
Meeting of the Northern Health Board February 7, 2022

Due to COVID-19 Pandemic the Northern Health Board did not host a Public Board meeting on February 7, 2022 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
the northern way of caring

Northern Health Board Public Package – February 2022

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Adjourned		

BOARD BRIEFING NOTE

Date:	January 20, 2022	
Agenda item:	2021-22 Period 9 – Operating Budget Update	
Purpose:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Decision
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD December 9, 2021 (Period 9)

Year to date Period 9, Northern Health (NH) has a net operating surplus of nil.

Excluding extraordinary items, revenues are unfavourable to budget by \$9.5 million or 1.3%, and expenses are favourable to budget by \$6.1 million or 0.8%.

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 \$53.0 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditure (\$53.0M) and loss revenue due to COVID (\$3.4M).

Recommendation:

The following motion is recommended:

The Northern Health Board receives the 2021-22 Period 9 financial update, as presented.

NORTHERN HEALTH
Statement of Operations

Year to date ending December 9, 2021

\$ thousand

	Annual Budget	YTD December 9, 2021 (Period 9)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	793,089	536,172	535,721	(451)	-0.1%
Other revenues	258,237	186,564	177,487	(9,077)	-4.9%
TOTAL REVENUES	1,051,326	722,736	713,208	(9,528)	-1.3%
EXPENSES (BY PROGRAM)					
Acute	553,385	381,365	383,279	(1,914)	-0.5%
Community care	177,911	120,306	117,961	2,345	1.9%
Long term care	133,931	91,990	99,676	(7,686)	-8.4%
Mental health and substance use	64,234	44,502	39,312	5,190	11.7%
Population health and wellness	34,412	23,816	20,549	3,267	13.7%
Corporate	87,453	60,757	55,825	4,932	8.1%
TOTAL EXPENSES	1,051,326	722,736	716,602	6,134	0.8%
Net operating deficit before extraordinary items	-	-	(3,394)		
Extraordinary items					
COVID-19 expenses	-	-	53,002		
Total extraordinary expenses	-	-	53,002		
Supplemental Ministry of Health contributions	-	-	56,396		
Net extraordinary items	-	-	3,394	-	
NET OPERATING SURPLUS	-	-	-		

BOARD BRIEFING NOTE

Date:	January 20, 2022	
Agenda item:	Capital Public Note	
Purpose:	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> 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 9 (ending December 9, 2021), \$142.4M was spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>
Major Capital Projects (> \$5.0M)	113.6
Major Capital Projects (< \$5.0M)	5.4
Major Capital Equipment (> \$100,000)	9.0
Equipment & Projects (< \$100,000)	7.0
Information Technology	7.4
	<u>142.4</u>

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	Closing	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	\$0.95	In Progress	FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	\$12.5	Planning	FFGRHD, MOH, NH
Prince George	UHNBC DI Interventional Fluoroscopy	\$4.25	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI General Fluoroscopy Replacement	\$2.51	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	\$0.80	In Progress	MOH
Prince George	UHNBC Integrated Fault Detection & Diagnostics (CNCP)	\$0.23	In Progress	FFGRHD, MOH
Prince George	UHNBC Washing Machine 1	\$0.96	Closing	FFGRHD, MOH
Prince George	UHNBC OR Electrical Upgrade and Lights	\$0.46	Closing	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	\$0.91	In Progress	FFGRHD, MOH

Community	Project	Project \$M	Status	Funding partner (note 1)
	Replacement Phase 2			
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	Planning	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	\$1.8	In Progress	FFGRHD, MOH
Prince George	Gateway Lodge Vocera	\$0.50	In Progress	FFGRHD, MOH
Prince George	UHNBC ED Negative Pressure Upgrade	\$0.36	Planning	MOH
Prince George	UHNBC Transformer Replacement	\$2.13	In Progress	FFGRHD, NH
Prince George	UHN Ultrasound Replacement	\$0.25	In Progress	MOH
Quesnel	Dunrovin Heating Boilers Replacement (CNCP)	\$0.63	In progress	CCRHD, MOH
Quesnel	GR Baker CT Scanner Replacement	\$2.32	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	\$0.90	In Progress	CCRHD
Quesnel	Substance Abuse Club Leasehold Improvement	\$1.27	In Progress	CCRHD, MOH
Quesnel	GR Baker Ultrasound Replacement	\$0.25	In Progress	MOH

Community	Project	Project \$M	Status	Funding partner (note 1)
Vanderhoof	St. John Hospital Heat Pumps and Coils	\$0.59	In Progress	SNRHD, MOH, NH
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	\$1.97	In Progress	SNRHD, MOH, NH
Vanderhoof	St. John Hospital Ultrasound Replacement	\$0.25	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	Complete	NWRHD, MOH
Kitimat	Kitimat Lab Chemistry Analyzer Replacement	\$0.22	In Progress	NWRHD, MOH, NH
Kitimat	Kitimat Ultrasound Replacement	\$0.26	In Progress	Haisla Nation, NWRHD
Kitimat	Kitimat Large Piece Folder Replacement	\$0.38	In Progress	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	\$632.60	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	\$0.26	In Progress	MOH
Terrace	MMH Ultrasound 2 Replacement	\$0.26	In Progress	MOH
Hazelton	Hazelton Long Term Care Business Plan	\$0.60	In Progress	NWRHD

Community	Project	Project \$M	Status	Funding partner (note 1)
Hazelton	Wrinch Ultrasound Replacement	\$0.26	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, NH
Prince Rupert	PRRH Medical Device Reprocessing Department Equipment Replacement and Centralization	\$0.84	In Progress	MOH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	\$1.54	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH Domestic Hot Water Upgrade (CNCP)	\$0.48	In Progress	NWRHD, MOH
Prince Rupert	PRRH Main Floor Renovation - Planning	\$0.25	Planning	NH
Prince Rupert	PRRH Ultrasound 1 Replacement	\$0.22	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	\$0.90	In Progress	NWRHD
Smithers	Bulkley Lodge FM Nurse Call System (CNCP)	\$0.43	In Progress	NWRHD, NH
Stikine	Stikine X-Ray Machine Replacement	\$0.54	In Progress	NWRHD, MOH
Houston	Houston Air Handling Unit Replacement (CNCP)	\$0.87	In Progress	NWRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project \$M	Status	Funding partner (note 1)
Chetwynd	Chemistry Analyzer Replacement	\$0.22	Closing	Chetwynd Hospital Foundation, PRRHD, MOH

Community	Project	Project \$M	Status	Funding partner (note 1)
Chetwynd	Heating Boilers Replacement (CNCP)	\$0.57	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	\$0.45	In Progress	PRRHD, NH
Dawson Creek	DCDH CT Replacement	\$2.55	In Progress	PRRHD, MOH
Fort Nelson	FNH Domestic Hot Water Upgrade (CNCP)	\$0.18	Complete	MOH
Fort Nelson	FNH Boiler Upgrade and Heat Recovery (CNCP)	\$0.74	In Progress	NRRHD, MOH
Fort St. John	Fort St. John Hospital Spect CT	\$1.76	Complete	PRRHD, FSJ Hospital Foundation, NH, MOH
Fort St. John	Fort St. John Hospital Reverse Osmosis Replacement	\$0.49	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	\$0.66	In Progress	FSJ Hospital Foundation, 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	\$0.60	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	PRRHD, FFGRHD, CCRHD, MOH, NH
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	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, MOH
All	MOIS/Momentum Interop	\$0.21	Planning	MOH, NH
All	MySchedule – Partial Shifts, Prebooking	\$0.18	Closing	MOH, NH
All	Northern Lights – Personal Health Record and Portal	\$1.20	Closing	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, MOH
All	Sharepoint Upgrade	\$0.21	In Progress	MOH
All	Clinical Data Repository (CeDaR)	\$1.53	In Progress	NH
All	DNS Replacement	\$0.11	Complete	MOH
All	Computer Assisted Coding Software	\$0.23	In Progress	NH
All	Core Network Infrastructure	\$0.95	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, MOH, NH
All	FNHA Community Health Record EMR Collaboration	\$1.34	Planning	MOH

Community	Project	Project \$M	Status	Funding partner (note 1)
All	SurgCare	\$0.93	Planning	MOH
All	Virtual Clinic (COVID)	\$1.48	Planning	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than \$100,000). For 2021-22, it is forecasted that NH will spend \$12.5M 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 9 update on the 2021-22 Capital Expenditure Plan.

DIRECTOR EXPOSURE AND LIABILITY V.1**BRD 510**

Members of the Board of Directors of Northern Health (the “Board”) act both as agents of Northern Health and as directors of Northern Health’s assets. Directors¹ are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health’s by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

If a director *knowingly* acts outside this authority, those actions may be invalid (doctrine of *ultra vires*²) and in some instances a Director may be held personally liable for the adverse consequences resulting to Northern Health.

Liability Coverage

Individually and as a group, Directors are exposed to actions under common law, civil law and, in some cases, criminal law. To reduce the risk of litigation for Directors, protection is provided by legislation, the *Health Authorities Act* and the Health Care Protection Plan’s (HCPP) Directors’ and Officers’ Liability and Corporate Reimbursement Agreement.

The *Health Authorities Act* provides protection under Section 14 as follows:

Liability of members

- 14** (1) No action for damages lies or may be brought against a member, officer or employee of a board because of anything done or omitted in good faith
- (a) in the performance or intended performance of any duty under this Act, or
 - (b) in the exercise or intended exercise of any power under this Act.

The Directors’ and Officers’ Liability and Corporate Reimbursement Agreement is provided by the Health Care Protection Program (HCPP) through the Risk Management Branch, Ministry of Finance. Covered parties include Directors of Northern Health.

Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the

¹ A Director is defined as: any person, who was, now is or shall become a duly elected or appointed Director of Northern Health, while acting within the scope of his/her duties as a Director of Northern Health.

² Ultra vires is a Latin phrase meaning literally “beyond the powers”. If an act requires legal authority and it is done with such authority, it is characterised in law as intra vires (literally “within the powers”). If it is done without such authority, it is ultra vires. Acts that are intra vires may equivalently be termed “valid” and those that are ultra vires “invalid”.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Accident Coverage

Directors are covered for personal injury sustained during the course of business, including travel to and from Board meetings, Board Committee meetings, Meetings with the Ministry of Health and any other public meetings at which they represent Northern Health. This coverage is procured annually by Northern Health Risk Management through the BC Health Services Group Travel Accident Insurance program.

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PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS V1**BRD 530****Introduction**

The purpose of this policy is to ensure that a clear process exists by which Directors of the Board of Northern Health (the “Board”) may direct concerns or complaints received by them from members of the public, or concerns of their own, to the office of the President and Chief Executive Officer (the “CEO”) for investigation, and to be assured of a timely and appropriate response. There is a distinction between administrative complaints and complaints involving clinical or patient care issues.

Process**A. Administrative Concerns & Complaints****a) From the Public**

The Director shall forward concerns or complaints of an administrative policy or process nature requiring investigation to the Executive Assistant to the Chief Executive Officer & Board of Directors with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Where it is unlikely that the concern/complaint can be resolved within one week, the CEO or designate will forward a written acknowledgment to the individual making the complaint, indicating that the concern/complaint is under review and will be responded to as soon as possible. A copy of this acknowledgment will also be provided to the Board Chair and to the entire Board at the next Board meeting.

b) From Directors

A Director may have occasion to raise concerns, whether in their role as a member of the Board or as a member of the public.

If the Director has concerns about a fellow Director or the CEO he/she shall first have a discussion with the Board Chair. If the concern is about the Board Chair the Director shall first have a discussion with the Board ~~Vice-Deputy~~ Chair and the CEO.

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or

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in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

Directors should not raise issues of this nature at Committee or Board meetings until there has been appropriate opportunity for proper advance investigation or preparation by the CEO and management that could lead to timely resolution.

B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the reporting requirements of the Health Care Protection Program (HCPP), Northern Health's insurer.¹

Complaints from patients are governed by the *Patient Care Quality Review Board Act* (PCQRB Act) and follow provincial processes for response outlined in Ministerial Directives. These complaints are handled through the Northern Health Patient Care Quality Office (PCQO).

Directors receiving complaints from patients or patient representatives shall forward such complaints to the Executive Assistant to the CEO/Board with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Communications on these issues will be managed by the CEO through staff responsible for the PCQO to ensure compliance with legislation and provincial process and to liaise with risk management if needed.

Reporting to the Board will depend on the nature of the complaint. Reports may be made through the CEO Report, as a separate Board or Board Committee agenda item, as a Section 51 follow-up through the 3P Committee, or as determined by the CEO.

¹ Policy [4-2-1-030-P Health Care Protection Program \(HCPP\): Reportable Incidents](#)

ORGANIZATION AND PROCEDURE BYLAWS**BRD 600****DEFINITIONS****1.1 In these bylaws**

- a. “Act” means *Health Authorities Act*, and the regulations made there under.
- b. “Board” means Northern Health Authority as designated pursuant to the Act and, as the context requires, also refers to the full board of Members for the Northern Health Authority (the “Board”).
- c. “Bylaws” means the bylaws of the Board.
- d. “Chief Executive Officer” means the President and Chief Executive Officer engaged by the Board to manage its affairs (the “CEO”).
- e. “Health Facility” means the facilities, agencies or organizations by or through which the regional services (as defined in the Act) are provided for the Region.
- f. “Health Services” means those services which the Board has agreed to manage or undertake through an agreement with the Province of British Columbia, and includes Housing Services.
- g. “Housing Services” means the acquisition, construction, holding, owning, supplying, operating, managing and maintaining of housing accommodation and incidental facilities.
- h. “Member” means a person appointed to the Board, by the Minister, pursuant to Act and in accordance with Ministry policy from time to time.
- i. “Minister” means the Minister of Health of the Province of British Columbia.
- j. “Other Acts” means all other statutes which pertain to the management and operation of the Health Services for which the Board has been delegated authority by the Minister and the regulations made there under.
- k. “Ordinary Resolution” means a resolution passed by a simple majority of the persons entitled to vote who are present in person, by telephone or by videoconference at a meeting of the Members.
- l. “Special Resolution” means a resolution passed by a majority of 2/3 or more of the persons entitled to vote as are present in person, by telephone or by videoconference at a meeting of the Members of which notice specifying the intention to propose the resolution as a Special Resolution has been duly given.

Author(s): Ministry of Health Services; Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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- m. "Region" means the region designated for the Health Authority as determined pursuant to the Act.
- 1.2 The definitions in the Act on the date these bylaws become effective apply to these bylaws.
- 1.3 In these bylaws, words importing the singular include the plural and vice versa.

ARTICLE 2 - NORTHERN HEALTH AUTHORITY

- 2.1 **General** - The Board shall have the powers and purposes as are set out in the Act and as defined in these bylaws and in the Other Acts, and the property and affairs of the Board shall be managed by the Board in which shall be vested full control of the assets, liabilities, revenues and expenditures of the Board.
- 2.2 **Contracts and Agreements** - The Board may by Ordinary Resolution designate that orders and other contracts which exceed a stated monetary limit may only be entered into on written authority of the Board. Additionally all contracts for the acquisition or disposal of real property shall be authorized by Ordinary Resolution. In respect of orders or contracts not involving real property or which cost or involve sums less than the amounts specified or limited by the Board, the CEO and other senior staff designated by the CEO shall have the power to make such orders and contracts on behalf of the Board.
- 2.3 **Banking** - The banking business of the Board shall be transacted with such banks, trust companies, or other firms or bodies corporate as the Board may designate, appoint or authorize from time to time and all such banking business, or any part thereof, shall be transacted on the Board's behalf by such one or more Officers or other persons as the Board may designate, direct or authorize from time to time and to the extent thereby provided.
- 2.4 **Board to Govern Operations** - The Board may make rules and regulations governing its operations and the operations of the Health Facilities, which are not inconsistent with the Act, the Other Acts, or the provisions of these bylaws.

ARTICLE 3 - MEMBERS

- 3.1 **Appointment of Members** - Each Member will be appointed by the Minister to the Board in accordance with the Act.
- 3.2 **Vacancy on Board** - The Board will advise the Minister if a vacancy occurs on the Board for any reason.
- 3.3 **Nominations for Board** - The Board may provide the Minister with recommendations for new Members of the Board.

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- 3.4 **Remuneration for Members** - Members shall be entitled to such remuneration as the Minister shall determine but in no event shall Members be entitled to receive remuneration in connection with duties related to Housing Services. Members shall be entitled to be paid reasonable expenses in connection with the performance of their duties. No part of the income of the Authority shall be otherwise available for the personal benefit of any Member. The latter provision is unalterable.

ARTICLE 4 - OFFICERS

- 4.1 **Chair** - The Minister will designate the Chair of the Board.
- 4.2 **Other Officers** - The Board may elect such other Officers for such other terms of office as the Board may determine and may fill vacancies in such offices as the Board shall determine.
- 4.3 **Secretary** - The CEO shall be the Secretary to the Board unless the Board otherwise determines. The appointment of the CEO to hold office does not entitle the CEO to be a Member, nor to vote at meetings of the Board or any of its committees.
- 4.4 **Officers** - The Board may decide what functions and duties each Officer will perform and may entrust to and confer upon such Officer any of the powers exercisable by the Board upon such terms and conditions as they think fit and may from time to time revoke, withdraw, alter or vary any of such functions, duties and powers.

ARTICLE 5 - COMMITTEES OF THE BOARD

- 5.1 **Committees** - The Members may appoint one or more committees consisting of such Member or Members of the Board as they think fit and may delegate¹ to any such committee any powers of the Board; except, the power to fill vacancies in the Board, the power to change the membership of or fill vacancies in any committee of the Board, and the power to appoint or remove Officers appointed by the Board.
- 5.2 **Procedures of Committees** - All committees may meet and adjourn as they think fit. A quorum for any Board Committee meeting will consist of two or more Members of the Board. All committees will keep minutes of their actions and will cause them to be recorded in books kept for that purpose and will report the same to the Board at such times as the Board requires. The Board will also have

¹ It is the practice of the Northern Health Board not to delegate powers of the Board to a Committee except in rare and well defined circumstances.

power at any time to revoke or override any authority given to, or acts to be done by, any such committees except as to acts done before such revocation or overriding, and to terminate the appointment or change the membership of a committee and to fill vacancies in it. Committees may make rules for the conduct of their business². The CEO will act as official secretary for all Board Committees and through consultation with the Chair of the Committee, delegate this task as appropriate.

ARTICLE 6 – MEETINGS OF THE BOARD

- 6.1 **Proceedings** - The Board shall meet at such times and as frequently as the Board shall determine. At the discretion of the Board, part or all of the proceedings of the Board at a Board meeting may be open to the public, but the Board shall exclude the public from a meeting or portion of a meeting if the Board considers that, in order to protect the interests of a person or the public interest, the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of that information.
- 6.2 **Quorum** - The quorum for any meeting of the Board shall be a majority of the Members of the Board³.
- 6.3 **Participation by Telephone and Other Means** - A Member may participate in a Board meeting or committee meeting by telephone call or videoconference and is not required to be physically present to be counted as part of the quorum.
- 6.4 **Notice** - Notice of each meeting of the Board shall be given to each Member in writing or by fax or email delivery. Notice of committee meetings shall be reasonable notice in the circumstances.
- 6.5 **Right to Vote** - Each Member is entitled to vote at all meetings of the Board.
- 6.6 **Number of Votes** - Each Member, including the Chair, is entitled to one vote.
- 6.7 **Method of Voting** - Voting in a committee meeting or a Board meeting is by a show of hands unless determined otherwise by the Board for a particular resolution or to accommodate a Member participating by telephone call or video conference.
- 6.8 **Adjourned Meeting for Lack of Quorum** - In the event a meeting of the Board cannot be held due to a lack of quorum such meeting shall have been deemed to be adjourned to a future date set by the Members present at the meeting. The date of adjourned meeting shall allow sufficient time for notice of adjournment to

² It is the practice of the Northern Health Board that Terms of Reference and Work Plans of Committees must be approved by the Board.

³ 50% is a majority for the purpose of quorum.

Author(s): Ministry of Health Services; Governance & Management Relations Committee

Issuing Authority: Northern Health Board

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be given to all Members. There shall be no quorum requirements for the holding of an adjourned meeting.

- 6.9 **Rules of Procedure** - Except where otherwise provided by the Board or these bylaws all matters of procedure at any meetings of the Board shall be decided in accordance with the most recently revised edition of Roberts Rules of Order.
- 6.10 **Appoint Chair** - The Chair or in his or her absence, the Deputy Chair, shall preside as Chair at every meeting of the Board.
- 6.11 **Consent Resolutions** - A resolution in writing signed by all Members shall be valid and effectual as if it had been passed at a meeting of the Members duly called and constituted. Consent resolutions may be validly passed by execution by Members, delivered in counterparts and by facsimile.
- 6.12 **Ordinary Motions** - All ordinary motions will be approved by a simple majority of Members present and eligible to vote.

ARTICLE 7 – LIABILITY AND OBLIGATION OF MEMBERS/OFFICERS

- 7.1 **No Action** - No action for damages lies or may be brought against a Member or Officer because of anything done or omitted in good faith:
 - a. in the performance or intended performance of any duty under the Act or Other Acts; or
 - b. in the exercise or intended exercise of any power under the Act or Other Acts.
- 7.2 **Disclosure of Interest** - A Member or Officer who is, directly or indirectly, interested in a proposed contract or transaction with the Board shall disclose fully and promptly the nature and extent of his or her interest to each Member and have such disclosure recorded in the minutes of the next meeting of the Board.
- 7.3 **Indemnity** - Subject to the provisions of the *Society Act* (BC), which is applicable pursuant to Order in Council #1236 under the Act, a Member of the Board of Directors of the Northern Health Authority and his or her heirs, executors, administrators and assigns may be indemnified against all costs, charges and expenses including any amount paid to settle an action or satisfy a judgment, actually and reasonably incurred by an indemnity in a civil, criminal or administrative action or proceeding to which such a Member is made a party by reason of being or having been a Member of the Board, including any action brought by the Board if:
 - a. the Member acted honestly and in good faith with a view to the best interests of the Board; and

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- b. in the case of a criminal or administrative action or proceeding, the Member had reasonable grounds to believe his or her conduct was lawful.

ARTICLE 8 - CORPORATE ADDRESS

- 8.1 **Corporate Address** -The Board will maintain one corporate address where all communications and notices are to be sent or delivered, and will advise the Minister of any change of corporate address.

ARTICLE 9 - EXECUTION OF DOCUMENTS

- 9.1 **Authority to Execute** - All documents and contracts of the Board may be executed on behalf of the Board by the CEO or senior executives of the Board who are authorized by the CEO, provided that, in those instances in which the written authority of the Board to such document or contract is required under the terms of bylaw 2.2, the Chair or another Member designated by the Chair shall also execute the document or otherwise signify in writing the express consent of the Board to the execution of the document or contract on behalf of the Board.
- 9.2 **Routine Correspondence and Appointments** - In the absence of the Board Chair the CEO shall be empowered to execute on behalf of the Board routine correspondence and medical staff applications and appointments.

ARTICLE 10 - GENERAL

- 10.1 **Certificates of Incapability** - The Board authorizes the CEO to designate persons as having authority to issue certificates of incapability under section 32 of the *Adult Guardianship Act*.

ARTICLE 11 - ADOPTION OF BYLAWS AND AMENDMENTS

- 11.1 **Special Resolution Required** - The bylaws may only be amended by Special Resolution.
- 11.2 **Ministerial Approval** - Bylaws and amendments to the bylaws are subject to the Minister's approval.
- 11.3 **Members to have Copy** - Every Member shall receive a copy of every bylaw of the Board upon request.

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DIRECTOR COMPENSATION AND EXPENSE GUIDELINES**BRD 610****BOARD REMUNERATION****Introduction**

The purpose of this policy is to ensure that there is a clear description of the amounts payable to members of the Board of Directors of Northern Health (the “Board”) for their time while discharging their duties on behalf of Northern Health¹. The policy also addresses reimbursement of expenses.

Annual Retainers

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

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

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

Payment for Attendance at Meetings

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

- For meetings in excess of 4 hours duration \$500
- For meetings of 4 hours or less duration \$250

¹ This document conforms to [Treasury Board Directive 2/20](#) dated April 1, 2020

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

Travel Time Compensation

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

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

Maximum Daily Compensation

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

Annual Compensation Limits²

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

Expense Reimbursement

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

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives³. Expense claims, must be supported by receipts. Directors should consider the following guideline for reasonable meal expenses:

Full Day Cap	\$49.00
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² The sum of retainer plus meeting fees and travel time

³ Board members are reimbursed in the same manner as Northern Health non-contract staff, which is also consistent with Treasury Board guidelines.

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Breakfast	22.00
Lunch	22.00
Dinner	28.50
B&L	30.00
L&D	36.50
B&D	36.50
Incidental	14.00

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

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

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

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

Payment

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

Reimbursement of expenses will be made to Directors upon submission of approved Board Member Expense Claim Forms. All claim forms are to be submitted to the Corporate Secretary for processing⁴.

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

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

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

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BOARD BRIEFING NOTE

Date:	January 13, 2022	
Agenda item	Foundations & Auxiliaries	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board	
Prepared by:	Steve Raper, Vice President, Communications & Public Affairs	
Reviewed by:	Cathy Ulrich, CEO	

Issue & Purpose

Update the Northern Health Board on 2020/2021 fundraising and investments made by the Foundations and Auxiliaries in the Northern Health region.

Background:

This report will be remarkably similar to last year's report. The Foundations and Auxiliaries across Northern Health continue to do exceptional work despite the limitations and challenges as a result of the pandemic. Important services such as hospital gift shops, and fundraising events that serve patients, families and build a positive presence in northern communities have been closed and cancelled. It has been almost two years without supportive services and volunteer groups being available with any consistency.

In addition, the pandemic has impacted the staffing, volunteerism and in some cases the very survival of Foundations and Auxiliaries across the North. NH has worked with the foundations and auxiliaries to keep them informed and support their efforts where we can.

On a positive note however, we have begun the planning on a per site basis to begin the process to bring these Foundation and Auxiliary partners back into Northern Health facilities to deliver the volunteer and philanthropic services they have in the past.

Despite the challenge, in 2020/21, the Foundations and Auxiliaries committed \$2,614,985 to Northern Health. This is remarkable considering the limitations on events,

the closure of stores, and impact on volunteers. The previous five years committed are as follows:

2019/20	\$4.248 M
2018/19	\$3.165 M
2017/18	\$2.184 M
2016/17	\$2.716 M
2015/16	\$2.661 M

It is important to note that the amount we receive isn't necessarily the amount raised by each Foundation. This is the amount they have spent on behalf of Northern Health. Some campaigns run multi-years, some build endowments, and some is raised through planned giving. The breakdown of the amounts gifted to Northern Health by each Foundation and/or Auxiliary are detailed below:

Row Labels	Sum of Amount
Auxiliary to GR Baker Memorial Hospital	13,165
Bulkley Valley District Hospital Auxiliary	207,266
Bulkley Valley Health Care & Hospital Foundation	353,660
Burns Lake & District Health Care Auxiliary	7,053
Chetwynd General Hospital Foundation	20,305
Dawson Creek & District Hospital Auxiliary	6,789
Dawson Creek Hospital Foundation	66,965
Dr. REM Lee Foundation	150,649
Fort Nelson Foundation	103,231
Fort St. John Hospital Auxiliary	4,099
Fort St. John Hospital Foundation	232,873
Kitimat General Hospital Auxiliary	12,000
Kitimat Hospital Foundation	71,592
MacKenzie Hospital Auxilliary	30,000
Mills Memorial Hospital Auxiliary	26,399
QCI Hospital Days Foundation	63,758
Spirit of the North Healthcare Foundation	1,170,558
St. John Hospital Auxiliary Society	9,506
Stuart Lale Hospital Auxiliary	33,446
Tumbler Ridge Health Centre Foundation	9,472
Wrinch Memorial Foundation	19,197
Wrinch Memorial Hospital Auxiliary	3,005
Grand Total	2,614,985

Key Actions, Changes & Progress:

Throughout the pandemic, we have replaced the semi-annual conferences with monthly calls (sometimes more often) that have been arranged with Dr Kim, NH CMHO, Steve Raper and Lorrelle Hall to provide updates, current status, and answer questions they may have.

We have been exploring Professional Development that may include, whether virtual or in person, the national CASE conference. Our hope is to provide the bursaries for our foundation and auxiliary representatives to attend in person again this year.

The major gift Capital campaigns strategy is underway. The REM Lee Foundation in Terrace has embarked on the initial planning stages for what will be a significant capital campaign, in partnership with NH and the North West Regional Hospital District. This major fund raising campaign is focused toward the addition of a Tier 3 Neonatal to the MMH replacement capital project.

A similar model is being discussed with the Dawson Creek & District Hospital (DCDH) Foundation as it relates to the DCDH replacement capital project.

On behalf of Northern Health and the Board of Directors, I thank the northern Foundations and Auxiliaries regularly for the work they do on behalf of the residents of northern BC and the communities in which they serve.

Risks:

N/A

Options Considered:

N/A

Recommendation(s):

To accept the report as written and to recognize the Foundations and Auxiliaries for the work they do to support patient care in the North.

Motion N/A



HR REPORT

Northern Health Human Resources Strategy

Human Resources is pleased to share highlights and updates pertaining to the [HR Strategy document](#) (2019/2020-2023). This foundational document identifies strategies and initiatives intended to address the ongoing and forecasted challenges and labour market projections facing our workforce in the North. The Strategy also addresses other key areas of HR such as workforce planning, recruitment and retention, education and training, and health and safety. Below updates will serve as an *interim update* as coordination of formal refresh and alignment with the BC Ministry of Health Provincial HHR Strategy is underway.

Background:

An HR Strategy is an organization's documented strategic approach to aligning the organization's culture, employees, and systems to arrive at the desired business objectives. An HR Strategy aligns with the organization's mission, vision, and values. NH's HR Strategy is aligned with NH's Strategic Plan (2020-2023) with a focus on 'Our People.'

Formal update of NH's HR Strategy is underway to support the organization in addressing the current and future workforce challenges, which we recognize will be amplified as we embark on endemic recovery. In the coming months it is anticipated the BC Ministry of Health Provincial HHR Strategy will also be released, which will be reviewed for consideration of synergy and complimentary design to foster a strategic path forward.

Key Actions, Progress and Updates by HR Business Portfolio

Workforce Planning and Sustainability (Chapter two)

- Introduction of strategic pillars of the workforce strategy that will set the foundation for priority work areas and the updated list of provincial priority professions.
- Professions that are not part of the provincial priority profession list, but are a challenge for the North are now included as professions of focus for the northern region. The new profession plans that have been included in the HHR Strategy are:
 - Medical Laboratory Technologist
 - Magnetic Resonance Imaging (MRI) Technologist
 - Social Worker
 - Environmental Health Officer
- Updated workforce scan of our demographic profile and key risk areas. Our workforce is our greatest asset and workforce analytics allows our organization to recognize trends, more efficiently address challenges and make informed decisions short and longer term.

Recruitment and Retention (Chapter three)

- Progress has been achieved on a number of strategic business objectives through planning and action, including
 - First Nations Health Authority (FNHA) and Northern Health have collaborated to hire a joint FNHA/NH Talent Sourcing Specialist.
 - NH has established a Communications Specialist dedicated to Recruitment who develops and implements Northern Health's digital recruitment and marketing strategies including a dedicated recruitment Facebook and Instagram page.
 - NH has enhanced its external job postings to incorporate greater details related to position, work location, and community.
 - NH implemented a technological Candidate Relationship Management (CRM) solution which 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. This CRM solution is considered a human resources best practice because it captures new leads, manages relationships with candidates, and collects and tracks metrics to support long-term recruitment strategies.

Supportive, Healthy, and Safe Workplaces (Chapter five)

- Metrics updated to re-align with focus areas, new initiatives and risk mitigation plans for the organization within our current context
- Focus area (Occupational Health & Safety (OHS) responsibilities of workplace parties) expanded to include sustainment of OHS education for all levels as well as system supports for safety action and accountability.
- Focus area (Core OHS) updated to include sustainment of core OHS program elements and establishment of high priority exposure control programs, refocus of sustainment of Violence Prevention Program, and introduction of new site-based risk assessments for high priority hazards (Musculoskeletal Injuries, violence, hazardous drugs)

Success stories in last period (linked to strategic initiatives in Chapter seven)

- Implementation of the Ministry of Health Prototype Rural Retention Incentive (PRRI)
- Expansion of incentives for difficult-to-fill professions to address increasingly competitive market, including Critical Care incentive
- Health Care Careers Access Program (HCAP)
- Growth of the Travel Resource Program (TRP)
- Implementation of the OHS Managers Dashboard providing all leaders direct access to a number of key OHS metrics including violence prevention training completion, incident investigation completion, and fit testing to inform action.
- Implementation of strategic communications including a monthly Workplace Health and Safety newsletter to all managers and a quarterly newsletter to Joint Occupational Health & Safety committees noting emerging Occupational Health and Safety issues and priority items requiring attention and action.
- Building Management Capacity – Human Resource Assistants Roles have been put into place to provide administrative support for leaders with respect to Human Resource functions

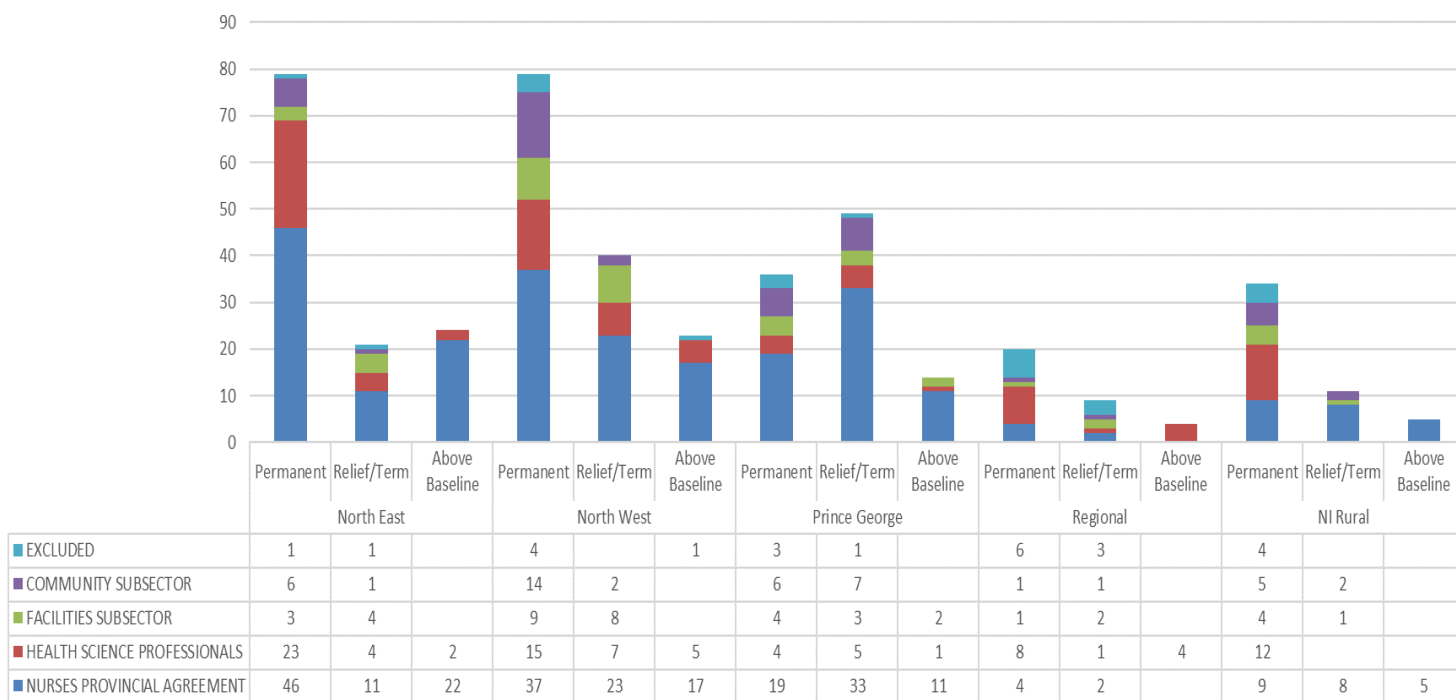
- Increased brand awareness and social media focus with establishment of Communications Specialist Recruitment position (introduction of new digital content and marketing strategies)
- Development of additional management tools to assist with the implementation of employee onboarding

Northern Health Recruitment Updates/Charts

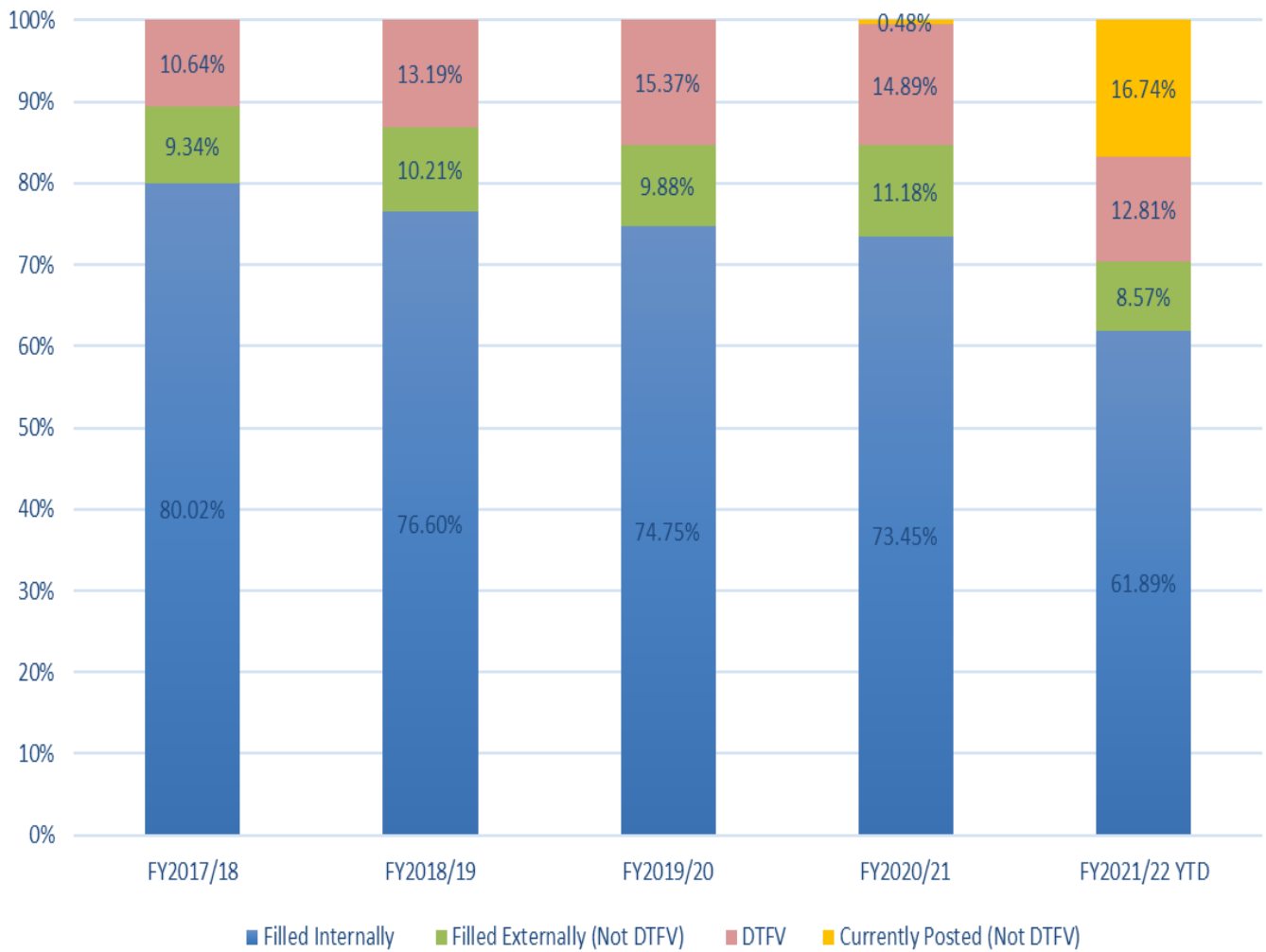
Posting Information: In fiscal year 2021/22 year to date, Northern Health has posted 4295 non-casual positions, compared to approximately 3400 postings at the same time in fiscal year 2020/21. Of these postings, 62% have been filled by internal staff (existing regular and casual staff) and 9% have been filled externally (qualified applicants from outside of NH) within 90 days. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). Annually, approximately 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, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.

Current Open Difficult-to-Fill Vacancies (DTFV) by Posting Type
As at Jan 24, 2022



Posting Summary (By Posting Open Date)



The Face of Northern Health

As at January 24, 2022

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,597	100%	5,389
Full-time	4,089	48%	
Part-time	1,916	22%	
Casual	2,592	30%	
Non-Active: Total	1,070	100%	796
Leave	643	60%	415
Long Term Disability (LTD)	427	40%	380

Active Employees by Region	Headcount	%
Active: Total	8,597	100%
North East	1,231	14%
North West	1,963	23%
Northern Interior: Prince George	2,742	32%
Northern Interior: Rural	1,110	13%
Regional	1,551	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,597	100%
Nurses	2,656	31%
Facilities	3,337	39%
Health Sciences	1,074	12%
Community	796	9%
Excluded	734	9%

Active Nursing	Headcount	%
Active: Total	2,656	100%
RN/RPN	2,022	76%
LPN	634	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,337	796
Clinical	1,458	437
Non-Clinical	1,879	359

Count of Employees - By Status

