



First Nations Health Authority
Health through wellness

EVALUATION OF THE FIRST NATIONS HEALTH AUTHORITY BOARD OF DIRECTORS

2019/20 to 2023/24

Final Report



ACKNOWLEDGEMENTS

The First Nations Health Authority and MNP LTD acknowledges the unceded lands and territories of the self-determining First Nations where the work of this report took place in what is now known as British Columbia. We express gratitude to all those whose wisdom, knowledge and contributions are reflected.



First Nations Health Authority
Health through wellness

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Evaluation conducted by MNP LLP
in collaboration with FNHA
Evaluation Team.

A MESSAGE FROM THE FNHA BOARD OF DIRECTORS

The First Nations Health Authority (FNHA) Board of Directors welcomes the findings of the Evaluation of the FNHA Board of Directors (2019–2024) and thanks all those who contributed their time, insights, and perspectives to this important work.

The evaluation affirms that the Board has provided strong strategic leadership and governance oversight during a complex and evolving period for FNHA, including significant organizational growth and external system pressures. The Board is encouraged that its governance practices are viewed as effective and aligned with FNHA’s vision, mandate, and responsibilities to First Nations in British Columbia.

At the same time, the Board values the evaluation’s identification of opportunities for continued learning and improvement. The findings and recommendations provide useful insight into how governance practices, performance monitoring, and engagement approaches can be further strengthened over

time. The Board views this evaluation as an important learning tool that supports its commitment to reflective, responsive, and accountable governance.

The Board is committed to reviewing the evaluation findings and recommendations in detail and to working with FNHA leadership to explore actions that support the implementation of key learnings, as appropriate. This will include considering how governance practices, structures, and processes can continue to evolve to best support FNHA’s strategic priorities and its role within the broader First Nations health governance system.

The Board looks forward to using the evaluation to inform ongoing governance development and to strengthen its ability to serve First Nations communities with integrity, transparency, and respect.

In health and wellness,
The FNHA Board of Directors



The FNHA Board of Directors, 2025: (Top row, left to right) Dr. Lex Vides, Marlene Erickson, Jack Page, Dr. Peter Eppinga, Greg Louie, Lee Anne Cameron, and Leah Ballantyne. (Bottom row, left to right) Helen Joe, Dr. Sheila Blackstock and Wilhemena Harry.

A MESSAGE FROM GUIDING ELDER AND KNOWLEDGE KEEPER HELEN JOE

Ey Swayel Mekwát,
Melíleqthet tel skwix, telítsel kwá
Ch'íyaqtel qas Stólō Nation.
Melíleqthet is my traditional
name, I am from Ch'íyaqtel and
Stólō Nation.

In 2013, I was approached by the First Nations Health Council to sit on the FNHA Board of Directors. It was a time when our people had had enough and desperately wanted to improve health outcomes for First Nations people in BC by enhancing our involvement in health care decision-making, improving access to services and addressing quality issues. I had the honour of serving as the Fraser Salish board representative from May 1, 2014 to March 31, 2024. Following my retirement as director, I have continued to serve the board as a Guiding Elder.

Since the creation of the FNHA as the first and only provincial First Nations health authority in Canada and health and wellness partner to over 200 diverse First Nations communities and citizens across BC, the organization has been guided by a board comprised of diverse professional and in-community directors, all deeply committed to transforming the way health care is delivered to First Nations in BC.

During my decade of service to the board, I have enjoyed sharing teachings from my

grandmother that incorporated cultural values and guiding principles that emphasized respect, honesty, love, wisdom, humility, courage and truth. These teachings shaped my contributions to the board and helped guide the way we support the FNHA and its staff. Over the years, staff regularly came before the FNHA Board of Directors to share updates on their work in community, outline future plans and seek input and feedback.

The board not only provides corporate governance, oversight and subject matter expertise in the design and delivery of health services for First Nations in BC but serves to ground the work in culture and help sustain the organization's connection to the 7 Directives, foundational guiding principles and the voice of communities.

It is this dedication and connection to culture and the principles that supported the organization through the period of rapid change that occurred since the last evaluation of the board was completed in 2019. We have seen significant changes and improvements in the way health services are delivered to First Nations people in BC and faced multiple public health emergencies including the onset of the novel coronavirus (COVID-19) pandemic, the toxic drug supply crisis and multiple climate-related health emergencies.

Under the guidance of the board, the FNHA collaborated closely with First Nations in BC and health system partners to prioritize the safety and well-being of First Nations Elders and communities; stand up new programs and

services to address unmet needs, including for additional mental health and wellness supports, and continued efforts to hardwire the First Nations Perspective on Health and Wellness, advance cultural safety and humility and foster innovation. The many health

challenges that our People have faced over the last few years have led to imbalances on the spiritual, emotional, mental and physical well-being of us all. Looking to the future, I am hopeful that the FNHA will continue to bring services closer to home and into community.

In health and wellness,



Melileqthet (Helen Joe)
Guiding Elder and Knowledge Keeper
Former board director, First Nations Health Authority

LIST OF ACRONYMS

BC TFA	British Columbia Tripartite Framework Agreement on First Nation Health Governance
CEO	Chief Executive Officer
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
IMIT	Information Management and Information Technology

TERMINOLOGY

This report follows a distinctions-based approach that recognizes the unique rights, histories and identities of First Nations, Inuit and Métis peoples.¹ In line with this approach, we use specific terms, such as First Nations, whenever possible to reflect and respect the diversity of the peoples served by the Tripartite Partners under the British Columbia Tripartite Framework Agreement on First Nation Health Governance. The term “Indigenous” is used selectively and intentionally throughout this report. It appears only in contexts where its use was necessary, such as when citing the formal names of programs, policies or partner organizations.

The references to the Government of Canada’s participation in this report is sometimes referred to as “Health Canada” and sometimes as “Indigenous Services Canada.” This reflects that the work originated when the First Nations and Inuit Health Branch was within Health Canada and was then transferred in December 2017 to Indigenous Services Canada

¹ Government of BC, “Distinctions-based Approach”, September 2024. Retrieved from <https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples/distinctions-based-approach>

1 INTRODUCTION

1.1 BACKGROUND

The First Nations Health Authority (FNHA) is the first province wide First Nations health authority of its kind in Canada. In 2013, the FNHA assumed responsibility for the planning, management, delivery and funding of health programs and services for BC First Nations formerly held by Health Canada's First Nations and Inuit Health Branch - Pacific Region, as part of a broader mandate to work with the Province of BC to improve health services accessed by First Nations in BC. In addition to the FNHA, partners within the BC First Nations Health Governance Structure includes the First Nations Health Council (FNHC), the First Nations Health Directors Association (FNHDA) and the Tripartite Committee on First Nations Health, that includes the provincial and regional health authorities, the BC Ministry of Health and Indigenous Services Canada.

The work of the FNHA is grounded in the First Nations Perspective on Health and Wellness² – an approach that defines the FNHA as a health and wellness organization. In accordance with the Shared Values of the FNHA, FNHC and FNHDA and the [7 Directives](#), the FNHA aims to pursue excellence in the delivery of its mandate.

The FNHA Board of Directors was first appointed in 2012 to oversee various aspects of operations, including financial and staffing matters. The structure of the FNHA Board of Directors, the nomination and appointment process and the required competencies of board directors were established in the Consensus Paper 2012. This Consensus Paper reflected input gathered from First Nations Chiefs, leaders and senior health leads at over 150 Regional and Sub-Regional Caucuses and ratified at Gathering Wisdom for a Shared Journey V.³ As the FNHA was a newly established organization, the board was faced with setting the strategic direction for the organization and stewarding the operations. The FNHA Board of Directors continues to govern the organization alongside an executive team that leads work across several business areas.

The first evaluation of the FNHA Board of Directors (2014/15 to 2018/19) was completed by external consultants, Watson, in May of 2019. The five-year summative evaluation was a legal requirement of the 2011 British Columbia Tripartite Framework Agreement on First Nation Health Governance⁴ (BC TFA). Overall, the 2019 FNHA Board Evaluation found that the board was aligned with the FNHA's mission, had established effective governance practices and a positive working culture grounded in the 7 Directives and First Nations ways of knowing, and was open to learning and

² First Nations Perspective on Health and Wellness. Retrieved from: <https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness>

³ Interim First Nations Health Authority. (2012). "Navigating the Currents of Change: Transitioning to a New First Nations Health Governance Structure" https://www.fnha.ca/Documents/iFNHA_Consensus_Paper_2012.pdf

⁴ Government of British Columbia, Government of Canada, First Nations Health Council and First Nations Health Society, "British Columbia Tripartite Framework Agreement on First Nations Health Governance", 2011. <https://www.fnha.ca/Documents/framework-accord-cadre.pdf>

improvement. The board was also found to be effectively fulfilling its role, meeting obligations and maintaining strong relationships with partners. Additional information on the findings from the 2019 FNHA Board Evaluation can be found in Section 2.5.

While subsequent evaluations are not a legal requirement under the TFA, in 2023, the board voted to undertake a second evaluation in fiscal year 2024/25 to support transparency, accountability and continuous learning and improvement.

1.2 PURPOSE OF THE EVALUATION

The 2024 Evaluation of the FNHA Board of Directors tells the story of the board's progress in fulfilling its corporate governance functions and core responsibilities, and the effectiveness of the board's governance practices.

Evaluation objectives include:

- providing evidence to support the FNHA Board of Directors' continuous learning and quality improvement;
- providing evidence to support FNHA leadership's strategic planning and decision-making, including by serving as a line of evidence for the 2024 Evaluation of the FNHA; and
- supporting transparency and accountability to First Nations in BC, Tripartite Partners and partners within the BC First Nations Health Governance Structure.

1.3 SCOPE

The evaluation covers fiscal years 2019/20 to 2023/24. However, in the interest of ensuring the findings and resulting recommendations are relevant and utilization-focused, current examples of agreements, activities and initiatives beyond the scope of the evaluation have been included whenever possible. The themes and topics examined within the evaluation are outlined in Figure 1.

Figure 1: Summary of evaluation issues

Relevance

Mandate and purpose

- Alignment with the 7 Directives, Shared Vision and FNHA mission and mandate
- Development of board policies to support fulfillment of the board's purpose

Core responsibilities

- Provision of strategic oversight and direction of the FNHA's goals and priorities
- Response to multiple concurrent public health and environmental emergencies
- Oversight and direction on organizational risk, organizational reporting and accountability processes, and approval of corporate policies
- Relationship with, and assessment of the FNHA Chief Executive Officer (CEO)

Effectiveness and Efficiency

Board structure and capacity

- Board membership and composition

- Strategic oversight and support of priority areas of corporate governance and FNHA operations
- Board director onboarding and professional development

Board operations and administration

- Board and committee meeting structure and organization
- Meeting agendas and materials

Board relationships

- FNHA executive leadership
- Tripartite Partners and partners within the BC First Nations Health Governance Structure

1.4 APPROACH

The evaluation was conducted using a systems thinking approach that recognizes and embraces the complexity of the health system that the FNHA and its board of directors operate within. This is reflected in the consideration of the role of the board within the wholistic BC First Nations Health Governance Structure and Tripartite partnership, and its performance within an evaluation timeframe impacted by multiple concurrent public health and environmental emergencies affecting First Nations peoples and communities. These include the COVID-19 pandemic, the toxic drug crisis, environmental disasters including wildfires and floods, and mental health and well-being crises.

The evaluation was also conducted in alignment with the principles of Etuaptmumk, or Two- Eyed Seeing,⁵ as described by Mi'kmaw Elder Albert Marshall. This meant the inclusion of Indigenous ways of knowing, alongside western knowledge and ways of learning.

The following are examples of how Indigenous and mainstream approaches were integrated into the evaluation approach in a way that balanced both perspectives:

- The work was grounded in the fundamental understanding that the health inequities seen in First Nations communities are an underlying consequence of colonialism and its ongoing impact on traditional culture.
- The informational needs and reporting/knowledge exchange products of greatest utility to First Nations were prioritized during evaluation planning.
- The methodology prioritized qualitative and Indigenous methodologies and participants were offered choice in knowledge gathering methods.
- The evaluation included multiple definitions of success, including those identified by participants, and focused on strengths and sharing of wise practices and fostering informed engagement.

⁵ Two-eyed seeing is a concept articulated by Elder Albert Marshall, father, grandfather and great grandfather of the Moose Clan, designated voice on environmental matters for Mi'kmaw Elders in Unama'ki-Cape Breton. Elder Albert described Two-Eyed Seeing as a gift of multiple perspectives whereas individuals can learn to see from one eye the strengths of Indigenous knowledges and from the other, the strengths of Western knowledges. By weaving between these knowledges and strengths, a Two-Eyed seeing approach can bring together perspectives to mutual benefit.

- Board directors were actively involved in the evaluation process, importantly in the evaluation design and meaning making processes.
- Efforts were made to minimize the engagement burden on participants by reviewing existing data and documentation, such as reports, meeting packages and other materials, and connecting with participants through existing touchpoints including standing meetings and Regional Caucuses.

1.5 METHODOLOGY

A participatory scoping process was undertaken by the FNHA Evaluation Team. A draft evaluation framework was developed with input from the FNHA Board of Directors and executive leadership. This framework formed the basis for the implementation plan, including the engagement pathways and processes.

Following a competitive process, the FNHA hired the independent consulting firm, MNP LLP, to conduct this evaluation in collaboration with the FNHA Evaluation Team.

The evaluation was undertaken in three phases:

- **Phase 1: Planning** (July to September 2024) focused on developing the implementation plan.
- **Phase 2: Knowledge gathering** (October 2024 to May 2025) included data collection and analysis, guided by the implementation plan developed in Phase 1.
- **Phase 3: Reporting** (May to July 2025) involved validation of preliminary findings with the board in February 2025, followed by drafting and finalizing of the report.

The following is a summary of the evaluation phases.

Phase 1: Planning. MNP developed an implementation plan that was informed by the draft evaluation framework developed by the FNHA Evaluation Team and conducted scoping interviews with the board and a preliminary document review. The implementation plan included the data collection instruments and engagement pathways and processes required to implement the evaluation framework. The board validated the final implementation plan.

Phase 2: Knowledge gathering. MNP conducted numerous knowledge gathering activities to gather primary and secondary data. These are summarized below.

- *Literature, document and data review.* Reviewed over 300 documents to gather information on the board's roles, responsibilities and activities during the evaluation period. Documents included the board's terms of reference, meeting documentation, board composition and skills assessments, committee reports, risk and conflict of interest registers, and governance tools and platforms, notably the Aprio Board Portal. FNHA documents reviewed included foundational agreements, governance and operational policies, multi-year health plans, summary service plans, annual reports, audited financial statements, and relevant evaluations and reviews.
- *Key informant interviews with the FNHA Board of Directors, FNHA representatives and key governance and health system partners.* Overall, 22 key informants were engaged, including the board chair, seven board directors, one former board director, nine members of the FNHA's executive leadership, one representative each from the FNHC, the FNHDA and Indigenous Services Canada. This is outlined in more detail in Table 1.

Table 1: Key informants engaged

Role	#
Board chair	1
Board directors	7
Former board directors	1
Board secretariat	1
CEO	1
Vice presidents of regional operations	8
Representative from Indigenous Services Canada	1
Representative from FNHC	1
Representative from FNHDA	1
Grand Total	22

Phase 3: Validation and reporting of findings. Evidence from all knowledge sources was analyzed and synthesized into a detailed presentation shared with the board during a meaning-making session in February 2025. Insights from this session, along with examples of work advanced by the board since 2019, were incorporated into this report. FNHA representatives, including senior executives and staff with subject matter expertise, reviewed the report before it was presented and approved by the FNHA's Board of Directors.

1.6 EVALUATION CONSIDERATIONS

Seven of the eight current board directors contributed to the evaluation through interviews or written feedback. Most were newly appointed during the evaluation period and were not able to speak to the full historical context for all evaluation issues. While efforts were made to engage several former board directors, many were unavailable or declined to participate.

1.7 STRUCTURE OF THE REPORT

[Chapter 2](#) provides a profile of the FNHA Board of Directors, with a focus on activities and operations within the scope of this evaluation. [Chapter 3](#) examines the board's alignment with its mandate and purpose, as well as how it has fulfilled its core responsibilities over the evaluation period. [Chapter 4](#) explores the board's structure, capacity, operational and administrative practices. [Chapter 5](#) explores the board's relationships with FNHA executive leadership, Tripartite Partners and partners within the BC First Nations Health Governance Structure. [Chapter 6](#) presents the conclusions and recommendations arising from the evaluation.

2 PROFILE OF THE FNHA BOARD OF DIRECTORS

2.1 BC FIRST NATIONS HEALTH GOVERNANCE STRUCTURE

The BC First Nations Health Governance Structure includes four components:

- **The FNHA:** responsible for planning, management, service delivery and funding of health programs previously provided by Health Canada's First Nations Inuit Health Branch - Pacific Region.
- **The FNHC:** advocates for First Nations health and wellness priorities, supports health systems transformation and builds partnerships to make progress on the social determinants of health.
- **The FNHDA:** composed of Health Directors and managers working in First Nations communities. Supports professional development for Health Directors and managers. Acts as a technical advisory body to the FNHC and FNHA on research, policy, program planning and design as well as the implementation of the Health Plans.
- **The Tripartite Committee on First Nations Health:** the forum for coordinating and aligning programming and planning efforts between the FNHA, BC regional and provincial health authorities, BC Ministry of Health and Indigenous Services Canada.⁶

The BC First Nations Health Governance Structure is further supported by Regional Caucuses, Sub-Regional Caucuses, regional tables, partnership accord tables, operational tables, working groups and community working groups that help coordinate health planning and decision-making with First Nations across BC. Collectively, this BC First Nations Health Governance Structure works within a Tripartite health partnership, with First Nations in BC and the federal and provincial governments.

2.2 PURPOSE, GUIDING PRINCIPLES AND POLICIES AND CORE RESPONSIBILITIES

PURPOSE OF THE BOARD

The FNHA Board of Directors is the corporate governance arm of the BC First Nations Health Governance Structure. Its purpose is to provide strategic leadership and oversight to support the

⁶ BC First Nations Health Governance Structure. Retrieved from: <https://www.fnha.ca/Documents/First-Nations-Health-Governance-Structure-in-British-Columbia.pdf>

FNHA in fulfilling its mandate and legal obligations, including upholding its Constitution, bylaws, policies, and procedures, see Figure 2.

Figure 2: The FNHA's mandate

Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia

Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions

Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia

Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC

Be constituted with good governance, accountability, transparency and openness standards

Establish standards for First Nations Health Programs that meet or exceed generally accepted standards

Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law

Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs

Design and implement mechanisms to engage BC First Nations with regard to community interests and health care needs

Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care

Carry out research and policy development in the area of First Nations health and wellness

The FNHA may undertake other functions, roles and responsibilities connected to health and wellness of First Nations and other Aboriginal people in BC.

The FNHA's corporate governance requirements are grounded in the standards set out in Schedule 4 of the BC TFA⁷ and its mandate is guided by direction from BC First Nations leadership, as documented in a series of foundational health agreements collectively referred to as the Health Plans (i.e., the Transformative Change Accord: First Nations Health Plan, 2006⁸, and the Tripartite First Nations Health Plan, 2007⁹).

GUIDING PRINCIPLES AND POLICIES

The FNHA Board of Directors carries out its responsibilities in accordance with the 7 Directives, the FNHA Constitution and By-Laws, the BC TFA, agreements negotiated with FNHC, FNHDA, and federal and provincial government partners, as well as its obligations under the BC Societies Act¹⁰ and Board Policies. The board's work is further guided by other foundational documents developed by and for BC First Nations, including:

- The [FNHA's Mission](#)
- The [FNHA's Operating Principles](#)
- The principle of reciprocal accountability outlined in the 2011 Consensus Paper¹¹
- The FNHA, FNHC and FNHDA's Shared Vision of healthy, self-determining and vibrant BC First Nations children, families and communities
- The FNHA, FNHC and FNHDA's [Shared Values](#) of respect, discipline, relationships, culture, excellence and fairness
- [BC First Nations Perspective on Health and Wellness](#)

The FNHA Board of Directors is guided by a set of internal governance policies that define expectations for individual board directors and the board as a whole. These policies are intended to support ethical conduct, accountability and effective governance practices. Key policies include the Board Code of Conduct¹², the Conflict-of-Interest Policy¹³, and procedures related to attendance, remuneration and performance expectations. Board directors are required to review and formally acknowledge these policies through declarations, such as the Oath of Office and Conflict of Interest

⁷ Government of British Columbia, Government of Canada, First Nations Health Council and First Nations Health Society, "British Columbia Tripartite Framework Agreement on First Nations Health Governance", 2011. <https://www.fnha.ca/Documents/framework-accord-cadre.pdf>

⁸ Government of British Columbia, The First Nations Leadership Council, "Transformative Change Accord: First Nations Health Plan", 2006. <https://fns.bc.ca/our-resources/the-transformative-change-accord-first-nations-health-plan-supporting-the-health-and-wellness-of-first-nations-in-british-columbia>

⁹ The First Nations Leadership Council Representing the BC Assembly of First Nations, the First Nations Summit and Union of BC Indian Chiefs, Government of Canada, Government of British Columbia, "Tripartite First Nations Health Plan", 2007. <https://www.fnha.ca/Documents/TripartiteFNHealthPlan.pdf>

¹⁰ BC Societies Act: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/15018_01

¹¹ British Columbia First Nations Perspective on New Health Governance Arrangement, Consensus Paper, 2011. https://www.fnha.ca/Documents/FNHC_Consensus_Paper.pdf

¹² First Nations Health Authority, Board Policy, Board of Directors Code of Conduct Policy, 2018. <https://www.fnha.ca/Documents/FNHA-Board-of-Directors-Code-of-Conduct-Policy.pdf>

¹³ First Nations Health Authority, Board Policy, Board of Directors Conflict of Interest Policy, 2024. <https://www.fnha.ca/Documents/FNHA-Board-of-Directors-Conflict-of-Interest-Policy.pdf>

Declaration. These policies are reviewed periodically and form part of the board's orientation and ongoing governance framework.

CORE RESPONSIBILITIES

Core responsibilities of the Board include:

- approving the FNHA's strategic vision;
- approving the FNHA's multi-year health plans and annual operating plans;
- approving the FNHA's annual reports and audited financial statements;
- approving and reviewing the FNHA's corporate policies;
- managing organizational budget and risk, including approving and monitoring financial and corporate plans;
- setting and monitoring FNHA organizational and operational (health) performance goals;
- providing objective evaluation of the performance of board directors;
- monitoring the effectiveness of the FNHA's governance practices; and
- Conducting merit-based evaluations of the CEO.

Additionally, the board supports governance continuity by advising on board composition and recommending updates to key governance policies and foundational documents.

2.3 BOARD STRUCTURE AND CAPACITY

COMPOSITION

The board is composed of nine board directors, including a board chair, vice-chair, secretary-treasurer and six other directors. Five board directors are selected through regional nominations from First Nations in each of BC's five health regions (Fraser Salish, Interior, North, Vancouver Coastal and Vancouver Island), and four board directors are selected at large. Honoraria are provided to all board directors.

Toward the end of fiscal year 2023/24, the board underwent a transition involving approximately 89 per cent of its membership. This included the appointment of a new board chair and onboarding of seven new board directors including the vice-chair, secretary-treasurer and five board directors.

ROLES

The board includes the following defined roles:

- **Board chair:** Provides overall leadership to the board, ensures timely communication with board directors, and serves as the primary spokesperson. The board chair appoints committee members, supervises board directors, and coordinates with the FNHC and FNHDA leadership.
- **Vice-chair:** Supports the board chair and assumes their duties when required. The vice-chair may also carry out additional responsibilities as assigned by the board chair.

- **Secretary-treasurer:** Oversees financial reporting to the board, FNHA Members of the Society,¹⁴ and Regional Caucuses, including presenting the audited financial statements. The secretary-treasurer also approves expense reimbursements for board directors.
- **Board directors:** Responsible for acting in the best interests of the organization with integrity, diligence, and accountability. They are expected to uphold key governance policies, attend and prepare for meetings, participate in board committees, and carry out duties as assigned by the board chair.

COMMITTEES

The board has an executive committee and three standing committees. Each committee is composed of three to four board directors including the board chair and is guided by a terms of reference.

- **Executive Committee:** Comprised of the board chair, vice-chair, secretary-treasurer, and any committee chairs as determined by the board chair. This committee supports the board chair in fulfilling their role and mandate.
- **Finance and Risk Management Committee:** Assists in overseeing the fiduciary responsibilities and minimizing risk to the organization. Includes one project committee (Metro Vancouver Office Project) who meet as required.
- **Board Governance and Human Resource Committee:** Promotes strong governance practices and accountability, including the evaluation of board director and board effectiveness, board-level policies, and board director qualifications. Provides oversight of human resources and compensation, including human resources strategies, policies, benefits, and CEO succession planning and development.
- **Quality Improvement, Safety and Wellness Committee:** Supports the development and implementation of performance targets, standards of care and service and quality improvement processes. Provides oversight of initiatives to enhance the safety and wellness of both customer-owners and staff.

The board reviews committee mandates on an annual basis.

BOARD RECRUITMENT

The FNHA Board of Directors maintains a board skills matrix to assess and map the competencies, experience and expertise of their board directors, individually and collectively, and support recruitment. In recent years, desired subject matter expertise and experience have included:

- excellent knowledge of health and wellness supports and services;

¹⁴ FNHC members have a dual role and are also members of the FNHA Society. FNHA Members of the Society have a role in appointing the board, setting up key functions of the FNHA, approving financial audits, and supporting FNHA strategically through advocacy and negotiating with governance partners. Update from the First Nations Health Council and First Nation Health Authority on Framework Agreement Implementation. (2012) Retrieved from: <https://www.fnha.ca/Documents/TransitionUpdate-FNHCandFNHA.pdf>

- excellent knowledge of IT systems and infrastructure;
- excellent knowledge of accounting and finance (analyzing and interpreting financial statements, evaluating organizational budgets and understanding financial reporting);
- excellent knowledge of legal principles, processes and systems including health legislation; and
- a high degree of cultural competency and knowledge of First Nations in BC.

FNHA board directors are appointed at an FNHC general meeting by a FNHA Members of the Society regional panel who reviews candidates against the board qualifications and competencies. FNHA Members of the Society also appoints the officers of the board, including the board chair, vice-chair, treasurer and secretary (the latter two roles may be held by one individual).

Prioritization is given to qualified First Nations individuals. Successful candidates must also be a resident of BC and must complete a criminal record check.

The following individuals may not be appointed as a board director:

- FNHA member;¹⁵
- First Nations official;
- elected federal, provincial or municipal official;
- First Nations Health Director;
- employee of, or contractor with, the society; or
- any person who has been in any of the categories (1) to (5) above for a minimum period of six months prior to their appointment.

2.4 OPERATIONS AND ADMINISTRATION

MEETING OPERATIONS

The board meets quarterly. The CEO or their designate attends all board meetings. Committee meetings are held seven to nine days before the board meetings.¹⁶ Agenda items for both board and committee meetings are typically identified and submitted to the board chair around one month in advance. Committees review and determine what items are elevated to the full board or included in the consent agenda. The board strives to achieve consensus on any recommendations that are presented for discussion and approval prior to voting.

ADMINISTRATION AND SUPPORT

The Office of the Board Secretariat provides administrative, coordination, and logistical support for the board, including:

- recording, processing, organizing and storing all board correspondence;

¹⁵ Any member or employee of the FNHC, FNHDA or the FNHA.

¹⁶ This schedule has recently changed. Currently committee meetings are held the day before board meetings.

- Supporting communications between the CEO and board chair, and serving as a liaison between the board and CEO and Executive Strategy Team; and
- Arranging any invitations, speaking engagements, and board participation at functions.

REPORTING, EVALUATION AND ACCOUNTABILITY

The board is accountable to the FNHA Members of the Society by maintaining transparency, incorporating member input into strategic planning and providing regular updates, including presenting the annual report at the annual general meeting and delivering annual presentations at Regional Caucuses.

2.5 ADVANCES MADE WITHIN THE PREVIOUS EVALUATION TIMEFRAME

Overall, the 2019 FNHA Board Evaluation concluded that the board was dedicated to, and aligned with, the FNHA's mission, had established a positive working culture, was performing its role appropriately, was meeting obligations and goals, and had developed and sustained positive relationships with partners.

In particular, the 2019 FNHA Board Evaluation found:

- **The board was dedicated and aligned with FNHA's mission:** The board was found to be passionate about its work, aligned with management on the organization's mission and understanding of its organizational stewardship responsibilities.
- **The board had established a positive working culture informed by the 7 Directives:** The board was reported to have a positive working culture and to be thoughtful in how it links First Nations culture and traditions to board work. The board was found to be mindful of the communities it serves and to ground its work in the 7 Directives.
- **The board and governance partners roles and responsibilities were clearly documented and policies reflected the 7 Directives:** Framework documents were clear on the roles and responsibilities of all the governance partners and the board had a full complement of well-written policies aligned with the 7 Directives to guide its performance.
- **The board was effectively conducting strategic planning and monitoring progress:** The board was found to be conducting a strategic planning process and monitoring progress against the plan.
- **The board was developing and sustaining positive relationships with partners:** The board was shown to be performing its role appropriately under the First Nations Health Authority Members and Directors Reciprocal Accountability Framework. First Nations communities were developing a better understanding of the FNHA's role.
- **Board committees were effectively performing their functions:** Each committee had a clear mandate and was effectively performing their functions. The board was found to be comfortable making changes to the mandate for committees to best support the board.
- **The board was open to change and improvement:** The board was shown to conduct regular evaluations and act on the results. It had developed clear and thoughtful processes and policies to support its work.

The 2019 FNHA Board Evaluation identified several opportunities for improvement, including:

- further leveraging management support for the board and identifying opportunities for more consistent touch points with specific management members;
- further clarifying roles of the board, board directors and CEO during regional meetings and engagement;
- increasing management involvement in drafting meeting agendas and materials;
- creating a risk appetite statement;
- advancing leadership development and succession; and
- modifying conflict of interest policies.

3 EVALUATION FINDINGS: BOARD FULFILLMENT OF MANDATE, PURPOSE, AND CORE RESPONSIBILITIES

The following chapter assesses the board's alignment with the mandate and guiding principles established for the FNHA by BC First Nations in the foundational documents, the effectiveness of board policies in providing guidance to fulfill its purpose and the board's efforts to fulfill its core responsibilities across key areas including strategic oversight and accountability, financial and risk management and corporate governance.

3.1 ALIGNMENT WITH MANDATE AND PURPOSE

ALIGNMENT WITH FOUNDATIONAL PRINCIPLES AND THE FNHA'S MANDATE

The board is operating in alignment with the 7 Directives, Shared Vision and the mission and mandate established for the FNHA by BC First Nations through the foundational documents. It is fulfilling its purpose of providing strategic leadership and corporate governance oversight to support the FNHA in advancing its mandate and meeting its legal obligations.

The new mandate given to the FNHA by BC First Nations in foundational documents such as the Transformative Change Accord: First Nations Health Plan¹⁷, Tripartite First Nations Health Plan¹⁸ and the Consensus Papers¹⁹ (including the 7 Directives), and the BC TFA²⁰ placed greater responsibilities on the FNHA to be able to address the critical shortcomings of the previous

¹⁷ Government of British Columbia, Government of Canada, The Leadership Council Representing the First Nations of British Columbia, "Transformative Change Accord", 2005.

https://www.fnha.ca/Documents/transformative_change_accord.pdf

¹⁸ The First Nations Leadership Council Representing the BC Assembly of First Nations, the First Nations Summit and Union of BC Indian Chiefs, Government of Canada, Government of British Columbia, "Tripartite First Nations Health Plan", 2007. <https://www.fnha.ca/Documents/TripartiteFNHealthPlan.pdf>

¹⁹ British Columbia First Nations Perspective on New Health Governance Arrangement, Consensus Paper, 2011. https://www.fnha.ca/Documents/FNHC_Consensus_Paper.pdf

²⁰ Government of British Columbia, Government of Canada, First Nations Health Council and First Nations Health Society, "British Columbia Tripartite Framework Agreement on First Nations Health Governance", 2011. <https://www.fnha.ca/Documents/framework-accord-cadre.pdf>

approach, address root causes of health disparities and build a new approach to represent BC First Nations interests and priorities.

The evaluation found that the board is operating in alignment with the mandate, principles and guidelines established for the FNHA in the foundational documents. For example, the 7 Directives and guiding principles are reflected in the FNHA's corporate policies, board policies and meeting packages and board orientation materials. Engagements with board chair and board directors confirmed a good understanding of foundational and guiding principles and strong motivation to ensure alignment.

The evaluation also found that the board is fulfilling its purpose to provide strategic leadership support to, and corporate oversight of, the FNHA in fulfilling its mandate to serve and support the health and wellness of First Nations communities. Evidence gathered through documents indicates that board decisions regularly address strategic organizational priorities identified by First Nations in BC and that corporate governance matters are aligned with the FNHA's mandate. See Section 3.2 for evidence of how the board is supporting fulfillment of the organization's mandate.

The FNHA Board of Directors terms of reference outlines the board's purpose, roles and responsibilities and describes how the board supports the FNHA in its alignment with its mandate. The board terms of reference was last updated in November 2019 and each board committee's terms of reference was updated in December 2022. As the last update was in 2019, the board may wish to revisit and review the board terms of reference to ensure it does not require additional updates.

DEVELOPMENT OF BOARD POLICIES TO SUPPORT FULFILLMENT OF PURPOSE

The board has continued to develop and update board policies to support the effectiveness of its corporate governance oversight and strategic leadership functions, align with direction provided by First Nations in BC and reflect evolving best practices. Between 2019/20 and 2024/25, a new board communication policy was adopted and four existing policies were refreshed.

FNHA board policies are reviewed on a regular basis and revised as required. Between 2019/20 and 2024/25, all current board policies were reviewed and approved by the board. During this time, one new policy was created, and four existing policies²¹ were revised.

- The new Board Communication Policy, approved in June 2020, clarified the roles of the CEO, board chair and Office of the Board Secretariat in managing corporate communications and liaison functions. This policy helped to formalize roles and communication protocols during a period of significant organizational transition, due in part to multiple concurrent public health emergencies and turnover of the board chair and board directors.
- As recommended in the 2019 FNHA Board Evaluation, the Conflict-of-Interest Policy was revised in 2021 and 2024 to focus on conflict management rather than conflict avoidance, reflecting the FNHA's interconnected community context where numerous relationships

²¹ Two of the four updated policies were updated after fiscal year 2023/24.

exist between individuals in a tight-knit community. The current policy supports early identification of real, potential and/or perceived conflicts and outlines how they should be managed.

- The Travel, Hospitality, Meetings and Events Policy, Attendance Policy and Consent Agenda Policy were updated to expand and revise definitions and better reflect current practices.

3.2 FULFILLMENT OF CORE RESPONSIBILITIES

OVERSIGHT AND DIRECTION OF FNHA GOALS AND PRIORITIES

The board is effectively providing strategic vision and oversight of the FNHA's goals and priorities in alignment with direction received from First Nations in BC. This is achieved through support for negotiation of a renewed 10-year Canada Funding Agreement with the Government of Canada, input and approval of the FNHA's multi-year health plans, annual operating plans and other action plans, frameworks, visioning and strategy documents using extensive input from First Nations in BC gathered by the FNHA and health governance partners.

The evaluation found that the board is effectively providing strategic vision and oversight of the FNHA's goals and priorities, as established in the multi-year health plans and associated annual operating plans, leveraging extensive input gathered from First Nations in BC to support alignment.

The board supported the renewal of the Canada Funding Agreement through negotiations with the Government of Canada in 2023 and reporting on Canada Funding Agreement renewal finalization at Regional Caucuses.

During the renewal of the Multi-Year Health Plan in fiscal year 2022/23, the FNHA Planning and Performance Team conducts an environmental scan that includes a strategic analysis of the previous Multi-Year Health Plan, a scan of emergent priorities and opportunities in the BC health care system. It also includes a review of key documents such as quarterly and CEO reporting, community health and wellness plans, regional health and wellness plans, regional caucus minutes, prior evaluations and reviews, and health and wellness data. The board reviews and provides input on the environmental scan results that are then used to inform planning engagements.

The Planning and Performance Team then conducts regional and sub-regional engagement sessions with Chiefs, Health Directors and leads, as well as engagements with FNHA staff, Tripartite Partners and partners within the BC First Nations Health Governance Structure. In some instances, topic-specific engagements are led by the board itself. For example, the board held discussions on how to advance the Multi-Year Health Plan Goal #1.2 of strengthening regional decision-making and bringing services closer to home (i.e., regionalization) through discussions on staffing distribution, financial authority changes, implementation considerations and the greater vision and goal for regionalization activities. The results of the engagement and environmental scan are subsequently used to develop the draft Multi-Year Health Plan that is approved by the board.

Similar strategic oversight and approval is provided on the renewal of the Annual Operating Plan.

Additional examples of ways the board supports the FNHA to fulfill its goals and priorities include:

- Advancing the expansion of mental health and wellness programs and services, supporting the FNHA's mandate to plan, design, manage, deliver and fund First Nations health programs in BC.
- Leading work to address anti-Indigenous racism in BC's health care system with regional health authority board chairs, supporting the FNHA's mandate to collaborate with BC health authorities to achieve better health outcomes for First Nations in BC.
- Collaborating with the BC Ministry of Health on a steering committee to address the toxic drug crisis, supporting the FNHA's mandate to collaborate with the BC Ministry of Health to coordinate and integrate their respective health programs and services.
- Improving engagement opportunities and mechanisms, such as Regional Caucuses, surveys, focus groups with urban agencies such as Friendship Centers, text-based technologies, and environmental scans. The Board strives to ensure alignment of FNHA's goals and priorities with direction provided by First Nations in BC. As described above, results of engagements conducted by the FNHA and partners is used extensively to inform the development of the Multi-Year Health Plan and Annual Operating Plan, as well as the board's contributions to steering committees and other partnered efforts. Board directors also engage First Nations health leaders during fall and spring Regional Caucuses. Those consulted expressed that the presence of board directors at Regional Caucuses and other community events is vital to understanding and responding to the priorities of First Nations communities.

The board provided strong leadership in guiding the FNHA's response to multiple concurrent public health and environmental emergencies. Through evolving priorities, the board remained flexible and adaptive and continues to balance governance and operational needs with immediate and emerging pressures and priorities.

Between the fiscal years of 2019/20 and 2023/24, the board demonstrated proactive leadership in guiding the FNHA's response to multiple concurrent public health and environmental emergencies that necessitated reprioritization of time and resources and expanded collaborative efforts with Tripartite Partners and partners within the BC First Nations Health Governance Structure.

In particular, the board played a key role in guiding the organization's response to the COVID-19 pandemic by enabling timely decision-making, adapting governance processes and providing strategic oversight during a period of considerable uncertainty.

During the COVID-19 pandemic, the board worked closely with the FNHA Executive Strategy Team, the provincial government and First Nations communities to share information, distribute medical supplies and vaccines and develop and adjust policies as needed. The board's engagement in guiding the response efforts was reflected in a significant increase in meeting frequency, from nine meetings in 2019, to 27 meetings in 2020, declining to 13 meetings in 2021. This included the introduction of COVID-19 specific board meetings beginning in May 2020 to address emerging needs directly related to the pandemic.

Examples of leadership actions taken by the board during the pandemic include:

- reviewing approving operational measures such as the procurement and distribution of personal protective equipment;
- authorizing the redistribution of funding and enabling access to non-restricted funds to support urgent pandemic-related expenses;

- delegating temporary authorities to the board chair and interim CEO to facilitate short-term policy changes necessary for emergency response; and
- overseeing updates on the pandemic's impacts on First Nations communities and FNHA operations and adjusting organizational strategies accordingly.

COVID-19 pandemic protocols remained in effect until July 2024, and many First Nations communities continue to recover from the disproportionate impacts of the pandemic. Throughout this period, the board maintained focus on balancing immediate operational needs with its long-term governance responsibilities and providing strategic leadership to ensure that emergency response efforts were grounded in the FNHA's mandate and principles.

The board also provided strategic direction during several other emergencies. During the ongoing toxic drug crisis, the board continued to review updated statistics, discuss potential approaches to support the regions and partner with communities, and support the FNHA to enhance programs and initiatives across the regions to advance response strategies. When environmental crises occurred, such as the wildfire crisis in 2021, the board used decision pathways and existing mechanisms developed during the COVID-19 pandemic to advance a special compensation plan for those working more hours due to the wildfires. When the unmarked graves at residential schools were uncovered, the board provided direction on the expansion of counselling services for survivors and communities.

OVERSIGHT AND DIRECTION ON ORGANIZATIONAL RISK

The board has provided effective oversight of the FNHA's organizational risk through the detailed review and audit of the FNHA financial statements, audit reports, internal audit plans, financial decision sheets and oversight of the Enterprise Risk Registry Report. Currently, the vice president of finance and the board are interested in initiating a review and reduction of the risk report to ensure that all risks included are enterprise-wide and effect the whole organization. Internal board risk management is supported via a comprehensive FNHA Board Risk Management Plan.

The board provides financial oversight of the FNHA through discussion and approval of the annual operating budget, audited financial statements, audit reports, internal audit plans and financial decision sheets, as well as approving revisions to the Financial Accountability Management Framework.

The board oversees enterprise risk management through a quarterly review of the Enterprise Risk Registry. The Enterprise Risk Registry provides a foundation for monitoring FNHA's risks and supports an active mitigation approach. The current categories of risk in the register are Reputation and Governance; Resources, People, Systems: Service Delivery; and Financial. The Enterprise Risk Report, that is a review of the Enterprise Risk Registry, is led by the vice president of finance and presented first to the Finance and Risk Management Committee, and then to the board. Board directors discuss any changes to the risk registry including related assessments of likelihood and means of mitigation. The Enterprise Risk Report is refreshed annually, where risks and the mitigation measures are shared to the Executive Strategy Team for feedback, new risks are drafted, and the final review and approval is completed by the vice president of finance. The last refresh was completed in September 2024. Currently, the vice president of finance and the board are initiating a review and refresh of the risk report to have the report reflect exclusively enterprise-

wide risks that affect the whole organization. Risks impacting parts of the organization will be shifted to fall under the review of the CEO and chief operating officer.

Internal board risk management is supported by a comprehensive FNHA Board Risk Management Plan. Potential risks include those related to individual board directors not adequately fulfilling the requirements of their roles, and the board or committees not meeting its obligations. This plan outlines the associated controls and mitigating action to each risk.

OVERSIGHT OF ORGANIZATIONAL REPORTING AND ACCOUNTABILITY PROCESSES

The board demonstrates its commitment to reciprocal accountability and transparency through regular presentations of the FNHA annual reports and audited financial statements to First Nations in BC at Regional Caucus and periodic evaluations and reviews of FNHA's policies, partnerships and programs and services.

The board has embedded practices that demonstrate its commitment to reciprocal accountability and transparency. One of the primary mechanisms for maintaining accountability to First Nations communities is through reporting at Regional Caucuses. As part of this process, the secretary-treasurer presents the FNHA's audited financial statements and the board chair presents annual reports at Regional Caucus. This reporting process enables the board to provide updates on its activities, financial stewardship and governance outcomes directly to First Nations leadership, Nations and communities they serve.

To date, the board has engaged in two external evaluations as a means of assessing its effectiveness and promoting continuous improvement. The board has expressed a strong desire to continue participating in these external evaluations, even after the legal obligation under the BC TFA has concluded. The board considers evaluations to be an important mechanism for assessing the relevance of its structure and operations against its mandate and First Nations priorities, the effectiveness and efficiency of its practices and promoting ongoing learning and continuous improvement efforts.

While the 2019 FNHA Board Evaluation recommended conducting external evaluations every three years, concerns were raised that a three-year cycle may not provide sufficient time for meaningful changes in structure, practices or relationships to take effect and be measured. Board leadership and the findings of this evaluation support a five-year evaluation cycle to provide sufficient time for the implementation of changes and assessment of improvements and alignment with the mandatory evaluations of the BC TFA and FNHA.

In addition to this evaluation, the board supported the 2024 mandatory evaluations of the FNHA and the BC TFA, the 2023 Evaluation of the FNHC²² and an internal 2021 After-Action Review of the FNHA's Phase 1 COVID-19 Pandemic Response. Learnings and recommendations from these

²² First Nations Health Council, Exploring the Journey of the First Nations Health Council. (2023) Retrieved from: <https://fnhc.ca/wp-content/uploads/2023/11/Exploring-the-Journey-of-the-FNHC-What-We-Heard-Report-2023.pdf>

evaluations and reviews helped support the board to make evidence-based decisions and participate in continuous quality improvement.

Formal CEO performance reviews were conducted until fiscal year 2018/19; since then, more informal assessments of the CEO's performance have been conducted. Given recent turnover of the board chair and board directors and the appointment of a new CEO, this is an opportune time for the board to assess and establish a standard assessment process.

According to the board's terms of reference, the CEO is the sole employee of the board. Appointed by the board, the CEO is delegated the authority to provide operational leadership to fulfill the organization's purpose. The CEO is accountable to the board for organizational and operational performance and for progress toward annual and long-term goals. The board is responsible for assessing the performance of the CEO based on these expectations.

Formal CEO performance reviews were conducted until fiscal year 2018/19; since then, the former board chair and former CEO met on a more informal basis to discuss goals and performance. These informal discussions were included in regular update meetings and were not formally tracked or recorded.

With a new board chair and CEO in place, there is the opportunity to refresh how the board sets expectations and oversees the performance of the CEO. The board can discuss how this process should look, based on First Nations ways of knowing and being.

OVERSIGHT OF CORPORATE POLICIES AND FNHA EXECUTIVE LEADERSHIP

Between fiscal years 2019/20 and 2023/24, the board approved the updates of 67 corporate policies. Changes supported enhanced relevance, effectiveness and clarity, including the use of more inclusive terminology and stronger alignment with evolving cultural safety and humility standards and policies aligned with the Health Data and Information Stewardship Framework.

According to the board's terms of reference, it is the board's role to approve corporate policies that provide clear, concise direction, expectations and other requirements for the FNHA. The board works with the FNHA Corporate Policy Team to review and approve new and updated corporate policies. The Corporate Policy Team has done extensive work since 2024 to review and make changes to policies to ensure consistency among policies and ensure policies provide clarity, direction, and guidance for staff.

In addition to this, the board approves a detailed corporate policy calendar. The calendar outlines projected policy updates across each fiscal year and includes month-by-month planning and scheduling of policy reviews, updates and anticipated approvals. The calendar serves as a proactive tool for tracking timelines, ensuring alignment with organizational priorities and supporting transparency in the policy lifecycle.

Between fiscal years 2019/20 and 2023/24, the board updated a total of 67 corporate policies²³ across five categories: Finance; Information and Communication; People and Culture; Safety and Security; and Travel and Accommodation. The most significant updates occurred in FY 2023/24, with 23 policies revised, primarily in the Finance and People and Culture categories.

Revisions to existing corporate policies supported a comprehensive alignment with current cultural safety and humility standards. Key updates integrated cultural safety and humility considerations across various domains including the provision of honorariums for traditional healers, external participants and mentees; the adoption of appropriate terminology (e.g., replacing “stakeholders” with “key participants”); and the use of a distinctions-based language approach.

Significant advancements were made in data and information governance, with policies aligned with the Health Data and Information Stewardship Policy. This included clarifications on the collection of personal information, electronic recording and consent requirements, alongside a clearer distinction between identifiable and non-identifiable health data.

Human resources policies underwent substantial refinement to enhance the employee experience and operational clarity. This involved updates to the employee total compensation pay structure, clarifications regarding maternity and parental leave allowances and the formalization of a hybrid work model.

The board is actively involved in emerging policy areas, including current work with the Information Management and Information Technology (IMIT) department to develop a new Generative Artificial Intelligence Interim Policy in response to technological and organizational shifts.

“The policies are refreshed regularly and there’s a good process. A team member from Corporate Policy presents at every board meeting. They provide updates on what policies were reviewed and refreshed, what policies need to be reviewed, the history of when they were last refreshed, etc. There is transparent and regularly scheduled tracking of the history of when they were reviewed or revised and the upcoming schedule.” - Board director

As the FNHA has evolved, corporate policies have become more detailed, expansive and operational in scope to support consistency and policy compliance organization wide. Currently, the board and the Corporate Policy Team reviews and approves many corporate policies. There are opportunities to streamline corporate policy review processes to reduce the administrative burden on board directors.

At the time of transfer, there were few corporate policies in place. As the FNHA has evolved and grown, it has been necessary for policies to become more detailed, expansive and operational in scope to support consistency and policy compliance organization wide. This expansion of policies has led to the board reviewing and approving many corporate policies per year.

The board has demonstrated a proactive approach to establishing and monitoring policies, supported by the Corporate Policy Team. A designated representative from the Corporate Policy Team attends board meetings and provides regular updates to support alignment between

²³ In addition, from start of fiscal year 2024/25 to September 2025 an additional 24 policies were updated.

operational and governance activities. According to the 2022 Corporate Policy Guide, the policy approval process spans approximately 12 weeks and involves rigorous sequential reviews from subject matter experts, executive leadership and board committees before moving to board approval.

Despite the overall strength of the corporate policy framework and approval process, the frequency and time commitment required for policy review was cited as a concern among board directors and members of the FNHA Executive Strategy Team. Given the board's limited time and broad range of responsibilities, the regular review and approval of policies were seen as placing a significant administrative burden on meeting agendas.

Suggestions to address this concern included amending the policy review schedule from every two to three years to every five years or streamlining internal policy review processes and approval pathways involving the FNHA Executive Strategy Team and the board. This is intended to reduce the administrative burden on the board and its committees, in line with their role and responsibilities as the corporate governance function. Currently, the Corporate Policy Team is working towards conducting a risk assessment of each policy to better understand what policies should be prioritized by the board and what policies are more operationally focused and should be delegated to the CEO or others.

The board emphasized that policies must reflect the needs and priorities of First Nation communities and expressed interest in leveraging community engagement to ensure policy alignment.

Some board directors emphasized the importance of ensuring that corporate policies reflect the lived experiences and evolving needs of First Nations communities. There was expressed interest in leveraging engagement results and possibly further engaging with communities to ensure that new and revised policies are grounded in current realities and priorities. This includes exploring opportunities to strengthen regional capacity to support broader and more meaningful policy review processes.

4 EVALUATION FINDINGS: BOARD STRUCTURE, CAPACITY AND OPERATIONS

The following chapter explores how the Board's structure, membership and composition aligns with best practices and ensure the Board fulfills its mandate and responsibilities, how Board onboarding and professional development are conducted, and operationally how Board meetings and administrative practices are structured to support the Board in it's work.

4.1 BOARD STRUCTURE AND CAPACITY

BOARD MEMBERSHIP AND COMPOSITION

Current board membership and composition aligns with best practices and ensures the board has the skills and expertise to fulfill its mandate, roles and responsibilities. The board effectively uses the board skills matrix to guide recruitment and ensure the collective expertise of the board aligns with the evolving needs of the organization.

The current Board size aligns with governance best practices and makes sure that the skills and expertise needed to accomplish the Board's mandate, roles and responsibilities are in place. The inclusion of regional representation supports the 7 Directives, while the inclusion of members-at-large supports targeted subject matter expertise.

The board has three key leadership positions – board chair, vice-chair and secretary-treasurer. The board chair provides leadership, promotes good governance and ensures the board functions effectively and in alignment with the FNHA's goals. The vice-chair steps in to fulfill the board chair's role in their absence. Together, the board chair and vice-chair ensure smooth board operations and succession planning. The secretary-treasurer combines the responsibilities of both the secretary and treasurer. They are accountable for records, finances and legal compliance.

The evaluation period saw a transition of 89 per cent of its membership including the board chair. Although the extent of this turnover is significant, the board adjusted to maintain productivity and efficiency. In the future, a cadence of replacing a board director every year or two years will allow for better knowledge transfer and more seamless board operations.

The board skills matrix is reviewed and refreshed on a regular basis to guide recruitment and ensure that the collective expertise of board directors aligns with the evolving needs of the organization which the most recent update occurring in 2022.

In the last refresh of the board skills matrix, two new focus areas were added: health and health care operations; and infrastructure development expertise. Health care expertise was identified as essential to further strengthen the board's understanding of First Nations health and wellness

priorities. Infrastructure development expertise was added to support the board's oversight of the Metro Vancouver Office Project, encompassing the development of the new FNHA headquarters located on Tsleil-Waututh territory in North Vancouver.

BOARD COMMITTEES

The Quality Improvement, Safety and Wellness Committee, the Board Governance and Human Resource Committee and the Finance and Risk Management Committee continue to provide enhanced strategic oversight and support of priority areas of corporate governance and FNHA operations. Each committee has demonstrated a commitment to their mandate and is functioning in alignment with their intended purpose.

The Quality Improvement, Safety and Wellness Committee continued to provide valuable strategic oversight of FNHA efforts pertaining to quality improvement, safety and wellness. The committee completed a quarterly review of health benefits reporting and updates, regularly reviewed relevant corporate policies and provided strategic guidance on performance measures and annual key priorities relevant to safety and wellness. For example, between fiscal years 2019/20 and 2023/23, the committee supported the First Nations Health Benefits Medical Transportation Transformation Project, provided strategic input on the advancement of cultural safety and humility and anti-Indigenous racism and contributed to the development of the FNHA Emergency and Disaster Management Policy Framework.²⁴

The Board Governance and Human Resource Committee continued to provide timely and strategic oversight on corporate governance, including by-law updates, board policies and procedures and human resource management. With regards to human resource management, the committee conducted quarterly reviews of FNHA occupational health and safety and workplace wellness reports; advised on the development and revision of human resource strategies and corporate policies as well as FNHA employee benefits; and provided input on human resources development and succession planning. Between fiscal years 2019/20 and 2023/24, the committee also provided input on the phased implementation of the Mental Health Commission of Canada's workplace wellness standards and best practices, developed an approach to implement lateral kindness principles into FNHA frameworks and discussed the balance between advocating for traditional medicine and public health in communications.

The Finance and Risk Management Committee continued to provide oversight of the FNHA's financial responsibilities in order to minimize organizational risk. The committee regularly reviewed and provided input on audited financial statements, audit reports, financial reports, risk management reports, the Enterprise Risk Registry Report and other relevant corporate policies. The committee also provided regular oversight and input on advancements in FNHA's departments responsible for IMIT and health infrastructure and oversaw progress on the Metro Vancouver Office Project.

²⁴ FNHA Internal Board Policy, Emergency and Disaster Management and Business Continuity Policy, 2025.

BOARD DIRECTOR ONBOARDING AND PROFESSIONAL DEVELOPMENT

Board directors found the onboarding process helpful and informative and report that onboarding efforts were further supported through informal mentorship. Opportunities to further enhance the effectiveness of board director onboarding include the creation of a formal mentorship program, the adoption of lengthier orientations to facilitate relationship-building between board directors and the FNHA Executive Strategy Team, and the inclusion of additional information on formal communication protocols.

New board directors participate in an onboarding process designed to provide the context, tools and resources needed to fulfill their governance role. The process begins with a half-day orientation session, led by the CEO, legal counsel, Office of the Board Secretariat and other leadership as determined by the CEO. This session introduces the purpose and structure of the board, outlines key responsibilities and provides an overview of the FNHA's mandate and strategic direction. Each new board director receives an orientation binder containing key documents including an overview of the FNHA, BC First Nations Health Governance Structure, FNHA's shared philosophies, FNHA executive and director responsibilities, the expectation of the Board, the Board's relationship with the CEO and an overview of Board committees. Board directors noted that while this onboarding process was generally helpful and informative, the amount of material provided was not easily digested. Many Board directors advised that they had to prioritize the substantial board packages for their initial meetings over the orientation package.

Given these experiences, board directors suggested that the onboarding process be extended across a six-month timeline to provide new board directors with additional time to meet FNHA leadership and enable them to develop a deeper understanding of the FNHA's mandate, key responsibilities and the specific roles and responsibilities of the board. In addition, board directors identified the need for more information during orientation sessions related to formal communication protocols and procedures.

Several board directors also shared that informal mentoring relationships have naturally developed among current board directors and put forward that the development of a formal mentoring program could further support new board directors as they acclimate to the board's culture, expectations and governance processes.

Currently, the board does not have or undertake a formal offboarding process. Some of the board directors who left the board during the evaluation period participated in an informal, undocumented discussion with the former chair.

The board has a demonstrated history of commitment to board education and learning that shifted to meet immediate needs during the COVID-19 pandemic. The board is now exploring new educational opportunities to align with professional development needs and the evolving role of the board as the FNHA matures.

Until mid 2019/20, the Board actively worked to contribute to member education and learning, as demonstrated in board and committee meeting minutes. For example, board directors discussed refreshes to the Board Governance Manual, which outlines board education, learning and orientation; reviewed the Board Education Report, which details completed training and education, available courses offered by the Institute of Corporate Directors and links to video learning series;

and discussed the importance of board directors providing written learning summaries each quarter.

From mid 2019/20 to 2022/23, the board redirected its focus from governance education practices to address immediate public health concerns and board director turnover. In 2022/23, board training and education opportunities were reprioritized as new board directors were onboarded. Two training courses offered by the Institute of Corporate Directors were made available: Enterprise Risk and Oversight for Directors; and Board Oversight of Strategy.

Since 2022/23, group education for board directors were provided at the annual retreat. This education focused on First Nations traditional knowledge and learning. Supplemental individual education opportunities were made available to board directors on an as requested basis, however not all board directors may have been aware or utilized this training. Board directors expressed interest in increasing their subject matter expertise on best practices in corporate governance and oversight. Although each board director has significant experience and expertise in their subject matter areas, it was suggested by those consulted for this evaluation that general governance expertise could be strengthened. Additionally, some board directors indicated they would benefit from supplemental learning opportunities to deepen their understanding of the health governance structure and the core roles and responsibilities of the FNHA, FNHDA, FNHC, and the Tripartite Committee on First Nations Health.

Moving forward, the board has an opportunity to explore educational opportunities to align with the professional development needs of new and existing board directors and the evolving role of the board as the FNHA matures as an organization. Board directors have expressed a commitment to undertake annual self-reviews to improve accountability and identify opportunities for learning and improvement.

“I feel it is important to have knowledge from outside sources on how to change or make changes towards the environment that we are in.” – Board director

“We didn’t have any outside [professional development] to improve work governance or to talk about how to lead in a new environment or how new human resource tendencies are shifting, etc.” – Board director

4.2 BOARD OPERATIONS AND ADMINISTRATION

BOARD AND COMMITTEE MEETINGS

Board and committee meetings are held regularly, are well organized and structured and follow an established annual schedule.

In February 2025, the board confirmed the meeting calendar for the next fiscal year and committed to reviewing the location of meetings as part of its ongoing efforts to support accessibility.

Board meetings vary in length from two hours to two full days and are conducted either in person or by teleconference. In-person meetings are frequently held at the FNHA Park Royal office. Meetings are typically attended by the board chair, board directors, the CEO, staff from the Office of the Board Secretariat and a Knowledge Keeper. Guests are invited depending on the meeting

agenda and may include vice presidents, executive directors, legal counsel and other subject matter experts.

Committee meetings typically range from one to four hours and are also delivered in both virtual and in-person formats. The board chair, committee chair, two to four board directors, the CEO, and staff from the Office of the Board Secretariat typically attend the meetings. Regular guests include members of the FNHA's executive leadership, external advisors involved in specific projects and independent auditors for the Finance, Risk, and Management Committee.

AGENDAS AND MEETING MATERIALS

Board meeting materials and agendas are developed through a structured process that supports effective governance, however there are opportunities to enhance agenda and meeting material development by increasing the involvement of board and committee chairs and improving the sequencing of motions.

Meeting agendas and materials for both the board and committee meetings are developed by the CEO and the FNHA Executive Strategy Team and provided to the Office of the Board Secretariat. Current board and committee chairs have expressed interest in being more actively involved in agenda development. More formalized collaboration with the CEO and the Office of the Board Secretariat in setting meeting agendas could enhance alignment between strategic priorities and meeting content.

Once finalized, meeting materials are shared with board directors through the Aprio Board Portal. The Aprio Board Portal serves as the board's secure centralized platform for accessing agenda packages, meeting minutes and supporting materials and resolutions. The board adopted the Aprio Board Portal as part of their transition toward a paperless governance system. During the transition period, which began in fiscal year 2022/23, board directors were given the option to receive materials electronically or in hard copy. Most board directors are now comfortable using the platform, and the board is well positioned to fully transition to a digital system.

Meeting agendas and materials are intended to be posted on the Aprio Board Portal at least one week prior to each meeting to support preparation and informed participation. However, due to materials being provided to the Office of the Board Secretariat past set deadlines, this timeline is not always consistently met. Board directors noted that board materials are often sent through email prior to the meeting and may not be uploaded to the portal. This inconsistency in receiving board materials can make the preparation for meetings more involved for board directors. Board directors often need to review new material during meetings. This can impact the flow of discussions and the ability to make timely decisions.

Board directors further noted that agendas and materials have evolved over time. Since 2019/20, the materials were modified to follow a templated format and include references to decisions where required. Currently, all draft motions are compiled in one section attached to the agenda and are typically reviewed at the end of the meeting. Several board directors have suggested that motions be reviewed immediately following the discussion of the related agenda item, rather than at the end of the meeting, to mitigate risks associated with loss of quorum and to enable more timely decision-making. Additionally, several board directors proposed reorganizing the agenda to prioritize decision items first, followed by discussion items and then concluding with informational updates.

Prior to each board and committee meeting, the CEO meets with senior management and the Corporate Policy Team to review and discuss edits to presentations. Following each board meeting, the CEO provides feedback to management regarding the quality of their materials, presentations and analysis, as well as on the outcomes of recommendations that were not adopted by the board. The Office of the Board Secretariat is responsible for formally reporting board resolutions to the relevant FNHA leadership and staff to ensure alignment and follow-up.

The Office of the Board Secretariat provides administrative and communication liaison support to the board. There is an opportunity to further clarify its composition, roles and responsibilities and reporting structure, as well as provide board executive support staff with ongoing professional development related to best practices in corporate governance and oversight.

The Office of the Board Secretariat plays a key role in supporting board operations by providing administrative, coordination and logistical support. It is responsible for recording, processing, organizing and storing board correspondence, including the preparation and maintenance of board and committee meeting minutes and related documentation. The evaluation found that documentation practices were strong, with well-maintained records, demonstrating effective administrative support for board operations.

In addition to its administrative functions, the Office of the Board Secretariat supports corporate communications between the CEO and the board chair and acts as a liaison between the board, the CEO and the Executive Strategy Team. It also coordinates board invitations, speaking engagements and participation in events and functions.

While the Office of the Board Secretariat is fulfilling a critical administrative support function, some board directors indicated a need for greater clarity regarding its composition, specific roles and responsibilities and reporting structure, particularly in relation to the CEO and the board chair. In addition, it was suggested it may be helpful to provide board executive support staff (e.g., administrative staff supporting executives and the board) with ongoing professional development related to best practices in corporate governance and oversight.

The board incorporates First Nations ways of knowing and being into its operations through implementing opening territorial acknowledgement and prayers and including a Knowledge Keeper at board and committee meetings.

The board has demonstrated a commitment to incorporating First Nations ways of knowing and being into its governance practices. Each board meeting is opened with a territorial acknowledgement and prayer. Knowledge Keepers regularly participate in both board and committee meetings, sharing insights into discussions during and after meetings. While there was evidence of Knowledge Keeper participation in earlier years, the regular, formalized inclusion of Knowledge Keepers began in fiscal year 2022/23. Knowledge Keepers incorporate traditional languages, cultural values and guiding principles that emphasized respect, honesty, love, wisdom, courage and truth into board and committee meetings.

5 EVALUATION FINDINGS: BOARD RELATIONSHIPS

The following chapter explores the relationships between the FNHA Board of Directors, the FNHA Executive Leadership and Tripartite Partners and partners within the BC First Nations Health Governance Structure.

5.1 BOARD RELATIONSHIP WITH PARTNERS WITHIN THE BC FIRST NATIONS HEALTH GOVERNANCE STRUCTURE

The FNHA, FNHC and FNHDA work collaboratively to support the health and wellness priorities of First Nations in BC while upholding strong, but separate, governance and operational roles. As the BC First Nations Health Governance Structure evolves and matures, there is an opportunity to continue to clarify the roles and responsibilities of the FNHA, FNHC, and the FNHDA, particularly around engagement and advocacy on behalf of First Nations in BC.

Within the BC First Nations Health Governance Structure, the FNHA Board, the FNHDA Board and the FNHC have distinct roles and governance structures, as described in Table 2 below.

Table 2 :The boards of the FNHA and FNHDA and the FNHC representatives²⁵

Organization	Governance Structure	Key Responsibilities of Board Director or Representative
FNHA Board of Directors	FNHA’s board is the corporate governance arm of the BC First Nations Health Governance Structure and is composed of nine directors, including a board chair, vice-chair, secretary-treasurer and six other board directors. Five of these board directors are	<ul style="list-style-type: none"> • Approving the FNHA’s strategic vision and key documents, including the multi-year health plans, annual operating plans, annual reports and corporate policies. • Managing organizational budget and risk and setting and monitoring organization and operational performance goals for the FNHA.

²⁵ Content in Table 2 is from a presentation shared at Gathering Wisdom for a Shared Journey XIII. “Governance Orientation: The First Nations Health Structure and discussion of the road ahead.”

Organization	Governance Structure	Key Responsibilities of Board Director or Representative
	selected through regional nominations to represent the five health regions.	<ul style="list-style-type: none"> Monitoring the effectiveness of the FNHA's governance, including evaluating the performance of the CEO.
FNHDA Board of Directors	FNHDA's Board of Directors is made up of 15 Health Directors, with three representatives from each of the five health regions. The president, vice president and secretary-treasurer are selected among the board directors.	<ul style="list-style-type: none"> Communicating regional priorities, challenges and solutions that align with the provincial FNHDA mission, strategic plan and scope and bringing regional priorities to the provincial FNHDA board table for discussion and action. Serving as technical advisors on regional tables, working groups and committees and collaborating with the FNHA regional teams to support engagement of Health Directors and regional offices.
FNHC	Three FNHC representatives are elected from each of the five health regions, totaling 15 representatives on the FNHC.	<ul style="list-style-type: none"> Representatives politically advocate for their family, sub-region, or Nation, conduct regional advocacy to the FNHC, and champion political advocacy for province-wide health system transformation.

As the BC First Nations Health Governance Structure has matured and evolved, and the partners within the BC First Nations Health Governance Structure have sought to respond to emergent needs, priorities and directives from community, the delineation of roles and responsibilities in some areas have become less distinct. For example, both the FNHC and FNHA have been advocating to federal and provincial partners on behalf of First Nations in BC, particularly in response to the 10 Year Strategy on Social Determinants of Health. Some FNHA board directors expressed concern that community members' understanding the FNHA's roles and responsibilities in relation to the FNHC's and FNHDA's have become blurred, resulting in community's dissatisfaction with actions against inaccurately perceived roles. FNHA board directors suggested further clarification and communication is needed for both community members and health system partners to understand the distinct and complementary roles of the FNHA, FNHC, and FNHDA.

The FNHA Board of Directors has contributed to advancing FNHA's partnerships and has established and maintained strong connections with the partners within the BC First Nations Health Governance Structure. While the board regularly supports and approves collaborative efforts with partners, there is an opportunity to further clarify roles and responsibilities of the partners within the BC First Nations Health Governance Structure and enhance the process for the FNHA Members of the Society to approve FNHA board members.

Throughout the evaluation period, the board has maintained well-established partnerships with the FNHDA and FNHC and has collaboratively worked to coordinate activities, strategy and messaging.

The FNHA board chair works closely with the board chairs of the FNHC and FNHDA and participates in meetings that support alignment across the BC First Nations Health Governance Structure, including Regional Caucuses, the Tripartite Committee on First Nations Health and standing meetings with the FNHC and FNHDA. During the evaluation period, board directors and the board chair regularly participated in discussions, teleconferences, committee meetings and working group meetings with partners to advance shared governance priorities and strengthen collaboration across the BC First Nations Health Governance Structure.

The FNHA Board of Directors regularly supports and approves collaborative efforts between the FNHA, FNHC and FNHDA. Some examples of this include:

- jointly developing the Anti-Racism, Cultural Safety Framework and Action Plan with the FNHC and FNHDA and supporting ongoing provincial and national work in response to the In Plain Sight report;
- providing technical advice to the FNHA and FNHC to address anti-Indigenous racism in the BC health care system through a technical advice process document;
- collaborating on the development of an engagement framework for the FNHA, FNHC and the FNHDA that will provide guidance for how to build and maintain connections with governance and funding partners and with First Nation communities; and
- reviewing and approving the FNHC chair reports and the FNHC vice-chair reports.

FNHC members are also members of the FNHA society. The FNHA Members of the Society are responsible for the recruitment and appointment of the FNHA's Board of Directors. One interviewee stated the efficiency and speed of this recruitment and appointment process could be improved upon. In addition, the 2024 BC TFA Evaluation found that there is a need to strengthen internal processes regarding how the FNHA Members of the Society separate business and politics and ensure the appointment of the FNHA Board of Directors are informed by operational rather than political considerations.

5.2 BOARD RELATIONSHIP WITH EXECUTIVE LEADERSHIP

Roles, responsibilities and communication pathways between the board, its committees and FNHA leadership are generally well established, with opportunities to further clarify and formalize communication protocols.

The roles and responsibilities of the board and its committees in relation to FNHA's executive leadership are clearly outlined in the board terms of reference and board orientation materials. The board is responsible for supporting the CEO in carrying out key responsibilities and for fostering a relationship grounded in the FNHA's values and principles. Members of the Executive Strategic Team report to the CEO through a formal reporting and approval pathway to the Office of the CEO.

Open communication pathways exist between the board and FNHA executive leadership, and between the board chair and CEO. Members of the Executive Strategy Team attend board and committee meetings as guests. Several vice presidents are regular attendees of board committee meetings, for example, the vice president of health benefits regularly attends the Quality Improvement, Safety and Wellness Committee meetings; the vice president of human resources attends Board Governance and Human Resource Committee meetings; and the vice presidents of IMIT, finance, and health infrastructure and development attend the Finance and Risk Management Committee meetings.

Board directors indicated that there are opportunities to further clarify and help ensure a shared understanding among board directors of the communication pathways between the board and executive leadership. Board directors would like to see a more defined communication pathway that includes the board chair and CEO as the link between the board and FNHA staff. Some board directors noted that their direct queries to staff are not being addressed. This should be addressed in documenting the desired pathways for communication.

5.3 BOARD RELATIONSHIP WITH TRIPARTITE PARTNERS

The board has established and maintained strong connections with Tripartite Partners (the Province of BC and the Government of Canada). The board regularly supports and approves collaborative efforts between the FNHA and Tripartite Partners.

Throughout the evaluation period, the board has maintained well-established partnerships with the Province of BC and the Government of Canada. The board engages with the Tripartite Partners through the board chair's involvement in relationship-building and strategic coordination efforts. The board chair represents the FNHA in meetings with government ministers, health authority board chairs and other senior government officials.

The board regularly supports and approves collaborative efforts between the FNHA and Tripartite Partners. Some examples of this include:

- the FNHA enabling and advocating for the integration of the First Nations Perspective of Health and Wellness, supporting health system partners such as the Ministry of Health, and the prior Ministry of Mental Health and Addictions, to incorporate traditional knowledge and cultural practices into policies, programs and services; and
- the FNHA and Tripartite Partners collaborating to increase access to and control of First Nations health data, with the FNHA continuing to work with the Ministry of Health on data governance for the First Nations Client File, the passing of the Anti-Racism Data Act and the establishment of the Indigenous Cultural Safety Measurement Working Group.

5.4 BOARD RELATIONSHIP WITH BC FIRST NATIONS

The board utilizes engagement input and directly engages with First Nations leadership during Regional Caucuses. Clarity is needed around the board's role in directly engaging First Nations and the FNHA's role as a conduit between regional health authorities and communities. Increased engagement contributes to engagement burden and may contribute to a lack of coordination of engagement priorities and timelines.

The board leverages extensive engagement input gathered by the FNHA and its health system partners to inform fulfillment of its core responsibilities. The board also directly engages First Nations health leadership at spring and fall Regional Caucuses. The board chair and regional board representative connect with participants to learn about their communities as well as their health and wellness opportunities and challenges. At each fall Regional Caucus, the board reports on its efforts and priorities. Feedback from community leadership and members provide the board with important insight that informs their work.

Board directors have expressed a desire to conduct further direct engagement with First Nations health leadership and communities. Given increasing engagement efforts by partners within the BC

First Nations Health Governance Structure and Tripartite Partners, there is potential for further overlap and duplication in engagement and exacerbation of the engagement burden. Further clarity is needed around the board's role and involvement in engaging First Nations in BC relative to engagement efforts undertaken by others.

Another area that requires further clarification and guidance from the board related to engagement is the FNHA's relationship with regional health authorities. The [2024 BC TFA Evaluation](#) found that previously the FNHA played a key role as a conduit between the regional health authorities and communities. However, conditions have changed and evolved over time and the respective roles and responsibilities of the regional health authorities and the FNHA have become more "muddled." There is concern that the increasing levels of direct communication between regional health authorities and First Nations, in the absence of the FNHA, can create tensions and lead to overlap and duplication of efforts at a time when the capacity of communities to engage is already stretched. There is an opportunity for the board to review the structure of these relationships, given the developments and changes in recent years.

In alignment with guidance from First Nations in BC, the board can provide strategic direction on the FNHA's evolving role as a funder, partner and deliverer of health programs and services and the organization's structure, operating model and regionalization approach.

As documented by the [2024 FNHA Evaluation](#), the FNHA has an evolving role as a funding partner, interim delivery partner and deliverer of programs and services. In response to gaps in existing programs and services and emergent needs, the FNHA has expanded its role in direct service provision and increased the number of funding agreements with First Nation health providers. Communities vary in their understanding of the FNHA's role as funder, partner and deliverer. Community representatives suggested that clarity about the FNHA's role is shaped by the community's location, type of services received and their level of interaction and partnership with the FNHA. For example, in communities where the services are delivered by a Health Service Organization, the FNHA is most likely viewed as a funder and administrative body. In communities where the FNHA has been involved in direct service delivery, the organization is most likely viewed as a service delivery partner. The perception of the FNHA's role also varies across regions and is impacted by differences in the operations and capacity of FNHA regional offices.

As the FNHA continues to refine its organizational structure and regionalization approach, differing perspectives on its future role and mandate as a service delivery provider present both challenges and opportunities for the organization. There are mixed views among community representatives regarding their vision of the FNHA's role in service delivery. Some First Nations community representatives reported that, despite increasing efforts to regionalize operations, the FNHA has not yet fully transitioned into a truly community-driven organization, as envisioned in Directive 1. They expressed concerns that the FNHA is continuously expanding its roles and responsibilities, leading to additional layers of bureaucracy and centralized decision-making. These representatives advocated for allocating more resources and decision-making authority directly to communities while keeping the FNHA's provincial operations lean. They see building community capacity as the goal of the organization, enabling communities to take full control over their own health programming.

Conversely, other community representatives emphasized that the FNHA should take on more direct service delivery responsibilities to fill existing health care gaps in communities. They cited overwhelming workloads and limited local capacity, noting that the expansion of the FNHA's role is

essential for helping communities address evolving health challenges. Some also emphasized the need for the FNHA to focus more on addressing social determinants of health, such as housing, education and economic stability. At the same time, others cautioned against overextending FNHA's mandate, recommending that the organization prioritize areas where it can make the most impact rather than expanding into new service areas without a clear strategic focus.

These varying perspectives underscore the complexity of regionalization and the importance of continued engagement, strategic clarity and adaptability as the FNHA continues to evolve its organizational structure. As the FNHA continues to mature and evolve, the board can be instrumental in leveraging engagement input and direction from First Nations in BC to inform strategic direction on FNHA's desired role including the ideal operating model.

6 CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

The 2024 Evaluation of the FNHA Board of Directors confirms that the board is successfully providing strategic vision and oversight of the FNHA's goals and priorities and is operating in alignment with the 7 Directives, Shared Vision and the mission and mandate established for the FNHA by BC First Nations through foundational documents. During the evaluation period, the board provided strong leadership and guidance to the FNHA, including guiding FNHA's response to multiple concurrent public health and environmental emergencies while remaining flexible to balance governance and operational needs with immediate and emerging pressures and priorities.

The board continues to strengthen relationships and partnerships with First Nations in BC, the FNHDA, FNHC and the federal and provincial governments. The board continues to promote the inclusion of traditional practices and protocols in meetings and the nurturing of cultural safety and humility alongside traditional health and wellness in FNHA policies.

There are opportunities for the board to examine opportunities to enhance and refresh board processes of fulfilling core responsibilities, board director onboarding and capacity development and board administration and operations. The board may wish to discuss and provide strategic direction and guidance on FNHA's desired role and operating model, FNHA's role as a conduit between regional health authorities and communities, as well as both FNHA's role and the board's role in engaging directly with First Nations in BC.

6.2 RECOMMENDATIONS

The recommendations arising from the evaluation are as follows:

1. **Examine opportunities to enhance board processes for fulfilling core responsibilities.**

The board can strengthen its internal processes through:

- Continuing to provide strategic guidance on enterprise risk management in collaboration with the vice president of finance, including supporting the review and refresh of the Enterprise Risk Registry and Enterprise Risk Report. This process can enhance risk governance and clarify oversight responsibilities by distinguishing enterprise-level risks from operational or localized risks, which may be delegated to the CEO and chief operating officer.
- Streamlining the corporate policy review process to reduce the administrative burden on board directors. Opportunities include amending the policy review schedule from every two to three years to every five years or streamlining internal policy review processes and approval pathways to delegate more operationally focused policies to the chief operating officer, CEO or other Executive Strategy Team members.

- Refreshing an annual CEO performance review process. The board can develop this process to be aligned with First Nations ways of knowing and being.

2. Examine opportunities to enhance board director onboarding and capacity development.

The board can strengthen onboarding and capacity development by:

- Examining opportunities to further enhance the effectiveness of board director onboarding including the creation of a formal mentorship program, the adoption of lengthier orientations to facilitate relationship-building between board directors and the FNHA Executive Strategy Team, and the inclusion of additional information on formal communication protocols.
- Documenting the communication pathways between the board, board chair, CEO and others to support onboarding of new board directors and the preservation of information and feedback processes.
- Exploring new educational opportunities for board directors and board executive support staff that align with their professional development needs and their evolving roles, including supporting professional development related to best practices in corporate governance and oversight.

3. Streamline, clarify and refresh board administration and operations.

Board administration and operations can be strengthened through:

- Increasing the involvement of board and committee chairs to enhance meeting material development and change sequencing of motions to maintain quorum.
 - Agendas can have topic and decision items aligned and in the sequence of: For Decision, For Discussion, and For Information.
 - Forward each motion for discussion and voting after each agenda item.
- Further clarifying the composition, roles and responsibilities and reporting structure of the Office of the Board Secretariat.
- Continuing to promote the inclusion of traditional practices and protocols in meetings and the nurturing of cultural safety alongside traditional health and wellness in FNHA policies.

4. Enhance the board's strategic direction and guidance.

In alignment with guidance from First Nations in BC, the board can provide strategic direction and guidance on the following areas:

- Continuing to clarify the roles and responsibilities of the FNHA, FNHC, and the FNHDA, particularly around engagement and advocacy on behalf of First Nations in BC.
- Clarifying the role of the FNHA as a funder, partner and deliverer of programs and services, and the organization's structure, operating model and regionalization approach.
- Clarifying the roles and responsibilities of the FNHA as a conduit between regional health authorities and communities.
- Examining the board's role in engaging with First Nations in BC, as the board has expressed a desire to conduct further direct engagement with First Nations health leadership and communities.



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