The Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

RESTRICTED SESSION
ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES
February 20, 2020 at 4:30 p.m.
Royal Ottawa Mental Health Centre
Room 1424, 1145 Carling Avenue
Teleconference Dial-In: 1-888-875-1833 Passcode: 926707277#

○ Oral presentation
● Paper enclosed
●● Paper to follow
●●● Paper at meeting
IN Information
DEC Decision required
** Guidance required

BOARD VISION	**TO BE THE CATALYST FOR IMPROVING MENTAL HEALTH CARE SYSTEM-WIDE THROUGH BOARD EXCELLENCE** This vision will be accomplished by the Board of Trustees focusing on five key areas that will define the Board's value and contribution to The Royal: • Culture, Stakeholder Engagement and Focus, Innovation, Board Processes and Stewardship

#	ITEM	REFERENCE	RESPONSIBILITY	STATUS	
1.	**IMHR External Review Final Report**		A. Graham	○●	IN
2.	**From January 23, 2020 Governance Committee meeting**	a. Board Peer Assessment Survey Results	C. Coulter	○●	IN
		b. Board Development Days Survey Results	C. Coulter	○●	IN
		c. Role of the Chairs of the Client and Family Advisory Councils	C. Coulter	○	IN
3.	**ADJOURNMENT**				DEC

The Royal's Institute of Mental Health Research
External Review
December 5-6, 2019

Report Date
January 9, 2020 Preliminary
January 31, 2020 Final

Reviewers

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The reviewers would like to thank The Royal for their thoughtful preparations, including a well-organized schedule that involved meetings with over 50 individuals, reflecting broad representation of leadership, scientists, clinicians, students, and partner organizations.

The reviewers would also like to thank Dr. Joanne Bezzubetz and Dr. Bernard Jasmin, Co-Chairs of the Steering Committee for their transparency and openness throughout the review process.

Executive Summary

Overview

The external review was prompted by the recent retirement of the IMHR's CEO, as an opportunity for examination of priorities of the Institute and future directions, in order to realize its full potential. The reviewers, Dr. Vasavan Nair, McGill University, and Dr. Lesley Graff, University of Manitoba, reviewed background documentation provided by the co-chairs, and completed on an onsite visit December 5 & 6, 2019. The reviewers met with over 50 individuals, including IMHR leadership, scientists and trainees, ROHCG senior leadership, clinicians, and clinician scientists, University of Ottawa leadership, and other research stakeholders.

There are two overarching observations that set the tone for the report

1. The IMHR is a unique and valuable organization offering world class research, with a strong track record, and tremendous future potential.

2. The IMHR, Royal (`hospital`) and University must work in close partnership to ensure the success and sustainability of the IMHR, with the Royal Ottawa Foundation having a critical role in the stability of the Institute.

Key Observations

Strengths

There are many prominent strengths of the IMHR, which can be broadly categorized under human resources, physical and technological infrastructures, and research programs. The technology has attracted scientists and partners, facilitating leading neuroimaging research in mental health.

- The group of scientists, established and early career, including the notable cohort of recently recruited young scientists, constitute a significant pool of talent, with innovative technology applications and creative synergy. When more fully integrated into the academic and clinical structures, they will provide the cutting edge of the *growth* process of the Institute.
- The IMHR has an impressive physical infrastructure, with dedicated space including a wet lab, a technologically operational sleep laboratory, rTMS facilities, and a state-of-the-art Brain Imaging Centre with combined PET/MRI.
- Currently, there are strong programs of research. The military mental health program is seen to have great potential for growth, with the interconnectedness of the technology, senior scientist talent, and access to the clinical population; it is well-positioned with the establishment of the new Centre of Excellence for PTSD.

Weaknesses

- Even though the IMHR was initially referenced as an institute of the University of Ottawa, the lack of a formal, tightly integrated relationship with the university is seen as the most

striking weakness. The IMHR disconnect from the University (U Ottawa; Carleton U) reflects missed opportunities for strategic joint hiring and academic resource access (e.g., research chairs, students); it affects recruitment and retention of high quality scientists, and undermines the long term stability of the Institute.

- There are concerns about the sustainability of funding for the Institute overall, and for the cohort of early career scientists and new recruits in particular. This uncertainty impairs the latter's ability to recruit graduate students. There is the risk of loss of reputation for the IMHR, as the new scientists recruited through a high-profile process may perceive the IMHR as not able to facilitate their career development.
- There needs to be a clearer research vision, aligned with a strategic plan that identifies purposeful direction and priorities. It is not evident what areas of research excellence are being intentionally developed. What does the IMHR want to be known for?
- There is no stable infrastructure for support staff, despite the need for specialized, trained technical staff to optimize the technology use, and the value of research coordinators to connect the clinical and research realms.
- There is lack of a clear alignment of the IMHR research with the Royal's clinical mandate. The advantage of being affiliated with and in close proximity to the Royal's clinical services has not been fully realized. This creates difficulties in recruiting patients for the IMHR research programs, missed opportunities for IMHR scientists and the Royal's clinicians and clinician-scientists to collaborate more closely, in part with research that can have direct impact on care improvements.

Opportunities

- With greater social and political attention to mental health concerns, the IMHR and the Royal are uniquely positioned to advance knowledge and care.
- The large number of research institutes in Ottawa offers opportunities for collaboration; institute leaders were receptive to closer partnerships. The Heart Brain initiative between the IMHR and Ottawa Heart Institute is a positive example.
- The leadership of the Royal Ottawa Hospital and the Royal Ottawa Health Care Group (ROHCG) are actively supportive of better interconnectedness and integration between the Royal and the IMHR, and are already moving in that direction (e.g., joint strategic plan; IMHR President to be Royal's VP Research; board members dually on Royal and IMHR boards; Royal's Innovation Committee). This high-level support is central to addressing current barriers such as lack of protected time for the Royal's clinician scientists. This support can also facilitate adding a clinical theme based orientation to the research operation of the IMHR.
- The University of Ottawa is keen to develop closer administrative and operational links with the IMHR scientists and the Royal's clinician-scientists; this was expressed at several levels.The Department of Psychiatry and the School of Psychology have obvious expertise and leadership in mental health, and as such offer fertile areas of innovative collaboration and linkages; the Brain and Mind Institute affords another opportunity for collaborative partnership, as does Carleton University. A template to formalize relationships between

the University of Ottawa and another local research institute could potentially be a model for a university relationship with the IMHR.

- With the interest of the Royal's clinician scientists to have more connection with the IMHR, and the IMHR scientists who are clinically trained (MDs, Clinical Psychology PhDs) to have some involvement in clinical work, there are opportunities to develop clinical theme-based research hubs, ensuring a broader focus to enhance the current richness of technology excellence, and enabling a closer connection between research efforts and clinical mission. This can guide strategic recruitment of hospital-based clinician scientists, who provide clinical leadership and research expertise.
- Industry-sponsored clinical trials offer an opportunity to engage the Royal's clinicians as active participants in the research enterprise.

Threats

- The greatest risk is seen to be long term sustainability of the Institute, which was emphasized during many meetings. While this was raised in the context of funding and fundraising, this concept should also include scientific productivity, competitiveness and excellence in general.
- the Brain Imaging Centre costs more to run than it is generating, contributing to risk of financial instability; this needs a sustainability plan. Stability of specially trained technical staff and availability of required supplies such as tracers also needs to be addressed to ensure maximum utilization of the technology.

Recommendations

In addition to the ideas and suggestions embedded in the above analysis, the following are key recommendations.

Institute Leadership

The new IMHR President needs to be a credible scientist. This individual essentially operates internally as the Chief Scientific Director, which requires a successful research career in order to provide the vision, direction, and practical navigation. The individual needs be a collaborator, but also be readily able to advocate strongly for the research mission, and flexibly value bench/pre-clinical and applied research. A clinical-scientist with a strong academic track record and clinical experience would be optimal.

Governance and Structure

It is recommended that the IMHR continue to be its own `entity`, with separate boards for the Royal and the IMHR. At the same time, it is recognized there is value in cross-membership of a few individuals from each of the 3 organizations (Royal, IMHR, Royal Foundation) on the others' boards, to generate excitement and understanding of the research endeavors.

Similarly, cross pollination at the ground level is also essential. An IMHR executive committee could include clinical representatives from the hospital clinical programs to provide input to IMHR research planning and be informed of the research strategy, project developments and so on.

It is recommended the IMHR operational framework start to move to clinical theme-based research hubs. This will facilitate several components of the strategic direction, such as implementing relevant linkages among hospital, university and institute, guiding hiring priorities, and facilitating patient recruitment.

Within the IMHR, further consideration should be given to mid-level leadership, potentially organized around clinical research hubs and identifying individuals who are already part of the IMHR or Royal, as well as utilizing strategic hiring going forward.

In order to ensure a clear and close relationship with the University of Ottawa,and Carleton University where applicable, for IMHR scientists, it is recommended that the University be a partner from the early stages of planning for recruitment, hiring, and assessing potential for tenure track positions.

In order to ensure more integration between the Royal and the IMHR, the Royal's current clinician scientists should be more formally linked with the IMHR, potentially through the research hubs. It is recommended that protected academic time for the Royal's current clinician scientists be formalized immediately to preserve and support the scientific talent. Future strategic hires might include scientists who may provide some clinical time, and clinicians who may have protected research time, helping to build teams which promote research along the continuum of bench/pre-clinical to applied clinical, and ensuring interdisciplinary contributions.

It is recommended that there be consideration to fund and maintain a core research staff infrastructure in the IMHR. This would ensure continuity of specially trained technicians and experienced RAs. A clinical study liaison to recruit participants from clinics and support routine invitation of patients for research registries at the Royal would provide practical benefit and linkage. Going further, an inpatient clinical research unit at the hospital can be a source of significant revenue, enabling the IMHR to be involved in early phase drug development studies.

The Brain Imaging Centre may need special attention for core staffing infrastructure to ensure it is utilized to full capacity, especially given the investment to date in this resource. A Scientific Director with deep expertise and technical understanding of the Centre's equipment and capacity is seen as essential. This individual would provide leadership for all aspects of the Brain Imaging Centre.

Strategic Planning and Vision

A strategic plan can give direction on areas to strengthen, next areas to expand or develop, and ways to get there. As the key aspects identified in the review include strengthening the clinical relationship with the Royal, strengthening the academic relationship with the University (U Ottawa, Carleton U), and strengthening long-term sustainability, these are important elements to address in strategic planning. The SWOT analysis and recommendations provide several ideas on ways to address these 3 key aspects.

Funding and Fundraising

The Royal Ottawa Foundation for Mental Health is a central partner, and seen as key to the sustainability of the IMHR. It is encouraged that the Foundation support includes both regular annual operational support as well as special project support.

Community-based grass roots organizations such as the Schizophrenia Society, Alzheimer Society, Mood Disorders Association, or others may also be receptive to leading or participating in fundraising efforts for the IMHR. It is recommended there be active outreach to these types of potential partners, if that is not already occurring.

IMHR External Review
Full Report

The reviewers were provided with the following background information in preparation for the onsite visit:

IMHR annual reports (2014-15 to 2018-19)
IMHR's Scientific Advisory Board Background and Resource document (May 3 2019)
IMHR Research Metrics Dashboard 2018-19
The Royal Research Funding (July 2019)
ROHCG Organizational Chart
ROHCG Enviroscan 2020 (September 2019)
The Royal's Board of Trustees Dashboard Q1 2019-20
ROHCG Integrated Strategic Planning Roadmap v3

During the two days of the onsite visit, December 5 and 6, 2019, the reviewers met with a range of individuals who were both internal to the ROHCG and external. Internal to the ROHCG, they spanned the Royal Ottawa Health Care Group, the Institute of Mental Health Research, the Royal Ottawa Mental Health Centre and Brockville, the Royal Ottawa Foundation for Mental Health, and the recently established Centre of Excellence on PTSD and related Mental Health Conditions.

The meetings included:
Senior leadership of the ROHCG – CEOs, CFO, Board Chairs, Board members, Innovation Committee
Senior leadership of the University of Ottawa – Deans, Department Heads, VP Research
Senior leadership of other Ottawa research institutes – CEOs/Scientific Directors
IMHR Scientific Advisory Board members
IMHR senior, mid, and early career (e-RIMH) scientists
Royal clinicians/clinician scientists
Students

The reviewers also had an opportunity to tour the IMHR's Brain Imaging Centre, and the sleep and rTMS labs while onsite. A University of Ottawa department head who was not able to be scheduled during the onsite visit provided input through a phone meeting the following week, on December 10, 2019.

The report is organized to summarize the strengths, weaknesses, opportunities and threats (SWOT) that became apparent throughout the course of the review, followed by recommendations.

There are two overarching observations that set the tone for the report:

1. The IMHR is a unique and valuable organization offering world class research, with a strong track record, and tremendous future potential.

2. The IMHR, Royal ('hospital'), and University must work in close partnership to ensure the success and sustainability of the IMHR, with the Royal Ottawa Foundation having a critical role in the stability of the Institute.

Strengths

The IMHR is a significant asset for the Royal and the University of Ottawa. It is a respected organization which has served to attract innovative scientists, in particular but not solely for the neuroimaging capabilities, and has led to important clinically applicable research (e.g., ketamine).

There are a number of aspects that stand out as current strengths of the IMHR.

- Human resource
    - the scientific talent, both established and early career
    - The cohort of early career scientists and recent recruits deserves special mention. They are utilizing each other's expertise in a synergistic way to advance their own research, making more complex research possible through the unique collection of scientists and the nature of the technology. They bring an energy and creativity, and are taking positive advantage of the unusually large number of colleagues at a similar point in their career trajectory in a relatively small organization
- Physical infrastructure -dedicated space on multiple floors; wet lab
- Technology innovations including sleep lab, rTM lab, virtual reality
- Brain Imaging Centre with combined PET/MRI – a unique combination that is rare in Canada. It is serving as an attraction for international scientists, and is facilitating leading neuroimaging research in mental health
- The military mental health program of research demonstrates both the strength and potential of IMHR, with the interconnectedness of the technology, senior scientist talent, access to clinical populations (OSI clinic), and the recent establishment of the Centre of Excellence in PTSD
- Interpersonal interactions – we heard a common theme of a positive work environment and excellent peer support. Colleagues particularly noted their appreciation for the

current interim leadership, in the context of the extended vacancy of the President position

- The Royal has included research as one of the core pillars in the last 2 strategic 5-year plans, demonstrating recognition of the need and value of research for the broader organization. Several described a strong and dedicated teaching culture at the Royal, which demonstrates some integration of academic commitment in the clinical setting, from which to build the research culture.

Weaknesses

The most striking issue was the lack of a formal, tightly integrated relationship between the IMHR and an academic institution. It is common practice, from our collective experience, that research institutes are closely connected to universities, and faculty are often hired strategically by the university in conjunction with the institute. This approach ensures some stability and longevity through access to tenure-track faculty appointments, students, research chairs, and access to institutional supports such as grant peer review, library resources, internal grants, faculty development and so on. The fact that many of the scientists have had to personally negotiate a faculty appointment was surprising to the reviewers and to the scientists. The latter found it challenging and time consuming with inconsistent outcomes. Recruited scientists felt they had been misled by the formal name of the institute (i.e., University of Ottawa's Institute of Mental Health Research), which implied there was an established relationship, and thus had not thought to confirm a faculty appointment prior to acceptance.

- The University of Ottawa is seen as the logical primary partner because of the breadth of faculties and multiple departments which would naturally align with the IMHR's research, including the Faculty of Medicine- Department of Psychiatry, Department of Cellular and Molecular Medicine, Faculty of Social Sciences – School of Psychology, School of Epidemiology, and the Brain and Mind Institute.
- Any relationship with University of Ottawa of course does not preclude a relationship with Carleton University, which already provides faculty appointments and student access from relevant departments for some of the scientists.
- Of note, it seems to be a missed opportunity that there is not a closer, synergistic relationship between the more recently-established Brain and Mind Institute and the long-standing IMHR, given the IMHR's critical mass of scientists, neuroimaging capabilities, and biomarker research, all in mental health, an area that clearly overlaps with and complements the overall mandate of the Brain and Mind Institute.

There is significant concern about the lack of sustainability of funding for the Institute overall, and for the large cohort of early career scientists in particular. Tri-agency funding and international partnerships are somewhat modest in the context of this type of institute. With

regard to the early career scientists, the significant up-front investment may be lost if there is not a way to continue with at least some of them. Perhaps more of a threat than a weakness is the risk of reputational damage for the IMHR if this is not resolved, given the high profile recruitment of the e-RIMHrs. The uncertainty of long-term prospects for these individuals with the IMHR also increases the risk of losing them prior to the completion of their 5 year terms, interrupting their trajectory of research and contribution to the IMHR research accomplishments. Further, scientists with very short contracts (< 2 years) are hampered in their ability to take graduate students, which then undermines the productivity of the lab.

There needs to be a clearer research vision and alignment of the strategic plan for the IMHR. As part of that, the IMHR's vision for itself could be restated in more specific terms. The current statement 'our vision and research journey' is a fairly standard statement. It could be a more inspiring document toward further building an outstanding institution - there is no reason to stay so modest. While the strategic plan indicates what the IMHR is aiming to do, such as double the number of scientists, there is not evident direction for the purpose or priorities. It is not clear what areas of research excellence are being developed, beyond a fairly broad mandate of utilizing the technology around mood disorders/mental health. What does the IMHR want to be known for? Are research areas being developed intentionally or opportunistically? What does that mean for future research planning, all of which then guides recruitment and hiring decisions, and operational or capital investments. Related to this, it appears that there is a technology-based focus, which can inadvertently narrow the work being done. A more optimal approach at this point in the development of the IMHR may be a clinical theme-based research plan which utilizes and incorporates technology.

There appears to be minimal core support staffing for research in the IMHR. A stable staffing infrastructure can provide continuity of specialized, trained technical support, for example, to realize the full potential of the technology, to ensure bridge support between grants, and to further the research agenda for both FT and PT (i.e., clinician scientist) researchers. The Brain Imaging Centre in particular risks being underutilized without the dedicated time of a scientific director with expert knowledge of the technology, to address staff and supply issues. These include challenges such as training staff on specialized equipment and then losing them when a grant ends, and the limitations around tracer access.

The staffing structure in terms of leadership appeared to be top down, with gaps in mid-level scientific leadership, mentoring and advocacy; these gaps have been more visible with the extended vacancy for the IMHR CEO role.

Finally, the IMHR has not been able to fully leverage the advantage of being affiliated with and in close proximity to the Royal's clinical services. There is not clear alignment of the IMHR research and priorities with the Royal's clinical mandate. This manifests in a number of ways:

- clinician scientists working at the Royal are not integrated with the Institute and the IMHR scientists, and may identify more strongly with U Ottawa or Carleton U than with the Royal's research institute in the adjacent building
-there are difficulties recruiting patients to studies, in some cases because the research is not connected to the patient mix at the Royal, in other cases because of cumbersome processes and difficulty engaging clinical colleagues to support the research through active recruitment.

Leadership, clinicians and scientists all expressed that they wanted to make a difference for patients. That can come through IMHR research that is multiple steps from bedside (e.g., pre-clinical), and through research that is more immediately applicable such as direct care improvements (e.g., new clinical programming; use of technology to improve access to care), with surprisingly little of the latter work being undertaken at the IMHR.

Opportunities

In the opportunities and threats sections of the SWOT analysis, we aimed to identify circumstances that can facilitate future directions. We also aimed to reflect on what changes to the operation of the IMHR might contribute to making it an outstanding institution of its kind, within a defined time frame, considering the current environment.

For the average researcher, the goal is usually to be able to publish in reputable journals and be able to continue obtaining grant support for his or her research projects. But for an institution such as the IMHR, the aim is to go well beyond academic survival. The question could be: What is possible to 'discover' that is really meaningful, in terms of prevention, early diagnosis, better treatment or cure of a given disease, or to promote health in a tangible way? There is opportunity for the IMHR at this juncture, from the basis of a well-established research capacity, to consider a re-orientation to include more of these types of highly clinically-relevant discoveries. As the IMHR moves to its next phase, whether that is considered growth, stabilisation or consolidation, decisions and planning around research funding, priority recruitment, and further technology investment could be guided by and reflect that re-orientation.

Considering the current environment, it was noted that broadly there is now greater social and political attention at provincial and federal levels to the tremendous needs around mental health and addictions. This uniquely positions the Royal and the IMHR, who already have established specialty interest and expertise, to work together on solutions.

In terms of the research environment, Ottawa has a large number of research institutes (n=6), relative to its size. Each has a somewhat specialized focus. There was clear respect from other institute leaders for the IMHR, and importantly, a willingness and interest in collaboration, with the major project between the Ottawa Heart Institute and the IMHR a good example of what is

possible. There may also be opportunity for in-kind support across the Institutes by some sharing of internal resources (e.g., Heart Institute maintains a biostats consulting unit. Could the IMHR negotiate consulting time with that unit in exchange for imaging access and technical support?)

There is a willingness and interest at the highest levels of leadership of the ROHCG (i.e., Board, Board Chair, CEO) for more integration and interconnectedness between the Royal and the IMHR. This support is crucial to facilitate any needed changes, particularly on the clinical side, such as strategic recruitment of clinician-scientists, furthering a research culture, and addressing compensation models that ensure protected research time for clinician-scientists (i.e., different approaches may be needed for clinician-scientists depending on whether they are psychologists or psychiatrists, for example). There are already tangible signals of that support, with plans for the new IMHR President to have a leadership role with the Royal as VP Research, and the intent for a joint strategic plan going forward involving the Royal, IMHR, and the Foundation. There is already some cross pollination through dual membership of some board members on both the Royal and IMHR Boards. The CEOs from other research institutes described that intentional involvement of hospital board members on their institute boards was very positive, as it served to build excitement and understanding about research.

The recent development of the Royal's Innovation Committee provides another opportunity for connecting the clinical and research endeavors. While the mandate for this committee was presented as broader than mental health discovery research, encompassing front line innovations in processes, access, and service as well, there are clear aspects of interconnection, particularly if the IMHR adopts clinical theme-based research hubs and there are expanded opportunities for clinician scientists. Regardless, this is a group that should maintain good representation from the IMHR. It is anticipated that the IMHR's Scientific Advisory Board would benefit from meeting with the Innovation Committee as part of their annual meeting.

There is also a clear willingness and interest from the University for a more direct partnership and collaboration, as expressed by the University of Ottawa's Dean of Medicine, Dean of Social Sciences, VP Research Faculty of Medicine, and various department chairs. The two departments with obvious direct linkages for mental health expertise as clinician scientists – the Department of Psychiatry and the School of Psychology, were very supportive of a more direct relationship with the IMHR and the Royal for recruitment and retention. The Faculty of Medicine Research Council brings together high-level leadership from the institutes – there may be an opportunity to use that group as a springboard for more intentionally networking at the research scientist level across the member organizations. The template for a more formal relationship currently being finalized between the University of Ottawa and the Ottawa Hospital Research Institute may also serve as a model for an IMHR/U Ottawa relationship.

With the new Civic Hospital under development a few blocks from the IMHR and Royal, it is timely to explore collaborations and forward planning for patient recruitment and satellite research space.

Focusing on the IMHR more specifically, the current transitional period offers opportunities to consider some constructive re-organisation at the administrative, operational and scientific levels. At the scientific level:

1. The science has been organized around the technology. As part of addressing the disconnect with clinical need and services, this is timely to consider re-organising the scientific framework into clinical theme-based hubs, as part of current planning and future building, with a primary goal of re-aligning the mission of the IMHR with that of its parent body the Royal Ottawa Health Care Group. While excellent research has been and is being done here, the degree of connection of the research efforts with the clinical mission of the hospital is insufficient. The scientists of the IMHR lack sufficient input or connection in the hospital, and hospital-based clinical scientists, in some cases, have very little to do with the IMHR (as noted in the weakness section). IMHR scientists who have trained clinically (MDs; Clinical Psychology or Neuropsychology PhDs) would like the opportunity to work clinically as well, and have not been able to get past logistical barriers. There is certainly potential for more clinical integration from the IMHR scientists, and more science integration for the Royal's clinician scientists. It was noted that research was ongoing at the Royal before the IMHR was established, and that the formation of the IMHR may have inadvertently resulted in silos.

   Reorganising research into clinical theme-based groupings may be a key shift here. Recruitment of new hospital-based clinician scientists would facilitate this, providing clinical leadership coupled with research acumen. There are already some 'pockets' of successful clinician scientists at the Royal. Establishing a research coordinator in the hospital, as part of the core IMHR research support staff, to facilitate patient recruitment for a range of studies, will further strengthen the alignment. Additionally, consideration could be given to establishing a clinical research inpatient unit at the Royal, operationally administered by the hospital. This unit would admit patients recruited for clinical research projects that involve more intensive procedures, measurements and observations. While this is more costly to operate than a standard inpatient unit, the contribution to the depth of clinical research could be enormous.

   Further connected to this direction of clinical-theme based research is consideration of building longitudinal patient data sets for those clinical hubs. This requires clinical scientist leaders in the clinic who routinely champion patient engagement in these data sets for current and future research. Finally, considering the patient populations at the Royal, and the Royal's partnerships with a large number of health agencies in the community, there are

multiple avenues to include patient and community partners in research and research planning, aligned with the clinical themes/research hubs.

2. Consider boosting industry sponsored clinical trials with the implementation of the suggested reorganization in the previous section, to address sustainability. Clinical trials can funnel funding back into the IMHR, and can stimulate basic science research that is ultimately clinically applicable (e.g., research on biomarkers or other objective outcomes for new pharmacotherapies).
   2.1. It should be possible to conduct clinical trials sponsored by the industry as an important source of revenue, looking to leadership from current experienced researchers to lead the hospital clinicians as sub-investigators in this type of program. Strategic hiring of new clinician scientists could provide principal investigators. The research unit referenced on page 13 would also enable the IMHR to conduct early phase drug development studies, which is an even larger source of revenue, and provides opportunity to enhance the research competence of clinical staff.
   2.2. The availability of the Brain Imaging Center and the sleep lab on the premises makes it even more attractive as a site for drug development research in human populations.

3. The IMHR has brought together a number of advanced technologies under one roof (electrography, brain imaging (MRI-PET), sleep laboratory and brain stimulation). These technologies are now operating within the umbrella of the clinical theme of 'depression'. The same technologies could be used in investigating other clinical themes that are also relevant to the clinical populations served by the Royal, such as brain aging and Alzheimer's disease, or schizophrenia. This may be one path to the much-needed integration of the hospital patient population and the IMHR research enterprise. Using the aging example, the technologies available at the Brain and Mind Institute at the University of Ottawa, such as the mitochondria work, could be accessed in order to further enhance the possibility of new discoveries in the prevention, early diagnosis or better treatment of primary neuro degenerative disorders. In addition, the technology of measuring epigenetic aging is also available at the institute. By integrating this relatively new technology, it is possible to think of treating aging itself, as part of the research efforts around neuro degenerative disorders. As raised in point 1, developing a theme such as this would require recruiting a leader for the aging and dementia area.

4. Opportunities exist to integrate the brain imaging and brain stimulation technologies and the sleep lab into the developing activities of the new Center of Excellence for PTSD. That may require further strengthening of the scientific infrastructure of these facilities – one specific example in this context is ensuring the timely availability of study specific tracers. This may need a special contract with the Heart Institute or other institutes which manufacture these, in order to ensure the appropriate supply. Studies on brain functional networks are an

important part of PTSD research at this time. This offers opportunities for expanding the collaboration in the area of military mental health and with the Center of Excellence in PTSD.

Threats

The greatest risk is that of sustainability, which was emphasized during many of the meetings. While this was raised in the context of funding and fundraising, this concept should also include sustainability of scientific productivity, competitiveness and excellence in general. A certain level of growth is also inherent in this concept. The long-term sustainability of a research enterprise is often framed as the 'termite nest' model. That is, some part of the termite nest is always dying while other parts are growing. It is important to have a longer- term growth plan over and above the current pre-occupation with consolidation and sustainability. Of course, the IMHR needs to have a mechanism to 'weed out' unproductive science.

As a follow up to the above, the Brain Imaging Centre currently costs more to run than it is generating. There is a risk of significant financial drain on the fiscally tight resources of the IMHR. There needs to be a sustainability plan, such as commercial use in off hours, or clinical trials as noted above. There is also a need to ensure the stable availability of specially trained technical staff and regular flow of supplies (e.g., tracers), to maximize utility of the technology. Lack of access means significant delay for researchers, which then negatively impacts their productivity. Ideas from the scientists included potentially sharing the cost of a radiochemist with the Heart Institute to support priority time for tracer preparation locally.

Every opportunity not taken can be a source of threat. For example, the Brain and Mind Institute can become a competitor instead of a collaborator, if the IMHR is not more intensely engaged with the concepts and technologies being developed in the University milieu, with the ability to apply them to their mental health area of focus. Each could be an asset to the other.

As a general commentary, true scientific growth, particularly for discovery-based research, is 'vertical', into new concepts. While applying the same or similar technologies in a horizontal direction can be beneficial to leverage what is learned in one area to other clinical areas, a technology-based organisation of research runs the risk of only horizontal growth (growth in volume), rather than both horizontal and vertical growth. Taking care of this is the responsibility of every scientist, but more so of the scientific leaders. There is the risk of technology centers becoming insular and stagnant, if research is not organised around clinical themes. There is a need to strengthen the scientific independence of the available technologies, so that they can contribute to the growth of research in different clinical themes. For example, one can think of what addition or improvements in technology are needed to contribute meaningfully in 'brain aging' or 'pharmacokinetic or pharmacodynamic' studies of a new drug in development. The recently formed Innovation Committee is a good idea in this context.

Recommendations

The SWOT analysis sections have some ideas and suggestions embedded within them, which are evident upon review. In this section we have highlighted key areas and themes.

Institute Leadership

The new IMHR President needs to be a credible scientist*. This was echoed at all levels, and from those internal and external to the organization. This individual essentially needs to operate internally as the Chief Scientific Director, which requires a successful research career in order to provide the vision, direction, and practical navigation. Considering the interests of the Royal and the recommendations from this review regarding more clinical alignment, a clinician-scientist with a strong track record academically and clinically would be optimal. The depth expertise and clinical experience can facilitate understanding of integrated clinical research models, translational research in addition to bench/basic science, and knowledge of mixed models for funding (e.g., clinical salary with protected research time; fee for service and research stipend offset). This individual will need to be a collaborator, ready to actively work on joint strategic planning and a common vision, as well as rebuild or further foster relationships with significant partners such as the university and the Brain and Mind Institute. In addition, the new leader needs to be able to advocate strongly for the research mission, including standing up to senior leadership and the Board at times. They need to balance a niche identity of the IMHR with the ability to ensure the whole is greater than the sum of its parts, so to speak.

*a caveat is ensuring the candidate is not narrowly focused on their own research, and values and appreciates other types of research than their own, whether that is valuing bench research if they do applied research or vice versa.

Governance and Structure

We would strongly encourage that the IMHR continue to be its own 'entity', with separate boards for the Royal and the IMHR. Other institutes have identified the practical advantages (e.g., taxes; employee hiring flexibility) of being a separate organization. At the same time, it is recognized there is value in cross pollination of each board through cross-membership of a few individuals from each of the 3 organizations (Royal, IMHR, Royal Foundation) on the others' boards, as noted in the Opportunities section. UOttawa membership on the ROHCG board was understood to already be in place, but vacant for some time – ideally that could be addressed shortly.

Similarly, cross pollination at the ground level is also essential. An IMHR executive committee could include clinical representatives from the hospital clinical programs (e.g., schizophrenia, neurodegenerative disorders, youth services, and so on) to provide input to IMHR research planning and be informed of the research strategy, project developments and so on. These representatives (potentially clinician leaders or clinician scientists from the Royal's clinical services) are then well-positioned to ensure awareness of the research opportunities and any

issues at the ground level, aiming to create the enthusiasm and commitment in the clinical setting that is so necessary for success.

The IMHR President holding a dual role as VP Research for the Royal hospital is seen to align well with the desire and need to more closely connect the Royal and the IMHR in a pragmatic way, and to facilitate connection between the research and clinical endeavors. There are similar models with other hospital-based research institutes in Ottawa, and in other jurisdictions, which are understood to work well. It was identified that similar trends are occurring at other institutes in Ottawa, regarding shifting governance and emphasis so there is better connectivity between the hospital and their affiliated research institute.

Within the IMHR, further consideration could be given to mid-level leadership, potentially organized around clinical research hubs (see Opportunities point 1, and Strategic Planning below), and identifying individuals who are already part of the IMHR or Royal, as well as utilizing strategic hiring going forward. These would ideally be clinician scientists who can advance the science connected to the clinical theme, and who understand the clinical setting. As Scientific Directors of the research hubs, their role would include regular review of faculty research visions, goals and scientific achievement in their research hub, support to enhance funding success, and faculty development and mentoring.

In order to ensure a clear and close relationship with the University of Ottawa (and Carleton University where applicable) for IMHR scientists, it is recommended that the University be a partner from the early stages of planning for recruitment, hiring, and potential for tenure track positions.

In order to ensure more integration between the Royal and the IMHR, the Royal's current clinician scientists could be more formally linked with the IMHR, if they are not already, potentially through the various research hubs, as members who can then access Institute research infrastructure support. In addition, protected time should be formalized fairly immediately (e.g., added to contracts or letters of offer) for the current Royal clinician scientists who are active and productive, as an important step to preserve and support the current resources. There was significant vulnerability expressed by the current Royal clinicians who do research, as being at the 'whim of the manager' whether they can continue to do that work, which then significantly undermines their ability for academic commitment and sustainability. Future strategic hires might include scientists who may provide some clinical time, and clinicians who may have protected research time, helping to build teams to promote research along the continuum of bench to applied clinical, and ensuring interdisciplinary contributions.

It is recommended that there be consideration to fund and maintain a core research staff infrastructure in the IMHR (see Weaknesses section, page 4). This would ensure continuity of specially trained technicians and experienced RAs. It would provide a central resource for part-

time scientists (e.g., Royal clinician scientists) to optimally leverage their time, and ensure available resource to bridge funding gaps for full time IMHR/University scientists in between grants. Grant funding could be used to contribute to in-house staff costs of these types of research support staff, further supporting long-term sustainability. Staffing might include research assistants or associates, study coordinators, and a stats consultant, depending what resources are available through the university. Specifically, a clinical study liaison to recruit participants from clinics and support routine invitation of patients for research registries at the Royal is recommended. It is understood that more general back office functions such as HR and IT are now being provided by the Royal as another form of more sustainable support.

Further, the Brain Imaging Centre may need special attention for core staffing infrastructure to ensure it is utilized to full capacity, especially in light of the investment to date in this resource. A Scientific Director with deep expertise and technical understanding of the Centre's equipment and capacity is seen as essential. This individual would provide leadership for all aspects of the Brain Imaging Centre – managing practical aspects such as tracer availability and specialized technical staff, addressing financial feasibility, working with scientists and research hubs regarding potential applications of the technology, and planning ahead for needed upgrades to stay on top of technological advances in this field.

Strategic Planning and Vision

A strategic plan can give direction on areas to strengthen, next areas to expand or develop, and ways to get there. As the key aspects identified in the review include strengthening the clinical relationship with the Royal, strengthening the academic relationship with the University (U Ottawa, Carleton U), and strengthening long-term sustainability, these are important elements to address in strategic planning. The SWOT analysis and recommendations aim to provide several ideas for ways to address these 3 key aspects.

If adopted, the clinical theme- based research hubs may facilitate several components of the strategic direction, such as implementing relevant linkages among hospital, university and institute, guiding hiring priorities, and facilitating patient recruitment. It is seen as valuable to continue to develop and build on the current basic science/pre-clinical science that has been done to date, and not abandon that creative discovery-based work for the sake of only immediately applicable clinical research. In other words, it is important to find a balance rather than adopt one over the other. The Scientific Director of the Brain Imaging Centre can lead development and application of those technologies to facilitate basic and direct clinical application research, as it is anticipated clinicians often do not have the depth of knowledge of these specialized technologies to fully realize their potential.

McGill UNIVERSITY

Rady Faculty of Health Sciences | University of Manitoba

Funding and Fundraising

The Royal Ottawa Foundation for Mental Health is a central partner, and seen as key to the sustainability of the IMHR. It is encouraged that the Foundation support include both regular annual operational support as well as special project support. Annual base funding ensures continuity of support for core research staffing infrastructure; there are examples in other jurisdictions (e.g., Children's Hospital Research Foundation, Winnipeg). Successful grant awards would also funnel overhead funding to the IMHR, as would clinical drug trials and potential commercial use of the Brain Imaging Centre. Evolution of core scientist hiring to university partnerships and Royal clinician scientist hiring may change the nature of the direct IMHR costs.

If the IMHR is developing closer ties to applied clinical research, community-based grass roots organizations such as the Schizophrenia Society, Alzheimers Society, Mood Disorders Association, or others may also be receptive to leading or participating in fundraising efforts for the IMHR. It is recommended there be active outreach to these types of potential community partners, if that is not already occurring.

Communication

Finally, there is some sense of urgency to communicate to the current IMHR staff about short term and longer term plans for the IMHR, leader replacement, staffing recruitments related to departures, and where the current scientists fit into these plans.

****

We trust this is constructive and thought-provoking input to guide the IMHR going forward.

Thank you for entrusting us to listen, synthesize, and frame through our experience the expert and earnest views of the many internal and external stakeholders we had the pleasure of meeting during our site visit.

Respectfully submitted,

Vasavan Nair MD

Lesley Graff PhD

Ontario Hospital Association

Board Self-Assessment Board Report 2019

Board Name: Royal Ottawa Health Care Group

Report Date: December 6, 2019 Number of Respondents: 12

				Distribution of Scores (Royal Ottawa Health Care Group)					
Assessment Criteria	**Royal Ottawa Health Care Group Board Average**	**Sector Average (Mental Health Boards) n=2**	**Average (All Participating Boards) n=68**	**5-Strongly Agree**	**4-Agree**	**3-Neutral**	**2-Disagree**	**1-Strongly Disagree**	**N/A – Not Applicable/ Don't Know**
#1. Performing Board Roles (Guide Chapter 4)									
Providing Strategic Direction									
1.1 The current Strategic Plan for your organization provides a clear set of relevant and realistic goals and strategic directions to the organization.	3.8	4.2	4.4	2	6	2	1	0	1
1.2 The board is adequately involved in the process of developing the Strategic Plan.	4.4	4.6	4.5	5	5	1	0	0	1
1.3 The board encourages the identification and assessment of initiatives to create a more integrated local health services system.	4.5	4.5	4.4	6	6	0	0	0	0
1.4 The board regularly monitors and evaluates progress towards strategic goals and directions.	4.7	4.8	4.4	8	4	0	0	0	0
1.5 The board provides meaningful direction to program/service quality in its Strategic Plan and annual goals and priorities.	4.5	4.7	4.4	6	6	0	0	0	0
Monitoring Financial Viability and Quality Performance									
1.6 The board effectively oversees the development of the annual budget and financial plans for the organization.	4.5	4.7	4.5	7	4	1	0	0	0
1.7 The performance measurement system is helpful to board members and uses contemporary methods (e.g., dashboards and balanced scorecards).	3.9	4.3	4.4	3	6	2	1	0	0
1.8 The performance measures and other information received by the board permit directors to monitor results and identify areas of concern.	4.3	4.6	4.4	6	4	2	0	0	0
1.9 When there are significant financial and/or quality performance variances, management provides the board with acceptable explanations and plans for dealing with those variances.	4.3	4.4	4.5	6	4	1	1	0	0
1.10 The board is informed about significant risk issues in a timely manner.	4.5	4.7	4.5	6	6	0	0	0	0
Overseeing the CEO (and Chief of Staff if applicable)									

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				Distribution of Scores (Royal Ottawa Health Care Group)					
Assessment Criteria	**Royal Ottawa Health Care Group Board Average**	**Sector Average (Mental Health Boards) n=2**	**Average (All Participating Boards) n=68**	**5-Strongly Agree**	**4-Agree**	**3-Neutral**	**2-Disagree**	**1-Strongly Disagree**	**N/A – Not Applicable/ Don't Know**
1.11 There is an effective process for establishing the CEO's annual goals.	3.8	4.3	4.3	3	6	2	0	1	0
1.12 There is an effective process for measuring the CEO's performance.	3.7	4.2	4.3	3	5	2	1	1	0
1.13 There is an effective process for establishing the Chief of Staff's annual goals.	3.6	4.1	4.0	3	5	1	2	1	0
1.14 There is an effective process for measuring the Chief of Staff's performance.	3.6	4.1	4.0	3	5	1	2	1	0
1.15 The board has a sound plan for the CEO's development and succession.	3.3	4.0	3.8	0	7	3	1	1	0
1.16 The board has a sound plan for the Chief of Staff's development and succession.	3.1	3.9	3.7	0	6	3	1	2	0
Overseeing Stakeholder Relations									
1.17 The board ensures that the organization communicates its performance and plans to its key stakeholders in an effective and transparent fashion.	4.1	4.3	4.3	4	5	3	0	0	0
1.18 The board speaks with 'one voice' in all communications with stakeholders.	4.3	4.6	4.6	7	3	1	0	1	0
1.19 The board ensures that the organization engages relevant stakeholders when considering strategic planning and services integration opportunities.	4.5	4.7	4.4	7	3	1	0	0	1
Comments (4)									
Improved succession plans for the CEO, COS and other key positions are under construction									
Question 1.1 received a neutral score because we have discussed the fact that there are currently too many indicators/goals, some of which tracked for purposes other than strategic planning. We are in the midst of developing a new strategic plan right now, and it is anticipated that the indicators/goals will be simplified going forward.									
The effort to improve reporting of performance and quality is producing positive change. Past reports were difficult to parse, primarily because of the amount of data that was presented									
The Royal is commencing developing a new strategic plan so there are a number of items which are not known at this point which is appropriate									
#2. Board Role and Management Relationship (Guide Chapter 3)									
2.1 The board understands and performs its governance role and does not become overly involved in operational issues.	4.2	4.2	4.4	3	8	1	0	0	0
2.2 The board members are adequately informed about the programs, services, operations and administration of the organization in making governance decisions.	4.3	4.5	4.5	6	4	2	0	0	0

Ontario Hospital Association

Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	Distribution of Scores (Royal Ottawa Health Care Group) 5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
2.3 The board's goals, expectations and concerns are openly communicated to the CEO and management.	4.3	4.5	4.5	7	3	1	1	0	0
2.4 The CEO communicates with the board in an open, candid, respectful and timely manner. (*Select N/A for this question if you are the CEO)	4.6	4.7	4.7	7	5	0	0	0	0
Comments (1)									
We understand our governance role but often walk right up to the line of operational and peer over, in order to ensure that we can fulfill our obligations as board members. I think we're pretty good about not crossing the line (unless management has asked us to do so), but we do get close to the line.									
#3. Board Quality (Guide Chapter 7)									
3.1 The board is the right size. It is small enough for effective board discussions, yet large enough to have an appropriate breadth of skills and experience and the ability to carry the committee workload.	4.5	4.5	4.4	6	6	0	0	0	0
3.2 The membership of the board has sufficient diversity of skills, experience and backgrounds for good governance.	4.5	4.4	4.4	7	4	1	0	0	0
3.3 The board membership is sufficiently independent to ensure good governance of the organization.	4.7	4.5	4.6	8	4	0	0	0	0
3.4 New board members receive adequate orientation to prepare them to contribute effectively to the board.	4.4	4.6	4.3	6	5	1	0	0	0
3.5 The board receives in-depth, ongoing continuing education.	4.3	4.6	4.1	7	3	0	2	0	0
Comments (2)									
1. Board orientation is good. The only issue is that this is such a complex area, it takes time to come up to speed. No amount of further orientation would change that in any material way. 2. Board diversity is pretty good but we always strive to be better.									
We have a lot of people at the table during board meetings. I am not arguing against this but it can impact efficiency.									
#4. Board Structure (Guide Chapter 8)									
4.1 The board has the appropriate number of committees to support the work of the board.	4.5	4.5	4.5	6	6	0	0	0	0
4.2 Committee meetings involving board members and staff are constructive and there is open communication, meaningful participation, critical questioning and timely resolution of issues.	4.5	4.6	4.6	8	3	0	1	0	0
4.3 The board respects the work of its committees and does not redo committee work.	4.3	4.5	4.6	5	6	1	0	0	0

				Distribution of Scores (Royal Ottawa Health Care Group)					
Assessment Criteria	**Royal Ottawa Health Care Group Board Average**	**Sector Average (Mental Health Boards) n=2**	**Average (All Participating Boards) n=68**	**5-Strongly Agree**	**4-Agree**	**3-Neutral**	**2-Disagree**	**1-Strongly Disagree**	**N/A – Not Applicable/ Don't Know**
4.4 Committee reports are effective in providing the necessary information to the board.	4.5	4.7	4.5	8	3	0	1	0	0
4.5 The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference.	4.8	4.8	4.6	9	3	0	0	0	0
4.6 The Quality Committee effectively performs its role and fulfills the responsibilities of its terms of reference.	4.6	4.7	4.6	8	3	1	0	0	0
4.7 The Governance Committee (or equivalent) effectively performs its role and fulfills the responsibilities of its terms of reference.	4.3	4.6	4.6	7	3	1	1	0	0
Comments (0)									
#5. Meeting Processes (Guide Chapter 8)									
5.1 Board meetings are well organized and the Chair manages them to allow sufficient time for discussion of major issues and to ensure appropriate participation by all.	3.8	4.3	4.6	2	8	0	2	0	0
5.2 The board has a well-conceived and realistic annual work plan.	4.5	4.8	4.4	6	6	0	0	0	0
5.3 Board materials are sufficiently informative so that board members can participate in discussions and make decisions.	4.5	4.8	4.6	6	6	0	0	0	0
5.4 Board materials arrive sufficiently in advance to allow for board members to prepare properly for the meetings.	4.7	4.8	4.5	8	4	0	0	0	0
5.5 The board uses in-camera sessions appropriately.	4.7	4.8	4.5	8	4	0	0	0	0
5.6 The board uses a consent agenda practice that conserves board time without compromising board oversight.	4.5	4.8	4.6	7	4	1	0	0	0
5.7 Minutes accurately reflect board discussions and decisions.	4.7	4.7	4.6	8	4	0	0	0	0
5.8 The board's 'meetings without management' focus on the governance process and support from management.	4.2	4.4	4.2	5	4	1	1	0	1

Ontario Hospital Association

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Comments (2)									
I don't know what is meant by question 5.8. No matter how well managed our Board meetings are, and they are well managed, we are inevitably pressed for time. I think that's a reflection of a lot of items to get through each meeting and the fact that Board members take their responsibilities seriously and are very engaged during meetings.									
We ALL need to do a better job of managing the time. While we are all passionate about the Royal we could make use of a time monitor. I think we are all smart enough to re-allocate time as our discussions unfold to ensure that we put the appropriate emphasis on the right areas.									
#6. Overall Board Functioning (Guide Chapters 6 to 8)									
6.1 Directors work well together, seeking consensus, and treat each other with respect and courtesy.	4.8	4.7	4.6	9	3	0	0	0	0
6.2 Directors ask constructive questions and express their views in a respectful manner.	4.8	4.7	4.6	9	3	0	0	0	0
6.3 Once decisions are taken by the board, all members support the position.	4.5	4.6	4.6	8	2	2	0	0	0
6.4 Directors respect the confidentiality of board in-camera discussions.	4.8	4.8	4.7	11	0	1	0	0	0
6.5 Directors declare conflicts of interest, where appropriate.	4.9	4.8	4.6	11	1	0	0	0	0
6.6 The board has sufficient opportunities to go into adequate depth on critical issues from time to time (retreats or 'deep dives' at regular meetings).	4.1	4.4	4.3	4	6	1	1	0	0
6.7 The board has effective evaluation tools to help it make modifications in its governance processes.	3.8	4.2	4.3	4	2	4	1	0	1
6.8 The board balances its time well between considering future issues and dealing with current governance matters.	3.8	4.2	4.3	4	3	3	2	0	0
6.9 The board addresses important issues and decisions at a sufficiently early stage.	3.9	4.2	4.4	4	4	3	1	0	0
6.10 On balance, the board allocates its time effectively between important issues and those of lesser importance.	4.3	4.5	4.4	6	4	2	0	0	0
Comments (1)									
I strongly value the diversity of experience and perspective that is present at the board table. I am positively challenged.									
#7. Individual Director's Functioning									
7.1 I have a good understanding of the difference between the board's governance role and the role of the CEO and management.	4.7	4.8	4.7	10	1	0	1	0	0

				Distribution of Scores (Royal Ottawa Health Care Group)					
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7.2 I have a good understanding of the organization's strategic plans, activities and operations.	4.3	4.5	4.5	6	5	0	1	0	0
7.3 I have a good understanding of the challenges in the external environment affecting the organization.	4.5	4.5	4.6	6	6	0	0	0	0
7.4 I feel good about my level of contribution to the board's deliberations.	4.7	4.6	4.5	8	4	0	0	0	0
Comments (0)									

Ontario Hospital Association

Board Self-Assessment Summary Report 2019
Royal Ottawa Health Care Group

These are your highest-scored area(s) in relation to the comparator averages:

6.5 Directors declare conflicts of interest, where appropriate.
1.4 The board regularly monitors and evaluates progress towards strategic goals and directions.

These are your lowest-scored area(s) in relation to the comparator averages:

5.1 Board meetings are well organized and the Chair manages them to allow sufficient time for discussion of major issues and to ensure appropriate participation by all.
1.12 There is an effective process for measuring the CEO's performance.

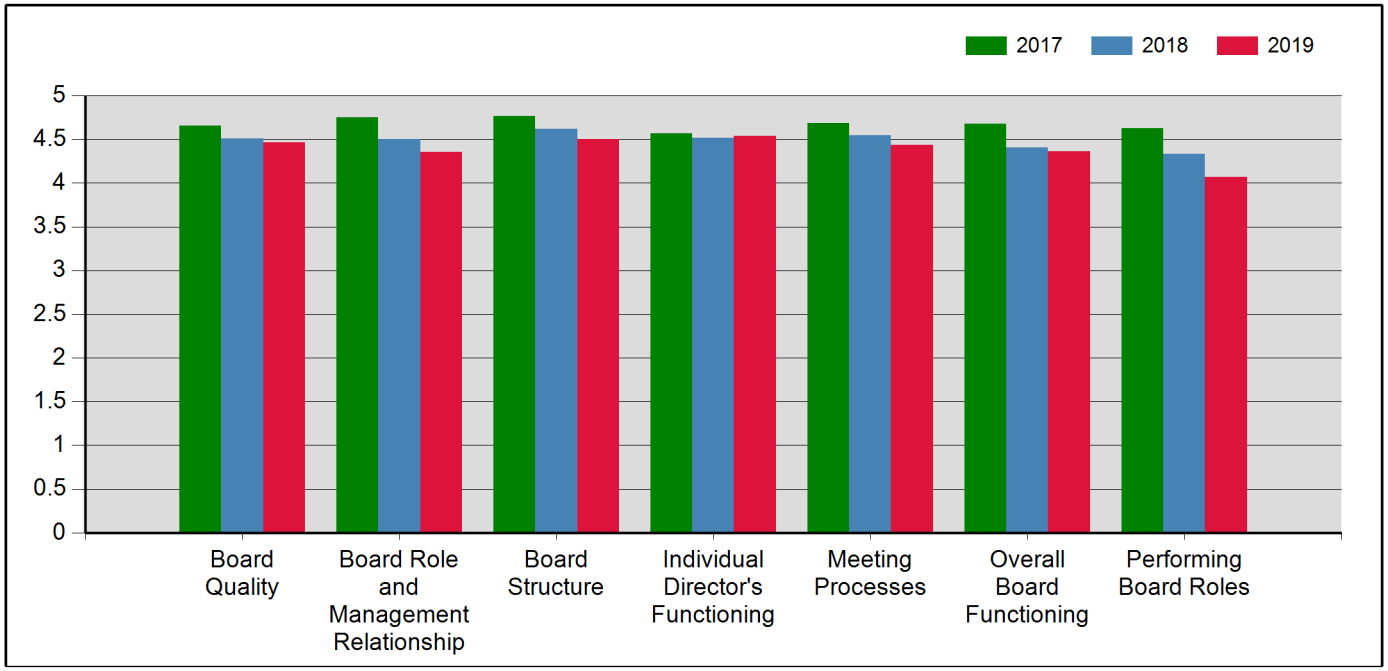
These are your highest-scored area(s) for your organization:

6.5 Directors declare conflicts of interest, where appropriate.
6.4 Directors respect the confidentiality of board in-camera discussions.
4.5 The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference.

These are your lowest-scored area(s) for your organization:

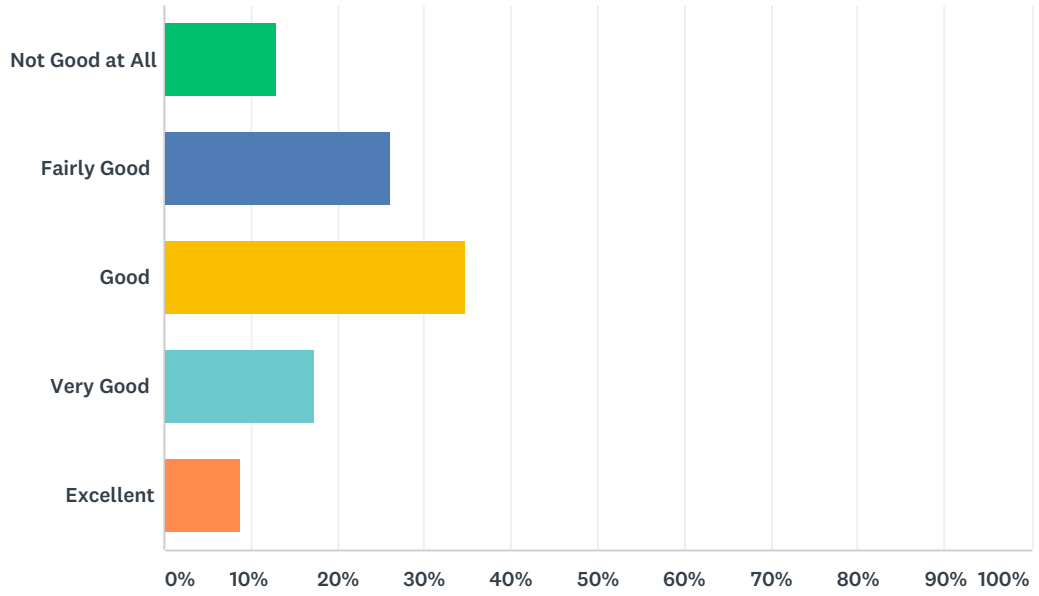
1.16 The board has a sound plan for the Chief of Staff's development and succession.
1.15 The board has a sound plan for the CEO's development and succession.
1.13 There is an effective process for establishing the Chief of Staff's annual goals.

Your Organization's Trend Line:



Q1 Overall, how would you rate the Board Development Days?

Answered: 23 Skipped: 0



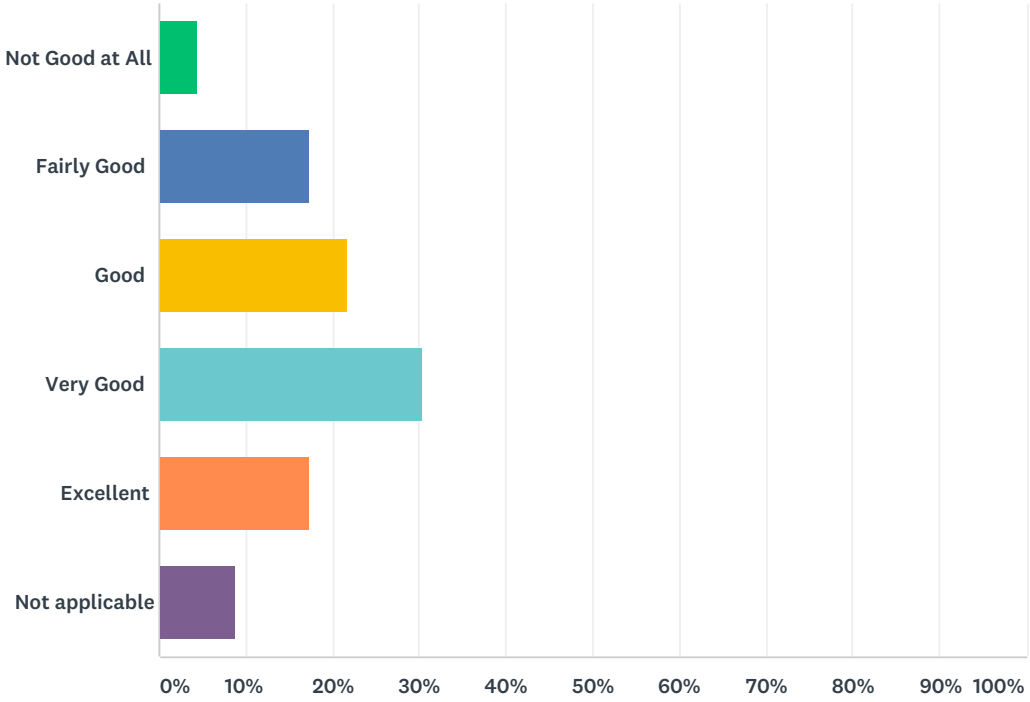
ANSWER CHOICES	RESPONSES	
Not Good at All	13.04%	3
Fairly Good	26.09%	6
Good	34.78%	8
Very Good	17.39%	4
Excellent	8.70%	2
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	As a day 2 attendee, having an icebreaker or exercise to meet the other attendees would have been helpful in connecting the 'dots' in terms of who everyone was	12/5/2019 5:30 PM
2	I was hoping for more board to board engagement. Day 1 was good stuff but most of it was not new to me.	11/27/2019 12:26 AM
3	More focused, outcome focus	11/26/2019 6:56 PM
4	I wish there was a category between fairly good and not good at all. There was too much talking at the board members and not enough time for us to provide input and have conversations about what we thought was working and want is not and how we can make things even better.	11/21/2019 11:14 PM
5	More dedicated and integrated time with all Boards, and Board members. Governance module could have been done more effectively.	11/21/2019 7:22 PM
6	-Education on governance was a repeat for ROHCG board on day two. I feel planning could have made this more efficient. -It feels as though we skipped the combined boards roles in the vision prior to embarking on strategic planning.	11/21/2019 6:30 PM

7	Even with 2 days, I felt we were pressed for time. Also, and this may be a comment more appropriate below, with the need to get all 3 boards on the same page with some governance training (necessary as we move forward), we lost time that could/should have also been spent working together on mission and vision under the new strategic plan. I see this as a gap which the Board Oversight Committee doesn't necessarily have the ability to fully deal with on behalf of their respective boards.	11/21/2019 5:52 PM
8	Less talking by the Governance speaker	11/19/2019 7:51 PM
9	More discussion as a group between three boards.	11/18/2019 6:50 PM
10	I through the event flowed well and that all of our needs were met. Lovely venue.	11/15/2019 3:45 PM
11	Less lecture, more interaction/discussion More board to board dialogue, and greater focus on strat plan ideation,	11/15/2019 1:56 AM

Q2 Strathmere - Please rate the accommodations

Answered: 23 Skipped: 0

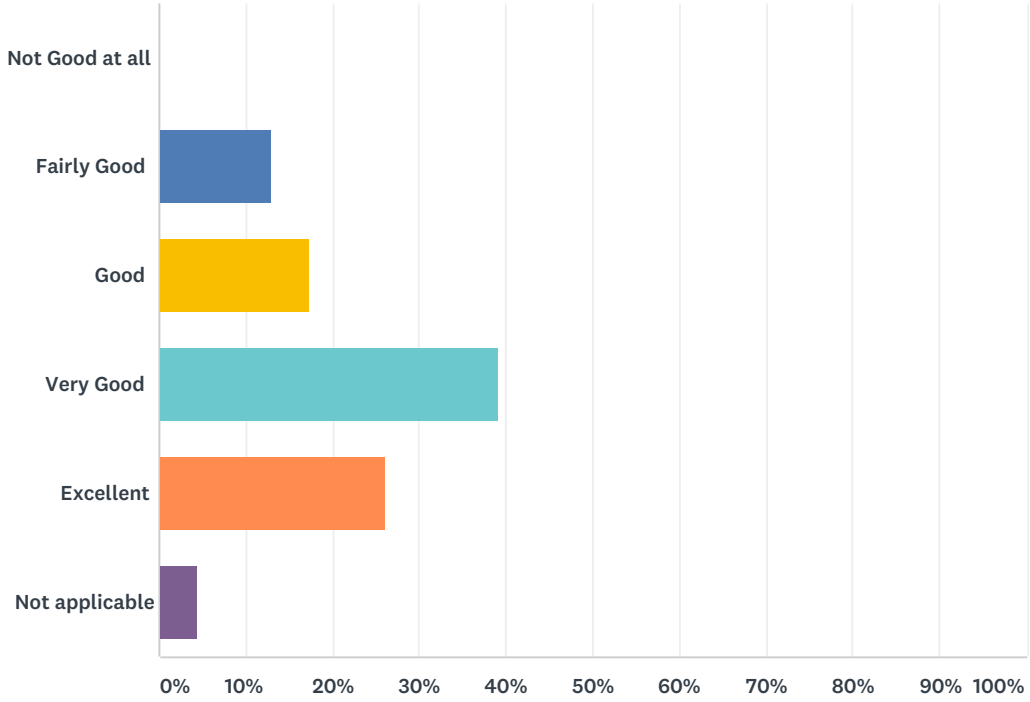


ANSWER CHOICES	RESPONSES	
Not Good at All	4.35%	1
Fairly Good	17.39%	4
Good	21.74%	5
Very Good	30.43%	7
Excellent	17.39%	4
Not applicable	8.70%	2
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	My room was cold	11/27/2019 12:26 AM
2	Weather didn't help	11/26/2019 6:56 PM
3	The rooms were not all as clean as one would expect (at least not mine). Everything else was fine.	11/21/2019 5:52 PM
4	A bit closer to town	11/18/2019 6:50 PM

Q3 Strathmere - Please rate service, food selection etc.

Answered: 23 Skipped: 0

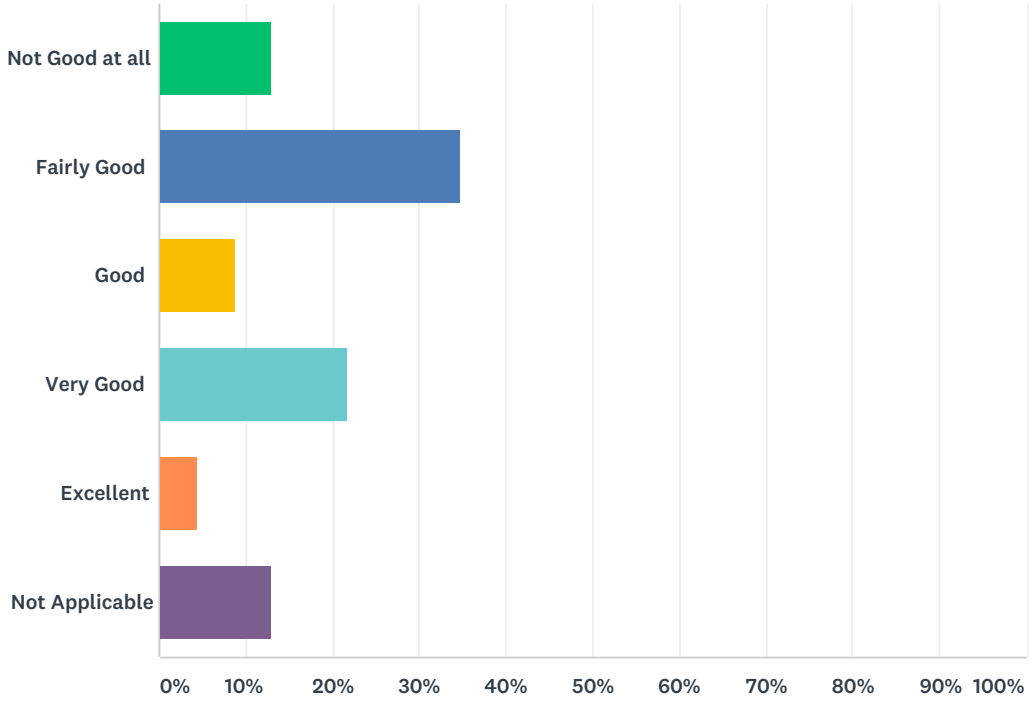


ANSWER CHOICES	RESPONSES	
Not Good at all	0.00%	0
Fairly Good	13.04%	3
Good	17.39%	4
Very Good	39.13%	9
Excellent	26.09%	6
Not applicable	4.35%	1
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	the portions were a bit small. I think it would have been good to have some appetizers before dinner	11/21/2019 11:14 PM
2	Not enough service staff at dinner.	11/21/2019 6:30 PM

Q4 How would you rate the Board Governance presentation by Rob DeRooy, VP of Governance & Strategy, Governance Solutions Inc. on Day 1? Topics included:- Clarifying roles and responsibilities of Board and management- Functioning and process for fulfilling its roles- Structuring and using Committees effectively- Suggestions for change based on what we learned/discussed

Answered: 23 Skipped: 0



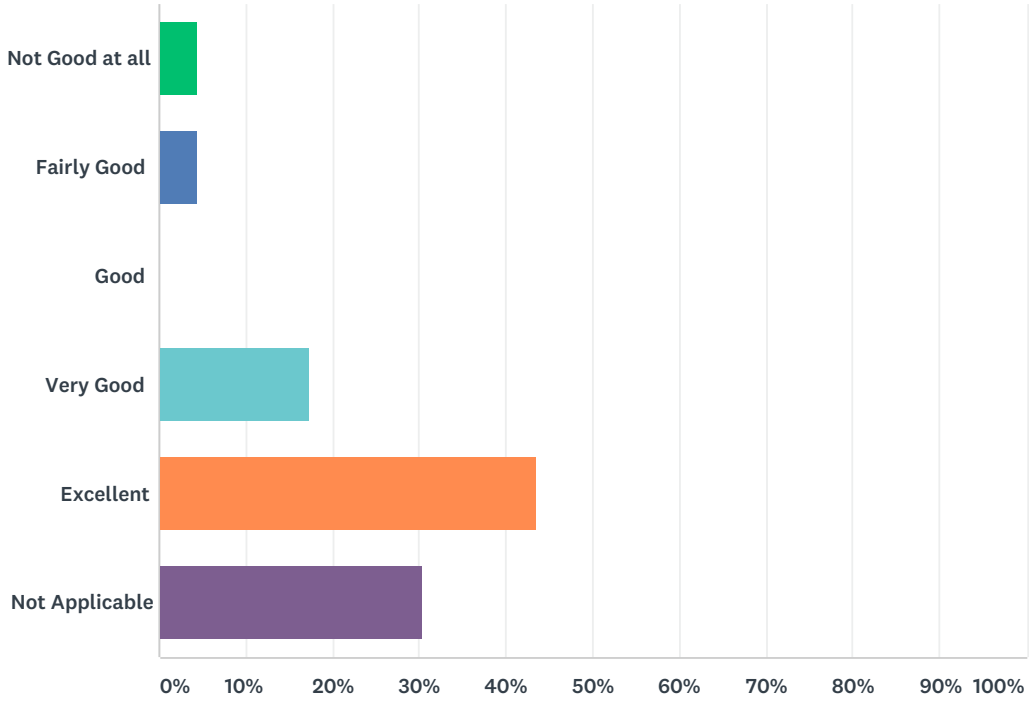
ANSWER CHOICES	RESPONSES	
Not Good at all	13.04%	3
Fairly Good	34.78%	8
Good	8.70%	2
Very Good	21.74%	5
Excellent	4.35%	1
Not Applicable	13.04%	3
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	presentation was not tailored to the Royal or Health Care	11/27/2019 2:02 AM
2	I have seen most of it previously	11/27/2019 12:26 AM
3	Some good pieces, but very long. More interactive would have been great	11/26/2019 6:56 PM

4	Basic and did appear familiar with hospital legislation.@nd day educ that hospital board had heard the previous day thus not a good use of time.been talked too and little interaction	11/22/2019 3:13 PM
5	He should have sent his materials out in advance and limited his presentation to about 30 minutes and then held an interactive session on points that weren't clear and had the board members talk about how we doing as a team	11/21/2019 11:14 PM
6	More discussion of interaction between the 3 Boards was necessary and important.	11/21/2019 9:33 PM
7	Repetitive and lacking in direct Health Care examples. Did not understand audience.	11/21/2019 7:22 PM
8	Combined session for all boards. Opportunity to work in small groups and discuss what we do well, and where we can improve.	11/21/2019 6:30 PM
9	I thought Rob started a little slow, and I was thinking that it was going to be a repeat of things we all know (or should know), but it got better and and better as the session went on, and I ended up learning a lot.	11/21/2019 5:52 PM
10	Fair at best	11/21/2019 4:16 PM
11	Understanding of Hospitals	11/15/2019 5:16 PM
12	Excellent communicator, BUT, content was inappropriate, and reminded me of undergrad, too theoretical. Lost the opportunity to take key concepts, then apply with committee and Board inputs. Way too much time on concepts/ theory	11/15/2019 1:56 AM

Q5 How would you rate the interactive indigenous blanket exercise with I. Compton and A. King?

Answered: 23 Skipped: 0

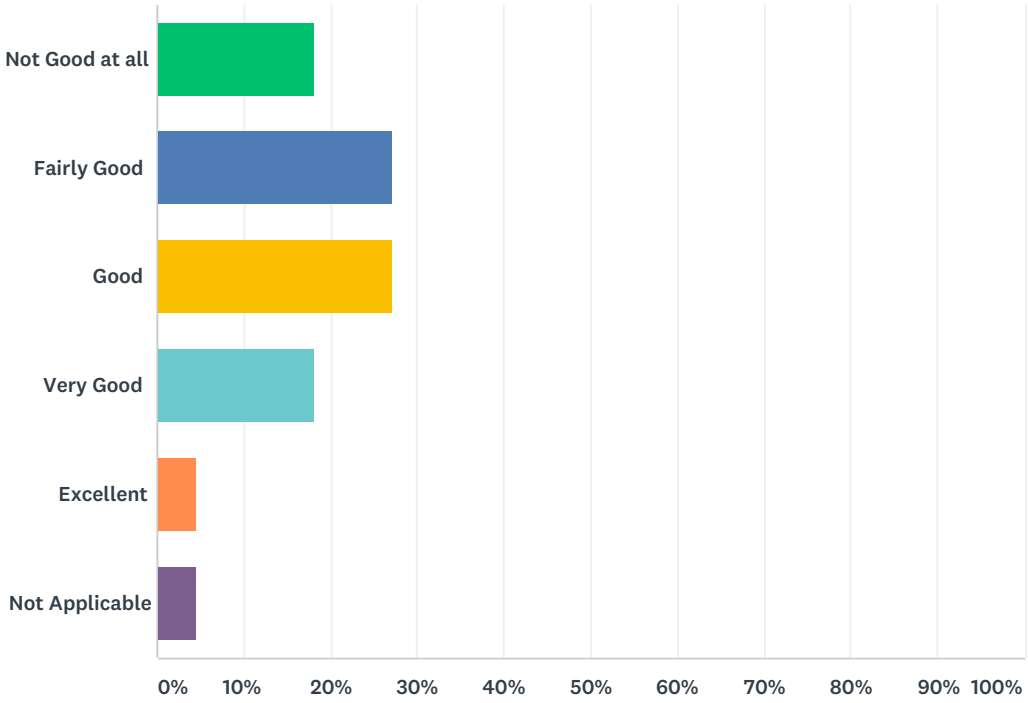


ANSWER CHOICES	RESPONSES	
Not Good at all	4.35%	1
Fairly Good	4.35%	1
Good	0.00%	0
Very Good	17.39%	4
Excellent	43.48%	10
Not Applicable	30.43%	7
TOTAL		23

#	PLEASE COMMENT:	DATE
1	Eye opening and emotional.	11/27/2019 2:02 AM
2	I was moved	11/27/2019 12:26 AM
3	Thank you	11/26/2019 6:56 PM
4	would have been great to have had a little more time to discuss	11/21/2019 8:27 PM
5	I had been looking forward to this, and it didn't disappoint.	11/21/2019 5:52 PM
6	Unfortunately, it felt a bit long at the end of an unproductive day	11/15/2019 1:56 AM

Q6 How would you rate the Recap of Board Governance and the Focus on Integration of Boards presentations by Rob DeRooy, VP of Governance & Strategy, Governance Solutions Inc.?

Answered: 22 Skipped: 1

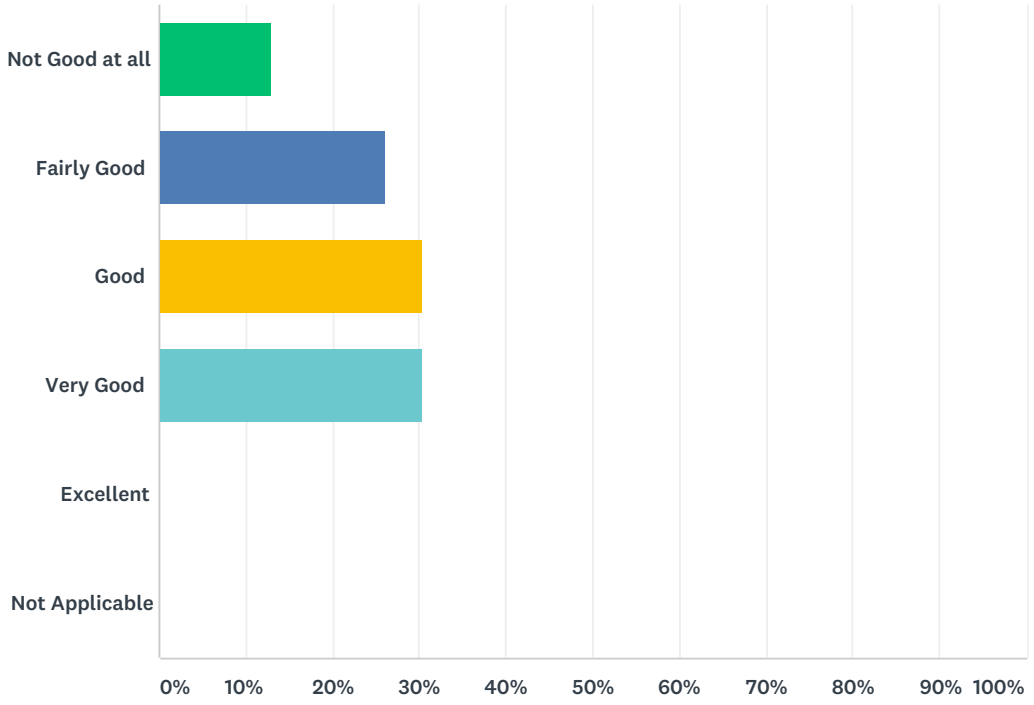


ANSWER CHOICES	RESPONSES	
Not Good at all	18.18%	4
Fairly Good	27.27%	6
Good	27.27%	6
Very Good	18.18%	4
Excellent	4.55%	1
Not Applicable	4.55%	1
TOTAL		22

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	More concise -	12/5/2019 5:30 PM
2	excet that much was a repeat educ that hosp board had heard on day 1	11/22/2019 3:13 PM
3	unfortunately it was not a recap but again having to listen to the same material	11/21/2019 11:14 PM
4	Repetitive	11/21/2019 7:22 PM
5	In retrospect, it might have been a good idea to just have the 1 governance session for all 3 boards (and make it longer than it was on day 2). It was too much for the Royal Board members to go through it twice.	11/21/2019 5:52 PM
6	See above	11/15/2019 1:56 AM

Q7 How would you rate the presentation on a Board's role in strategic planning by Rob DeRooy, VP of Governance & Strategy, Governance Solutions Inc.?

Answered: 23 Skipped: 0

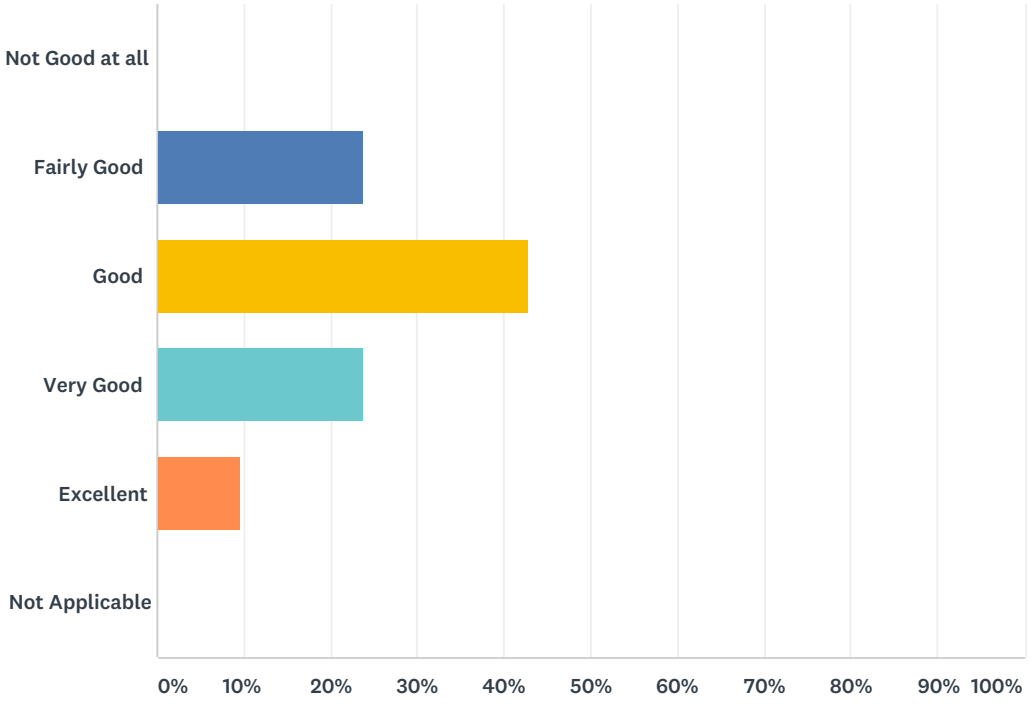


ANSWER CHOICES	RESPONSES	
Not Good at all	13.04%	3
Fairly Good	26.09%	6
Good	30.43%	7
Very Good	30.43%	7
Excellent	0.00%	0
Not Applicable	0.00%	0
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	Engagement of The ROHCG board was lacking, repeat of day before	11/26/2019 6:56 PM
2	Lost opportunity here. Should have been a greater focus, with less lecture, more group ideation and discussion.	11/15/2019 1:56 AM

Q8 How would you rate the introduction to the Strategic Planning exercise by Jim Lambley, Acting Strategic Planning Director?

Answered: 21 Skipped: 2

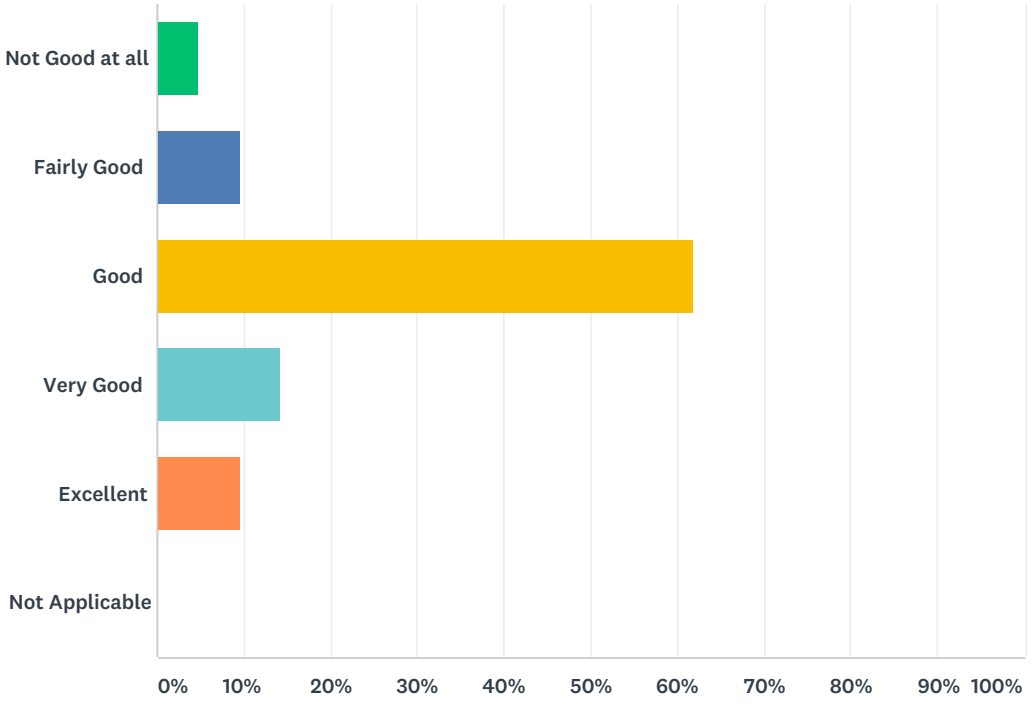


ANSWER CHOICES	RESPONSES	
Not Good at all	0.00%	0
Fairly Good	23.81%	5
Good	42.86%	9
Very Good	23.81%	5
Excellent	9.52%	2
Not Applicable	0.00%	0
TOTAL		21

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	It was informative but missed the opportunity to drive more thinking and ideas on the 3 board direction - maybe not Jim's mandate.	11/21/2019 7:22 PM

Q9 How would you rate the interactive Strategic Planning exercise by Jim Lambley, Acting Strategic Planning Director?

Answered: 21 Skipped: 2



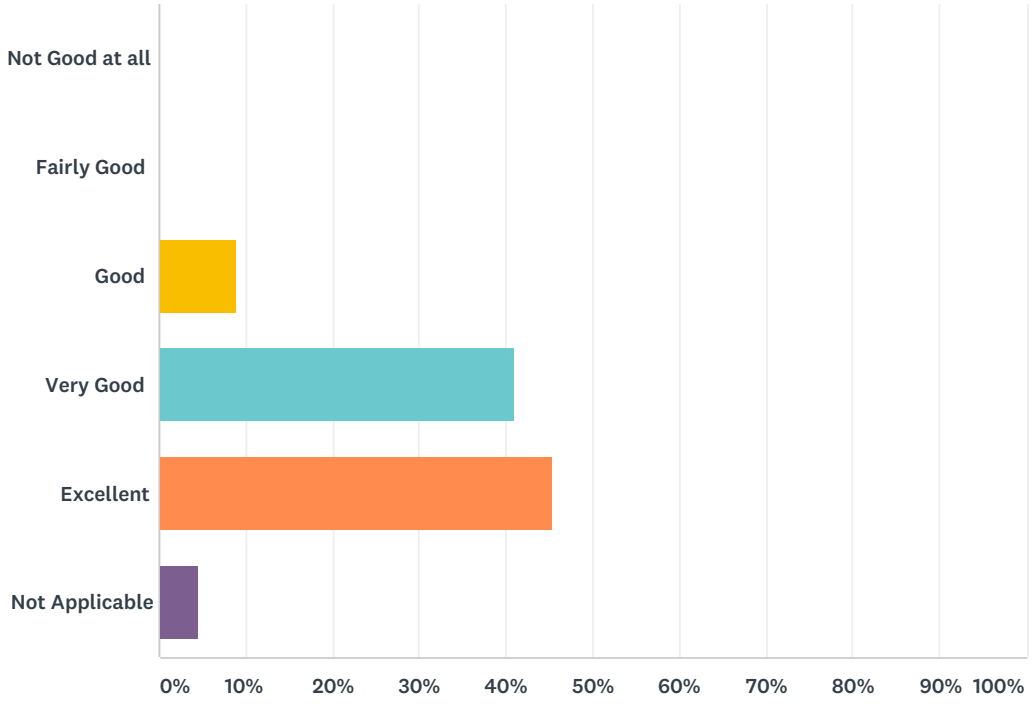
ANSWER CHOICES	RESPONSES	
Not Good at all	4.76%	1
Fairly Good	9.52%	2
Good	61.90%	13
Very Good	14.29%	3
Excellent	9.52%	2
Not Applicable	0.00%	0
TOTAL		21

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	I didn't get to spend much time in board to board discussions	11/27/2019 12:26 AM
2	It would have been better to get the boards to talk about what they think we need to address with the new strategy and what will be important for success	11/21/2019 11:14 PM
3	Not enough time to dive into some critical starters like vision and mission, which all Board members should have been a part of.	11/21/2019 5:52 PM
4	More time for discussion and input to the plan	11/19/2019 7:51 PM
5	Was too laboured, many people left or found it not relevant	11/18/2019 6:50 PM
6	It would have been great to have had more time for the exercise.	11/15/2019 3:45 PM

7	The exercises were not relevant, and lost opportunity to take advantage of the membership being together and providing direct input on strat plan vision, mission and goals, not responses to hypothetical scenarios	11/15/2019 1:56 AM

Q10 How worthwhile was it to spend time with the other members from all the Boards?

Answered: 22 Skipped: 1

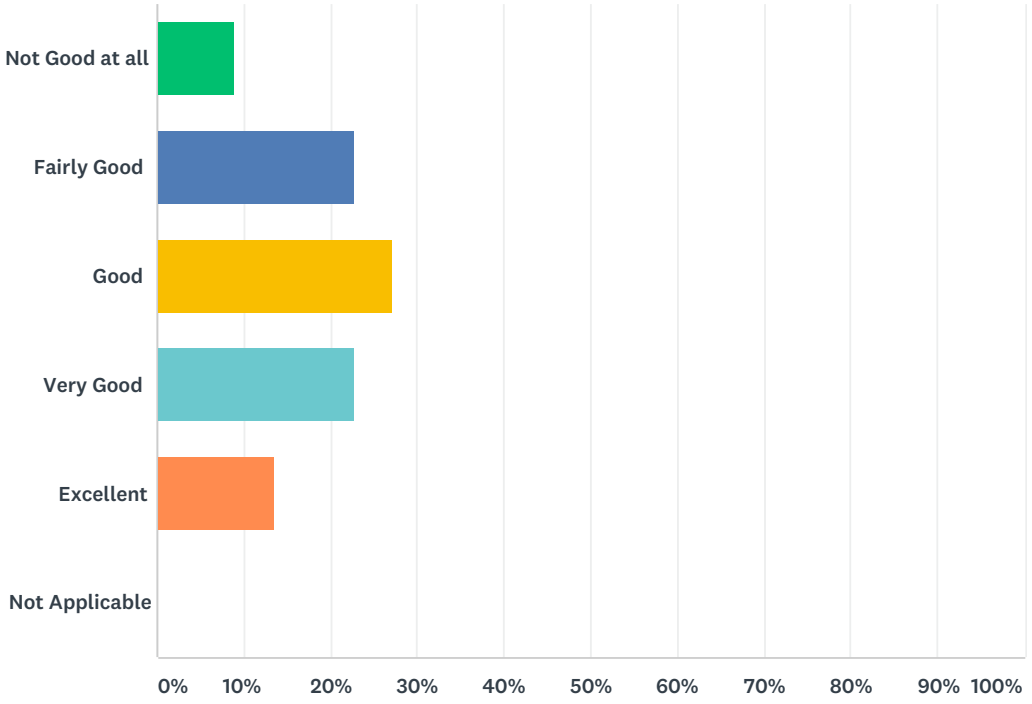


ANSWER CHOICES	RESPONSES	
Not Good at all	0.00%	0
Fairly Good	0.00%	0
Good	9.09%	2
Very Good	40.91%	9
Excellent	45.45%	10
Not Applicable	4.55%	1
TOTAL		22

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	I expected more focus on alignement between the 3 boards	11/27/2019 2:02 AM
2	Would have preferred more	11/27/2019 12:26 AM
3	We really did not get much time to spend with the other board members. It would have been great to have more time to connect and talk about our views on what is working and the strategy for the future	11/21/2019 11:14 PM
4	To the degree we did. Should have been more exercises solely with the Board members.	11/21/2019 7:22 PM
5	More time to work on alignment on a shared vision.	11/21/2019 6:30 PM
6	More directed interaction	11/15/2019 1:56 AM

Q11 Was there enough time provided to connect with other Board members?

Answered: 22 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not Good at all	9.09%	2
Fairly Good	22.73%	5
Good	27.27%	6
Very Good	22.73%	5
Excellent	13.64%	3
Not Applicable	0.00%	0
TOTAL		22

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	Per earlier comments - a way to connect in a less structured environment/process would have furthered the relationships	12/5/2019 5:30 PM
2	could have been more discussion and less listening	11/22/2019 3:13 PM
3	All boards included in dinner and blanket ceremony. Information and updates with a chance for questions on each boards key initiatives for 2020.	11/21/2019 6:30 PM
4	I would have liked to use some of the time to speak openly about our current challenges/opportunities etc in an open forum	11/16/2019 6:33 PM
5	Perhaps a “speed” networking event could be planned for future get togethers in order to encourage more one/one exchanges.	11/15/2019 3:45 PM

Q12 What would you like to see on the agenda at a future Board Development Day?

Answered: 12 Skipped: 11

#	RESPONSES	DATE
1	Once strategic priorities have been identified - further discussion on the roles of the various boards to help achieve them.	12/5/2019 5:30 PM
2	Could OHA present something on the future of health care?	11/27/2019 2:02 AM
3	Perhaps a more focused agenda that fully engages the boards in a collaborative exercise	11/27/2019 12:26 AM
4	Foundation connections - cross board information stories / processes - More generative work	11/26/2019 6:56 PM
5	more time for board members to discuss their views on how the royal is operating (from a board perspective not getting into the weeds) how we are operating as a board	11/21/2019 11:14 PM
6	An all Board Strategy Session, workshop, etc . to discuss macro themes, directions, risks and overall governance for the Royal under a integrated 3 board strategic plan.	11/21/2019 7:22 PM
7	Independent members of ROHCG and Joanne to have a couple of hours together for Joanne to talk about her view of 2020 and have a dialogue. More dialogue on how the 3 boards will work more closely together moving forward.	11/21/2019 6:30 PM
8	More time spent exchanging ideas and issues between three boards, much less presentations and exercises.	11/18/2019 6:50 PM
9	More time dedicated to openly discussion our challenges/opportunities/threats and how we as a unit plan to tackle these .	11/16/2019 6:33 PM
10	More interactive experience	11/15/2019 5:16 PM
11	1. Global MHC best practices throughout lifespan- prevention, identification, diagnosis/treatment, recovery, sustaining wellness. Patient/Client and Community partnerships/engagement. Delivery methods (e.g. community-based, digital, peer support, etc.) 2. Promising and emerging new treatment and recovery models 3. Research knowledge translation and application - issues, considerations, ethics. Best practice models 4. Best practice models in Client/Family navigation and engagement - for outcomes 5. How other world class MHC organizations measure success - emerging trends in... for outcomes orientation.	11/15/2019 3:45 PM
12	While the title suggests the exersize intention is development of the Board, ie of knowledge or governance skill, there may be value to structure in more ideation, generative thinking and dialogue, either through structured exersizes, or guided discussion. Since most Board and committee meetings are agenda driven, opportunity for broader and strategic thinking as a group would be valuable. The membership represents a rich mix of skills and perspectives, that ought to be applied to big thinking ideas, an annual look back and look forward exercise, and a “how are we doing” reflection to help calibrate Board goals for the year ahead	11/15/2019 1:56 AM

Foundation for Mental health

Strategy & Governance Committee

December 10, 2019

Board feedback – 1st time

- Less structure for a couple of hours
- Opportunity to talk about what they see
- Chairs of Committees/Strategy & Governance could be leads on activities
- Others could have ideas on campaign
- Shared thoughts – mutual interest in other boards
- Education about how Foundation runs “here’s what we do.”
- ½ day separate/then together

The Le Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

Board Development Days

Summary Report

Oct 31 – Nov 1, 2019
Strathmere
North Gower, Ontario

Table of Contents

Day 1: Thursday, October 31, 2019

I. Introduction & Purpose:

Opening Remarks

- Anne Graham, ROHCG Board Chair, welcomed all participants and guests. She noted that it has been a year of great change for the organization with new leadership and with the evolving provincial landscape with the formation of Ontario Health Teams. She expressed that there is certainly more change to come in the future and that the opportunity to support the alignment of the Royal Boards and the first attempt at an integrated strategic plan comes at a great time.
    - Our time spent together here will be a great opportunity for:
        - The ROHCG Board to get to know each other better
        - All three Boards to get to know each other
        - All Boards to have an opportunity to understand the Strategic Planning process and provide high level, early input to the Team developing the Integrated Strategic Plan
- Joanne Bezzubetz, CEO, welcomed everyone and shared a new strategy for The Royal, which is a hospital without walls - a future in which mental health care and research meet people where they are. The following are just four of the ways The Royal intends to begin building a hospital without walls:

1. EXPANDING COMMUNITY SERVICES
    - Making our services more accessible to people where they live, work and access other services.
    - Help people to manage their illness while living their life, rather than setting their life aside to manage their illness.
    - The Royal as a strong partner in part of a system that thrives when we work together in partnership and collaboration.
    - Partnering with traditional healthcare partners such as primary care providers and acute care hospitals as well as non-traditional ones.
    - VP role directly devoted to community mental health.

2. INNOVATION
    - Encouraging everyone at The Royal to think innovatively about how we deliver care and embrace innovation to improve access to care and help more of our clients get better, faster.
    - Created an innovation committee of the board and other boards have been invited to join on this journey

3. RESEARCH
    - Exploring and pushing the boundaries of our knowledge in a way that is integrated with care and driven by the needs and experiences of our patients in order to create better futures for all people living with mental illness.
    - Allowing more patients the opportunity to participate in potentially life-changing studies – both as participants and as co-designers of research projects.

- Researchers, clinicians, clients and families can all work together to unlock the mysteries of the brain so we are better able to diagnose, treat and one day prevent mental illness.

4. Client and Family Centred Care

- This is a cornerstone of a hospital without walls as our clients and their families give us purpose.
- Having clients and families participate with us on this journey and the work that we do.

Note: In line with client and family centred care, the Board welcomed Glenda O'Hara, chair of the Client Advisory Committee, and Michele Langlois, chair of the Family Advisory Committee to the Board Development Days. While client and family centred care is at the core of what we do at The Royal, both Glenda and Michele's participation, feedback and input during the sessions helped always keep it top of mind.

Objectives for Board Development Days

DAY 1:

- Clarify roles and responsibilities of Board and Management including the concept and legalities of governance and the necessary separation between governance and operations.
- Explore how we can govern in the best interests of both our community (the people using and in need of The Royal's services), and the organization (its finances, its people, and its future).
- Discuss the tools for providing direction and monitoring results, as well as how to work effectively as committees of the Board.
- Participate in the Blanket Exercise to better understand the community that we serve by exploring the historic and contemporary relationship between Indigenous and non-Indigenous peoples.

DAY 2:

- Dedicated to relationship building with counterparts from the boards of the IMHR and the Foundation, and to discussing The Royal's new Integrated Strategic Plan.
    - A day for creative, visionary thinking as well as thoughtful consideration of who we are, what we want to be and how we will get there.

II. Board Education – Governance Structure and Process

Rob DeRooy, VP Governance & Strategy for Governance Solutions Inc**.** delivered a formal presentation to the group. The PowerPoint slides have been made available to all board members. Below are highlights from the presentation that sparked discussion among participants.

Principals & Agents

- **Principals** are those:
    - Who created the organization and/or have a purpose for the organization; have needs that the organization can meet.

- Who invest resources and capital in an organization.
- The main principal is often the funder as these are the people you must keep happy.
- Some examples of principals are government, clients, the public, etc.

Note: It was identified in the discussion that The Royal has **nested principals** – While it was noted that the government is The Royal's main principal because the government funds The Royal and sets expectations, the government ultimately answers to the community on their needs, and receives funding from them in the form of taxes. Therefore, The Royal must also consider the needs of the community taxpayers.

- **Agents:** Agents are people who work for the organization to use resources in order to create outcomes.
- **Principal – Agent Problem**: Principals want to invest the least amount of resources (capital, labour, material) to achieve the highest return (economical, social, cultural outcomes).
- **Dilemma:** The self-interests of principals and agents are in constant tension/conflict.
  - When principals govern, the entity is starved of resources and cannot meet expectations, does not innovate, and is unsustainable.
  - When agents govern, resources are wasted and the entity is not productive or efficient.
- **Solution**: the board is responsible to govern:
  - Be the independent intermediary between the principals and agents
  - Be the voice of the principals to the agents and vice versa
  - Has ultimate authority and responsibility to act in best interests of the organization: fiduciary duty
  - Must NOT act in their self-interest

Risk

- Boards must indicate to management what their level of risk tolerance is. This is done in many ways like an investment policy, for example. Risk tolerance is built into the strategic plan by setting target objectives and acceptable ranges of where targets can fall between
- Interrelated risk: Where decreasing a risk in one area could increase a risk in another.

E.g., Bedsores vs. falls in the geriatric population. Allowing individuals to be more ambulatory will decrease the incidents of bedsores, but will increase the risk of falls. We can put strategies in place to support falls risk but there may need to be agreement that we, as an organization, are comfortable with an increased fall risk over bedsores.

Measuring the Outcomes

- Selecting the correct measure can be a difficult process. We must keep in mind what is most important to measure.
  - E.g., Do we need to show the board how many people we saw or how many people we helped? How many people we helped is the outcome and how many people we saw is in the

input. If we only measure how many people we see, and forget to measure how many people we helped, we miss measuring the outcome.

- The Board's responsibility is to approve the outcomes we as an organization want to achieve, and ensure the outcomes selected are meaningful, reasonable, and align with the strategic directions created to support the needs of the principals and stakeholders.
- **What & why vs. how** – What we will measure and why is decided by the board. How the activities will be achieved is decided by the organization.

Note: The measures selected should define what success looks like in all the areas we want to set goals, defined by the outcome we achieve.

Board Committees

- Committees undertake diligence activities ("deep dive") on behalf of the board
  - Receive and review reports from management and outside advisors
  - Recommend and report to the Board for approval
- The Board does not duplicate but rather oversees Committee work
- This requires strong communication between the committee and the board
- At times, a committee exists or is formed to do work because there is no capacity at the organizational staff level
- **Ex. officio members** are there not to vote but to provide a voice for input on decisions (e.g. CNE, Chief of Staff, President of Med Staff)
- At times, task forces are used. This is the formation of a temporary committee for a specific task (e.g. CEO succession & selection committee)
- Charters & TOR outline the responsibilities & duties of the committees.

Note: You want to use committees as an efficient and effective method for completing due diligence work, but must be mindful to not give too much work to too many board members. Distribute the work and do not have each board member sitting on every committee, thus defeating the purpose.

III. Tabletop Activity

Questions for the Group: What are your suggestions for change based on what we have learned/discussed today?

- Areas for consideration:
  - Structure
    - Do we have the right committees?
    - Too many/too few?
    - Size – is everyone comfortable with the size of the Board and the committees?
    - Structure?
  - Process
    - Are we operating efficiently in group settings?

        - Do we do everything that we are supposed to do?
    - Direction
        - Are we giving high-level direction?
        - In the right areas?
        - At the right level?
    - Control
        - Do we get all the reports and feedback we need to be confident that direction is being followed?
    - Policy
        - Do we have the right policies in place?
        - Are they effective?
    - People
        - Do we have the right skills at the table?
        - Should we alter our onboarding or succession activities?
        - Are we sufficiently independent?
    - Drawing the Line
        - Are we too operational?
        - Are we rubber-stamping (too hands-off?)

The table below is a compilation of the ideas generated through the tabletop activity. It was decided that Joanne, Catherine & Anne (as Chairs of the Governance Committee and the ROHCG Board respectively), will vet these items in terms of priorities and first potential actions to move forward and will then bring these to the Board.

Area of Consideration	Comments
Structure	The group was in consensus that the structure, size and number of committees are correct.
Process	• Concern about transparency from some of the committees, more fulsome committee reports are needed. • The Board is not adequately drilling down on resource allocation. • Not always strategic enough or streamlined enough – need to balance the direction of what is needed. <u>Agenda & Time Allocation</u> • Creating room on agendas for the community voice and the voice of clients and families. • Need to ensure that adequate attention is paid to quality items on the agenda. • Need to ensure adequate time on the agenda for different issues. A time monitor separate from the chair could support improvement in this area. <u>Board Packages & Minutes</u>

	• Work of the Board should not duplicate a committee. Board packages contain huge amounts of information. An executive summary would be better for digesting the necessary information. • If a committee has already reviewed a document in the board package then this needs to be indicated so the Board can review the committee report instead. • Align package to have consent agenda at the end so important documents are upfront in the package. • Tell me the story with numbers to back it up in the executive summary. • Meeting minutes need to come out after the meeting and not right before the next meeting.
Direction	• Tolerance for risk - we need to be clearer as a board on this. • Board does not talk a lot about the high-level strategy. • More focus needs to be paid on where we are going not on where we have been. • Strategic alignment with fewer indicators at a higher level. • Keeping a handle on the strategic direction more than 1-2 times per year. • Board to ensure that The Royal is measuring itself in a meaningful way. • Strategic plan ensuring that expectations are aligned with desired outcomes by assigning proper resources. • Risk register is currently split up and assigned to the committees where the risk falls under their purview and the skill set of the committee can support it. The full risk register then comes back to the board once a year to see the whole picture of risk in a significant way. Need to ensure significant time is spent on risks and possibly more than once per year. ○ Interrelated risks – committee chairs would need to speak to each other when a risk is identified that is related.
Control	• Defining what the Board wants in terms of information and data in order to receive the most relevant information. • Overlap between the three boards needs alignment.
Policy	• What should the role of the committees be in policy formation? ○ Policies often come for approval but should they come at a different stage of development?
People	• Where is the community representation at the board level? • Although most, if not all Board members represent someone with lived experience, explicitly stating requirement as a component on the skills matrix would be meaningful. • Ensuring that the Ex. Officio role is well defined for members so that they know their voice is just as important around the table and is needed to influence the voting members.
Drawing the Line	• At certain times, the Board needs to be more operational for specific reasons – recognize that this a short-term activity as management builds its capacity. • Sometimes you are invited “over the line” to be helpful when something is not working well but understanding that this is time-limited is pivotal. • Allowing management time and opportunity to come back with solutions to issues before the Board crosses the line. • Ensuring management feels comfortable to address when a Board member, committee or the Board as a whole is crossing the line.

IV. Indigenous Blanket Ceremony

David Hesidence introduced Irene Compton and Alanis King who walked everyone through an interactive Indigenous Blanket Exercise. This workshop explores the nation-to-nation relationship between **Indigenous** and **non-Indigenous** peoples in Canada. After the exercise, participants shared their reactions and all were humbled and moved by the experience.

The afternoon concluded with a social dinner prior to closing for the evening.

DAY 2: Friday, November 1, 2019

V. Welcoming IMHR and Foundation Boards

Anne Graham Chair of the ROHCG Board welcomed both the IMHR Board and the Foundation Board. Chair of the IMHR Board, Steve West, and Chair of the Foundation Board, Gordon Cudney, said a few words of welcome and appreciation for the invitation to collaborate and build relationships.

Anne commented on the fact that over the past year, the leadership team at The Royal has made significant progress towards breaking down the walls between our various areas of focus. She explained that we can build on this momentum as we create The Royal's new Integrated Strategic Plan. The timing is perfect to identify and align around a common purpose.

Joanne Bezzubetz, CEO, reiterated her vision for the organization, a hospital without walls - a future in which mental health care and research meet people where they are. She explained that building a hospital without walls is not just for the clients who need to access services, but also between the entities that make up The Royal, and that having the three boards here today is supporting this journey. Joanne expanded upon the concepts that will help us achieve a hospital without walls: Expanding community services, innovation, research and client and family centred care.

VI. Board Governance Education: FOCUS ON INTEGRATION OF BOARDS

Rob DeRooy, VP Governance & Strategy for Governance Solutions Inc**.** recapped his formal presentation from Thursday for the larger group. Below are highlights from the presentation that sparked discussion among participants.

Principals & Agents

- During the principals and agents section, Rob led a discussion identifying the main principle for each of the Boards.

IMHR's Main Principal: The Hospital Foundation's Main Principal: The Hospital The Hospital's Main Principal: The Government

Note: *The concept of nested principals applies to all organizations under The Royal. The community taxpayers are important to all.*

The government is the main principal of the hospital, but the community taxpayers are the government's principals and therefore:

- When you're doing strategy you must address what the government wants you to do (not optional)
- The community has needs of the organization and ultimately the government should be demanding things that are good for the community

- The strategic plan should address more than what the government wants and addresses also what the community wants/needs

The Five Types of Boards

1. **ADVISORY:** passive board, CEO dominates (rubber stamp)
2. **COLLABORATIVE:** no clear line between board and CEO (oversight but not control) – accountability is blurred
3. **GOVERNANCE:** active strategically not operationally "line" (Oversight, direction, control)
4. **INTERVENING:** selectively draws the line (and direction) in different places depending on interests
5. **OPERATING:** very active but crosses the line into management (micromanaging – often seen in small, not-for-profits where there is no staff available to do the work)

Voting Exercise to Consider the Type of Board

IMHR Board

- What type of board?
  - Governance (50%) collaborative (25%) Advisory (25%)
- Where should you be?
  - The majority voted for a Governance type board.

Foundation Board

- What type of board?
  - Collaborative (57%) Governance (43%)
- Where should you be?
  - The majority voted for a Governance type board.

ROHCG Board

- What type of board?
  - Governance (100%)
- Where should you be?
  - The majority voted for a Governance type board.

SMT perception

- What type of Board does SMT believe the ROHCG Board is:
  - Governance (67%) Collaborative (11%) intervening (22%)

VII. Our New Approach to Strategic Planning - Development of an Integrated Strategic Plan for The Royal

Jim Lambley, Acting Strategic Planning Director, identified the importance of a strategic plan in that it sets direction and priorities, gets everyone on the same page, simplifies decision-making, drives alignment and communicates a message. His presentation highlighted the structure in place for

supporting the development of a new integrated strategic plan and presented the timeline of activities with the implementation of the new plan intended for May 2020.

The environmental scan, which was completed prior to the session, was displayed and Jim asked if Board members had any additions to please add them throughout the day.

Jim and his team then engaged the group in a number of generative tabletop exercises to gather the following pieces of information:

- **Assumptions Exercise:** Identification of key trends people believe to be true
- **SOAR Exercise: S**trengths, **O**pportunities, **A**spirations, **R**esults (SOAR) analysis is a strategic planning tool that focuses an organization on its **current** strengths and vision of the future for developing its strategic goals.
- **Strategic Foresight Exercise**: Exploration of plausible alternative futures to identify the challenges and opportunities that may emerge

For the December Board meeting, the team committed to reporting back on:

- A written summary of the Development Days work;
- Work completed to date on an integrated mission statement.

Wrap Up and Closing Remarks

The day concluded with closing remarks from all three Boards. Joanne reflected on the following points:

- Some data is reviewed by one board, but is not reviewed or seen by another board. Sharing amongst boards is an important next step for awareness and enabling everyone to be looking at the same North Star.
- We are like a trinity held in the arms of our clients and family members. They entrust us to deliver excellent care rooted in research and the commitment of donors for things that can make a difference in the community. We all have a stake in this.
- Hospital without walls is a heuristic vision until we have identified the new vision for the whole organization. It is meant to break barriers between silos externally and internally.

Foundation for Mental health

Strategy & Governance Committee

December 10, 2019

Board feedback – 1st time

- Less structure for a couple of hours
- Opportunity to talk about what they see
- Chairs of Committees/Strategy & Governance could be leads on activities
- Others could have ideas on campaign
- Shared thoughts – mutual interest in other boards
- Education about how Foundation runs “here’s what we do.”
- ½ day separate/then together