Membership section for complete committee membership details).

The Committee shall operate in a manner that is consistent with committee guidelines outlined in policy BRD 300 of the Board policy manual.

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

DUTIES AND RESPONSIBILITIES

The duties and responsibilities of the Committee will include:

A. Governance

The Committee shall:

1. Develop Board meeting agendas with a focus on the strategic and critical issues emerging from Board Committee deliberations.
2. Establish the key internal and external communication messages arising from the Board meeting agenda and initiate the development of Board communication releases based on these messages.
3. Oversee the creation and distribution of the annual report.
4. Recommend to the Board the plan for Northern Health's community consultation strategy and oversee the implementation of this strategy.
5. Oversee the development and monitoring of Northern Health's enterprise-wide Integrated Risk Management Framework.
6. Review and advise the Board with respect to risk management issues including major incident/negligence summaries, and issues involving litigation.
7. Review and advise the Board with respect to Privacy and the Patient Care Quality Office (PCQO).
8. Monitor compliance with laws and regulations and ensure that procedures have been established to receive and address reports and complaints regarding non-compliance.
9. Oversee the ~~engagement in~~formal agreements supporting research, education and quality improvement partnerships with academic organisations to create a learning environment throughout NH.
10. Develop, and annually update, a long-term plan for Board composition that takes into consideration the current strengths, skills and experience on the Board, retirement dates and the strategic direction of Northern Health.
11. Develop recommendations regarding the essential and desired experiences and skills for potential Directors, taking into consideration the Board's short-term needs and long-term succession plans.
12. In consultation with the Board Chair and the CEO, recommend to the Board for subsequent recommendation to government, criteria and potential candidates for consideration when they are appointing Directors.
13. Review, monitor and make recommendations regarding Director orientation and ongoing development.

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14. Recommend to the Board, and annually implement, the appropriate evaluation process for the Board.
15. Review annually, for Board approval, a board manual outlining the policies and procedures by which the Board will operate including, but not limited to, the terms of reference for the Board, the Board Chair, the CEO, individual Directors and Board committees.
16. Ensure there is a system that enables a committee or Director to engage separate independent counsel in appropriate circumstances, at Northern Health's expense, and be responsible for the ongoing administration of such a system.
17. Review annually, for Board approval, all Board Enduring Motions to ensure that they are still current and relevant.
18. Recommend to the Board any reports on governance that may be required or considered advisable.
19. Oversee the development, revision and renewal of the Memorandum of Understanding between Northern Health and the University of Northern British Columbia
20. Oversee the development, revision and renewal of the Memorandum of Understanding with the Foundation(s), and the development and maintenance of a productive relationship with the Auxiliaries and Societies that support Northern Health.
21. At the request of the Board Chair or the Board, undertake such other governance initiatives as may be necessary or desirable to contribute to the success of Northern Health.
22. Provide direction for content of the annual Board planning session and build items arising from this planning into the Board's work plan.
23. Review the existence and application of the corporate conduct policy on an annual basis (BRD 260).
24. **Oversee the development, implementation and evaluation of the communication strategy and policies including:**
    - **Internal communications**
    - **External communications**
    - **Media relations**
    - **Social Media**
    - **Stakeholder relations**
25. **Provide advice to the Board Chair and Chief Executive Officer (the "CEO") regarding emerging communication issues involving the Board**

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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B. Management Relations

The Committee shall:

1. Recommend a performance planning and review process for the CEO and, when approved, lead the implementation of the process.
2. Review and recommend the CEO's compensation to the Board for approval, subject to the legislative guidelines.
3. Review policy and procedures related to the review and approval of the CEO's expenses.
4. Review the CEO's analysis of the senior management team structure, processes, and performance.
5. Review with the CEO the succession planning strategy across all management levels and ensure that comprehensive succession plans are in place for all senior executive positions.
6. Review and recommend Northern Health's compensation philosophy and guidelines and ensure compliance with any applicable guidelines established by Health Employers' Association of BC (HEABC) and the Public Sector Employers Council (PSEC).
7. Review and recommend to the Board the ratification of collective agreements. Only the Board has the authority to ratify collective agreements.
8. Review with the CEO any significant outside commitments the CEO is considering before the commitment is made. This includes commitments to act as a Director or Trustee of for-profit and not-for-profit organizations.

C. Government Relations

The Committee shall:

1. Provide advice to the Board Chair and CEO in relation to regular interactions with government through such forums as the Board Chairs/CEO meeting, meetings with the Minister of Health, and other ministries and government bodies.
2. Create an environment that fosters productive relationships with the North Central Local Government Association (NCLGA), Regional Hospital Districts (RHD), and MLAs through regular communication, management of issues, and opportunities for interaction with the Board during regular Board meetings.
3. Receive reports and provide advice regarding Board Chair and CEO meetings with local government at the NCLGA and Union of British Columbia Municipalities (UBCM) meetings.

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4. Organize opportunities for the Board to interact with the Minister and Ministry of Health leadership in relation to Northern Health's performance in achieving the priorities outlined in the mandate letter to the Board of Directors from the Minister of Health and the bilateral letter to the CEO from the Minister of Health. ,
5. Oversee the communications processes between Northern Health, Government Communications & Public Engagement (GCPE), the Ministry of Health and other government organizations and bodies.
6. Oversee the relationship between Northern Health and the Provincial Health Services Authority (PHSA) in relation to their provincial mandate for:
   i. Provincial clinical policy
   ii. Provincial clinical service delivery
   iii. Provincial commercial services; e.g. supply chain and accounts payable
   iv. Provincial digital and information technology
7. Oversee the relationship between Northern Health and HEABC and Healthcare Benefit Trust (HBT).
8. Annually review Northern Health's (a) Energy and Sustainability Policy, and (b) Carbon Neutral Action Report.

ACCOUNTABILITY

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

MEMBERSHIP

- Northern Heath Board Chair
- Chairs of the Standing Committees (Audit & Finance; Performance, Planning and Priorities, Indigenous Health and Cultural Safety)
- 1 ~~or 2~~ other Board Member~~s~~ ~~one of whom~~who will serve as the Committee Chair

Ex Officio:

- President and Chief Executive Officer (non-voting)

Executive and Management Support:

- Regional Director, Legal Affairs, Enterprise Risk and Compliance
- Executive Assistant, Northern Health Board & President/CEO

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Recording Secretary:

- Executive Assistant, Vice President Human Resources

Ad Hoc:

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

COMMITTEE WORK PLAN

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

1. Ensure that changes to the Committee's terms of reference are reflected in the work plan, and
2. Annually provide to the Committee a report that:
    a. Indicates all elements of the work plan were undertaken in the previous year.
    b. Notes any exceptions and provides an explanation,
    c. Affirms that the work contemplated in the Terms of Reference is reflected in the Committee work plan.

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

PERFORMANCE EVALUATION PROCESS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER V1 BRD 400

Introduction

The evaluation of the President & Chief Executive Officer (the "CEO") is one of the most important responsibilities of the Board of Directors of Northern Health (the "Board"). The evaluation process provides a formal opportunity for the Board and CEO to have a constructive discussion regarding the performance of Northern Health and the CEO's leadership of the organization.

Although the Board is involved in approving CEO objectives and reviewing the final evaluation, the Board works through the Governance and Management Relations Committee (the "Committee") in implementing the evaluation process.

Key Result Areas

The following constitute the key result areas against which the review takes place:

1. A written statement of the CEO's personal goals for the year under review. These goals have been agreed to by the CEO and the Board at the beginning of the year under review.
2. Northern Health's performance against the strategic, operating and capital plans
3. Board approved terms of reference for the CEO (BRD130)

The Process

1. The GMR Committee is charged with leading and implementing the CEO evaluation in accordance with the timeline set forth below
2. At the beginning of the review period the GMR Committee reviews, and the Board approves, the CEO's objectives
3. At the end of the review period the GMR Committee evaluates the CEO's performance against the agreed upon objectives of the previous year and the strategic, operating and capital plans, and the Terms of Reference for the CEO (BRD130)
4. The evaluation process, at the discretion of the Board, may include any or all of the following sections:
   a. Board Assessment

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b. Senior Management Staff Assessment
c. Key External Stakeholder Assessment
d. CEO Self-Assessment
e. A full 360° assessment

5. The results are collated and are viewed in a Board-only session without the CEO in a discussion led by the Chair of the GMR Committee and the Board Chair. Agreement is sought on the feedback to be provided to the CEO.
6. The Board Chair and GMR Committee Chair meet with the CEO to provide the CEO with the feedback from the evaluation process

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Timing and Responsibilities

Activity	***Who***	***When***
a) The evaluation process and timeline for the current year is established by the Governance and Management Relations (GMR) Committee	- CEO - GMR Committee - Board	January GMR meeting and February Board meeting
b) CEO self-assessment	- CEO - GMR Committee - Board	March GMR meeting and April Board meeting
c) Board Chair and Chair GMR reviews results of self-assessment and 360 (if done) with CEO	- Board Chair - Chair GMR	Within 2 weeks after the April Board meeting
d) CEO goals and objectives	- CEO - GMR Committee - Board	May GMR meeting and June Board meeting

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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BOARD, COMMITTEE AND CHAIR EVALUATION PROCESS V1 BRD 410

POLICY

The Board of Directors of Northern Health (the "Board") annually assesses its own performance and the performance of:

a) Individual Directors against the Terms of Reference for a Director (BRD140)

b) Each of its committees against their respective terms of reference (BRD310, 320,330, and 350)

c) The Board Chair against the Terms of Reference for the Board Chair (BRD120)

GENERAL GUIDELINES

1. Northern Health will establish processes and procedures to conduct an assessment of the Board, individual Directors, Board committees and the Board Chair that are consistent with the ~~*Governance and Disclosure Guidelines for Governing Boards of British Columbia – Public Sector Organizations 2006*[1] and subsequent updates~~*Public Service Organization Board Good Governance Checklist*[i]
2. The Governance and Management Relations Committee (the "GMR Committee") is responsible for recommending to the Board the specific tools for, and approach to, the components of this assessment process
3. The Board review process, the committee review process, the individual Director review process and the Board Chair review process will normally be conducted in the spring of each year with the results completed and reported prior to, or in conjunction with, the annual strategic planning process usually held in the fall
4. The Board Review process shall generally follow a 4-year cycle:
   a. Evaluation of the Board as a whole using a survey instrument
   b. Peer-to-peer evaluation of individual Board member performance

~~[1] See https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/public-sector-management/cabro/best-practice-guidelines-boards.pdf~~

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c. Use of Accreditation Canada governance evaluation tools (in the year of an accreditation)
d. Board Chair interviews with each Director and summary report to the full Board

5. Consolidation of evaluations and assessments, and relevant report preparation is the responsibility of the Chair of the GMR Committee with support from the Corporate Secretary
6. The results of the Board assessment will be reviewed with the Board Chair and reported to the Board at a Board-only session
7. The results of the individual Director assessment will be provided to the Board Chair who will discuss the results with each Director individually
8. The results of the Board Chair assessment[2] will be discussed with the Chair of the GMR Committee and the Board Chair, and will be shared with the Board at a Board-only session
9. The results of the committee assessments[3] will be discussed with the Board Chair and the Chair of the each Board Committee, and will be shared with the committee members
10. Should an opportunity to modify performance arise, the issues will be identified, agreed on and committed to in writing, and shall comprise a component of the relevant final assessment report

[i] See https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/public-sector-management/cabro/pso-good-governance-checklist.pdf

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[2] The Board Chair is evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool
[3] Committees are evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

Author(s): Governance & Management Relations Committee
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STRATEGIC PLANNING PROCESS V1 BRD 420

POLICY

The Board of Directors of Northern Health (the "Board") will provide strategic direction to the organization for the annual business planning cycle through a collaborative process with senior management

PROCEDURE

1. The annual strategic planning session is a dedicated 1 to 2 day session normally scheduled in October or November. Participation will include Directors of the Board of Northern Health, the President and Chief Executive Officer (the "CEO") and other members of senior management as determined by the CEO with the Board Chair's agreement. In addition, special guests, either internal or external to Northern Health, may be invited to a portion of the meeting to contribute to discussions for specific subject matter input.

   A facilitator may lead the discussion to allow Board members and management to participate fully in the deliberations.

2. Management will prepare background material for the planning process which may include but is not limited to:
   - an environmental scan that outlines the Ministry of Health's priorities for the BC health system, and the economic, political, social, labour and other relevant issues that could impact the delivery of quality health care to the region
   - a summary of outcomes and issues from community consultations
   - other government directives
   - mid-year progress against current Strategic Plan in terms of financial results and progress against agreed objectives
   - other relevant material that reflects the assumptions, risks, opportunities and strategic options for consideration
   - ~~an annual risk management assessment~~

3. The Board may align the strategic planning session with the fall meeting of the northern Regional Hospital Districts (RHDs), when feasible, to enable the Board to meet with key municipal and RHD leaders, and receive their input
4. The primary outcomes from the annual strategic planning process will be to:
   a. endorse or revise the Strategic Plan
   b. review the governance structure in relation to the Strategic Plan

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c. review the results of the annual Board evaluation[1]
d. set the annual direction for Northern Health
e. ensure that Northern Health's Strategic Plan and organizational priorities are derived from the priorities of Government and the Ministry of Health's priorities for the BC health system
f. provide the basis for the development of the annual capital and operating plans.

5. Following the annual strategic planning session, management will prepare the capital and operating plans, including budgets, for the next fiscal year
6. The CEO and Board Chair will liaise during the development of the capital and operating plans to ensure alignment between the Board and management and to facilitate timely communication with the Ministry of Health and other government officials
7. The capital and operating plans for the next fiscal year will normally be presented for approval at the April meeting of the Board

[1] See BRD410: General Guidelines #3

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BOARD SUCCESSION PLANNING AND RENEWAL PROCESS V.1 BRD 430

INTRODUCTION

The Board of Directors of Northern Health (the "Board") is responsible for ensuring the effective delivery of health care across northern British Columbia. The value of the Board, in meeting its mandate, comes from the knowledge of the Directors, their cohesion as a group, their relationship with the President and Chief Executive Officer (the "CEO"), and their commitment to improving health outcomes for the people of northern British Columbia.

Directors contribute their professional knowledge and governance experience to policy formation, decision-making and oversight of Northern Health. To ensure continuity and to provide for long-term renewal, the Board requires Directors who have the ability and willingness to govern, and are prepared to:

1. Contribute their judgment
2. Invest the level of time and effort required
3. Personally commit to Northern Health's Mission, Vision and Values

While the authority of appointment rests with the Minister of Health, the Governance and Management Relations Committee (the "GMR Committee") will work closely with the Government of British Columbia's Crown Agencies and Board Resourcing Office (CABRO) to identify qualified candidates for recommendation to the Minister.

OBJECTIVE OF BOARD SUCCESSION AND RENEWAL PLAN

The objective of the Board Succession and Renewal Plan is to ensure that, collectively, the Directors have the knowledge and skills necessary to enhance the long-term performance of the organization.

The suitability of candidates for the Board is considered by examining a combination of many factors, including:

1. Personal attributes and traits
2. Community standing
3. Qualifications and expertise
4. Diversity of viewpoints

The process of recruiting Directors will be guided by a Board Selection Criteria Profile which sets out the general qualifications to be used in the identification of individual candidates as well as the key qualifications and core competencies required for the Board as a whole.

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BOARD SELECTION CRITERIA PROFILE

General Profile for Potential Directors

In the identification and evaluation of individual candidates, the following general profile will apply:

1. Personal Attributes
   a. high ethical standards and integrity in professional and personal dealings
   b. appreciation of responsibilities to the public
   c. flexibility, responsiveness and willingness to consider change
   d. ability and willingness to listen to others
   e. capability for a wide perspective on issues
   f. ability to work and contribute as a team member
   g. willingness to act on and remain accountable for boardroom decisions
   h. respectful of others
2. Informed Judgment and Independence
   a. ability to provide wise, thoughtful counsel on a broad range of issues
   b. ability and willingness to raise potentially controversial issues in a manner that encourages dialogue
   c. constructive in expressing ideas and opinions
   d. analytical problem-solving and decision-making skills
3. High Performance Standards
   a. personal history of achievements that reflect high standards for themselves and others
4. Education and Experience
   a. advanced formal education desirable but not mandatory
   b. successful record of achievement in his or her chosen field of endeavour

Key Qualifications and Core Competencies

To fulfill the Board's complex roles, the Board is strongest and most effective when key qualifications and core competencies are represented on the Board as a whole. In addition to the general profile requirements, each Director should contribute knowledge, experience and skills in at least one or two areas of expertise/critical competencies[1]:

1. Accounting/finance qualifications
2. Legal qualifications

[1] Refer to the Competencies Matrix for a Governing Board maintained by the Corporate Secretary

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3. Governance expertise **[2]
4. Understanding of government structures and processes **
5. Business management acumen
6. Knowledge of current and emerging health issues
7. Public sector knowledge
8. Labour relations and human resources
9. Financial literacy **
10. Communications or public relations
11. Technology

Commitment and Capacity to Contribute

In addition to possessing personal attributes and key qualifications required of a Board member, a Director is expected to:

1. Declare any conflict of interest **
2. Commit the time that is required to fulfil his or her responsibilities
3. Attend all scheduled Board and committee meetings, attend occasional special meetings, and be adequately prepared for all meetings
4. Travel, as required, to participate in Board and committee meetings and to occasionally represent the Board at special events, particularly in the geographic area the Board member lives in (BRD610)
5. ~~Ensure he or she acts~~Act in compliance with the Taxpayer Accountability Principles, Northern Health's Standards of Conduct Guidelines, and Board policy BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors
6. Bring the perspective of northern residents to the affairs of Northern Health
7. Perform ~~his or her~~ duties consistent with the overall mandate and policies of Northern Health and the Ministry of Health
8. Sign, for public posting, the Ministry of Health mandate letter each year in order to demonstrate support of the mandate ~~of the Taxpayer Accountability Principles~~

Identifying Vacancies and Sourcing Qualified Candidates

1. The GMR Committee will identify the need for future appointments at least six months prior to the expiry of current Directors' terms of appointment. The Corporate Secretary will notify the CABRO of the anticipated requirements.

[2] Items marked with a double asterisk ** are considered critical

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2. A Director will be asked to continue to serve if, in the opinion of the Board Chair and in consultation with the Chair of the committee the Director serves on, the Director has performed satisfactorily ~~during his or her term~~
3. Relevant factors in the consideration of satisfactory performance will be :
   a. The appointee's contribution to the strategic goals and objectives of Northern Health
   b. Participation in Board, committee work and other activities in support of the organization
4. If the person is prepared to continue as a Director the Corporate Secretary will notify the CABRO of the person's willingness to serve and the recommended duration of the re-appointment
5. When positions become vacant, the GMR Committee will develop a skills profile for the position consistent with the Board Selection Criteria Profile and the Competencies Matrix. In identifying the requirements, consideration will be given to the present membership of the Board and to the key qualifications which should be added or strengthened over time to maintain a Board which will meet the evolving needs of Northern Health. This objective will most likely be achieved by a body of Directors with an appreciation of the diverse needs and interests of the people of northern British Columbia and an understanding of the challenges of effective health care delivery in a vast and remote geographic area.
6. The GMR Committee will work with the CABRO to identify and review qualified candidates. Current Board members will be encouraged to identify potential candidates known to them through personal or community contacts. Candidates determined to have the required qualifications will be interviewed by the Board Chair and discussed with the GMR Committee. During the course of the interviews, the Board Chair will ensure that candidates have a clear understanding of the requirements of a Director and are prepared to make the necessary commitments of time, energy and expertise if appointed.
7. The GMR Committee will make its recommendations to the Board. Once the Board has approved the candidates to be nominated, the Corporate Secretary will forward its recommendations to the CABRO for consideration by the Minister of Health.
8. All recommendations to the Minister will be based on an objective assessment of the fit between the skills and qualifications of the prospective candidate or candidates and the needs of the organization. While care will be taken in identifying candidates who can effectively represent the regional, ethnic, age and gender diversity of northern British Columbia, the overriding principle is selection based on merit.

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9. To achieve a good balance between continuity of experience and injection of fresh perspectives to the Board, appointments to the Board should be staggered. Generally, appointments are not renewed beyond a maximum of six years.
10. Individuals who have been employed in the provincial health system during the past two years or individuals who are currently serving in an elected public office are not eligible as candidates for Board appointment, unless otherwise directed by the CABRO.

See also:

BRD140 – Terms of Reference - Director
BRD200 - Board Role and Governance Overview
BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors

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PRESIDENT & CHIEF EXECUTIVE OFFICER SUCCESSION PLANNING PROCESS V.1 BRD 435

INTRODUCTION

The Board of Directors of Northern Health (the "Board") has laid out a process for President and Chief Executive Officer (the "CEO") succession planning, which assigns responsibility to the CEO for preparation of a succession plan. This plan is provided to the Governance & Management Relations Committee (the "GMR Committee") for review; the responsibility for approval of the plan rests with the Board.

PROCESS

There are three components to CEO succession and coverage planning:

1. **Vacation and other short term coverage.**

   It is expected that there will be times when the CEO will be unavailable for short periods due to vacation or participation in events or conferences. During these occasions the CEO will ensure that appropriate executive level coverage is in place and communicated.

2. **Immediate coverage should the CEO become unavailable indefinitely or for an uncertain period.**

   Should the CEO not be available, Northern Health will require interim leadership until a replacement can be found, or until the incumbent is able to return. During this time, the organization's primary need is for stability of direction, stability of financial management, and effective communication between the Board, executive team, key external bodies, and the provincial government.

   Upon notification that the CEO has become unavailable, the following actions occur:

   a. The Board Chair (the "Chair") will convene a meeting to advise the Board of the situation and seek a decision by the Board that the succession plan should be implemented
   b. The Chair will consult with the Minister of Health and/or Deputy Minister regarding a proposed candidate for interim CEO
   c. The Chair will communicate to the interim CEO the need to assume acting duties for an interim period, and develop with the interim CEO an immediate communication to all staff and medical staff, Board members, and key external audiences identifying the appointment of an interim CEO

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The Board will normally designate an interim CEO from the Executive due to their familiarity and knowledge of Northern Health and of Board and Ministry of Health processes. The Chair, in consultation with the Board, will assess the needs and issues facing the organization and recommend an interim CEO to the Board who is best positioned to address these needs. The Board may choose to select an interim CEO external to the organization if circumstances are such that an external appointment will best serve the needs of Northern Health.

If the interim CEO is designated from the Executive, the Chair should provide the interim CEO with an opportunity to develop a plan to reassign their existing duties to ensure that the CEO duties will be assumed on a full time basis. Upon assignment of these duties, the Chair will confirm the appointment of the interim CEO. The interim CEO will exercise all authority resting in the CEO position subject only to such reporting and monitoring requirements as the Board may wish to adjust for the duration of the interim appointment.

3. Executive Search for a Permanent CEO

When the Chair determines a permanent replacement for the CEO is required, the Chair will convene a meeting of the Board to establish a search committee and will normally assign to the Vice President - Human Resources the task of preparing recommendations for the search process for consideration by the Board. At this meeting consideration should be given to the likely duration of the acting assignment for the interim CEO and the approach to compensation that is warranted.

There is considerable depth of knowledge and skill on the executive team of Northern Health. A number of executive team members would potentially be capable of assuming the CEO position in Northern Health or elsewhere. The development of these senior leaders is a critical component of effective long term CEO succession planning.

Therefore, the CEO will identify those executive team members with the leadership attributes and competencies necessary to perform CEO level work. The CEO will work with these leaders to ensure that ongoing developmental and learning opportunities are made available. Annually, and in accordance with the GMR Committee work plan, the CEO will prepare a succession plan. The CEO will provide the Board, in a Board-only session, with a summary report outlining those executive team members who are demonstrating CEO level competencies and leadership attributes.

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BOARD BRIEFING NOTE

Date:	15 November 2021	
Agenda item	Legislative Compliance Review: • *Freedom of Information and Protection of Privacy Act*	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Legal Affairs, Enterprise Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

To provide an update on the legislative compliance review process.

Background:

The *Freedom of Information and Protection of Privacy Act (FOIPPA)* is enacted to make public bodies more accountable to the public by guiding the release of public body information to the public, and directing the protection of personal information collected, used, retained and disclosed by a public body.

In Northern Health, while protecting personal information is the responsibility of every employee and physician, compliance with FOIPPA is effected primarily by the Health Information Management (HIM), Information Security, and Privacy departments.

Requests for release of public body information (Part 2 of the Act) are managed through the NH Privacy Office. In general, our compliance with the provisions of the Act is high. Although the number of requests made to Northern Health under this Act have increased, the increase in positions within the Privacy Office have better enabled the team to maintain compliance with required response times. There are no outstanding compliance issues with respect to this Part of the Act.

The protection of privacy of personal information that NH collects is the responsibility of all employees and physicians within the health authority. Release of personal information of applicants is the responsibility of the Health Information Management (HIM) departments in acute care facilities. There is currently no consistent structure or support for release of personal information from residential care, community services, and primary care programs, although the HIM team will provide guidance. As a result of this inconsistency and the fact that human factors are involved in the collection, use and retention of personal information, the compliance for this section (Part 3 of the Act) is rated generally medium. Regionally, the HIM team is considering a model of centralized release of information that would include processing all requests, regardless of where the clinical records exist.

In Part 6 of the Act, there are two notable provisions with which NH is non-compliant, or not fully compliant. Section 69 requires NH to make available to the public a directory of all its information banks (any collection of personal information that is organized or retrievable by the name of an individual, identifying number or symbol). NH does not maintain such a directory, nor does any other BC health authority currently. Provincially, the health authority privacy experts are connecting to discuss how compliance with this might be met going forward. Section 70 requires that all manuals, instructions, guidelines, rules, and policy statements of NH are made available to the public without a request for access. While, generally, when asked for these documents, copies are made available without requiring a formal Freedom of Information request, they are not available without a request to access. Northern Health has increased the number of policy documents that are available on the public website, including sentinel documents such as the Standards of Conduct. A full move of policies to the public website has not been completed due to challenges with the documents residing on both the intranet and the external site; posting in both currently would require duplicate effort so until there is a more practical solution, publicly posted policies will likely continue only for key documents.

This *Act* does impose outstanding obligations or compliance issues on Northern Health, in particular:

- S. 69 – Public directory of a public body's information banks
- S. 70 – Availability without request of manuals, instructions, guidelines, rules and policy statements

Recommendation(s):

That the Board receives this briefing note for information.

northern health

RISK AND COMPLIANCE
LEGISLATIVE COMPLIANCE RECORD

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

[RSBC 1996] Chapter 165

Date	Action
25 January 2016	Last full review
22 October 2021	Document Created
15 November 2021	GMR Review
5 December 2021	Board Review
Executive Sign-Off Received:	K. Thomson (2021-11-03)
December 2026	Next full review

Summary

The purpose of the *Freedom of Information and Protection of Privacy Act (FOIPPA)* is to make public bodies more accountable to the public and to protect personal privacy by:

a) Giving the public a right of access to records,
b) Giving individuals a right of access to, and a right to request correction of, personal information about themselves,
c) Specifying limited exceptions to the rights of access,
d) Preventing the unauthorized collection, use or disclosure of personal information by public bodies, and
e) Providing for an independent review of decisions made under this Act.

The Act is divided into 6 parts:

Part 2 - Freedom of Information:

a) Describes the information rights of the public, and how to exercise them
b) Describes exceptions where the public body may not be required to release information
c) Describes the requirements to notify third parties

Part 3 - Protection of Privacy:

a) Describes the requirements for collection, protection, retention, use and disclosure of personal information by public bodies

Part 4 – Office and Powers of Information and Privacy Commissioner

a) Describes the authority of the Information and Privacy Commissioner

Part 5 – Reviews and Complaints

a) Describes the rights of the public to request a review of an information release by the Information and Privacy Commissioner.

Part 6 – General Provisions

a) Provides direction regarding information meant to be available without request, the offences and penalties for breach of the Act, and the allowance of fees for release services.

Currently there are significant amendments tabled before the Legislature, with the expectation that the changes will receive Royal Assent and be implemented by December 2021, in order to cover the data residency exceptions that public bodies have relied on through Ministerial Order throughout the COVID-19 pandemic. The Bill is currently in the committee stage, between Second and Third Reading. A summary of the key changes proposed follows:

1. Repealing the provisions around storage and disclosure of personal information outside of Canada, subject to Regulation (which has not yet been released)
2. Mandatory breach notification when there has been significant harm, and the inclusion of defining parameters of what constitutes significant harm
3. Requirement for the creation of a Privacy Management Program within a public body
4. Increased requirements for privacy impact assessment completion for both new and current systems that collect, use, or disclose personal information, with specific direction to health organizations around the storage of personal health information
5. Addition of "harm to the interests of Indigenous peoples" as a reason for refusal to disclose information in an FOI request
6. Increased flexibility to deny FOI requests that are frivolous or vexatious, or requests that are broad/repetitive/systematic that unreasonably interfere with the business of the public body
7. Specific direction that FOI does not apply to records that don't relate to the business of the public body, records that are considered metadata, and records that have been intentionally deleted (e.g. emails)
8. Addition of a modest application fee for FOI requests, beyond the discretionary processing fee that is currently available
9. Addition of new offences including snooping – the deliberate unauthorised collection, use or disclosure of personal information
10. Increase in penalties with fines of up to $50,000 for an individual and $500,000 for a corporation

A. Review

Section	Description	Comments	Compliance[1]	Likelihood[2]	Impact[3]
Part 2 Freedom of Information					
6	(1) The head of the public body must make every reasonable effort to assist applicants and to respond without delay to each applicant openly, accurately and completely. (2)The head of a public body must create a record for an applicant if possible without unreasonably interfering with the operations of the public body.	There are some current challenges and potential for future challenges with primary and community care record release as there is currently no staff or process to support record release from those programs. There is current work underway to transform Health Information Management (HIM) release of information for all levels of care but resources have yet to be allocated.	H	L	M
7	A head of a public body must respond no later than 30 days after receiving a request for information, unless an extension under section 10 applies.	Some facilities are exceeding the 30 day period in providing personal information to applicants due to the volume of requests and some staffing challenges across the region. The consolidation of HIM into a regional service has improved the ability of the service to	M	M	M

[1] Compliance = degree to which NH currently complies with this requirement. Key: H= High; M = Medium; L = Low; U = Unranked
[2] Likelihood = residual risk in light of processes already in place
[3] Impact = impact on operations, sustainability or reputation if NH were to inadvertently fail to meet this requirement

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
		respond to requests, as there is cross-coverage of all acute facilities. The implementation of the HealtheLife patient portal now allows individuals to access lab and diagnostic information without having to make a request for information. We continue to have challenges coordinating the release of non-acute patient information (long term care, home and community care, primary care) as there is no centralized support or expertise is processing release of information requests within those teams.			
8	In a response under section 7, the applicant must be told (a) if they are entitled to the record (b) when and how access will be given (c) reason for refusal and who to contact for a review		H	L	M
9	If access to a record will be given, the applicant must be provided with either a copy or be permitted to examine the record if a copy cannot be reasonably reproduced.		H	L	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
10	(1) The head of a public body may extend the time for responding to a request for up to 30 days if one of four circumstances applies: insufficient detail from applicant, large number of records, time required to consult with third party, or the applicant has consented to the extension.	Extensions are not always requested as required	M	L	M
12	The head of the public body must refuse to disclose to an applicant information that would reveal Cabinet or local public body confidences.	Have a process in place to contact the Office of the Premier for consultation on any information that may reveal the substance of deliberations of the Executive Council or any of its committees.	H	L	H
13	The head of a public body may refuse to disclose to an applicant information that would reveal advice or recommendations developed by or for a public body. There are, however, exceptions whereby the public body must not refuse to disclose.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	M
15	The head of the public body may refuse to disclose information that may be harmful to law enforcement. There are, however, exceptions whereby the public must not refuse to disclose.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	H
16	The head of the public body may refuse to disclose information that could be harmful to intergovernmental relations or negotiations. There are, however, exceptions whereby the public body must not refuse to disclose.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	H

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
17	The head of the public body may refuse to disclose information which could be expected to harm the financial or economic interests of a public body or the government of BC or the ability of that government to manage the economy. There are, however, exceptions whereby the public body must not refuse to disclose.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	H
19	The head of a public body may refuse to disclose to an applicant information, including personal information about the applicant, if the disclosure could reasonably be expected to be harmful to any individual's or public safety.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	H
20	The head of a public body may refuse to disclose information that is available for purchase by the public or that will be published or released within 60 days. The public body must advise the applicant, and must reconsider the request if 60 days elapses.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	L
21	The head of a public body must refuse to disclose information supplied in confidence that could be harmful to the business interest of a third party. Also covers information obtained on a tax return.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	M
22	The head of a public body must refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's personal privacy.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
22.1	The head of a public body must refuse to disclose information that relates to the provision of abortion services, unless it: relates to the services received by the applicant; is statistical information that is for the entire Health Authority; is information about public body policy on abortion services.	All records are reviewed prior to release for possible exceptions to release under the Act.	H	L	M
23	If the head of a public body intends to give access to a record that may contain information that might be excepted from disclosure under section 21 or 22, the head must give the third party a written notice. The applicant must also be notified that a third party is being notified.	All records are reviewed prior to release for possible exceptions to release under the Act. Notifications are made to third parties and applicants as required.	H	L	M
24	Within 30 days after notice is given under section 23, the head of a public body must decide whether or not to give access to the record, and written notice must be given to both the applicant and third party.	All records are reviewed prior to release for possible exceptions to release under the Act. Notifications are made to third parties and applicants as required.	H	L	L
25	Whether or not there is a request for access, the head of a public body must, without delay, disclose information about a significant risk to health or safety of the public or information clearly in the public interest.		H	L	H
Part 3 Protection of Privacy					
26	No personal information may be collected unless the collection is expressly authorized under an Act; it is for purposes of law enforcement; or it relates	NH has policy in place with posters and forms outlining this requirement with respect to collection of patient information.	H	M	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	directly to and is necessary for an operating program or activity of the public body.	There is currently a gap identified with respect to notification to employees about collection and use of employee personal information. The Privacy Office is working with Human Resources to develop an appropriate notification respecting employee personal information.			
27	(1) Personal information must be collected directly from the individual the information is about unless another method is authorized or collection is necessary for the medical treatment of an individual; or the information may be disclosed to the public body under sections 33-36. (2) A public body must ensure that an individual from who it collects personal information is told the purpose for collecting it; the legal authority for collecting it; and given contact information for a person who can answer their questions.		H	L	M
28	The public body must make every effort to ensure the personal information in its custody or control, which will be used to make a decision that directly affects the individual, is accurate and complete.		H	L	M
29	A person who believes there is an error in their personal information may request the information be corrected or annotated. The head of the public body must make the correction and annotate the request whether or not a correction is made.	HIMS has process for applicants to submit a request for correction or addendum.	H	L	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
30	A public body must protect personal information in its custody or control by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal.	Northern Health employs many different security means to ensure that personal information in its custody or control is maintained securely, including: secure remote access using two factor identification; user defined access to information storage banks (like the clinical information system); robust security systems for securing mobile devices; workstation accesses are secured through access credentials The Privacy Office employs 2 FTE Audit Analysts who review access and use of both the Cerner and C-MOIS clinical information systems.	H	H	H
30.1	Personal information must be stored only in Canada and accessed only in Canada unless one of the following applies: the individual has consented to the storage in or access from outside of Canada; or it is permitted under this Act; or it is for the purpose of a payment.	General awareness of this requirement. This information is captured when a privacy impact assessment is conducted. *There is currently proposed amendments to this Act before the Legislature that would remove the data residency requirement going forward.	H	L	M
30.2	The head of the public body must immediately notify the minister of any foreign demand for disclosure.	Occurs infrequently.	H	L	L
30.3	Whistle-blower protection – an employer must not dismiss, suspend, demote, discipline, harass or	Whistle-blower policy in place – Safe Reporting	H	L	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	otherwise disadvantage an employee because the employee, acting in good faith, has notified the commissioner that the employer or any other person has contravened or is about to contravene this Act.	NH will be brought under the requirements of the *Public Interest Disclosure Act* in June 2023, which will require some amendments to our safe reporting process for compliance with the legislation.			
30.4	An employee, officer or director of a public body, who has access, whether authorized or unauthorized, to personal information in the custody or control of a public body, must not disclose that information except as authorized under this Act	Note s. 74.1 enforces fines of up to $500,000 if a corporation commits an offence under this section. While the legislation is generally known, and policies are in place, human error still results in occasional breaches and inappropriate disclosures.	M	M	H
30.5	Any employee that knows there has been an unauthorized disclose of personal information must notify the head of the public body.	The Privacy Office implemented a new Privacy Breach policy in July 2021 to support staff and managers in identifying and responding to breaches or unauthorized disclosures. When needed, the individual whose information was breached is notified and provided with support options, such as credit monitoring, as required. When breaches are confirmed as malicious, employees involved are subject to disciplinary action up to and including termination.	M	M	H

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
31	Personal information that is used to make a decision that affects an individual must be kept for at least one year.	All medical records are kept indefinitely, per Ministry direction. All other records are maintained per the NH Record Retention Schedule.	H	L	L
31.1	All requirements of this Act on employees, officer and directors or a public body also apply to service providers and their employees.	All service contracts contain a standard privacy schedule.	H	L	H
32	Personal information must only be used for a purpose for which it was obtained, or a use consistent with that purpose or a purpose for which that information may be disclosed under sections 33 to 36.	Note s. 34 defines 'consistent purpose' as having a reasonable and direct connection to that purpose, and being necessary for performing the statutory duties of, or for operating a program or activity of, the public body that uses or discloses the information. The concept of consistent purpose carries contradicting risk; there is risk that we provide excess access to information (primarily due to limitations of restriction of user-based access), but there is also risk in an over-restrictive interpretation of consistent purpose where required and permissible sharing is not completed, limiting provider's ability to provide comprehensive care.	M	L	H
33	Personal information must only be disclosed as permitted under section 33.1 or 33.2	Some risk with disclosure to non-NH entities through broad access to clinical information systems; risk mitigation is being implemented	M	L	H

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
		through information sharing agreements, data access and confidentiality agreements, and auditing of access. The concept of consistent purpose carries contradicting risk; there is risk that we provide excess access to information (primarily due to limitations of restriction of user-based access), but there is also risk in an over-restrictive interpretation of consistent purpose where required and permissible sharing is not completed, limiting provider's ability to provide comprehensive care.			
35	Disclosure for research purposes is permitted only under certain circumstances.	Research review committee process is followed for research requests; Privacy is represented on the committee. A new Privacy Office position was established in June 2021 which includes focused support on privacy in research.	H	L	M
36.1	A public body participating in a new or significantly revised data-linking initiative must comply with the regulations, if any, prescribed for the purposes of this subsection.	Whether or not a project or initiative is a data-linking initiative is captured in the privacy impact assessment process. A new policy and process is in draft to provide further support to the organization in both understanding when these initiatives require	M	L	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
		privacy impact assessments and data-linking initiatives.			
Part 5 Reviews and Complaints					
59	The head of the public body must comply with an order of the commissioner within 30 days of the head of the public body being given the order.	Historically compliant	H	L	H
Part 6 General Provisions					
66	(1) The head of a public body may delegate to any person any duty, power or function of the head of the public body under this Act, except the power to delegate under this section. (2) A delegation under subsection (1) must be in writing and may contain conditions or restrictions the head of the public body considers appropriate.	Delegated in Privacy Delegation Policy	H	L	M
69	(6) The head of a public body that is not a ministry must make available for inspection and copying by the public a directory that lists the public body's information banks and includes the following information with respect to each personal information bank: (a) its title and location; (b) a description of the kind of personal information and the categories of individuals whose personal information is included; (c) the authority for collecting the personal information;	NH remains non-compliant with this section; notably, no BC health authority is fully compliant with this provision. There is provincial discussion amongst the health authority privacy groups on how to move forward with compliance on this provision. Compliance would require resource and personnel investment on an ongoing basis. An information bank is a collection of personal information that is organized or retrievable by the	L	M	M

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	(d) the purposes for which the personal information was obtained or compiled and the purposes for which it is used or disclosed; (e) the categories of persons who use the personal information or to whom it is disclosed; (f) any other information required by the minister responsible for this Act.	name of an individual or by an identifying number, symbol, or other particular assigned to an individual.			
70	(1) The head of a public body must make available to the public, without a request for access, under this Act (a) manuals, instructions or guidelines issued to the officers or employees of the public body, or (b) substantive rules or policy statements adopted by the public body, for the purpose of interpreting an enactment or of administering a program or activity that affects the public or a specific group of the public.	Many of these documents are not available on the public website, though we have made progress in making some relevant documents available, such as the Standards of Conduct. Public must request (though a formal FOI request is not required) copies. Many employees are not aware that these documents are releasable. Posting of policies and manuals on the public website was considered upon last review but is not implemented due to challenges with cross-posting between the intranet and the public website.	M	M	L
73.1	If the head of a public body has reasonable grounds to believe that personal information in the custody or under the control of the public body is in	The Privacy Officer does this when aware that a breach has occurred. Typically, a Northern	H	L	L

Section	Description	Comments	Compliance	Likelihood[2]	Impact[3]
	the possession of a person or an entity not authorized by law to possess the information, the head of the public body may issue a written notice demanding that person or entity to return the information, or provide in writing why they are entitled to possess it.	Health employee will personally retrieve information that has been misdirected.			
74	A person must not make false statements to, obstruct, or fail to comply with an order made by the Commissioner. Doing so may result in a fine of up to $5,000.	History of compliance	H	L	L
75	Fees can be charged if there is a written formal request for records. There is a maximum fee schedule and fees cannot be charged for a request of an applicant's own personal information.		H	L	L

FOIPPA Consolidated December 2015.pdf

B. Risk Matrix

IMPACT				
	H	12,15,16,17,19,25, 31.1,32,33,59	30.4,30.5,	30
	M	6,8,9,10,13,21,22, 22.1,23,27,28,29, 30.1,30.3,35,36.1, 66,	7,26,69	
	L	20,24,30.2,31, 73.1,74,75	70	
		L	M	H
		LIKELIHOOD		

C. Certificate(s) of Compliance

I, Kirsten Thomson, Regional Director Legal Affairs, Enterprise Risk and Compliance and Chief Privacy Officer, in my capacity as the Northern Health staff person with executive lead responsibility, do hereby certify Northern Health's compliance with the above reviewed sections of the ***Freedom of Information and Protection of Privacy Act***:

Section(s)	**Compliance**	
All	☐ Full, without reservation	☒ Substantial, with reservation – see notes below
	☐ Partial – see notes below	☐ Non-compliant – see notes below
	NH is compliant with the majority of the Act, including those responsibilities around the safe collection, use and disclosure of personal information. As noted, NH is not fully compliant with 2 specific provisions, sections 69 and 70, with respect to availability of information intended to be accessible by the public. Efforts continue within the organization and the province to come into compliance with these two sections.	

_____ _____**3 November 2021**_____

Signature Date

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

HR REPORT

Recruitment Services

Through collaborative services and guidance, External Recruitment supports Northern Health's hiring managers to recruit qualified health care professionals. Recruitment is led by a regional manager and consists of five recruiters, a recruitment sourcing coordinator, and a recruitment assistant. In addition, Northern Health Recruitment works with Health Employers Association of British Columbia (HEABC) Recruitment Solutions on strategic provincial initiatives and the attraction of qualified health care professionals.

The philosophies guiding Northern Health Recruitment's services are:

- Foster an "In the North, for the North" recruitment and retention philosophy
- Foster a culture of respect and cultural safety for Indigenous peoples
- Cultivate an organizational approach, emphasizing "recruitment and retention – everyone has a role"
- Enhance multi-stakeholder engagement through purposeful partnerships and relationships in support of the recruitment and retention strategy (candidate, employee, community and key stakeholders)
- Identify and determine the metrics to evaluate and inform current and future recruitment and retention strategies

COVID-19 Pandemic response

Since March 2020, there has been an urgent need to provide focused attention and resources to the COVID-19 pandemic response. Recruitment has played a key role in supporting the changing and increased needs of the organization. During this time, Northern Health has created a significant number of above baseline positions to support pandemic response and other important initiatives (e.g., Hospital @ Home, Health Career Access Program, COVID Case & Contact Management, Screeners, etc.), which have often been filled through internal posting (resulting in difficult-to-fill vacancies with our baseline positions).

First Nations Health Authority and Northern Health partnership

First Nations Health Authority (FNHA) and Northern Health have collaborated to identify shared human resource priorities with a particular focus on partnered recruitment initiatives. The idea of a shared recruitment role emerged during the collaborative development of an Indigenous Recruitment Framework. Through this partnership, FNHA and Northern Health has successfully hired into an FNHA/Northern Health Talent Sourcing Specialist position. The successful incumbent will have the following

responsibilities:

- Develop and implement short- and long-term recruitment strategies including recruitment to the Health Care Access Program (HCAP) and the Mobile Support Teams.
- Support Indigenous hiring and student/developmental programs in alignment with FNHA and Northern Health's shared Talent Acquisition Strategy.
- Develop innovative solutions and strengthen networks with First Nations communities and partner organizations to promote Indigenous recruitment.
- Serve as liaison between the two health authorities, and between FNHA's North and Central recruitment teams.

New graduate recruitment

To reach and engage newly graduated health care professionals, Recruitment continues to enhance and expand the New Graduate Application Process. This process involves recruiters meeting with post-secondary institutions and cohorts within British Columbia and across Canada to engage students in opportunities with Northern Health. The organization continues to expand its reach to post-secondary institutions to increase the number of new graduates hired. Outcomes to date include:

Registered nurses (RNs)

So far in 2021, 112 new graduates have accepted positions (68% of which are UNBC graduates and 32% are from other institutions). Approximately 40% of these hires are into regular positions, which is a higher proportion than in 2020.

Licensed practical nurses (LPNs)

So far in 2021, 41 new graduates have accepted positions (81% are from Northern post-secondary cohorts and 17% are from other institutions). Approximately 40% of these hires have been into regular positons.

Care aides/health care assistants

So far in 2021, 66 new graduates have accepted positions (74% are from Northern post-secondary cohorts and 26% are from other institutions). Approximately 62% of these hires have been into regular positons.

Travel Resource Pool Program

Northern Health developed a Travel Resource Program (TRP) through a Memorandum of Understanding with the British Columbia Nursing Union (BCNU) in 2018. The program is intended to recruit nurses, registered nurses (RNs) and licensed practical nurses (LPNs), to travel nurse assignments in rural and remote communities. The nurses work a compressed schedule and travel home between assignments. The TRP

has achieved steady growth and actively employs a roster of 44 registered nurses (RNs) and five licensed practical nurse (LPNs).

Northern Health has projected that the TRP will provide 35,500 hours of nursing support over the next 12 months; however, with the recent addition of LPNs, this forecast could increase to 50,000 total hours of nursing support.

TRP good news stories

- The Travel Resource Program has 44 RNs and five LPNs.
- Retained three Northern Health nurses who moved to other provinces but accepted permanent positions with the TRP.
- Northern Health implemented self-scheduling which has attracted more nurses to the program.

Multimedia strategies

Communications specialist, Recruitment

The newly created and filled communications specialist, Recruitment role will develop and implement Northern Health's digital recruitment and marketing strategies. This position will be involved in all digital, public and employee sourcing/engagement work pertaining to recruitment including:

- In 2021, Northern Health will launch Facebook and Instagram pages dedicated to recruitment.
- Full cycle content development including researching, interviewing, writing, editing, and planning.
- Social media management.
- Web and multimedia management and content publishing.
- Ongoing strategic communications planning for long-term content development and recruitment campaigns.
- Digital communications support for the purpose of recruitment and employee engagement.

Community videos and photos

In 2020, Recruitment collaborated with an external vendor to produce photo and video content for Vanderhoof and Masset. In addition, Northern Health completed a profession-based video featuring environmental health officers.

In 2021, Recruitment will complete videos and photo content highlighting McBride and Fort St. James. Recruitment is collaborating with the City of Quesnel and an external videographer to plan a community video, which will feature a health care employee.

International recruitment

So far, in 2021, Northern Health Recruitment has recruited 57 international candidates. These hires were into difficult-to-fill vacancies, such as nursing, health care aide and allied health positons.

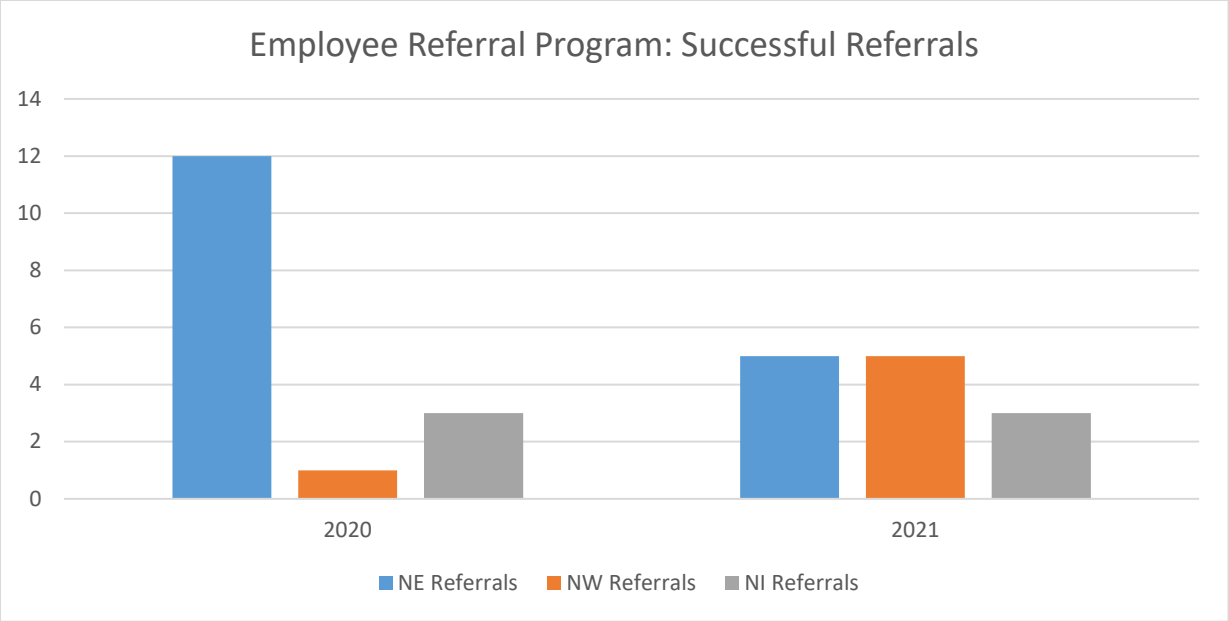
Employee Referral Program

The Employee Referral Program uses the power of Northern Health's approximately 8,000 staff members to help recruit new employees to the organization. Recruiting candidates using an employee referral program is a cost effective and efficient recruitment strategy. Employees receive an incentive when they refer a successful candidate to a difficult-to-fill vacancy or a position identified by Northern Health Recruitment. Recruitment determines position eligibility on a case-by-case basis and considers a variety of factors like geographic location, supply and demand, and whether or not a position is historically difficult to fill.

Employee Referral Program good news story

Nicole, a Northern Health employee, referred Kerstin to a full-time occupational therapist position in Prince Rupert. Here is what Nicole had to share:

"It's SO nice to have Kerstin in the role. She was actively looking at other positions, so I wanted to sell it while also being transparent about some of the struggles that others have identified after moving to Rupert (e.g., rain, cost of living, limited housing options, etc.). I shared my endless experiences about kayaking, fishing, camping, and other amazing outdoor adventures that the Northwest has to offer that I've treasured since I moved here from the east coast 9.5 years ago. Stories and pictures of humpback whales bubble netting in front of my kayak sells itself. Needless to say, she has since bought a kayak, ha! Kerstin is settling in really nicely to the role. She has embraced living in Prince Rupert and she's done more in her few short months here than lots have in their lifetime."



Candidate Relationship Management (CRM)

In 2021, the Recruitment and Medical Affairs departments successfully implemented the iCIMS Candidate Relationship Management (CRM) database. This technological solution enables the Recruitment team to enhance candidate relationships through the collection of information from passive candidates, creation of email campaigns, and tracking of metrics from school visits and career fairs/conferences. A CRM solution is considered human resources best practice because it captures new leads, manage relationships with candidates, and collect and track metrics to support long-term recruitment strategies.

CRM good news story. The CRM provides a great feature to create an event registration page for a career fair, conference, or student visit, allowing the recruiters to easily share and collect important information to event participants. As a result, Northern Health successfully recruited two permanent part-time care aides to Fort St John.

Health Match BC partnership

Health Match BC is funded by the Government of British Columbia and works collaboratively with the health authorities to support recruitment of registered nurses and allied health professionals.

In 2021, Recruitment received eight candidate referrals from Health Match BC. Three were successfully hired:

- Registered nurse – Emergency
- Medical laboratory technician
- Occupational therapist

Education Services recruitment strategies

Employed student nurse recruitment

In 2020, 117 employed student nurses (ESNs) were hired throughout Northern Health. In 2021, this number increased to 144 ESNs, partially due to the creation of additional ESN positions to support the COVID-19 pandemic response.

Northern Health Recruitment continues to collaborate with Professional Practice and site managers to offer third-year ESNs future employment. Students receive a conditional job offer for casual employment with Northern Health prior to completion of their program. This initiative supports recruitment and retention in the North.

Health Career Access Program (HCAP)

Designed to alleviate the shortage of qualified health care assistants in BC, the provincially sponsored Health Career Access Program (HCAP) provides paid education and on-the-job training to individuals working towards becoming registered health care assistants. Applicants start as health care support workers before advancing to health care assistants (HCA) upon completion of the profession's education requirements. HCAP is intended to:

1. Be a career laddering opportunity for existing Facilities Bargaining Association (FBA) and Community Bargaining Association (CBA) employees.
2. Be a pathway for others to enter the health sector.

Participants sign a 12-month return of service agreement as a health care assistant in the community where they trained. The BC Ministry of Health has funded 215 seats for the long-term care phase of this initiative, of which 193 are currently filled with active participants. The Community Care (Home Health) phase of this initiative is set to begin in February 2022 with 100 additional funded seats.

By December 2021, Northern Health will be hiring 14 candidates from the first cohorts in the Health Career Access Program (HCAP).

HCAP good news story

Read: "Mother and daughter explore the health career access program at Peace Villa Residential Care" by scanning the QR code with your smartphone or by visiting: https://bit.ly/3cqvknd

SCAN ME

Ongoing Recruitment strategies

Northern Health Recruitment continues to focus on a variety of strategies to address difficult-to-fill vacancies, including:

- Recruitment is coordinating weekly, bi-weekly, and monthly meetings with senior leadership and operational leaders to review all current postings and be proactive in forecasting future needs for each geographic area.
- Northern Health provides options for relocation reimbursement to candidates for positions that qualify for this incentive.
- Targeted recruitment advertising and marketing for specific communities and positions.
- Attending in-person and virtual conferences, career fairs, and profession-specific events to promote job opportunities and meet potential candidates.
- Campus and classroom visits to discuss Northern Health opportunities with students. Video conference has been used to connect with students.
- Advertising positions in various print and digital spaces:
    - Health Match BC
    - BCJobs.ca
    - Nursing Careers Canada
    - Nurse Avenue
    - Longwoods
    - Facebook
    - Post-secondary institutions
    - Registering bodies
    - Professional societies
    - Northern Health's Careers site
- Northern Health collaborates with external vendors to conduct programmatic advertising to expand our reach to attract candidates.
- Recruitment actively sources candidates through LinkedIn and other online platforms to attract passive job seekers.
- Leveraging community partnerships by collaborating with local Northern Health leadership and community partners to highlight the community's recruitment initiatives and develop more robust community profiles.

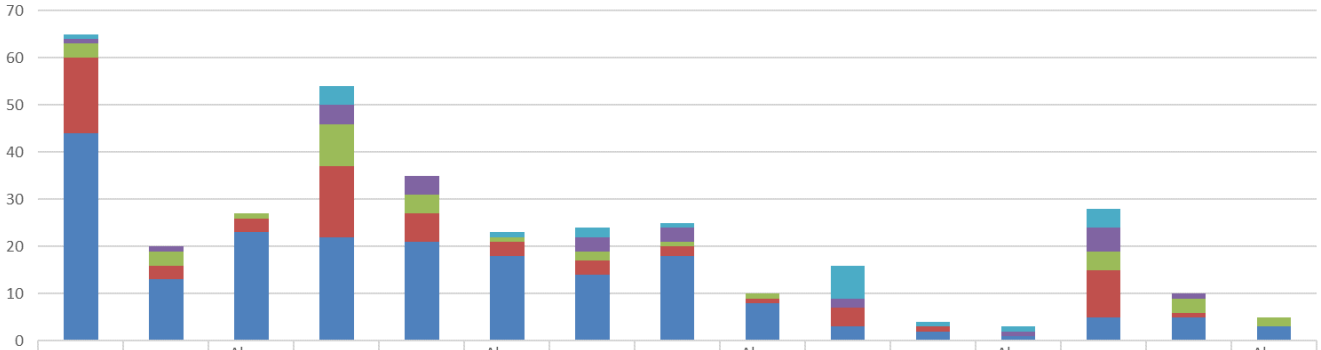
Northern Health Recruitment updates and charts

In the 2021/22 fiscal year to date, Northern Health has posted 2,964 non-casual positions. Of these postings, 65% have been filled by internal staff (existing regular and casual staff) and 9.2% have been filled externally (qualified applicants from outside of Northern Health) within 90 days. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). Annually, approximately 13% of our postings become DTFV. Some unfilled positions are currently in the competition phase.

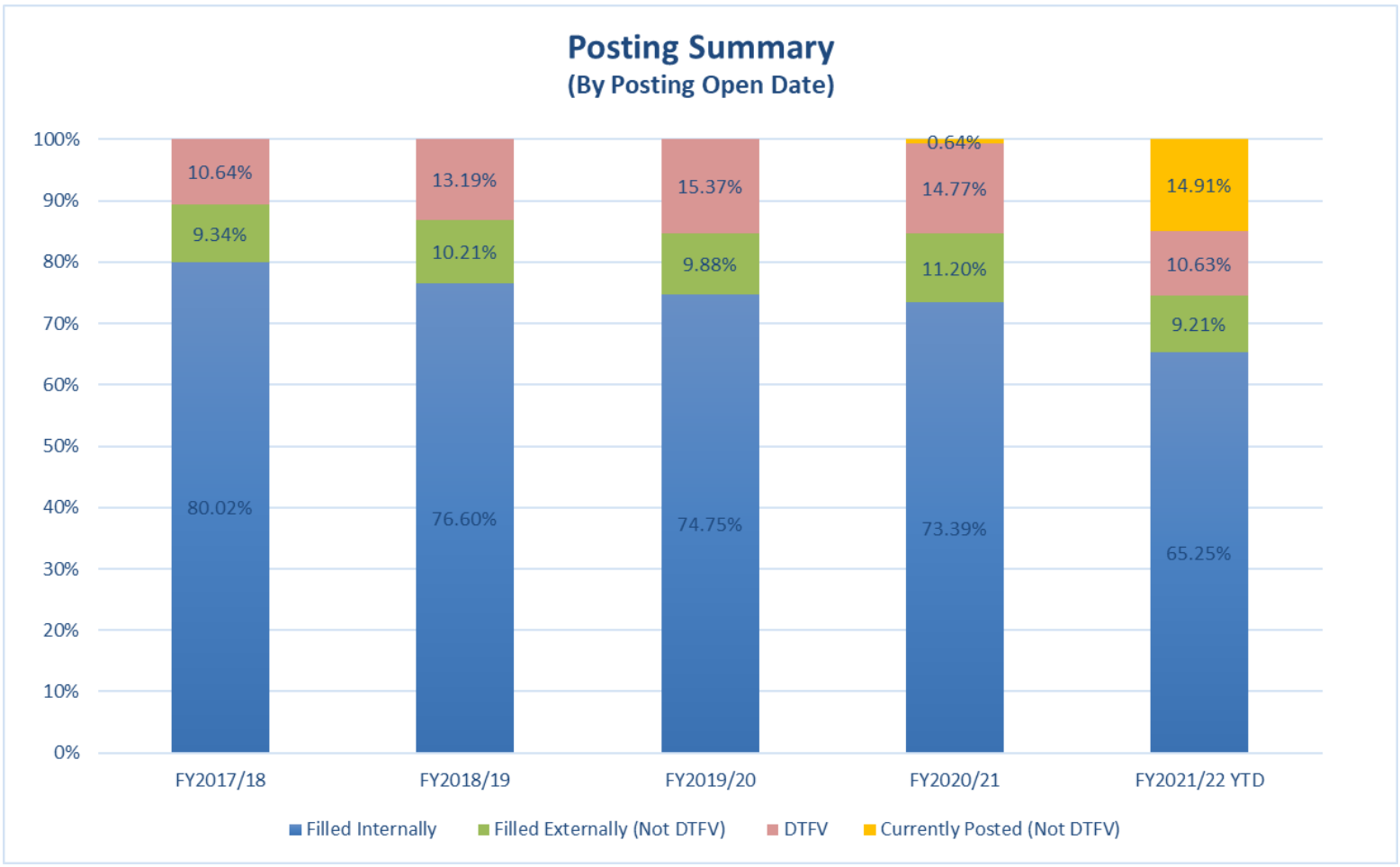
Casual hires are not reflected in this data. On average, Northern Health hires 1,000 casuals per year. Many of these staff successfully bid into permanent, ongoing positions through our internal posting process.

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

As at Nov 16, 2021



	North East			North West			Prince George			Regional			NI Rural		
	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	1			4		1	2	1		7	1	1	4		
COMMUNITY SUBSECTOR	1	1		4	4		3	3		2		1	5	1	
FACILITIES SUBSECTOR	3	3	1	9	4	1	2	1	1				4	3	2
HEALTH SCIENCE PROFESSIONALS	16	3	3	15	6	3	3	2	1	4	1		10	1	
NURSES PROVINCIAL AGREEMENT	44	13	23	22	21	18	14	18	8	3	2	1	5	5	3


Posting Summary
(By Posting Open Date)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
10.64%
9.34%
80.02%
13.19%
10.21%
76.60%
15.37%
9.88%
74.75%
0.64%
14.77%
11.20%
73.39%
14.91%
10.63%
9.21%
65.25%
FY2017/18
FY2018/19
FY2019/20
FY2020/21
FY2021/22 YTD
Filled Internally
Filled Externally (Not DTFV)
DTFV
Currently Posted (Not DTFV)

The Face of Northern Health

As at November 16, 2021

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,451	100%	5,309
Full-time	4,042	48%	
Part-time	1,868	22%	
Casual	2,541	30%	
Non-Active: Total	1,366	100%	908
Leave	944	69%	532
Long Term Disability (LTD)	422	31%	376

Active Employees by Region	Headcount	%
Active: Total	8,451	100%
North East	1,225	14%
North West	1,926	23%
Northern Interior: Prince George	2,703	32%
Northern Interior: Rural	1,116	13%
Regional	1,481	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,451	100%
Nurses	2,604	31%
Facilities	3,280	39%
Health Sciences	1,056	12%
Community	794	9%
Excluded	717	8%

Active Nursing	Headcount	%
Active: Total	2,604	100%
RN/RPN	1,984	76%
LPN	620	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,280	794
Clinical	1,442	435
Non-Clinical	1,838	359

Count of Employees - By Status