
Meeting of the Northern Health Board February 9, 2026

The Northern Health Board did not host an in person Public Board meeting on February 9, 2026. A virtual meeting was held to address regular Board business. Part of the meeting included a review of the material in this package.



February 2026: Northern Health Board - Public Agenda Package



February 09, 2026 09:00 AM

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CEO Report

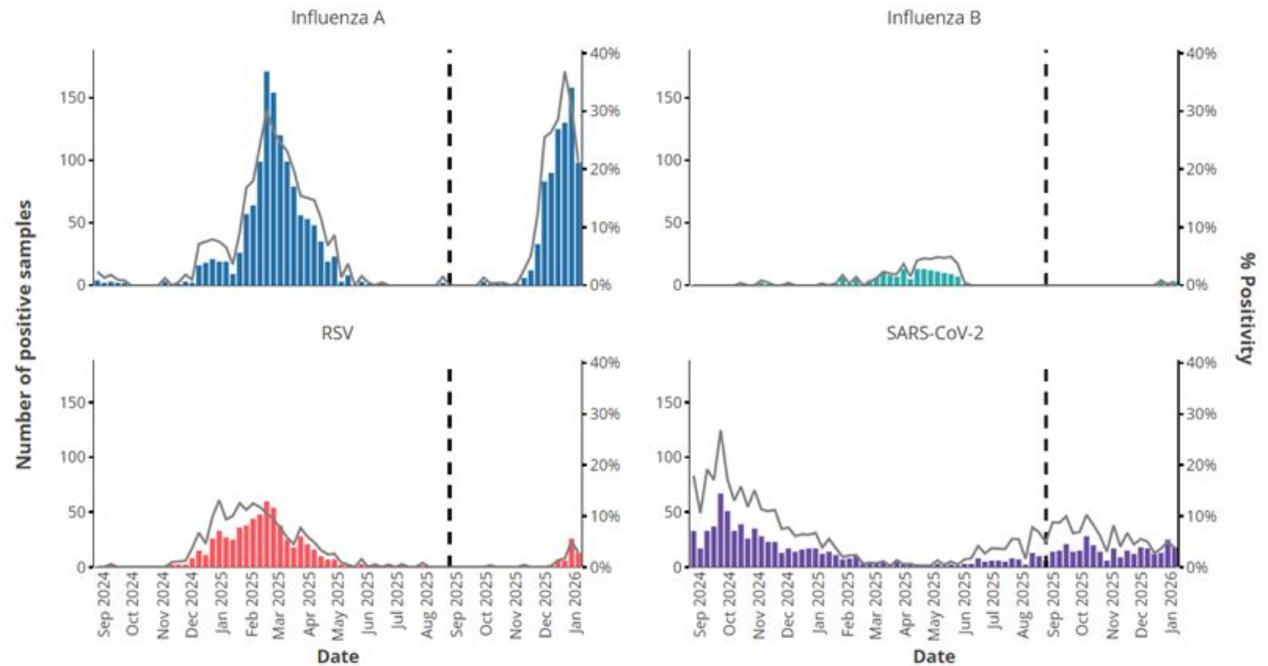
February 2026



Viral Respiratory Illness (VRI)

- Influenza A has been the most prominent VRI thus far
- The peak in activity has occurred earlier this year (December) compared to last year (February)

Number of positive samples and percent positivity by virus in Northern: All ages

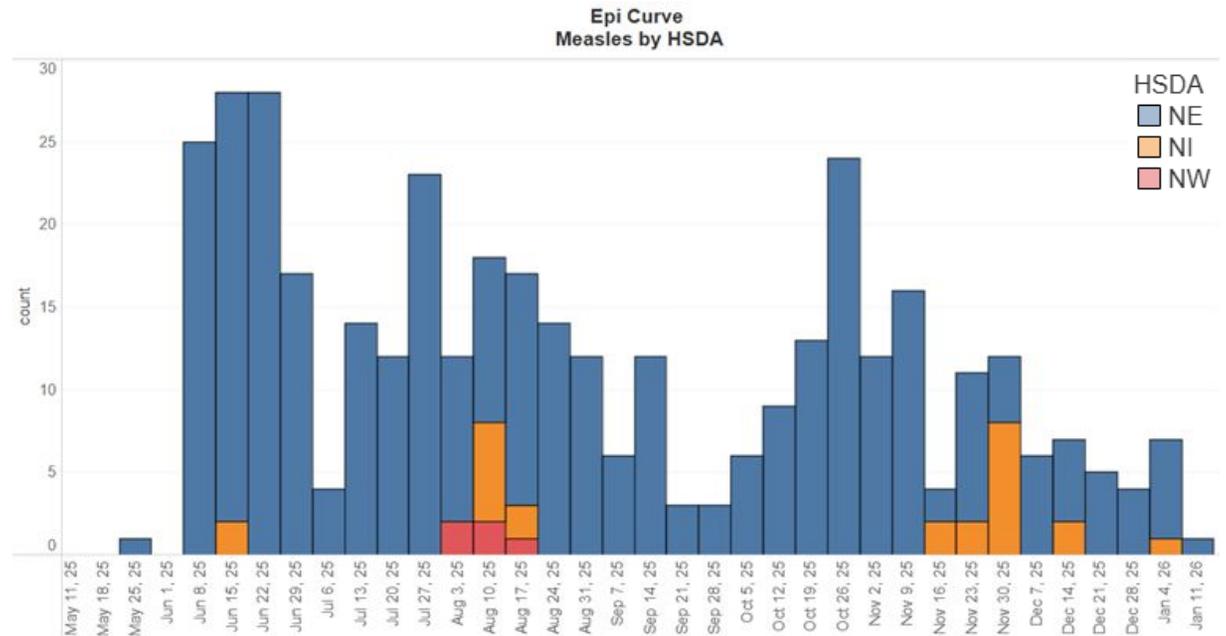


Dashed line indicates the beginning of the 2025-2026 respiratory season

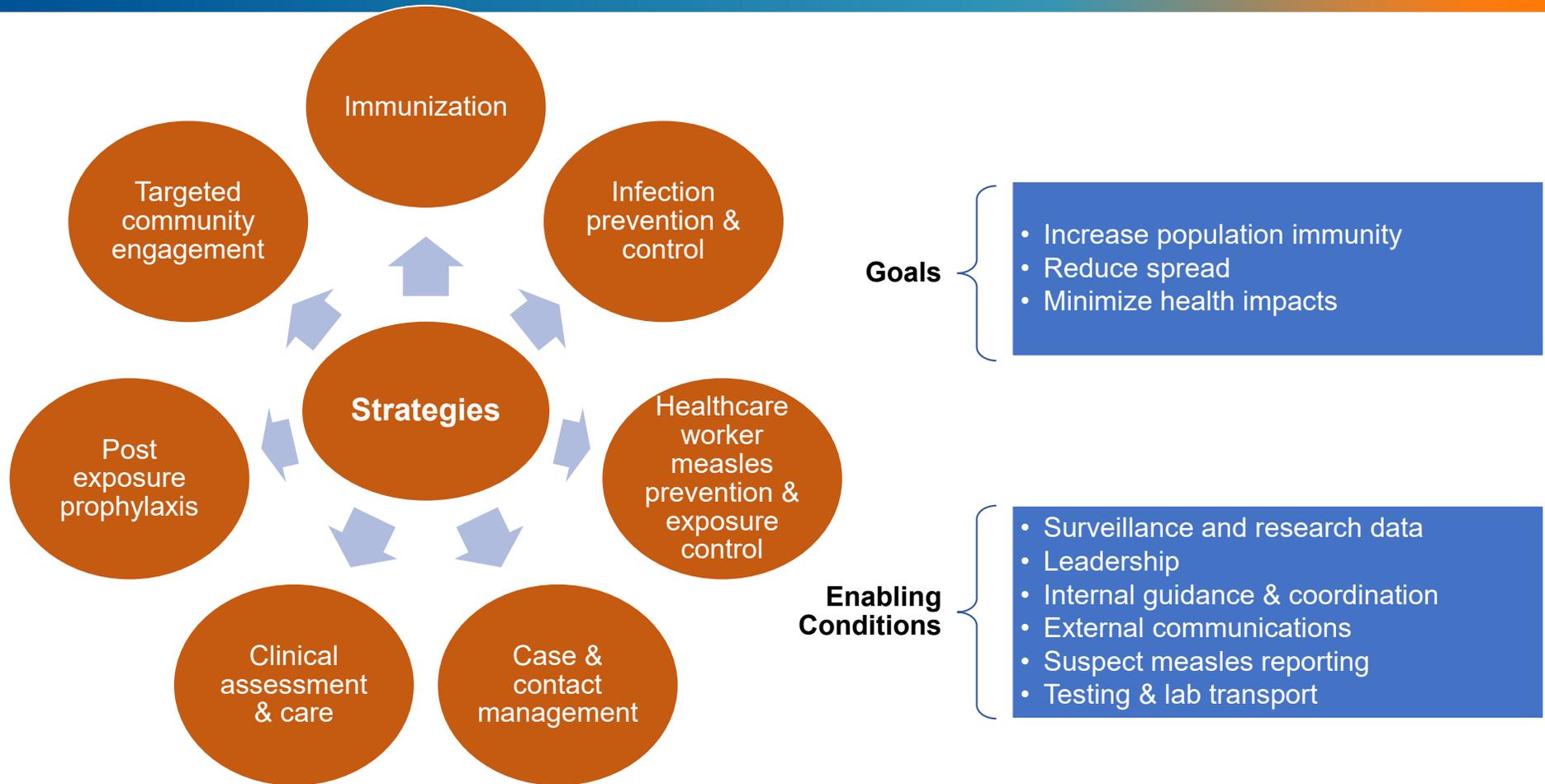
An individual may have more than one sample tested for the same virus within the same infection period for diagnostic and case management requirements. As such, these data do not represent the number of cases.

Measles in Northern Health

- Measles activity continues
- Majority of cases have occurred in the Northeast HSDA

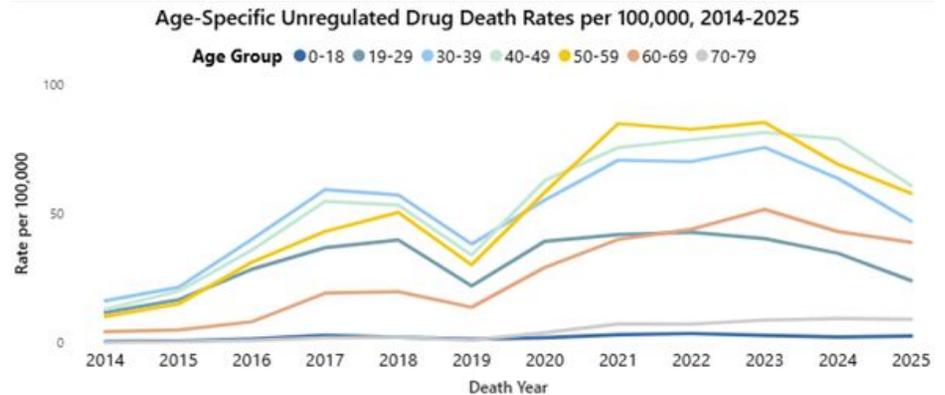


Measles strategies underway

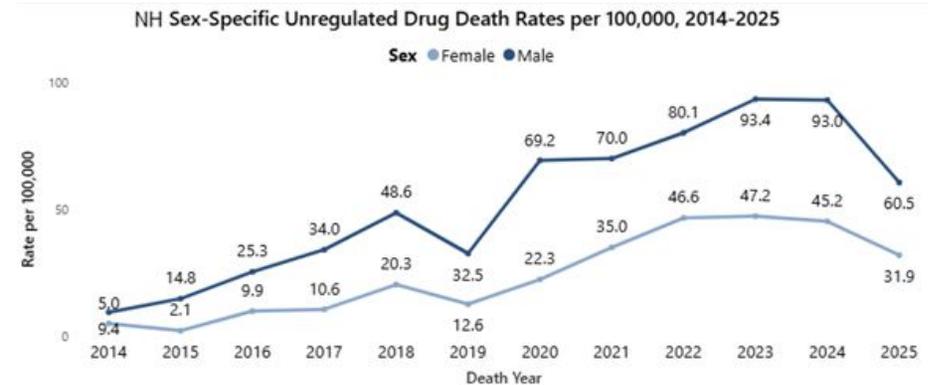


Unregulated drug deaths by Age and Sex (until October 2025)

- There has been a drop in unregulated drug death rate for all age groups except the 0-18 age group
- Both males and females have seen a drop in the death rate in all HA
- In Northern Health
 - Male rate has dropped 35% from 2024 to 2025
 - Female rate has dropped 29% from 2024 to 2025



Note: In the table and figure, 2025 rates are annualized for the year.



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Policy Update Decriminalization

The provincial decriminalization pilot under CDSA s.56(1) ends Jan 31, 2026; the Province will not seek renewal. As of Feb 1, 2026, possession of any amount of unregulated/illicit substances becomes illegal except in programs operating under separate legal exemptions

What does not change

- Harm-reduction services continue under their existing authorities: Overdose Prevention Sites (OPS), Supervised Consumption Sites (SCS), and drug-checking services remain available to clients.
- NH's approach remains the same: substance use is treated as a health issue; care is compassionate, respectful, culturally safe, and trauma-informed. NH staff are not responsible for enforcement (searching/reporting); law enforcement retains enforcement roles

NH actions underway

- External partners are being referred to provincial resources
- Updated staff FAQ & toolkit being rolled out to support consistent, safe practice in all settings

Policy Update Prescribed Alternatives

BC has released the new Access to Prescribed Alternatives (PA) Policy

Purpose: reduce diversion, ensure safety, and maintain access to life-saving alternatives amidst the toxic drug crisis.

What's Changing

- Witnessed dosing is now required for all PA medications—every dose must be witnessed by a health professional.

Human Resources Public Board Report

January 2026

NH's Our People Plan



Aligning with the four pillars of BC's HHR strategy



Retain

Foster healthy, safe, and inspired workplaces; support workforce health and wellness, embed reconciliation, diversity, inclusion, and cultural safety; Support and retain workers in high-need areas; Build clinical leadership capacity and increase engagement.



Redesign

Balance workloads and staffing levels to optimize quality of care by optimizing scope of practice, expanding and enhancing team-based care, redesigning workflows, and adopting enabling technologies



Recruit

Attract and onboard workers by reducing barriers for international health care professionals, supporting comprehensive onboarding, and promoting health care careers to young people.



Train

Strengthen employer supported training models; enhance Earn and Learn programs to support staff to advance the skills and qualifications; expand both the use of bursaries and education seats for new and existing employees.

Major recruitment and training initiatives

New graduate nurse recruitment

- 166 hires in 2025 (↑25% from 2024).
- Dedicated webpage, streamlined onboarding, and campaign launched Oct 2025.

Employed Student Nurse (ESN) Program

- 181 hires in 2024/25; 68% converted to RN roles.

Health Career Access Program (HCAP)

- To date, over 800 participants and Indigenous partnerships expanding.

Earn & Learn streams

- Training for combined lab/x-Ray technicians, rehab assistants, and mental health workers.
- Expanding career laddering - Health Care Aide to Licensed Practical Nurse.

International and external recruitment

- IEN hires: 7 (2023), 32 (2024), 24 (2025), + 19 pending immigration.
- 2,214 external hires in 2025 across nursing, facilities, community, paramedical, excluded positions.

Community and partnerships

- Indigenous recruitment: culturally safe strategies, career fairs, K-12 guides.
- Recruitment Ambassadors: 30+ community events, school outreach, local partnerships.

Provincial incentives to support recruitment



The Rural Remote Recruitment Incentive (RRRI) was rolled out by the Ministry of Health (MoH) in March 2024. It offers \$30,000 to eligible new staff for a two-year return of service

In the first year of the program, 327 new hires received the RRRI



201 were new nurses (RNs and LPNs)



Since Spring 2025, an additional 135 new hires (including 80 nurses) have received the RRRI

GO
HEALTH
BC

GoHealth BC Recruitment and Retention Incentive (GRRRI) – nurses and medical lab technologists (from outside of BC or who are new to the BC public sector) who joined GoHealth BC between April 1, 2024 and March 31, 2025 were eligible for up to \$15,000 in incentives for a 12-month return of service



127 new hires received the GRRRI



\$805,000 in incentives were given out to new GoHealth BC recruits

Provincial Incentive

Provincial incentives to keep staff in the North

Keeping the highly skilled and trained staff we already have is just as important as attracting new talent. The Provincial Rural Retention Incentive (PRRI) provides eligible staff, based on their regular hours of work, in all Northern BC communities (except Prince George) with an incentive of up to \$2,000 quarterly, to a max of \$8,000 annually.

4520 NH and GoHealth BC employees benefited from this incentive in January 2026

This incentive has been positive to both retain staff, as well as encourage them to change from casual status to regular status



The incentive has been extended until March 31, 2026

Supporting students and new graduates as they begin their careers with NH



166 new graduate nurses have been hired in 2025



NH received funding for 2 FTE student practice education nursing leads to support new graduate transitions



New Graduate Transition Program provides workshops, education, support, and a community of practice aimed at easing the transition for newly graduated health care professionals in the first 18 months of employment

Teaching, Engagement, and Mentorship (TEAM) program available for all interdisciplinary clinical staff, education staff, and front-line leadership to support mentorship within the organization – particularly onboarding and supporting students and new graduates

Redesign

Growing our GoHealth BC workforce and reach



Over **500** nurses employed through the program



Serving **40** communities across BC

 **878,452** 

Since the creation of the program in 2018, a total of **878,452** GoHealth BC nursing hours have been worked, the majority of which were spent caring for Northerners



79% 79% of hours worked in NH region



21% 21% of hours worked in Interior Health and Island Health regions



Now more than nurses! GoHealth BC began hiring medical laboratory technologists (MLT) in Spring 2025

Stabilizing emergency departments

Stabilizing emergency departments continues to be a priority for NH. The NH Emergency Department (ED) Stabilization Task Force continues its crucial work to strengthen engagement with local clinical teams and support local action to maintain emergency room capacity.

Active employees at a glance (as of January 2026):

There are currently a total of

10887

employees at NH

The average tenure of an NH employee is



6.6 years

They make up

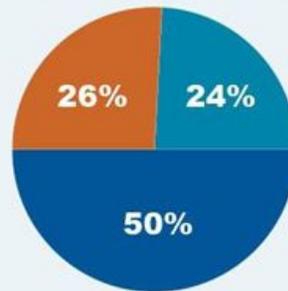
7392

Full Time Equivalents (FTE)

Summary of active employees by status:



Current breakdown by percentage:



Since January 2023:



CASUAL
The number of casual employees has decreased



FULL TIME
The number of full time employees has increased



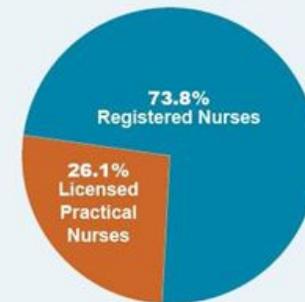
PART TIME
The number of part time employees has increased

As of January 2026, there are 3485 nurses (or 32% of the NH workforce) employed across the North:

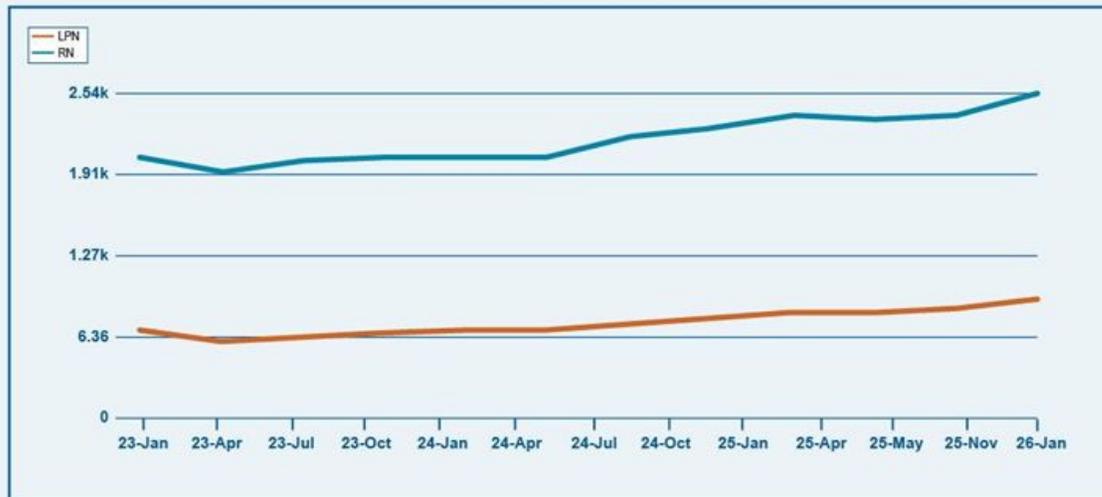
Licensed Practical Nurses
910

Registered Nurses
2575

Nursing breakdown by percentage:



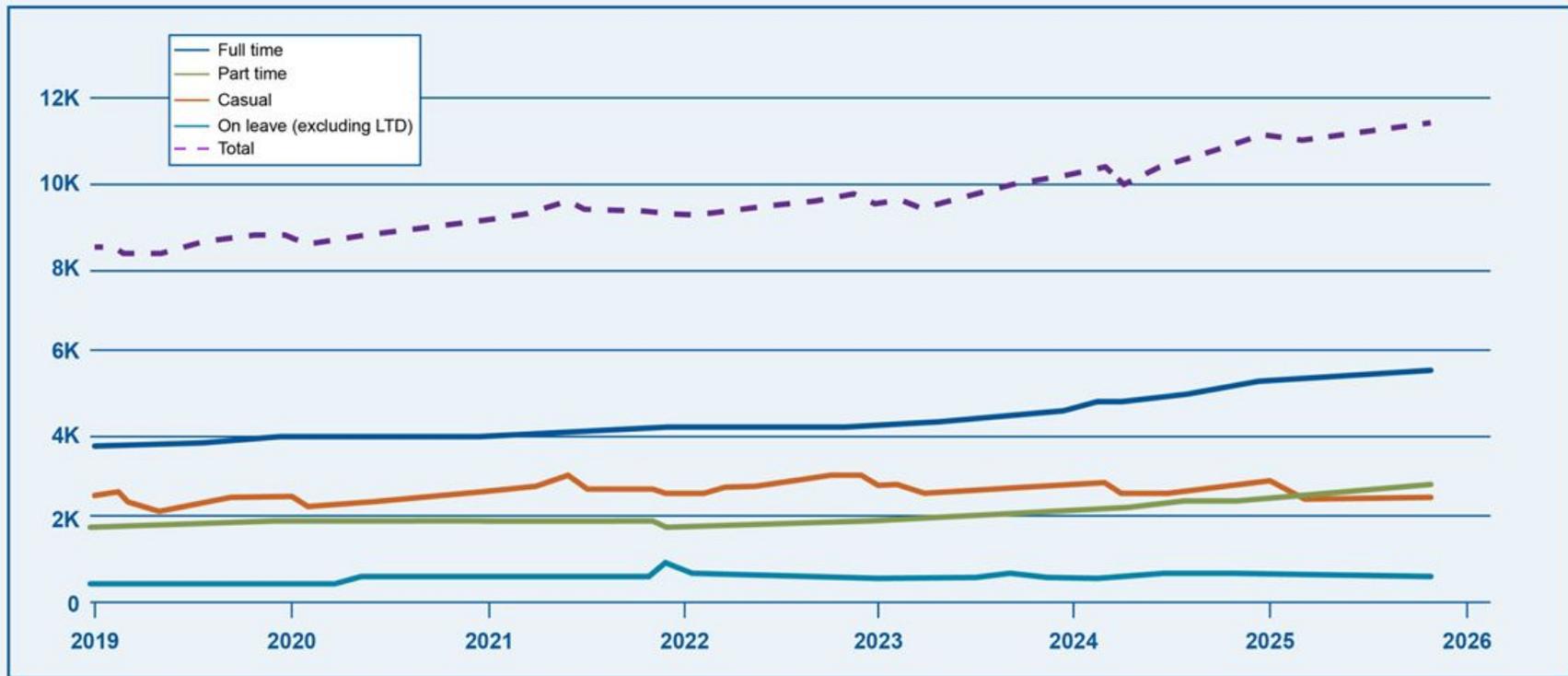
Since January 2023, LPNs increased from 653 to 910 and RNs have increased from 2040 to 2575



Nursing growth by percentage since January 2023:



Count of employees by status from January 2019 to 2026





BOARD BRIEFING NOTE

Date:	February 9, 2026	
Agenda item:	2025-26 Period 10 – Public Comment and Financial Statement	
Purpose:	<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Decision
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD January 1 (Period 10)

Year-to-date Period 10, Northern Health (NH) has a net operating surplus/deficit of nil.

Acute Care continues to be largest area of expenditure at 56.7% of total expenses. Corporate Services has decreased from 8.7% of total expenses in 2024-25 to 8.5% in 2025-26.

\$ thousand	Actual		% of Total	
	2024-25	YTD FY26 P10	2024-25	YTD FY26 P10
Revenues				
Ministry of Health Contributions	1,292,636	1,012,474	77.3%	76.2%
Other Revenues	379,736	316,793	22.7%	23.8%
Total Revenues	1,672,372	1,329,267	100%	100%
Expenses by Program/Service				
Acute	940,624	753,690	55.7%	56.7%
Community care	260,435	189,414	15.4%	14.2%
Long-term care	197,367	160,871	11.7%	12.1%
Mental Health and substance use	92,356	74,009	5.5%	5.6%
Population health and wellness	50,171	38,537	3.0%	2.9%
Corporate	147,480	112,746	8.7%	8.5%
Total Expenses	1,688,433	1,329,267	100%	100%
Net Operating Deficit	(16,061)	-		

Average Daily Patient Activity

Patient activity is higher this year than the same period last year. Notably, inpatient days is experiencing a 4.2% increase and surgical cases is seeing a 1.7% increase.

Emergency visits are 1.7% less than last year.

	YTD FY25 P10 Actual	YTD FY26 P10 Actual	YTD FY26 vs YTD FY25
Inpatient Days	649	676	4.2% ▲
Emergency Visits	755	742	-1.7% ▼
Surgical cases:			
Elective	47	47	0.7% ▲
Unscheduled	15	15	5.0% ▲
Total	62	63	1.7% ▲
Laboratory Procedures	24,440	25,471	4.2% ▲
Medical Imaging:			
X-rays	515	537	4.3% ▲
CTs	182	171	-5.8% ▼
Ultrasounds	156	166	6.6% ▲
MRI	61	60	-1.6% ▼
Nuclear medicine	14	17	17.4% ▲
Total	927	950	2.5% ▲

Motion:

The Northern Health Board receives the 2025-26 Period 10 financial update as presented.



BOARD BRIEFING NOTE

Date:	February 9, 2026	
Agenda item:	Capital Public Note	
Purpose:	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Decision
Prepared for:	NH Board of Directors	
Prepared by:	Rob Saro Regional Manager, Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 2025-26 capital expenditure plan in February 2025, with amendments in April 2025. The plan approves total expenditures of \$543.2M, with funding support from the Ministry of Health (\$340.1, 63%), Six Regional Hospital Districts (\$166.0M, 31%), Foundations, Auxiliaries and Other Entities (\$5.6M, 1%), and Northern Health (\$30.7M, 6%).

As of December 4, 2025, \$260.7M was spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (Priority Investment)	223.5	418.2
Major Capital Projects (Routine Capital)	18.6	82.4
Major Capital Equipment (> \$100,000)	7.7	25.3
Equipment & Projects (< \$100,000)	7.9	9.9
Information Technology	3.0	7.3
	<u>260.7</u>	<u>543.2</u>

Significant capital projects currently underway and/or completed in 2025-26 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Burns Lake	BLH FM Hot Water Decoupling (CNCP)	\$0.28	Closing	SNRHD, MOH
Burns Lake	BLH LAB Chemistry Analyzer Replacement	\$0.52	In Progress	SNRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Burns Lake	PIN FM Cooling and DHW Upgrade (CNCP)	\$0.48	Closing	SNRHD, MOH
Fort St. James	Stuart Lake Hospital Replacement	\$158.34	Closing	SNRHD, MOH
Granisle	GHC 2nd Egress Leasehold Improvement	\$0.15	In Progress	NH
Mackenzie	MCK LAB Chemistry Analyzer Replacement	N/A	On Hold	NH
Mackenzie	MCK Medical Clinic Renovation	\$1.79	Closing	FFGRHD, MOH
Prince George	Alward Place Fire Panel Replacement	\$1.79	In Progress	MOH, BC Housing, NH
Prince George	Gateway Chiller Replacement (CNCP)	\$0.75	Closing	FFGRHD, MOH
Prince George	Prince George Specialist Clinic Tenant Improvement	\$2.16	In Progress	FFGRHD, MOH, NH
Prince George	UHN DI CT 64 Replacement	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHN DI Ultrasound N0032885 Replacement	\$0.24	In Progress	FFGRHD, MOH
Prince George	UHN DI X-Ray N0001340 Replacement	\$1.57	In Progress	FFGRHD, MOH
Prince George	UHN FM CCTV Server Replacement	\$0.14	In Progress	NH
Prince George	UHN LAB Electrophoresis System Replacement	\$0.38	In Progress	FFGRHD, MOH
Prince George	UHN LAB Morgue Racking System Replacement	N/A	In Procurement	FFGRHD, MOH
Prince George	UHN LAB Urinalysis N0035276 Replacement	N/A	In Procurement	FFGRHD, MOH
Prince George	UHN OR Anesthesia Units Replacement x3	\$0.46	Closing	FFGRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince George	UHN OR General Surgical Towers x4 Replacement	\$0.67	Complete	FFGRHD, MOH
Prince George	UHN OR Urology Laser Replacement	\$0.20	In Progress	FFGRHD, MOH
Prince George	UHN PHA PACMED and Verifier Replacement	\$0.51	Closing	MOH
Prince George	UHNBC Cardiac Services Department Renovation	\$12.50	In Progress	FFGRHD, MOH
Prince George	UHNBC DCS Topcon Optical Coherence Tomo	N/A	In Procurement	MOH
Prince George	UHNBC DI D670 SPECT Upgrade	\$0.31	Closing	FFGRHD, MOH
Prince George	UHNBC DI Hawkeye Replacement	\$2.38	Complete	SONHF, FFGRHD, MOH
Prince George	UHNBC FM Electrical Room 1&6 Upgrade	\$5.19	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC FM Elevator Car 3 Upgrade	\$1.15	In Progress	FFGRHD, MOH
Prince George	UHNBC FM Elevator Cars 1&2 Upgrade	\$1.20	In Progress	MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	\$0.74	Closing	FFGRHD, MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP) Phase 2	N/A	In Planning	MOH
Prince George	UHNBC FM Fire Alarm System Replacement	\$6.40	In Progress	FFGRHD, MOH
Prince George	UHNBC FM Nurse Call Head End Equipment	\$0.53	In Progress	MOH
Prince George	UHNBC FMU Telemetry and	\$1.23	Closing	FFGRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
	Monitoring System Upgrade			
Prince George	UHNBC Lab Chemistry Automation	\$9.1	Complete	FFGRHD, MOH
Prince George	UHNBC Lab Histology Ventilation Upgrade	\$1.34	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Lab Renovations Phase 2A	\$2.70	Closing	FFGRHD, MOH, NH
Prince George	UHNBC Lab Renovations Phase 2B	\$5.86	In Planning	FFGRHD, MOH, NH
Prince George	UHNBC Laundry Planning	N/A	In Planning	NH
Prince George	UHNBC Lighting Upgrade	\$0.34	In Progress	NH
Prince George	UHNBC Maternity and Fetal Monitoring System	\$0.32	Closing	FFGRHD, MOH
Prince George	UHNBC Maternity Ultrasound Machine	\$0.37	In Progress	SONHF, MOH
Prince George	UHNBC New Acute Care Tower	\$1,579.5	In Progress	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Early Works	\$103.22	In Progress	FFGRHD, MOH
Prince George	UHNBC OR Microscope Surgery Centre	\$0.44	Complete	SONHF, FFGRHD
Prince George	UHNBC PSY Nurse Call Replacement	\$0.23	In Progress	NH
Prince George	UHNBC Reverse Osmosis Replacement	\$0.65	Complete	MOH, NH
Prince George	UHNBC Sterile Compounding Room Upgrade	\$5.70	In Progress	FFGRHD, MOH, NH
Quesnel	DPL FM Nurse Call Replacement	\$0.74	In Progress	CCRHD, MOH, NH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Quesnel	GRB DI Ultrasound N0032897 Replacement	\$0.22	Complete	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	\$27.00	Closing	CCRHD, MOH
Quesnel	GRB FM Breaker Upgrade	\$0.62	In Progress	CCRHD, NH
Quesnel	GRB FM Nurse Call Replacement	N/A	In Procurement	MOH
Quesnel	GRB IT Network Replacement	\$0.65	Closing	CCRHD, MOH
Quesnel	GRB OR Anesthesia Machines x2	\$0.27	Complete	CCRHD, NH
Valemount	Valemount Health Centre DI X-Ray and Portable Replacement	\$0.94	In Progress	NH
Vanderhoof	St. John Hospital Domestic Hot Water Upgrade (CNCP)	\$0.53	Closing	SNRHD, MOH
Vanderhoof	St. John Hospital FM Fire Panel Replacement	\$2.89	In Progress	SNRHD, NH
Vanderhoof	St. John Hospital Lab Chemistry Analyzer	\$0.69	In Progress	SNRHD, MOH, NH
Vanderhoof	Vanderhoof Primary Care Clinic	N/A	In Planning	SNRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Dawson Creek	DCDH Hospital Replacement	\$589.61	In Progress	PRRHD, MOH
Dawson Creek	North Winds Wellness Centre Tenant Improvement	\$4.0	In Progress	MOH
Dawson Creek	Rotary Manor FM Main Building DDC Upgrade (CNCP)	N/A	In Planning	PRRHD, MOH
Dawson Creek	Rotary Manor FM Tower Boiler Upgrade (CNCP)	N/A	In Planning	PRRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Fort Nelson	FNH DI CT Planning	N/A	Planning Only	NH
Fort Nelson	FNH DI X-Ray Machine and Portable Replacement	\$1.53	In Progress	NRRHD, MOH, NH
Fort Nelson	FNH FM Elevator Upgrade	\$0.25	Complete	NRRHD, MOH
Fort Nelson	FNH FM Lighting Upgrade	\$0.19	In Progress	NH
Fort Nelson	FNH LAB Chemistry Analyzer Replacement	\$0.72	In Progress	NH
Fort St. John	Fort St. John DI CT Transfer and Upgrade	\$0.69	Complete	PRRHD, MOH, NH
Fort St. John	Fort St. John DI X-Ray Room 2 Replacement	\$1.93	In Progress	PRRHD, MOH
Fort St. John	Fort St. John IT Network Replacement	\$1.46	In Progress	PRRHD, MOH
Fort St. John	Fort St. John IT Phone System Replacement	\$0.28	Complete	PRRHD, MOH
Fort St. John	Fort St. John Lab Vitek MS Prime System	\$0.30	Complete	FSJHF, SONHF
Fort St. John	Fort St. John LND Large Piece Folder Replacement	\$0.80	In Progress	PRRHD, MOH
Fort St. John	FSO Specialized Community Services Centre Leasehold Improvement	\$5.11	In Progress	MOH
Fort St. John	Peace Villa Long Term Care House C	N/A	Planning	PRRHD, MOH
Tumbler Ridge	THC Automated Medication Dispensing Cabinet	\$0.21	In Progress	PRRHD, MOH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Atlin	ATL NUR Exam Room Renovation	\$0.37	Closing	MOH
Daajing Giids	HGH DI CT Planning	N/A	Planning Only	NH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Daajing Giids	HGH PHA Sterile Compounding Room Upgrade	\$3.28	In Progress	MOH
Dease Lake	STC Nurse Call Replacement	\$0.37	In Progress	MOH, NH
Hazelton	Wrinch Medical Clinic Renovation	\$0.35	In Progress	UBC, NH
Houston	Houston Long Term Care Planning	N/A	Planning Only	NH
Kitimat	Kitimat Dementia Care Housing	N/A	In Planning	NWRHD, Kitimat Valley Housing Society, MOH
Kitimat	Kitimat DI CT Suite	\$4.70	In Progress	Kitimat Hospital Foundation, NWRHD, NH
Kitimat	Kitimat FM DDC Control & BOS Replacement	\$0.80	In Progress	NWRHD, MOH, NH
Kitimat	Kitimat FM Vocera and Nurse Call Integration	\$0.67	In Progress	MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	\$2.95	Closing	NWRHD, MOH, NH
Prince Rupert	ACM Vocera Nurse Call Interface	\$0.51	In Progress	NH
Prince Rupert	PRO Public Health Unit Program Expansion Planning	N/A	In Planning	NH
Prince Rupert	PRRH DI CT Scanner Replacement	\$2.88	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH DI MRI	N/A	In Planning	NCHIS
Prince Rupert	PRRH Emergency Department Renovation	\$16.50	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Condensing Boilers, Controls & Recommissioning (CNCP)	\$0.94	Closing	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Waterline Replacement Planning	\$0.30	Planning Only	NH
Prince Rupert	PRRH Nurse Call Upgrade and Vocera	\$0.70	In Progress	NWRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Prince Rupert	PRRH Nurse Seclusion Room Renovation	N/A	In Planning	NWRHD, MOH, NH
Prince Rupert	PRRH OR Trauma Orthopedic Table Replacement	\$0.25	In Progress	NWRHD, NH
Prince Rupert	PRRH OR Urology Suite	\$2.43	In Progress	NCHIS, NWRHD, MOH
Prince Rupert	PRRH Sterile Compounding Room Renovation	\$8.20	In Progress	NWRHD, MOH, NH
Smithers	Bulkley Lodge FM Cooling and Radiant Heating Upgrade (CNCP)	\$1.14	In Progress	NWRHD, MOH
Smithers	BVDH FM Cooling and Heat Recovery Upgrade (CNCP)	\$0.79	Closing	NWRHD, MOH
Smithers	BVDH FM Electrical Upgrade	\$3.90	In Progress	MOH
Smithers	BVDH OR Sterrad NX 100	\$0.13	In Progress	BVHF
Smithers	BVDH OR Surgical Video Towers Upgrade	\$0.43	In Progress	BVHF
Smithers	BVDH Sterile Compounding Room Upgrade	\$8.35	In Progress	NWRHD, MOH, NH
Stewart	STE FM Boiler Upgrade (CNCP)	\$0.85	Closing	NWRHD, MOH
Terrace	MMH Hospital Replacement	\$635.90	Closing	Dr. REM Lee Foundation, NWRHD, MOH
Terrace	SVN Withdrawal Management Beds	\$1.2	In Progress	MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	\$6.03	Closing	NWRHD, MOH, NH
Terrace	TEO Withdrawal Management Facility Planning	N/A	In Planning	MOH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	\$0.62	Closing	NWRHD, MOH

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
Terrace	TVL FS Kitchen Renovation	N/A	In Planning	NWRHD, MOH, NH

Regional Projects

Community	Project	Budget \$M (note 1)	Status	Funding partner (note 2)
All	IT AGFA EI PACS Upgrade	N/A	In Planning	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	IT Cybersecurity including Forescout	N/A	In Planning	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	IT Patient Transfer Tool	\$0.47	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Lab Pathology Service Enhancement	\$3.08	In Progress	NWRHD, PRRHD, PHSA, NH

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 2025-26, NH is planning to spend 13.5M on such items.

Note 1: For projects shown as In Procurement, the budget amount will be provided following contract award.

Note 2: Abbreviations used:

- MOH Ministry of Health
- PHSA Provincial Health Services Authority
- 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
- BVHF Bulkley Valley Health Foundation
- CHF Chetwynd Hospital Foundation
- FSJHF Fort St. John Hospital Foundation

PRPA Prince Rupert Port Authority
SONHF Spirit of the North Healthcare Foundation

Motion:

The Northern Health Board receives the Period 9 update on the 2025-26 Capital Expenditure Plan.

DIRECTOR EXPOSURE AND LIABILITY**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 *Society Act*) and by the Health Care Protection Program'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.

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
 Date Issued (I), REVISED (R), reviewed (r): February 10, 2025 (r)

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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 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**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 Board Chair and 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, they will follow the process set out in BRD 210 Code of Conduct and Conflict of Interest Guidelines for Directors.

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.

Directors also have the right to report a serious wrongdoing to Northern Health Safe Reporting, in accordance with the *Public Interest Disclosure Act*, and as guided by the Northern Health Safe Reporting policy¹. Wrongdoings that can be reported and investigated through this process include acts or omissions that constitute an offence; create a substantial and specific danger to the life, health or safety of persons or the environment; serious misuse of public funds or assets; or gross or systemic mismanagement.

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.²

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.

¹ Policy [5-3-1-150 Safe Reporting](#)

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

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 quality review follow-up through the 3P Committee, or as determined by the CEO.

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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.

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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.

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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.

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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 provide 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 \$ 25,875
- Director \$ 12,940
- Audit & Finance Committee Chair \$ 5,750
- Other Committee Chairs \$ 3,450

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 \$720
- For meetings of 4 hours or less duration \$360

¹ This document conforms to [Treasury Board Directive 2/24](#) effective April 1, 2023

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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. In circumstances where a Director relocates, travel and expenses will continue to be paid from the new place of residence, unless there is an appreciable difference in cost. There situations will be assessed as exceptions by the Board Chair, Chief Executive Officer (CEO) and Corporate Secretary on a case by case basis, to determine if any pro-rating of travel expenses is required.

Maximum Daily Compensation

Compensation for Board and Board Committee meetings and associated travel time will not exceed \$720 in total in a 24-hour day.

Annual Compensation Limits²

- Chair \$69,075
- Director \$34,540
- Audit & Finance committee chair \$40,290
- Other board committee chairs \$37,990

Expense Reimbursement

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

Directors are reimbursed for transportation, accommodation, meal and out-of-pocket expenses incurred in the course of their duties in accordance with Treasury Board directives. Expense claims, must be supported by receipts. Where a meal is provided without charge to the Director, no claim for that meal can be made. Directors should consider the following guideline for reasonable meal expenses:

² The sum of retainer plus meeting fees and travel time

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Full Day Cap	\$63.75
Breakfast	25.50
Lunch	25.50
Dinner	35.25
B&L	37.00
L&D	46.75
B&D	46.75
Incidental	15.00

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. Travel and accommodation booking may be completed using a contracted regional travel booking service to which NH subscribes.

Mileage for transportation using a private vehicle is paid at \$0.63 per kilometre. Directors have the discretion to choose the method of transportation that is most appropriate, while considering cost, efficiency and availability.

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 processing³.

³ Claims must be submitted on a timely basis after expenses are incurred. Directors are further requested to take note of the March 31st fiscal year-end. Claims will be processed for payment within 7 days of receipt.

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

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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