

**MINUTES OF A PUBLIC MEETING (“MEETING”) OF THE  
BOARD OF DIRECTORS (THE “BOARD”) OF THE  
PROVINCIAL HEALTH SERVICES AUTHORITY (“PHSA”)  
HELD ON THURSDAY, FEBRUARY 29, 2024  
AT 9:00 AM**

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<b>Directors:</b>	Tim Manning, Chair Bill Chan Dianne Doyle Piotr Majkowski Morgan Price	Sandra Martin Harris Joanne Gislason Gloria Ann Morgan Donisa Bernardo	Julia Dillabough Richard Short Gary Caroline Gary Pooni
<b>Guests:</b>	Knowledge Keeper - Shane Pointe		
<b>Management:</b>	Dr. David Byres Joe Gallagher Scott MacNair Zulie Sachedina Natasha Prodan-Bhalla	Laurie Dawkins Sue Good Shannon Malovec Dr. Jat Sandhu Leanne Heppell	Lexie Flatt Michael Lord Dr. Maureen O'Donnell Dr. Sean Virani Dr. Kim Chi Donna Nordmann (recorder)
<b>HAMAC Chair:</b>	Dr. Eric Webber		
<b>Regrets:</b>	Kendra McPherson	Susan Wannamaker	

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**1.0 CALL TO ORDER**

Mr. Tim Manning, Board Chair, called the Meeting to order at 9:00 am. It was established that a quorum of the Board was present. Ms. Donna Nordmann was appointed recording secretary of the Meeting.

**2.0 LAND ACKNOWLEDGEMENT**

The Chair provided the land acknowledgement.

**3.0 INDIGENOUS WELCOME**

Knowledge Keeper Shane Pointe commenced the meeting with an Indigenous Welcome.

**4.0 CHAIR ADDRESS TO THE PUBLIC**

The Chair provided an address to the public.

Mr. Manning reported PHSA was named one of B.C.'S Top Employers for 2024. The Chair reported and congratulated Dr. Deborah Money (PHSA Employee) who was recently appointed to the Order of Canada. Three PHSA teams received the Health Quality BC recognition – The Streamlined Assessment Pathway team at BC Children's Hospital, Provincial Laboratory Medicine Services and Perinatal Services BC and The BC Children's PICC Opportunities for Kids Team and Paediatric IV Outpatient Therapy team.

Kris Gustavson won the Doug Cochrane Leadership in Quality Award. Mr. Manning took a moment to reflect on the legacy of Dr. Doug Cochrane who recently passed away and who devoted his career to improving the quality of health care provided not only in BC but nationally and internationally. He was a highly respected paediatric neurosurgeon who served for many years in the Department of Paediatric Neurosurgery at the BC Children's Hospital.

Mr. Manning reported that the Teck Acute Care Centre at BC Children's Hospital recently received an award from the Canadian Coalition for Green Health Care for its energy efficiency.

## 5.0 QUESTIONS FROM THE PUBLIC

Mr. Manning acknowledged that there were several questions received in advance of today's meeting, spanning the topics of Long COVID, infection prevention and control policies, academic Grand Rounds, Safe Reporting and procurement policies, and protections related to potential health and safety violations.

Mr. Manning reported on the questions received:

**The first letter received contained several detailed questions related to the topics of:**

- Guidance and resources around Long COVID supporting educators in school settings, patients, families and healthcare providers;
- Conflict of Interest policies related to UBC CDC Grand Rounds; and
- Comments related to the prevention and control of COVID-19.

Mr. Manning indicated that he had instructed management from the BC Centre for Disease Control and Provincial Clinical Programs portfolio to coordinate on a written reply to these questions within two weeks.

**A second letter asked similar questions** about the adequacy of Provincial Infection Prevention & Control policies and the role of the Provincial Infection Control Network – PICNet – as well as questions regarding a specific Grand Rounds held at BCCDC. Again, he indicated that he had instructed management from the BC Centre for Disease Control and the Provincial Clinical Policy portfolio to coordinate on a written reply to these questions within two weeks.

**The third question received asks about Safe Reporting and adherence to related policies.**

This is the specific wording of the question:

*How does PHSA ensure staff and leadership are following and applying policies that appear, at times to compete with one another, for example Safe Reporting of alleged staff misconduct, acting contrary to procurement of consulting services by not providing detailed debriefing or by cancelling contracts, post evaluation beyond the stated criteria, suggesting bias and where antiracism policy at PHSA does not yet exist?*

In preparing an answer, Mr. Manning indicated that he had consulted with several members of the PHSA executive team and also leaders within Supply Chain and was able to convey the following response:

*As a condition of employment, PHSA employees are obliged to adhere to a number of policies including ethical and professional conduct, anti-racist behaviour, Safe Reporting and procurement.*

*Our Safe Reporting policy applies to all employees, patients, and suppliers, including consultants. All staff are encouraged to use one of several reporting mechanisms – such as safe reporting, speaking to their supervisor or other options – when they observe their fellow employees, leaders or physicians behaving in a manner that is not in alignment with these policies. Consultants and vendors have access to several of these options as well.*

*We take allegations of discrimination and racism very seriously and would expect any feedback or formal complaints to be thoroughly reviewed and investigated. This includes allegations that would be captured under the scope of the Indigenous-specific Racism & Discrimination for PHSA Staff policy that came into effect in September 2023.*

*Consequences for failing to adhere to the expectations and practices noted above are detailed in the policies and may range from directed training and education to prevent future harm; learning and healing circles to advance relational accountability; and in some cases, may also include termination of employment.*

**The fourth question received reads as follows:**

*What is PHSA doing to address health and safety violations and discrimination by organizations they are actively partnered with, to help protect both patients and workers?*

PHSA is committed to providing a healthy and safe workplace, free of hazards that may cause physical or psychological injuries or occupational illnesses for staff, medical staff, contractors, volunteers, patients and the public. We have a number of policies and procedures in place to help uphold this commitment, and to provide avenues for correction as required.

As an employer and health services provider, we recognize that patient outcomes are directly connected to our workforce's occupational health, safety, and well-being. A healthy and safe work environment includes both occupational health (physical well-being) and psychological health.

So similar to the previous question, if an individual has concerns about the practices of partners working with PHSA, there are different ways to bring that information forward:

- Employees are encouraged to first speak to their supervisor, who would be bound by PHSA policies related to ethical and professional conduct.

- If you don't feel the matter has been appropriately investigated or addressed, individuals can make use of the Safe Reporting policy, which again, applies to all employees, patients, suppliers and consultants.
- You can find information about Safe Reporting on the PHSA website or by emailing [safereporting@phsa.ca](mailto:safereporting@phsa.ca)

## 6.0 AGENDA APPROVAL AND CONFLICT OF INTEREST

6.1 The Chair requested the Directors to approve the February 29, 2024 agenda.

Motion:

**Upon motion, duly seconded**, the meeting agenda was approved as circulated.

6.2 The Chair requested the Directors to declare any conflict with the agenda items. No declarations came forward.

## 7.0 APPROVAL OF NOVEMBER 23, 2023 PUBLIC BOARD OF DIRECTOR MEETING MINUTES

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the minutes of the Public Board meeting held on November 23, 2023 be approved.

## 8.0 PRESENTATION:

### **Care, Research, Education: PHSA's Role as One of Canada's Largest Academic Health Science Organizations:**

Dr. Maureen O'Donnell presented her Working together across BC: PHSA's Health Improvement Networks (HIN) and answered questions raised by the board.

## 9.0 COMMITTEE REPORTS

### 9.1 Cultural Safety & Humility Committee

Sandra Martin Harris, in her capacity as Chair of the Cultural Safety & Humility Committee advised of the deliberations of the committee and as a result of such deliberations there was one (1) item for approval and four (4) items for information:

### Matters for Board Approval

#### i) **Cultural Safety and Humility Committee Activity Planner**

Indigenous Health provided an update and highlights the key work of the Cultural Safety and Humility Committee for 2024.

- Reviewing and providing guidance on events related to Indigenous-specific racism and discrimination.
- Advancing work on the PHSA Board Indigenous-specific Anti-Racism Action Plan
- Supporting implementation of the Indigenous-specific Racism and Discrimination for PHSA Staff Policy

The committee approved the Cultural Safety & Humility Committee's Activity Planner for 2024

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the Cultural Safety & Humility Committee recommends to the PHSA Board that the proposed Cultural Safety and Humility Committee's Activity Planner be approved.

## **Matters for Board Information**

### **i) Indigenous-specific Racism and Discrimination Patient Events**

A report was presented by Quality & Safety on event details. PHSA Quality & Safety and Indigenous Health teams have designed a new process to report and review Indigenous-specific racism and discrimination that is in alignment with the United Nations Declaration on the Rights of Indigenous Peoples and In Plain Sight Report recommendations.

This included a description of the review process, contributing factors, recommendations, recommendation implementation status, and outcomes (when known). The report also includes patient/family feedback to the event response when available.

The report also included additional presentations from BC Emergency Health Services and BC Children's and Women's Hospital.

### **ii) Indigenous Patient Stories Process – Progress Update**

Indigenous Health & Cultural Safety provided an update on the process of engaging with individuals to share their stories. This process will include defining what we want Indigenous experiences to look like, being intentional with what is shared, listening to Indigenous people and their experiences, and making sure we are learning through what is being told to us.

### **iii) Indigenous-specific Racism and Discrimination for PHSA Staff Policy**

Indigenous Health & Cultural Safety provided a progress update that outlines its two key components:

1. Mandatory training and education
  - Provided completion rate of San'yas Indigenous Anti-racism and Indigenous Cultural Safety Training and Anti-Indigenous Racism Response Training (ARRT)
2. Indigenous-specific racism and discrimination staff complaints process
  - Have engaged with PHSA teams as well as both PHSA and BCEHS unions

Finalizing of the protocol will be submitted to ELT in Feb 2024. Piloting the staff complaints process will begin in Spring 2024 and launching the process across the organization will take place in Summer 2024.

### **iv) PHSA Board Indigenous-specific Anti-Racism Action Plan**

Indigenous Health & Cultural Safety presented a report that states that the goal is for the Board to discuss the process it wants to take and education and training commitments to: (1) develop its Action Plan; and (2) ensure full and active ownership and oversight by the PHSA Board. PHSA will be accredited in Spring 2024. This will be done in accordance with the Health Services Organization (HSO) Governance Standard.

In addition, a different style of approach will be introduced with the practice of Seasonal Planning. This is a corporate decolonization strategy that honours the Teachings of First Nations and provides an Indigenous Thought Leadership model to support individual Board Member wellness and collective Board strategic success through the 4 R's: Reflect, Recharge, Reset, Resume.

## **9.2 Quality and Safety**

Dianne Doyle, in her capacity as Chair of the Quality & Safety Committee advised of the deliberations of the committee. As a result of such deliberations there was one (1) item for approval and no (0) items for information:

## **Matters for Board Approval**

### **i) Medical Staff Appointments**

The Committee received the Medical Staff privileging reports from the Local Medical Advisory Committees (“LMACs”) at BC Cancer, C&W, BCMHSUS and the Health Authority Medical Advisory Committee (“HAMAC”).

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the Quality and Safety Committee recommends to the PHSA Board of Directors the approval of the Medical Staff Privileges Reports, namely the:

- i. BC Cancer Medical Staff Privileging Reports; and
- ii. BC Centre for Disease Control Privileging Reports; and
- iii. BC Children’s Hospital and Sunny Hill Child Health Centre and BC Women’s Hospital & Health Centre Medical Staff Privileging Reports; and
- iv. BC Mental Health and Substance Use Services Privileging Reports

### 9.3 People and Governance Committee

Joanna Gislason, in her capacity as Chair of the People and Governance Committee advised of the deliberations of the committee and as a result of such deliberations there are two (2) items for approval and no (0) items for information.

#### Matters for Board Approval

i) **Policy Updates**

The Committee conducted reviews of annual policies and guidelines for the Board. Amendments to the policies were presented in the meeting materials.

Motion:

**Upon motion, duly seconded**, the following resolution was brought forward:

**BE IT RESOLVED THAT** the People & Governance Committee recommends to the PHSA Board to accept the review of the following Board Governance Policies, in the form presented to the meeting:

- |       |                                       |
|-------|---------------------------------------|
| 7.1.a | Fostering a Culture of Respect Policy |
| 9.1   | Standards of Conduct Policy           |

### 9.4 Research and Academic Development Committee

Piotr Majkowski, in his capacity as Chair, Research and Academic Development Committee, advised of the deliberations of the committee and as a result of such deliberations there are two (2) items for approval and one (1) item for information:

#### Matters for Board Approval

i) **PHSA Research Misconduct Policy**

Although the Board approved the PHSA Research Misconduct Policy at its last meeting, some additional changes are recommended. These primarily relate to ensuring the Introduction section includes the standardized content reflecting PHSA’s commitment to anti-Indigenous racism and cultural humility in all policies. A small number of additional minor edits are also incorporated.

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the Research and Academic Development Committee recommends to the PHSA Board approval of the PHSA Research Misconduct Policy as amended.

2) **PHSA Research Conflict of Interest Committee Reappointments**

The terms of reference for the PHSA Research Conflict of Interest Committee require that appointments be approved by the Research and Academic Development Committee. The Committee is bringing forward recommendations for the Board to approve three reappointments.

Motion:

***Upon motion, duly seconded***, the following resolution was approved:

***BE IT RESOLVED THAT*** the Research and Academic Development Committee recommends the PHSA Board of Directors reappoint the following individuals for two-year terms to the Research Conflict of Interest Committee:

- Dr. Michael McDonald – reappointment to second two-year term
- Ms. Emily Marden – reappointment to second two-year term
- Dr. Keith Humphries – reappointment to third two-year term.

### **Matters for Board Information**

#### **i) CAR-T Cell Clinical Trial Presentation**

The Research and Academic Development Committee received a fascinating presentation from Dr. Brad Nelson, Director of the BC Cancer Immunotherapy Program, on CAR-T Cell immunotherapy.

Dr. Nelson and his team at the BC Cancer's Deeley Research Centre in Victoria have manufactured the first made in Canada CAR-T immunotherapy cell products as part of a Canadian clinical trial. To date, 78 patients from across Canada, who have no other treatment options available for their blood cancer, have been treated with this revolutionary treatment which is being manufactured at BC Cancer Victoria at a fraction of the commercial cost.

Over 40% of the patients who have received this therapy, and would otherwise have not survived more than six months, have had complete remission of their leukemia or lymphoma.

### **9.5 Audit Committee**

Tim Manning, in his capacity as Chair of the Audit Committee advised of the deliberations of the committee and as a result of such deliberations there were three (3) items for approval and no (0) items for information.

### **Matters for Board Approval**

#### **i) Safe Reporting Policy**

In accordance with the Board Policy Framework, the Safe Reporting Policy is required to be reviewed annually. Accordingly, Internal Audit has performed a review of the Policy and has determined that no revisions are required.

Motion:

***Upon motion, duly seconded***, the following resolution was approved:

***BE IT RESOLVED THAT*** the Audit Committee recommends to the PHSA Board approval of the Safe Reporting Policy.

#### **ii) Auditor Independence Policy**

In accordance with the Board Policy Framework, the Auditor Independence Policy is required to be reviewed annually. Accordingly, management has performed a review of the Policy and has determined that no substantial revisions are required. The Policy has been reformatted and updated to align with the latest policy template from the PHSA Policy Office.

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the Audit Committee recommends to the PHSA Board approval of the Safe Reporting Policy.

iii) **Terms of Reference for the Audit Committee**

In accordance with the Board Policy Framework, the Terms of Reference for the Audit Committee is required to be reviewed annually. Accordingly, management has performed a review of the Terms of Reference and has proposed the following changes:

- 1) Move the reporting and governance oversight of Integrated Risk Management (IRM) and Compliance from the Finance and Operations Committee to the Audit Committee. The Audit Committee has governance responsibility for the internal audit function and there is a level of synergy between the work of the Integrated Risk Management and Internal Audit which makes this reassignment an improvement to the governance processes.
- 2) Minor updates to reflect the updated name for what was previously known as the A-133 audit. The A-133 audit is now referred to as the Uniform Guidance Single Audit.

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the Audit Committee recommends to the PHSA Board approval of the updated Terms of Reference for the Audit Committee.

## 9.6 Finance Committee

Tim Manning, in his capacity as Chair of the Finance Committee advised of the deliberations of the committee and as a result of such deliberations there was one (1) item for approval and no (0) items for information.

### Matters for Board Approval

i) **Terms of Reference for the Finance and Operations Committee**

In accordance with the Board Policy Framework, the Terms of Reference for the Finance and Operations Committee is required to be reviewed annually. Accordingly, management has performed a review of the Terms of Reference and has proposed the following change:

- Move the reporting and governance oversight of Integrated Risk Management (IRM) and Compliance from the Finance and Operations Committee to the Audit Committee. The Audit Committee has governance responsibility for the internal audit function and there is a level of synergy between the work of the Integrated Risk Management and Internal Audit which makes this reassignment an improvement to the governance processes.

Motion:

**Upon motion, duly seconded**, the following resolution was approved:

**BE IT RESOLVED THAT** the Finance and Operations Committee recommends to the PHSA Board approval of the updated Terms of Reference for the Finance and Operations Committee.

## 10.0 NEXT MEETING

The next PHSA Board of Director's meeting is scheduled for Thursday, April 18, 2024.

## 11.0 ADJOURNMENT

Meeting was adjourned at 10:37 AM.