



**NOTICE OF MEETING  
ROYAL OTTAWA HEALTH CARE GROUP  
BOARD OF TRUSTEES**

**February 18, 2021 at 4:30 p.m.**

Join Zoom Meeting

<https://zoom.us/j/5193866253?pwd=bDZhcUtOSnAxTWE0V09MVWMyZzRFQT09>

Meeting ID: 519 386 6253

Passcode: aMgV5r

**OR Dial: +1 647 558 0588 (Canada Toll)**

Meeting ID: 519 386 6253

Passcode: 156931

- 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

🕒	Pg #		ITEM	REFERENCE	RESPONSIBILITY	STATUS	
4:30pm (05)	1	1.	<b>WELCOME</b>		A. Graham	○	IN
4:35 pm (10)	4	2.	<b>CLIENT/FAMILY PRESENTATION</b>	Presentation by Judy Thomas, Family Advisory Council Member	J. Thomas	○●	IN
4:45pm (30)	5	3.	<b>MINI SERIES</b>	Cyber Security	P. Sammut, KPMG	○●	IN
5:15pm (05)		4.	<b>CALL TO ORDER</b>	1. The Royal's Ethical Framework-Page 163 2. Public, Non-Public&Excluded Mtg Policy - Page 165 3. Conflict of Interest Policy - Page 169	A. Graham	○	IN
5:20pm (05)	6	5.	<b>AGENDA AND MINUTES</b>	<b>a. Acceptance of Agenda</b>	All	●	DEC
	7			<b>b. Approval of Minutes</b>	All	●	DEC
5:25pm (10)		6.	<b>INFORMATION ITEMS</b>	<b>a. Chair and CEO's Oral Report</b>	A. Graham J. Bezzubetz	○	IN
5:35pm (15)				<b>b. Update on Foundation Campaign</b>	C. Little	○	IN
5:50pm (15)	25			<b>c. Annual Update from Volunteer Association (ROVA)</b>	L. Colas	○●	IN
6:05pm (20)				<b>d. Strategy Update</b> - Prompt and Hospital Without Walls activities - Report on Org Design	S. Farrell C. Crocker K. Corace	○	IN

6:25pm (15)		7.	<b>COMMITTEE REPORTS &amp; DECISION ITEMS</b>	<b>a. Quality Committee Report</b> - <i>No report. Next meeting on March 1, 2021</i>	L. Leikin	○	IN
6:40pm (10)	31			<b>b. Governance Committee Report</b> - <i>DRAFT Minutes from January 26, 2021</i>	C. Coulter	○●	IN
	44			i. Board Connections Day Survey Results (October 22, 2020 Workshop)	C. Coulter	●	IN
	49			ii. 2021-2022 Meeting Schedule	C. Coulter	●	IN
	51			iii. Compensation & Succession Planning Committee Terms of Reference	C. Coulter	●	DEC
6:50pm (05)				<b>c. Innovation Committee Report</b> <i>No report. Next meeting on April 27, 2021</i>	N. Bhargava	○	IN
6:55pm (02)				<b>d. Compensation &amp; Succession Planning Committee Report</b> - <i>No report. Next meeting on April 7, 2021</i> - <i>President &amp; CEO and PIC/Chief of Staff Quarterly Update on Objectives in Restricted Session</i>	A. Graham	○	IN
6:57pm (10)	55			<b>e. Medical Advisory Committee Report</b> - November 19, 2020 Minutes - December 17, 2020 Minutes	R. Bhatla	○●	IN
	70			i. Medical Staff Privileges		●	DEC
7:07pm (15)	71			<b>f. Audit Committee Report</b> - <i>DRAFT minutes from January 21, 2021</i>	J. Gallant	○●	IN
	78			i. Annual Audit Plan		●	DEC
	124			ii. Reappointment of Auditors		●	DEC
	125			iii. Statutory Obligations Letter		●	IN
7:22pm (05)	128			<b>g. Finance Committee Report</b> - <i>DRAFT minutes from January 21, 2021</i>	J. Gallant	○●	IN

				- Interim Financial Statements (available on Board Portal)			
7:27pm (03)	134	8.	<b>CONSENT AGENDA</b>	a. <b>Approval of the Consent Agenda</b>	A. Graham		DEC
	135			i. President & CEO's Report	J. Bezzubetz	•	
	146			ii. The Royal Ottawa Foundation for Mental Health Report	C. Little	•	
	155			iii. Centre of Excellence Report	P. Smith	•	
	159			iv. IMHR Report	F. Dzierszinski	•	
		9.	<b>NEW BUSINESS</b>				
	163	10.	<b>REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING</b>				
		11.	<b>NEXT MEETING</b>	<b>March 25, 2021 at 4:30 p.m.</b>			
		12.	<b>ADJOURNMENT</b>				DEC
7:30pm		13.	<b>EXCLUDED SESSIONS</b>	1. <b>RESTRICTED</b> - Independent Board Members and CEO and PIC/COS - CEO/PIC/COS quarterly performance update ( <i>Verbal</i> ) - Brockville Redevelopment Committee Update			
				2. <b>IN CAMERA</b> - Independent Board Members only			

Joanne Bezzubetz, Secretary, ROHCG Board of Trustees

RSVP to [patricia.rob主@theroyal.ca](mailto:patricia.rob主@theroyal.ca)



Judy Thomas is a volunteer in the community and has worked with families over the past 4 years as a Family Wellness Recovery Facilitator (FWRAP), certified Peer Support Facilitator and a member of The Royal Ottawa Family Council. She is a dedicated advocate for increased transparency between the health care teams, their clients and families. She is committed to professional and personal excellence while demonstrating care and compassion for families and clients who have experienced mental health challenges.

Her experience with implementing change management processes with a focus on active and visible executive leadership accountability, frequent and open communication fostering employee engagement and participation organization wide. Her expertise is shared with her son's health care team at the Royal and executed as well at the Family Council.

Judy draws upon her 35 plus years of experience as accomplished Senior HR Specialist, NLP Certified Professional Coach and High-Performance Team facilitator, with a history of Senior Management positions across North America and over the past 27 years continues to operate a successful consulting business. As a leader, Judy is committed to inspiring her clients and family to reach their unlimited potential.



Paul Sammut is a leader of KPMG's Regions East Cyber Security team, based in Ottawa. Paul has over 20 years of experience in IT & Information Security providing Consultancy & Assurance in Europe, the US and Canada. Paul has helped a range of different organizations to improve their Cyber Security, including Federal Government, Non-Profits, Tech and Financial Services. Paul moved to Ottawa in 2018 after 7 years at KPMG UK. Paul is also a board member for Ausome Ottawa. Contact Paul at: [paulsammut@kpmg.ca](mailto:paulsammut@kpmg.ca)

**BOARD APPROVAL REQUEST**

<b>Motion Number: 2020-2021 - 25</b>	<b>Priority: Routine</b>
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<b>DATE:</b>	February 18, 2021
<b>COMMITTEE:</b>	
<b>PRESENTER:</b>	Anne Graham
<b>SUBJECT:</b>	Acceptance of the Agenda

**BACKGROUND INFORMATION:****LEGAL REVIEW AND/OR APPROVAL:****MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** the February 18, 2021 agenda be accepted, as presented.

**Moved by:**

**Seconded by:**

**Motion approved:**

**BOARD APPROVAL REQUEST**

<b>Motion Number: 2020-2021 - 26</b>	<b>Priority: Routine</b>
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<b>DATE:</b>	February 18, 2021
<b>COMMITTEE:</b>	
<b>PRESENTER:</b>	Anne Graham
<b>SUBJECT:</b>	Approval of Previous Minutes

**BACKGROUND INFORMATION:****LEGAL REVIEW AND/OR APPROVAL:****MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** the minutes of the December 17, 2020 Board meeting be approved, as presented.

**Moved by:**

**Seconded by:**

**Motion approved:**

**MINUTES**  
**ROYAL OTTAWA HEALTH CARE GROUP**  
**BOARD OF TRUSTEES**  
**December 17, 2020 at 4:30 p.m.**  
Via Zoom

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: <ul style="list-style-type: none"> <li>Culture, Stakeholder Engagement and Focus, Innovation, Board Processes and Stewardship</li> </ul>		
MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
A. Graham, Chair C. Coulter, Vice Chair N. Bhargava R. Anderson S. Squire D. Somppi J. MacRae L. Gillen P. Johnston L. Leikin  <i>Ex-officio members:</i> J. Bezzubetz, President & CEO R. Bhatla, Chief of Staff/Psychiatrist in Chief E. Millar, Chief Nursing Executive T. Lau, President Medical Staff J. Nyman, University of Ottawa representative	I. Levy, Vice Chair J. Gallant	C. Crocker M. Bellman S. Gulati K. Monaghan S. Farrell T. Beaudoin K. Corace D. Attwood	P. Smith, President & CEO, Centre of Excellence F. Dzierszinski J. Dagher	S. West, Chair, IMHR Board A. Milne, Chair, Foundation Board C. O'Connell-Campbell, Vice-Chair, Foundation Board R. Millar, Treasurer, ROVA A-M. Nicholson, Director, Volunteer Services S. McLean, Chair, Centre of Excellence G. O'Hara, Chair, Client Advisory Council (CAC) M. Langlois, Chair, Family Advisory Council N. Loreto, Observer D. McFarlane, Public K. Patrick, Presenter, CAC K. Gillis, Presenter
				SCRIBE
				P. Robb
	ITEM	REFERENCE		ACTION REQUIRED
1.	<b>WELCOME</b>	<p>The meeting was opened by acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation.</p> <p>Welcome remarks were provided and special guests acknowledged.</p> <p>On behalf of the Board, the Chair recognized J. Bezzubetz, the Senior Management Team and all staff by saying how proud they were of everything that has been done in spite of the significant challenges. The Chair, on behalf of R. Anderson, also gave a special shout out to K. Corace because of her agreement to collaborate with other organizations on the topic of addictions.</p> <p>R. Anderson was thanked for acting as the Ethics monitor for the meeting with a request that she report on the quality of decision making at the end of the meeting. A copy of the Royal's Ethics Framework for Decision Making was included in the meeting</p>		



		package. Also enclosed was the Conflict of Interest Policy and the Policy on Public, Non-Public and Restricted Meetings.	
2.	<b>CLIENT PRESENTATION</b>	<b>Presentation - Client Advisory Council Member – K. Patrick</b>	
		<p>The Board appreciates having a family and client voice at their meetings and as such have made arrangements for a speaker from the Client and Family Advisory Councils to alternately speak before each meeting.</p> <p>K. Patrick, who is a member of the Client Advisory Council, attended this meeting and shared his experiences. The Chair thanked him for his presentation.</p>	
3.	<b>MINI SERIES</b>	<b>The Importance of the Prompt Care Model in the Regional System: Filling a Care Gap – S. Farrell, K. Gillis, R. Bhatla</b>	
		<p>S. Farrell, R. Bhatla and special guest, K. Gillis, attended at the meeting to present on the Prompt Care model in the Ministry of Health's Core Services Framework. A copy of the presentation is attached to these minutes.</p> <p>An announcement was also made that the Royal recently received notification of funding from the Ontario government in the amount of \$300,000 for a model of prompt care to be delivered before March 31, 2021.</p> <p>Discussion followed the presentation.</p> <p><i>K. Gillis departed the meeting.</i></p>	
4.	<b>CALL TO ORDER</b>	A. Graham, Chair, called the meeting to order at 5:28 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.	
5.	<b>AGENDA AND MINUTES</b>	<b>a. Acceptance of Agenda</b>	
		<p>Moved by S. Squire and seconded by D. Somppi</p> <p><b>BE IT RESOLVED THAT</b>, the December 17, 2020 agenda be accepted, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		<b>b. Approval of Minutes</b>	
		<p>Moved by J. MacRae and seconded by N. Bhargava</p> <p><b>BE IT RESOLVED THAT</b>, the minutes of the September 24, 2020 Board meeting be approved, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
6.	<b>VOLUNTEER ASSOCIATION BY-LAWS</b>	<b>a. Royal Ottawa Volunteer Association (ROVA) By-laws – R. Millar, Treasurer, Volunteer Association</b>	

		<p><i>R. Millar, Treasurer, Volunteer Association and A-M. Nicholson, Director, Volunteer Services attended the meeting.</i></p> <p>The Volunteer Association's by-laws were brought before the Board for review and approval as per 14.1.2. of the ROHCG Board By-laws. R. Millar noted that Canada's <i>Not-for-Profit Act</i> was used for guidance in drafting the by-laws and were consistent with what you would see for any federal group.</p> <p>R. Millar and A-M. Nicholson were thanked for all the work they do for The Royal. J. Bezzubetz attended the recent Volunteer Association's AGM on December 9, 2020, and noted her appreciation for all the contributions that they make in always trying to find ways for engagement of their volunteers, even through the challenges of the pandemic.</p> <p>A copy of the Volunteer Association's by-laws was included in the meeting package.</p> <p>Moved by R. Millar and seconded by J. MacRae</p> <p><b>BE IT RESOLVED THAT</b> the Volunteer Association by-laws be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p> <p><i>R. Millar and A-M. Nicholson departed the meeting.</i></p>	
7.	<b>INFORMATION ITEMS</b>	<b>a. Chair and CEO's Oral Report</b> – A. Graham, J. Bezzubetz	
		<p>The Chair thanked everyone for all the work that has been done leading up to and including the launch of the strategic plan.</p> <p>J. Bezzubetz then gave her report. The written President &amp; CEO's report was included in the meeting package in the Consent Agenda for the Board's information and review. On behalf of the Senior Management Team, she thanked the Board for all the hours they put in to work on the strategic plan. This required commitment, time and a lot of work. The Board's contributions mean a lot and the team was grateful for it.</p> <p>The Senior Management Team was also thanked for everything they do every day. It has been a very exceptional year, but notwithstanding all the work involved with new initiatives, the new strategy was still successfully launched. Now the team is looking forward to the journey of execution of the strategy. A shout out was given to K. Monaghan for her work with the online launch.</p>	

		Happy holidays were extended to all.	
		<b>b. Update on Foundation Campaign – M. Bellman</b>	
		<p><i>C. O'Connell-Campbell, Vice-President, Foundation Board, joined with A. Milne for this part of the meeting.</i></p> <p>M. Bellman presented his report. A copy of the Campaign update was included in the meeting package for the Board's information and review.</p> <p>A. Milne provided brief comments. He noted that to foster better communication among the three boards, a tripartite committee was established. It has been a great success in getting some positive movement on the campaign. It allows all to have a voice as well as to provide criticism and positive feedback to push this campaign forward.</p> <p>C. O'Connell-Campbell also provided brief comments by introducing herself and noting that because of her passionate advocacy for mental health, she has agreed to step up and take on a greater role on the Foundation Board and looks forward to connecting with many.</p> <p>Discussion followed. M. Bellman was thanked for his presentation.</p> <p><i>C. O'Connell Campbell departed the meeting.</i></p>	
		<b>c. IMHR Report</b>	
		<p><i>T. Beaudoin attended the meeting on behalf of F. Dzierszinski who was unable to attend the meeting.</i></p> <p>S. West introduced T. Beaudoin, who accepted the position of Director of Clinical Research Administration, which is a new role to bring together how we implement the new strategy of seamless research all the way to clinical care.</p> <p>Some highlights in the IMHR report was that \$3.4 million is coming to IMHR from a multi institutional grant. Partnerships are going to be important. Recently there was a meeting with the University of Ottawa and one of the IMHR's Board members. She is working hard with F. Dzierszinski to create a construct to strengthen ties with the University. Going forward our ability to leverage this will be important. The University is an important partner in the Brain Imaging Centre.</p>	

		The Royal recently ranked #32 for the 2020 Canada's Top 40 Research Hospitals. This ranking is a new record and a progression of five ranks from #37 in 2019. It was noted that research rankings are a big accomplishment. Congratulations were given.	
		<b>d. Brockville Re-development Committee Report – C. Crocker</b>	
		A briefing note was included in the meeting package. For this meeting and going forward, this item will be moved to the Restricted Session for discussion.	P. Robb
8.	<b>COMMITTEE REPORTS &amp; DECISION ITEMS</b>	<b>a. Quality Committee Report – L. Leikin</b>	
		A copy of the draft minutes from December 7, 2020 was included in the meeting package.	
		i. Integrated Risk Management Framework (IRMF) – L. Leikin	
		<p>In the framework there are 10 high or very high risks listed. The two most relevant to the Quality Committee had to do with the impacts of suicide and the pandemic. As a result of Covid, there has been extraordinary pressures on staff, evidenced by the higher than average EAP counselling use from staff and burn out. Covid impacts have been unequally felt by clients, and among those that 'have' and 'have not' in society. The ongoing nature of the Covid risk and the expectation that recovery will be slow, creates enormous risk for quality of care, and will have residual impacts on staff and programs. A copy of the IRMF was included in the meeting package.</p> <p>Moved by L. Leikin and seconded by J. MacRae</p> <p><b>BE IT RESOLVED THAT</b> as recommended Quality Committee, the Integrated Risk Management Framework be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		ii. Corporate Patient Safety Report – L. Leikin	
		<p>Every quarter the hospital conducts a critical incident review through a dedicated committee. In order to make the process more robust, a third-party review will be initiated to add to the existing review process. This will create a formal report, increased rigour, and opportunity to monitor whether the recommendations that come out of these reviews are implemented.</p> <p>A copy of the Corporate Patient Safety Report was included in the meeting package.</p>	

		iii. Appointment of Research Ethics Board (REB) Chair – L. Leikin; T. Beaudoin	
		<p>A briefing note was included in the meeting package. The REB is an entity within IMHR that conducts reviews of the ethics of every research proposal, and to investigate any issues with research related ethical impropriety. It operates independently and at arms length. The REB now reports to the Board of the Royal through the Quality committee. The Board's governance role consists of ensuring that processes and procedures established by regulatory bodies are adhered to, rather than determining whether REB outcomes and findings are agreeable.</p> <p>The following motion was recommended by the Quality Committee for approval of the new Chair.</p> <p>Moved by L. Leikin and seconded by D. Somppi</p> <p><b>BE IT RESOLVED</b> that as recommended by the ROHCG President &amp; CEO, IMHR President/ROHCG Vice-President Research, ROHCG Psychiatrist in Chief/Chief of Staff, the CoE President &amp; CEO, the appointment of Ann-Marie O'Brien be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		iv. Research and Ethical Review of Human Participants Studies Policy – CORP III-120 – L. Leikin, T. Beaudoin	
		<p>A briefing note and a clean and track-changed copy of the policy was included in the meeting package for both 120 and 140.</p> <p>Moved by L. Leikin and seconded by L. Gillen</p> <p><b>BE IT RESOLVED</b> that the Research and Ethical Review of Human Participants Studies CORP III-120 be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		v. Responsible Conduct of Research Policy – CORP III-140 – L. Leikin, T. Beaudoin	
		<p>A briefing note and a clean and track-changed copy of the policy was included in the meeting package for both 120 and 140.</p> <p>Moved by L. Leikin and seconded by R. Anderson</p> <p><b>BE IT RESOLVED</b> that the Responsible Conduct of Research Policy – CORP III-140 be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	

		<i>T. Beaudoin departed the meeting.</i>	
		vi. Recording and Managing Client and Family Feedback CORP VI-ii 110 – L. Leikin, C. Crocker	
		<p>A clean and track-changed copy of this policy was included in the meeting package.</p> <p>Moved by L. Leikin and seconded by P. Johnston</p> <p><b>BE IT RESOLVED THAT</b> the Recording and Managing Client and Family Feedback CORP VI-ii 110 Policy, be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		vii. Welcoming Visitors at the Royal CORP X-ii-130 – L. Leikin, C. Crocker	
		<p>A clean and track-changed copy of this policy was included in the meeting package.</p> <p>Moved by L. Leikin and seconded by N. Bhargava</p> <p><b>BE IT RESOLVED THAT</b> the Welcoming Visitors at the Royal CORP X-ii-130 Policy be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		viii. Policy Development, Revision, Approval and Implementation CORP I-100 – L. Leikin, C. Crocker	
		<p>A clean and track-changed copy of this policy was included in the meeting package.</p> <p>Moved by L. Leikin and seconded by R. Anderson</p> <p><b>BE IT RESOLVED THAT</b> the Policy Development, Revision, Approval and Implementation CORP I-100 Policy be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		<p><b>b. Governance Committee Report – C. Coulter</b></p> <p>A copy of the draft minutes from October 13, 2020 was included in the meeting package.</p> <p>The results of the Chair assessment were overwhelmingly favourable. A copy of the report is available to Trustees upon request. The next assessment will begin in April 2021. A. Graham was thanked for her great work. The length of meetings was one issue that came up and which the Committee is mindful of and are working on.</p>	

		The Board was reminded that education funds are available and currently there is over \$7,000 in the fund. The process is to first seek approval from the Chair and once approved, P. Robb will make arrangements for payment.	
		i. Annual Board Work Plan	
		<p>A copy of the Annual Board Work Plan was included in the meeting package.</p> <p>Moved by C. Coulter and seconded by L. Leikin</p> <p><b>BE IT RESOLVED THAT</b> the Annual Board Work Plan be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		ii. Terms of Reference and Work Plans for Committees	
		It is a responsibility of the Governance Committee to review and bring to the Board any changes to the Board Committee Terms of Reference and Work Plans.	
		a. Quality Committee Terms of Reference and Work Plan	
		<p>A copy of the Quality Committee Terms of Reference and Work Plan was included in the meeting package.</p> <p>Moved by C. Coulter and seconded by J. MacRae</p> <p><b>BE IT RESOLVED THAT</b> the Terms of Reference and Work Plan of the Quality Committee be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		b. Innovation Committee Terms of Reference and Work Plan	
		<p>A copy of the Innovation Committee Terms of Reference and Work Plan was included in the meeting package.</p> <p>Moved by C. Coulter and seconded by D. Somppi</p> <p><b>BE IT RESOLVED THAT</b> the Terms of Reference and Work Plan of the Innovation Committee be approved as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		c. Governance Committee Terms of Reference	
		A copy of the Governance Committee Terms of Reference was included in the meeting package.	

		<p>There was a brief discussion about an issue raised in the Governance Committee minutes regarding the sharing of information. This matter is currently under discussion at the Governance Committee level and will be looked at again in January with further input from legal. The Committee will report back to the Board in the New Year with a recommendation.</p> <p>Moved by C. Coulter and seconded by S. Squire</p> <p><b>BE IT RESOLVED THAT</b> the Governance Committee Terms of Reference be accepted as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	P. Robb
		<b>c. Innovation Committee Report – N. Bhargava</b>	
		<p>A copy of the draft minutes from the December 1, 2020 meeting was included in the meeting package.</p> <p>The Committee Chair thanked K. Corace and F. Dzierszinski for their good work on forming and reporting on the new Innovation Council and Research Committee. Since the adoption of the Council, the framework which was previously approved by the Board, is going to have to be readjusted and synchronized with the Innovation Council. An update will come back to the Board.</p> <p>At the Innovation Committee meeting, there was a good discussion about the evolution of the Committee. N. Bhargava will be reporting back to the Governance Committee on this in January.</p>	<p>N. Bhargava</p> <p>N. Bhargava</p>
		<b>d. AI Governance – C. Crocker</b>	
		<p>For transparency purposes, N. Bhargava again disclosed that he is an owner of NuEnergy.ai, which is the company doing this pro-bono work with The Royal.</p> <p>C. Crocker then presented. A copy of the AI Governance presentation, which was co-developed with Nu-Energy, was included in the meeting package (a shorter version was presented to the Board and is attached to these minutes). It was noted that because of contractual and IP terms that the framework and material should not be used or distributed outside The Royal.</p> <p>F. Dzierszinski will be the co-lead on this work and T. Beaudoin will be doing the training. There are opportunities in terms of using AI at The Royal, but there are also concerns. AI trust is important. It was compared to human trust, but translated to the technology world. The opportunity for AI needs to be identified, but the collection of data is critical. Boards need to consider the measures to answer the questions.</p>	



		<p>The Royal will start using the preliminary AI framework in the research area. It will be adjusted over time as we see a need to. This is seen as a roadmap to the future.</p> <p>From a Board perspective, it will have oversight so will need to have oversight understanding. AI has a huge potential in healthcare and other sectors. The Innovation Council and Committee will provide regular reports over the coming months and will ultimately report to the Board in their AI oversight role.</p> <p>This tool will be used for several months to see if any adjustments are necessary. At a future point, it will be added to the risk register for Board monitoring.</p> <p>Further to a request, the framework is to be made available on the Board portal so trustees can look to it as reference material. It will also be helpful to make the report available to the IMHR Board and a partnership presentation is to be set up.</p> <p>The Client and Family focus group was recognized in the framework creation workshops. A deep dive example was also given of Dr. Kaminski's IMHR research on suicidal ideation. A. Graham indicated that she will be speaking on an Institute of Corporate Directors (ICD) webinar panel representing The Royal and this work in January.</p>	<p>P. Robb C. Crocker</p>
		<b>e. Compensation &amp; Succession Planning Committee Report</b>	
		A meeting was held on November 25, 2020. A copy of the draft minutes from the November meeting was included in the Restricted Session package where this item will be discussed	
		<b>f. Medical Advisory Committee Report – R. Bhatla</b>	
		<p>A copy of the August 20, 2020, September 17, 2020 and October 15, 2020 minutes were included in the meeting package.</p> <p>R. Bhatla has been continuing to listen regarding stresses on the frontlines. Volumes for physicians remain high with many also assisting coverage in regional ERs.</p> <p>Brilliant work was done by E. Millar on the functional model of care. It was well researched and being executed.</p> <p>There are big changes in the EHR. We will soon hopefully be able to look at individual data to assist in developing care plans. For the next little while, however, there will be major challenges.</p>	

		There is more optimism with the EHR as we can start to see where we are headed. A shout out was given to T. Lau who did a great job at Med Staff to bring forward concerns, but also who highlighted the future potential.	
		i. Medical Staff Privileges	
		<p>Moved by R. Bhatla and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees the following candidates for Medical Staff Privileges:</p> <ul style="list-style-type: none"> <li>- Dr. Zeynep Selaman, FTU Ottawa, from Temporary privileges to Probationary Full-Time privileges</li> <li>- Dr. Andrea Bardell, On Track First Episode Clinic, from Probationary privileges to Consultant privileges</li> <li>- Dr. Sarah Ward, SUCD, extension of Locum privileges for one year to September 1, 2021</li> <li>- Dr. Timothy Ehmann, Courtesy On-Call Privileges, Youth Program, effective immediately</li> <li>- Dr. Marijana Jovanovic, Courtesy On-Call Privileges, Youth Program, effective immediately</li> <li>- Dr. David Bakish, Locum Privileges, Consult Clinic, effective immediately to October 24, 2021</li> <li>- Dr. Tiffany Miller, from Temporary Privileges to Locum Privileges, SUCD, effective immediately until May 31, 2021</li> <li>- Dr. Stephen Humphreys-Mahaffey, Locum Privileges, SUCD, effective November 1, 2020 to June 30, 2021</li> </ul> <p style="text-align: right;"><b>CARRIED</b></p>	
		<b>g. Audit Committee Report – R. Anderson</b>	
		The next Audit Committee meeting will be on January 21, 2021.	
		<b>h. Finance Committee Report – R. Anderson</b>	
		<p>A copy of the draft minutes from the November 19, 2020 meeting was included in the meeting package.</p> <p>R. Anderson reported on behalf of J. Gallant, who was unable to attend the meeting. Kudos were given to management for the additional funding for the Royal Ottawa Place.</p>	
		i. Consultant Contracts and Sole Source Purchases Report – C. Crocker	
		The sole source purchases report was included in the meeting package for information.	
		ii. Cybersecurity – C. Crocker	

		The majority of the Finance Committee meeting was spent on the cybersecurity presentation, which was included in the Board meeting package. Now it will be for the hospital to progress on that maturity model. It will be coming back to the Finance Committee, who will be monitoring it from there.	
i.	<b>CONSENT AGENDA</b>	<b>a. Approval of the Consent Agenda</b>	
		<p>There were no items removed from the Consent Agenda.</p> <p>Moved by J. MacRae and seconded by S. Squire</p> <p><b>BE IT RESOLVED THAT</b> the Consent Agenda be approved, including any motions contained therein.</p> <p style="text-align: right;"><b>CARRIED</b></p> <ul style="list-style-type: none"> <li>- President &amp; CEO's Report</li> <li>- Research Ethics Board Report</li> <li>- The Royal Ottawa Foundation for Mental Health Report</li> <li>- Centre of Excellence Report</li> <li>- Strategic Plan Performance Scorecard</li> <li>- Mental Health Addictions and Quality Initiative (Peer Comparators)</li> </ul>	
j.	<b>NEW BUSINESS</b>	There was no new business.	
k.	<b>REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING</b>	R. Anderson, the meeting Ethics monitor, reported that decisions were fair, equitable and that business was conducted in a transparent manner. Decisions were fact based. Members were recused if necessary. The meeting was collaborative and met requirements and our accountability for reasonableness. The Chair kept us focused on important elements of this evening.	
l.	<b>NEXT MEETING</b>	The next meeting is on February 18, 2021.	
m.	<b>ADJOURNMENT</b>	<b>BE IT RESOLVED THAT</b> , the meeting be adjourned at 7:13 p.m.	
n.	<b>EXCLUDED SESSIONS</b>	1. <b>RESTRICTED</b> - Independent Board Members and CEO and PIC/COS	
		2. <b>IN CAMERA</b> - Independent Board Members only	

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**A. Graham**  
Chair, Board of Trustees

\_\_\_\_\_  
**J. Bezzubetz**  
Secretary, Board of Trustees

### Board Meeting Action Items

Item	Individual Responsible	Status
<b>December 17, 2020</b>		
Brockville Re-development Committee report to be moved to the Restricted Session for discussion.	P. Robb	ONGOING
There was a brief discussion about an issue raised in the Governance Committee minutes regarding the sharing of information. This matter is currently under discussion at the Governance Committee level and will be looked at again in January with further input from legal. The Committee will report back to the Board in the New Year with a recommendation.	C. Coulter	January 26, 2021 Governance Committee  February 18, 2021 Board meeting
Since the adoption of the Innovation Council, the framework which was previously approved by the Board, is going to have to be readjusted and synchronized with the Innovation Council. An update will come back to the Board.	N. Bhargava	January 26, 2021 Governance Committee  February 18, 2021 Board meeting
Further to a request, the AI Governance framework is to be made available on the Board portal so trustees can look to it as reference material. It will also be helpful to make the report available to the IMHR Board and a partnership presentation is to be set up.	C. Crocker P. Robb	ASAP
<b>September 24, 2020</b>		
Since the meeting agenda was full, Committee reports, except for decision items, will be considered information items only since the draft minutes are included in the meeting package. If there is a question, the floor will be open for that. A survey will be sent to Trustees to gather their input on this new approach to meeting organization.	P. Robb	COMPLETED December 17, 2020 in In-Camera session
The Strategic Plan portion of the September 24, 2020 meeting was recorded on Zoom and will be shared with the appropriate people.	P. Robb	COMPLETED (sent to N. Loreto, M. Webb and Potential Group)
A copy of the Suicide Prevention strategy is to be shared with Board members. A link will also be sent to Board members to the Suicide Prevention Day livestream event with Suicide Prevention Ottawa.	P. Robb	COMPLETED both items
M. Bellman is to reach out to P. Johnston next week on her question about aligning with the strategic plan around family and client shaped plan and engagement.	M. Bellman	
Re Foundation Campaign Goal Amount: If we have a new strategy and if we have a new call for action around 'A Hospital Without Walls', that could be a catalyst for the community to rally around. This is especially true if there are key leaders on board. This will be explored further at the December Board meeting.	P. Robb	COMPLETED December 17, 2020 (added as a note to Foundation Campaign item)
The date chosen for the first Board Connections' Day workshop is October 22, 2020. P. Robb is to update the meeting request to reflect this.	P. Robb	COMPLETED
<b>June 18, 2020</b>		
To send the annual report link by email to Board members, along with a leadership message.	K. Monaghan	COMPLETED
The Board requested that R. Bhatla provide an abridged presentation of the suicide strategy. This will be organized for a future board meeting.	R. Bhatla	COMPLETED September 24, 2020
To update <b>By-law 3.5.1</b> to allow for an extension of the term of office of an elected Trustee.	P. Robb	COMPLETED

Item	Individual Responsible	Status
<b>3.5.1</b> The elected Trustees shall hold office for a one, two or three-year term as may be determined by the Board, on the recommendation of the Governance Committee, and shall be eligible for re-election, provided that each elected Trustee shall hold office until the earlier of the date on which their office is vacated under section 3.7 or until the end of the annual meeting when his or her term expires or until his or her successor is elected. With the exception of the Chair, and subject to what follows, no person may be elected a Trustee for more terms than will constitute nine consecutive years of service. Notwithstanding the foregoing, on the recommendation of the Governance Committee, the Board may extend the term of office of an elected Trustee beyond what is provided for herein in recognition of exceptional circumstances as confirmed by resolution of the Board.		October 13, 2020 Governance Committee meeting  June 24, 2021
Innovation Committee to present a new dashboard and governance framework that will be refreshed based on the alignment with senior management.  <b>From Sept. 24, 2020 Board minutes:</b> The Innovation Governance Framework that was to come to this meeting for approval was deferred to the next meeting.		<del>September 9, 2020</del> <del>Innovation Committee</del>  <del>September 24, 2020</del>  <del>December 17, 2020</del>  February 18, 2021 See above December 17, 2020.
<b>March 26, 2020</b>		
In their review of the Skills Matrix, to reach out to other Committee members for input. Once that is done, a second draft will be reviewed at the Governance Committee meeting in order to finalize and send out to Board members to populate.	J. Bezzubetz A. Graham	COMPLETED Governance Committee <del>May 21, 2020</del> October 13, 2020
To reach out to Board members to follow up on their suggestions, re the Campaign case. [P. Robb sent M. Bellman email addresses for J. Nyman, N. Bhargava and S. West for this purpose]	M. Bellman	
<b>February 20, 2020</b>		
To send meeting requests for 2020-2021 Board and Committee meetings.	P. Robb	COMPLETED June 18, 2020
The Board Chair assessment to begin in April 2020.	P. Robb	COMPLETED April 2020  COMPLETED October 13, 2020 Governance Committee meeting  COMPLETED December 17, 2020
To update By-laws with new Quality and Innovation Committee Terms of Reference.	P. Robb	COMPLETED
To make a presentation to put into context what the campaign might look like. At that time, endorsement will be sought from the three Boards.	M. Bellman	COMPLETED March 26, 2020

Item	Individual Responsible	Status
There was a request to consider the possibility of representation on the Board by a patient. This will be taken to the next Governance Committee meeting for consideration.	Governance Committee	COMPLETED March 10, 2020 Governance Committee meeting  March 26, 2020
To make necessary admin changes to show Past Chair is non-voting member.	P. Robb	COMPLETED
To prepare welcome package for J. Nyman as new <i>ex-officio</i> voting member.	P. Robb	COMPLETED
The Governance Committee was asked to take a further look at how University appointments are made. In particular, whether there is a limit to the term served or is it until a new person is appointed by the University.	Governance Committee	COMPLETED March 10, 2020 Governance Committee meeting  <del>March 26, 2020</del> COMPLETED June 18, 2020 – 9 year term  June 24, 2021
The REB Terms of Reference to go back to the Governance Quality Committee for a further review based on the Board's discussions	Governance Committee Quality Committee	<del>March 10, 2020</del> <del>May 21, 2020</del> <del>Governance Committee meeting</del>  COMPLETED June 1, 2020 Quality Committee  COMPLETED September 14, 2020 Quality Committee  COMPLETED <del>June 18, 2020</del> September 24, 2020
To look at <b>By-law review</b> to change first year for new Board members to be a 1-year term as a probationary period.	C. Coulter	COMPLETED October 13, 2020 Governance Committee meeting  June 24, 2021
Skills Matrix Review	C. Coulter	<del>May 21, 2020</del> COMPLETED October 13, 2020 Governance Committee meeting  COMPLETED See above March 26, 2020.
Governance Committee to recommend appointment of New Board member	C. Coulter	COMPLETED October 13, 2020 Governance Committee meeting

Item	Individual Responsible	Status
		<del>December 17, 2020</del> February 18, 2021 (to bring final candidate to June 24, 2021 AGM for approval)
The matter of the EHR report to be left with R. Bhatla and L. Leikin to consider how this should be reported in the future (MAC/Quality Committee).	R. Bhatla L. Leikin	COMPLETED September 14, 2020 Quality Committee meeting
To change the language in Appendix 3: Action Plans of the Integrated Risk Management Framework to 'actions in place', rather than 'controls in place'.	J. Lambley	COMPLETED
<b>December 12, 2019</b>		
Strategic Plan Update ( <b>Standing item</b> )	J. Lambley J. Bezzubetz	COMPLETED September 24, 2020
To schedule a future presentation on guidelines used for Foundation donors.	M. Bellman	COMPLETED March 26, 2020 See above
The Board requested an educational session on what an REB is and how it works, in order to learn more about the questions they need to be asking.	F. Dzierzinski	COMPLETED February 20, 2020
Joint Oversight/Liaison Committee: To meet to look at how to effectively work with all three Boards (it is important to do that after they talk with the University). They will then come up with a schedule of when that might occur and schedule a special workshop. When the time is right, feedback will be provided to the Board.	J. Lambley J. Bezzubetz	IN PROGRESS
S. McLean to come back to the next meeting to report on the meeting with S. Clark. It was noted that at some point this will need to go to the Finance Committee.	S. McLean	COMPLETED C. Crocker reported February 20, 2020
The process document for the President & CEO and Chief of Staff/Psychiatrist-in-Chief's Performance Evaluation needs to return to the Governance Committee at their next meeting on January 23, 2020 for further discussion.	Governance Committee	COMPLETED January 23, 2020 Governance Committee  February 20, 2020 Board meeting
<b>September 26, 2019</b>		
S. McLean requested a standing agenda item regarding the redevelopment of the Brockville site. It was agreed he could have five minutes at each meeting. ( <b>Standing item</b> )	P. Robb to add to future agendas	ONGOING February 18, 2021
The Board was asked what they needed to carry on today's key conversations (Communications Advocacy). Following the meeting a survey will be sent to Trustees by P. Robb and all are encouraged to respond.	P. Robb	COMPLETED
Trustees requested that some key messages be drafted on what would be helpful for them to communicate to their circles.	K. Monaghan	IN PROGRESS
To send P. Blier's two-page report to Trustees	P. Robb	COMPLETED
<b>June 20, 2019</b>		
Accreditation to be added to September 26, 2019 agenda	K. Lepinski P. Robb	COMPLETED September 26, 2019
A copy of J. Charette's follow up report on off-line discussions will be sent out and is to be discussed at a future restricted meeting	P. Robb	COMPLETED
To send typo change on Harassment-Free Policy to S. Sibbit for correction	P. Robb	COMPLETED

Item	Individual Responsible	Status
To set up a Board meeting for a presentation by S. McLean regarding the President & CEO and Chief of Staff's performance review process.	S. McLean P. Robb	COMPLETED August 8, 2019
<b>March 28, 2019</b>		
To send the Skills Matrix to all Trustees to be updated as needed.	P. Robb	COMPLETED
To send an updated meeting request for the 2019 Board Development days to show the end time of 3:30 p.m. instead of 1:30 p.m.	P. Robb	COMPLETED
Once a final date and time are known for governance discussion with one of the accreditors, an updated meeting request will be sent to all Trustees.	P. Robb K. Lepinskie	COMPLETED [Meeting scheduled on October 7]
Add indigenous training to the list of required training for Trustees.	P. Robb	COMPLETED October 31, 2019 COMPLETED Add a catered meal on December 12, 2019 (include vegetarian option)
Add J. MacRae to next meeting as Innovation speaker.	P. Robb	COMPLETED <del>June 20, 2019</del> deferred <del>September 26, 2019</del> deferred <del>December 12, 2019</del> deferred February 20, 2020
To hold an education session with HIROC so Board members understand the risks.	P. Robb	COMPLETED September 26, 2019
Add to agenda a regular update on the Foundation Campaign.	P. Robb	ONGOING February 18, 2021





Lindsay Colas is the President of the Royal Ottawa Volunteer Association. She has been on the Board since 2012 in different roles.

Her day job is with the Public Health Agency of Canada as the Director of the Office of Emergency Preparedness.

Lindsay has a Bachelor's degree in nursing and a Master's degree in project management.

# The Royal Ottawa Volunteer Association

Feb 18, 2021

Presented by: Lindsay Colas, President



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

# 2020-2021 Overview

- ROVA began the fiscal year in the midst of COVID-19 being declared as a pandemic.
- Resulted in a significant impact to our operations:
  - Closure of the café; and
  - Ceasing operations i.e., tuck shop, catering, hair salon.
- Decrease in revenue inflows led to ROVA taking significant cost-cutting measures:
  - Limiting of funding allocations to those previously committed to; and
  - Staff layoffs.
- Cost cutting measures and successful tree sale fundraiser.
  - Anticipates a break-even fiscal year.
- Hopeful that 2021 will create opportunities to return to generating revenues and allocating funding to programs.



# Synopsis



- 242 volunteers have shown a dedication to the Mental Health field.
  - Contributed to 9217 volunteer hours (vast majority virtually).
- Departure of two board members.
  - Welcomed a new member to support the fundraising committee - looking to recruit one additional board member.
- Bursary Program
  - \$ 4,500 (clients, volunteers, and staff).
- Policy Committee
  - Updated organization's bylaws up to industry standard.

# 35th Annual Christmas Tree Sale

- Approximately 1,000 trees
  - On the 14th day of the sale at 5:45 pm, we had only 12 trees left!
- Net profit amounted to \$30,000, the best return ever on the sale.
- Enhanced public health and safety measures:
  - Physical distancing;
  - Masks;
  - Hand sanitizer; and
  - Option to pay by debit and/or credit.
- Social media campaign to increase public awareness.
- Thank you to all the volunteers!



# Look Ahead

- ROVA Board Retreat
  - Lessons learned from the pandemic.
  - Regroup, reassess, and plan for the year.
- Continue to strengthen our relationships with the Hospital, the Foundation and the Boards of Directors.
  - *Access, Hope and New Possibilities*
- Fundraising event
  - 2022 Spring Summer Garden Sale – coming soon!





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

**MINUTES**  
**ROYAL OTTAWA HEALTH CARE GROUP**  
**GOVERNANCE COMMITTEE**  
**January 26, 2021 at 4:30 p.m.**

Via Zoom (details in calendar)

Trustees	Present	Regrets	Trustees	Present	Regrets
C. Coulter, Chair	X		I. Levy		X
S. Squire, Vice Chair	X		A. Graham	X	
D. Somppi	X				
<b>Management Staff</b>					
J. Bezzubetz	X		P. Robb	X	
<b>Guests</b>					
N. Bhargava	X				
#	ITEM	REFERENCE			ACTION REQUIRED
1.	<b>CALL TO ORDER</b>	C. Coulter, Chair, opened the meeting by acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation. She then called the meeting to order at 4:34 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.			
		N. Bhargava was welcomed to the meeting. He was invited to the meeting to provide a status update on the Innovation Committee.			
		Innovation Committee Status Update - N. Bhargava			
		<p><i>N. Bhargava attended the meeting at 4:30 p.m.</i></p> <p>The Committee agreed to move this item to the beginning of the agenda. N. Bhargava then gave his report.</p> <p>The Innovation Committee is pleased that the topic of innovation is strengthening at the Royal, with the newly developing strategies and Senior Management Team (SMT) priorities, and the Innovation Council engagement at SMT.</p> <p>The Committee was initially formed as a message to signal commitment from the Board. The topic of the evolution of the Committee was discussed openly with Committee and Board members, with a spectrum of options as follows:</p> <ul style="list-style-type: none"> <li>- Adjust Committee to become Innovation (and Generative Thinking) Committee. The generative thinking portion would replace Ideation.</li> <li>- Reduce meetings to two per year (and other meetings as needed at the call of the Chair). In order to lessen the workload of SMT prior to Board meetings, the meetings would not need to be scheduled adjacent to Board meetings. There is a lot of work for SMT to prepare for Committee meetings and the purpose is not to put up barriers or add bureaucracy. It</li> </ul>			

		<p>should not be burdensome to management, especially in light of the new Innovation Council and Research Committee.</p> <ul style="list-style-type: none"> <li>- The Committee membership should be left largely as is. It is important to have a forum where there can be bridging conversations among the various groups attending.</li> <li>- The next phase of the Committee should be light and more fluid, and include CEO chosen topics that can change over time. An example given was the 'Strategy Implementation Dashboard'. Also, there could be oversight (and foresight) on innovation implementation, with short briefings from SMT leaders: Innovation, Research, Strategy, Foundation and Quality. This is to be further reviewed and discussed over time, however, Strategy will be reporting to the Board of Trustees and we would want to avoid duplication of effort.</li> </ul> <p>A recommendation was made that at the next Innovation Committee meeting, a review be done of the current Terms of Reference and Work Plan in order to update them to reflect the changes needed. The Committee will also comment on the SMT Innovation Governance framework, which will replace the Innovation Governance Framework that the Board approved. The Governance Committee agreed with this recommendation. Once the Innovation Committee has done their work at their next meeting, it is to be brought forward to the Governance Committee.</p> <p>N. Bhargava was thanked for his report and leadership on the Innovation Committee.</p> <p>It was noted that N. Bhargava and A. Graham presented to the ICD a few weeks ago on the Artificial Intelligence exercise The Royal went through and there was good feedback. The Innovation Committee was also recognized.</p> <p><i>N. Bhargava departed the meeting at 4:46 p.m.</i></p>	N. Bhargava P. Robb
2.	<b>CONSENT AGENDA</b>	<p>No items were removed from the Consent Agenda.</p> <p>Moved by C. Coulter and seconded by D. Somppi</p> <p><b>BE IT RESOLVED THAT</b> the Consent Agenda, including the motions contained therein, is approved as follows:</p> <ul style="list-style-type: none"> <li>a) Acceptance of Agenda of January 26, 2021 (as amended)</li> <li>b) Approval of October 13, 2020 Minutes</li> <li>c) Approval of October 21, 2020 E-Vote</li> <li>d) Approval of October 27, 2020 E-Vote</li> <li>e) Approval of November 3, 2020 E-Vote</li> </ul> <p style="text-align: right;"><b>CARRIED</b></p>	
3.	<b>DECISION/ INFORMATION ITEMS</b>	<ul style="list-style-type: none"> <li>a) Discussion regarding Board and Committee transparency with respect to materials and meetings – C. Coulter             <ul style="list-style-type: none"> <li>i. Sharing Board and Committee Materials</li> <li>ii. Non-voting Members Sending Delegates to Meetings</li> <li>iii. Excluded Meetings Policy</li> </ul> </li> </ul>	
		Briefing notes with legal advice on the three topics noted above (i, ii and iii) were included in the meeting package. Even though these	



are separate items, there are points of cross reference as well so the floor was opened to a general discussion on all the matters. The Chair noted that the Committee might also want to have further discussions at a future meeting on things which flow out of these discussions, such as:

- Why a Family and Client Council as opposed to a Committee?
- Is there any reason why a Council member cannot become a Board member?
- Should consideration be given to cross pollination with the IMHR and Foundation Boards?

There was a roundtable discussion with the following points made:

- Resonated with the guiding principle that the Board be as transparent as possible. Continue to feel that it is an appropriate thing to do, without introducing risk to the organization. As we start to live the vision that is embodied in the new strategy, and as we work more and more in the community, they will become more interested in what we are doing. We need to show the community we are walking the walk, which will be part of being transparent.
- Since materials presented during an open board meeting are in the public domain, it is proposed that:
  - 1) Presentations be created with the knowledge that they will be in the public domain.
  - 2) The presentation material be made available on the website after the meeting. The meeting summary could refer to the material.
  - 3) Committee chairs provide (either in writing or verbally) updates on matters that could/should be reported in the meeting summary.
- Producing minutes in such a way to show clients/community what we are doing and still have a useful document for the Board.
- There needs to be a balance in the documentation of what is required for good governance and what is management's domain.

Discussion followed. A suggestion was made to post a Board meeting summary of the minutes that could be accessed by the public, and this will be explored further by P. Robb and D. Somppi. It was noted that J. Bezzubetz and A. Graham both review the Committee and Board minutes before they are released. As an added level to minimize risk, the Committee recommended that J. Dagher, Legal Counsel, provide a final review of the minutes from a disclosure point of view before the minutes are shared, if a decision is made to post the minutes rather than a summary of the minutes.

Further to the advice given in the legal opinions that were included in the meeting package, and since the questions came via the Quality Committee, L. Leikin, Chair, Quality Committee, will be contacted and advised that a confidentiality agreement has been sent to the Chairs of the Family and Client Advisory Councils in order that approved Quality Committee meeting materials can be shared with the Councils, when required. He will also be advised

		<p>that based on the legal opinion, delegates (other than those already allowed for in the Quality Committee Terms of Reference) will not be allowed as a regular matter of course, but someone can be invited by the Chair in exceptional or limited circumstances if the Chair of the FAC or CAC is unavailable and requests that someone attend in their place. If that is the wish of the Quality Committee, it is recommended that the Committee's Terms of Reference be amended accordingly.</p> <p>On the question about the Excluded Meetings Policy, one of the recommendations from Borden Ladner Gervais was that this Committee should consider the policy rationale for favouring open meetings (as a general rule) and the direction it wishes to take going forward, particularly in respect of Committees. P. Robb is to contact C. Coulter next week to see if she has time to review the Policy for that purpose. If she does not have the time, D. Somppi indicated he would be available to do so in a few weeks. It was subsequently determined that the matter will go back to legal counsel to work on first, before coming back to D. Somppi and C. Coulter.</p> <p>P. Robb advised the Committee that work is underway to revamp the Board Portal and move it to a new platform on The Royal's website. It will have a different look and feel, with relevant information for Trustees. There will also be a section for notifications to the public. The Committee was pleased with this and looked forward to hearing more as things progress. The timeline for completion should be by late February or early March.</p>	
		b) Committees of the Board – C. Coulter	
		i. Compensation & Succession Planning Committee Terms of Reference	
		<p>Moved by S. Squire and seconded by D. Somppi</p> <p><b>BE IT RESOLVED THAT</b> the Compensation &amp; Succession Planning Committee Terms of Reference be approved as amended and brought forward to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		ii. Advocacy and Community Engagement Committee – A. Graham	
		<p>At the strategic planning process meetings and at the Board Development Days, there was interest expressed in creating an Advocacy Committee. Three members have already indicated they are interested in serving on this Committee: P. Johnston, L. Gillen and R. Anderson. N. Loreto and J. Bezzubetz will be the staff support.</p> <p>A. Graham will have further discussions with Trustees to ask if they are still interested in the Committees they indicated given that the Innovation Committee is continuing. She will report back to this Committee at the March 9, 2021 meeting.</p>	A. Graham
		iii. Innovation Committee – N. Bhargava	

		This item was moved to the beginning of the agenda.	
		c) Review Membership Terms – C. Coulter	
		A copy of the current Membership Term renewals and vacancies was included in the meeting package. This item will be deferred until A. Graham has another round of discussions with Trustees on their intent.	A. Graham
		i. Incoming Chair 2022 – A. Graham	
		A replacement chair will need to be found before A. Graham leaves in 2022. This will also be part of the discussions A. Graham will have with Trustees to gauge their interest.	A. Graham
		ii. Board Vacancies	
		There are two vacancies on the Board that need to be filled: I. Levy is ending his term this year and there is the vacancy when J. Charette's term ended.  A discussion followed about holding interviews. C. Coulter and A. Graham recused themselves from interviewing Siobhan Devlin as she is known to them.  It was agreed that the Committee should have an interim meeting about the needs of the Board to determine what is needed going forward. The interviews can then be scheduled in March 2021  A suggestion was made that potential Board members should be provided with more information on what is expected of them. S. Squire and P. Robb are to meet to come up with a one pager on what should be provided to potential Board members and bring it back to the next meeting for review.	P. Robb  S. Squire P. Robb
		d) Board Roles & Committee Membership for 2021-22 – A. Graham	
		This item will be part of the discussion A. Graham will have with Trustees.	
		e) Board Connections Day Survey Results (October 22, 2020) – C. Coulter	
		The next Board Connections Day will be on February 24, 2021. P. Robb will send a calendar invite to hold the date. The next session will be about Monitoring the Strategy and will be for all three Boards. The Volunteer Board Chair, Centre of Excellence Board Chair and the Family and Client Advisory Council Chairs will also be invited.  J. Bezzubetz is to consider whether the Board Connections Day is the best name for this event. A suggestion put forward was Board Days.	P. Robb  J. Bezzubetz
		f) Board Assessment – C. Coulter	
		The OHA has advised that the Board assessment tool that was scheduled for the spring is now on hold due to the pandemic. The OHA contact will keep P. Robb advised of details and she will advise the Committee as information is provided.	P. Robb

		Committee members were reminded that the OHA individual self assessment tool was sent around in November to assist in conjunction with A. Graham's conversations with Trustees.	
		a. Chair Assessment	
		The next Chair Assessment will begin in April 2021. P. Robb is to check if the last assessment was done using the OHA tool or done internally, and report back to the Chair.	P. Robb
		g) 2021-2022 Proposed Meeting Schedule – C. Coulter	
		A copy of the proposed meeting schedule for 2021-2022 was included in the meeting package for review. The meetings for the Innovation and Advocacy Committees will need to be updated given the discussions above. Once finalized, this will then be brought forward to the June Board meeting for approval and meeting requests sent.	P. Robb
		h) Review Trustee Attendance at External Workshops etc. – C. Coulter	
		A. Graham registered for the Client and Family Centered Care in Healthcare Settings Virtual Symposium on March 26, 2021. Following her attendance, she will provide a brief report for the Governance Committee on May 25, 2021.  C. Coulter will continue to remind Trustees at Board meetings about education funds that are available to them.	A. Graham
4.	<b>NEW BUSINESS</b>	There was no new business to discuss.	
5.	<b>ADJOURNMENT</b>	Next Meeting: March 9, 2021 Moved by C. Coulter and seconded by S. Squire <b>BE IT RESOLVED THAT</b> , the meeting be adjourned at 5:49 p.m. <b>CARRIED</b>	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>C. Coulter</b> Chair </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>J. Bezzubetz</b> Secretary, Board of Trustees </div> </div>			

## Governance Meeting Action Items

Action Item	Individual Responsible	Status
<b>January 26, 2021</b>		
At the next Innovation Committee meeting, a review is to be done of the current Terms of Reference and Work Plan in order to update them to reflect the changes needed. The Committee will also comment on the SMT Innovation Governance framework, which will replace the Innovation Governance Framework that the Board approved. The Governance Committee agreed with this recommendation. Once the Innovation Committee has done their work at their next meeting, it is to be brought forward to the Governance Committee.	N. Bhargava P. Robb	April 27, 2021
To have further discussions with Trustees regarding intentions regarding Board and Committee membership and interests or suggestions regarding Chair position. This is to be reported back at the March 9, 2021 meeting.	A. Graham	March 9, 2021
To set up a special Committee meeting regarding Board vacancies and the needs of the Board going forward. The interviews can then be scheduled in March 2021	P. Robb	Before March 9, 2021
To meet to draft a one pager on what should be provided to potential Board members and bring back to the next meeting for review.	P. Robb S. Squire	March 9, 2021
To send a calendar invite to hold the date for the next Board Connections Day and invite the Volunteer Board Chair, Centre of Excellence Board Chair and the Family and Client Advisory Council Chairs will also be invited.	P. Robb	COMPLETED
To consider whether the Board Connections Day is the best name for this event. A suggestion put forward was Board Days.	J. Bezzubetz	
To keep the Committee advised on when the next OHA Board Assessment survey will be available.	P. Robb	
To check if the last Chair assessment was done using the OHA tool or done internally, and report back to the Chair.	P. Robb	COMPLETED It was done by Survey Monkey
The meetings for the Innovation and Advocacy Committees will need to be updated on the 2021-2022 Board and Committee meeting schedule. Once finalized, this will then be brought forward to the June Board meeting for approval and meeting requests sent.	P. Robb	June 24, 2021
To report to Committee on attendance at Client and Family Centered Care in Healthcare Settings Virtual Symposium on March 26, 2021.	A. Graham	May 25, 2021
<b>December 1, 2020 (Innovation Committee action)</b>		
Committee members to provide feedback to Innovation Committee Chair on evolution options of Committee/Innovation oversight. Chair to review evolution of Committee with Board via Governance Committee.	N. Bhargava	COMPLETED January 26, 2021

<b>October 13, 2020</b>		
Legal advice to be sought regarding sharing Board and Committee materials to determine what the obligations are.	P. Robb	COMPLETED
P. Robb will also look at what others are doing and share that information with the Committee. The goal of the Board and Committees is to be as inclusive as possible.	P. Robb	COMPLETED
D. Somppi to connect with L. Leikin regarding M. Langlois' request to share documents from the last Quality Committee meeting. They are to contact M. Langlois and release items with no risk and advise her that it is being provided without legal advice and with the understanding that it goes no further than the Family Advisory Council members. D. Somppi will consult with the Committee electronically to update members on this issue.	D. Somppi	COMPLETED
E-Vote action: To require Family and Client Advisory Council members to sign a confidentiality agreement on or about the beginning of each Board year, in order to receive any meeting materials requested on their behalf by their respective Chairs, or in order to receive any meeting materials from any Board or Committee meeting(s) they attend (with the disclosure of meeting materials ultimately being in the discretion of the Board or relevant Committees, having regard to legal, privacy and related considerations).	P. Robb J. Dagher	COMPLETED  To be discussed again at January 26, 2021 meeting, including sending delegates/representatives to meeting
E-Vote action: To send a self-assessment for Directors (using the OHA assessment). The Committee also agreed at the meeting to use the OHA Board assessment tool, which will begin in the Spring 2021.	P. Robb	COMPLETED  March 2021 Will be delayed due to Covid – Pat to follow up with OHA
E-Vote action: To send revised Skill Matrix to Trustees to fill in and bring back to next Committee meeting.	P. Robb	COMPLETED sent to trustees January 26, 2021 To use to vet for vacant Board position
To organize by-law review with J. Dagher.	P. Robb	IN PROGRESS March 9, 2021 May 25, 2021  June 24, 2021 AGM for approval
The Board Education Budget is to be mentioned as part of the verbal Governance Committee report at the December Board meeting to inform Board	C. Coulter P. Robb	COMPLETED December 17, 2020 Board meeting

members that these funds are available for their educational purposes.		
To make change to Governance Committee Terms of Reference and include in the December Board package for approval. Also include Quality and Innovation Committee Terms of Reference and Work Plans. Red font detail to be removed from Quality Committee Work Plan.	P. Robb	COMPLETED December 17, 2020 Board meeting
Revisions to be made to the Skills Matrix document and sent to Committee members to exchange views electronically before final approval by e-vote.  Once approved, P. Robb is to send the Skills Matrix to Board Trustees to update as needed.	P. Robb  P. Robb	COMPLETED
To circle back with A. Manley to update her on the discussion regarding client representative on the Board.	J. Bezzubetz A. Graham	
To arrange interviews to fill the vacant positions on the Board only after the Skills Matrix is finalized so it can be used as a guide.  Assessments will be made for those that have already been interviewed, and any new applicants who are qualified will be asked for an updated matrix.	P. Robb	
The OHA Board Assessment is to be used for the Board Assessment survey beginning in the Spring of 2021 to be reported to the Board at the June meeting. Second cohort of OHA assessment to begin in March to June 2021.	P. Robb	March 2021 - Contact P. Houldon, OHA, to begin Board assessment. UPDATE: P. Houldon advised it may be delayed.  June 24, 2021 Board meeting for final report/pending outcome of above note.
J. Bezzubetz and P. Robb will check with OHA to see if they have a peer assessment tool and report back to this Committee.	J. Bezzubetz P. Robb	COMPLETED – OHA does not have a peer assessment tool, but does have a self-assessment tool
The incoming Chair is to be chosen one year ahead of the current Chair's last term, which is in 2022. Discussions will be started earlier on this matter at this Committee to solicit interest.	P. Robb	January 26, 2021
To save time on the agenda, to consider changes such as moving the assessment of the President & CEO and the Chief of Staff to the beginning of the agenda where the education sessions are currently held, or having a separate session for the in-camera items. These ideas will be left with A. Graham to consider.	A. Graham	COMPLETED December 17, 2020 Board meeting and meetings going forward



To include times on the agenda rather than the amount of time for each item to make it easier to keep track of time at the meeting.	P. Robb	COMPLETED December 17, 2020 Board meeting and meetings going forward
To share the results of the Chair Assessment to the Board at the December meeting as part of the Governance Committee's verbal report.	P. Robb	COMPLETED December 17, 2020 Board meeting
To make correction to Board/Committee attendance sheet to show 100% attendance for D. Somppi for Compensation & Succession Planning Committee meetings for 2019-2020.	P. Robb	COMPLETED
<b>March 10, 2020</b>		
The REB matters will go through the Quality Committee and then will be reported to the Board. This will be reviewed after a year to see if it fits or whether it should go to another Committee.	C. Coulter to advise L. Lewis	COMPLETED March 26, 2020  For review after a year - March 9, 2021
<b>Moved to Quality Committee Action Items</b>		
To do more work regarding the REB Board and Chair terms and come back to the Board with some recommendations.  To work on the objectives that the REB Chair performance evaluation will be measured against and bring back to this Committee. The objectives will be based on the Terms of Reference.	J. Bezzubetz F. Dzierzinski	<del>March 26, 2020</del> <del>May 21, 2020 no meeting due to Covid</del>  COMPLETED Moved to Quality Committee June 1, 2020
<b>By-law changes:</b> - The by-laws will need to be amended to note that the term of the Past Chair is for one year - To amend the by-laws to indicate that a change can be made to the University of Ottawa <i>ex-officio</i> position incumbent after 9 years	P. Robb	<del>May 21, 2020 no meeting due to Covid</del>  October 13, 2020  IN PROGRESS
A lunch meeting is to be arranged with the Chair, Vice Chairs and the Past Chair to have a discussion to finalize Board Committee placements. This will happen in the next two to three weeks with a recommendation to the Board for final approval at the June AGM.	P. Robb	COMPLETED Meeting scheduled for March 25, 2020  COMPLETED Board meeting June 18, 2020
<b>By-law change:</b> To bring the proposed resolution regarding extending membership terms to The Royal's external legal counsel for review to ensure there are no legal issues before it goes in the Board package.	J. Bezzubetz	<del>March 26, 2020</del> <del>May 21, 2020 no meeting due to Covid</del>  COMPLETED June 18, 2020 Board agenda  October 13, 2020  IN PROGRESS



After the final interview on April 15, 2020, to set up a meeting with A. Graham, I. Levy, and C. Coulter to make a final recommendation to the Board for a new Board member.	P. Robb	Deferred due to Covid October 13, 2020  <b>January 26, 2021</b> This item was deferred until after Skills Matrix is revised and filled in by Board members
<b>Skills Matrix changes:</b> - To add 'Lived Experience' to the categories  - To bring recommended changes to the Skills Matrix back to the Governance Committee to ensure we have a team with a rounded set of attributes. [Further to March 26, 2020 Board meeting, they are to also reach out to other Committee members for their input]	P. Robb  J. Bezzubetz A. Graham	COMPLETED  <del>May 21, 2020 no meeting due to Covid</del>  October 13, 2020
To canvass the Board and ask what topics might be relevant and of interest to them for next year's mini-series presentations.	P. Robb	<del>March 26, 2020</del> <del>May 21, 2020 no meeting due to Covid</del>  COMPLETED September 24, 2020 Board meeting for information
<b>January 23, 2020</b>		
To add a discussion to the next agenda regarding the Chair of the REB. To look at what other institutions are doing in regards to how many times the chair and members can be renewed and incorporate suggested changes to the Terms of Reference for consideration.  To incorporate these changes into a revised Terms of Reference and once they are amended, to come back to this Committee for an e-vote with the intention of approving it before the February 2020 Board meeting.	J. Bezzubetz F. Dzersinski  F. Dzersinski	COMPLETED March 10, 2020   COMPLETED For Approval before February 20, 2020 Board meeting
To draft guidelines for e-votes and add to a future Committee agenda.	P. Robb	<b>March 9, 2021</b> Sent proposed language to BLG lawyers via J. Dagher
To check the By-laws to see if the Past Chair counts for quorum and let the Chair know.	P. Robb	COMPLETED Not counted for quorum/non-voting member
The Skills Matrix document to be reviewed again at the next meeting.	P. Robb	COMPLETED March 10, 2020 October 13, 2020
<b>By-Law change:</b> Proposed that all new Board members be appointed for a one-year term in their first year as a probationary period. This suggested change is to be added to the next By-law revision.	P. Robb	October 13, 2020  <b>March 9, 2021</b>

To contact Dr. Nyman to advise her of the decision to recommend her for appointment to the University of Ottawa position on the Board, the recommendation to make it a voting member position and to make clear what the expectations are with a voting position. She is also to invite her to attend the February 2020 Board meeting where this will be brought for approval, but she will be asked to leave for the vote on this matter.	A. Graham P. Robb	COMPLETED February 20, 2020
To set up an interview for the vacant Board position with G. Brimacombe.  Once that interview is finalized, a meeting will be set up with C. Coulter, I. Levy and A. Graham to review all the candidate applications and come up with a recommendation for the <del>March</del> June meeting.	P. Robb  P. Robb C. Coulter I. Levy A. Graham	CANCELLED INTERVIEW DUE TO COVID-19 – Will keep application on file for future vacancy
The results of the Board assessment is to be shared at the Board meeting in February and C. Coulter or A. Graham will speak to it and open it up for conversation. This item will be put on the February 20, 2020 Board Restricted Session agenda to allow for open discussion.	C. Coulter or A. Graham P. Robb	COMPLETED February 20, 2020
The Chair assessment survey will begin in April 2020. The same survey questions from last year are to be used.	P. Robb	COMPLETED Sent May 2020
To ask L. Leikin to put forth a recommendation regarding the size of the Quality Committee.	C. Coulter	
To add a box to the Board of Trustees' application form regarding consent to identify candidates publicly by name.	P. Robb	COMPLETED
2020 Board Development Days: Board members who are interested will be asked to help plan the agenda. A suggestion made for a future agenda is to have a blue sky exercise on the strategic plan where Board members have an opportunity to provide input on what they would like to see The Royal doing. This item will be put on the February 20, 2020 Board Restricted Session agenda to allow for open discussion.	A. Graham J. Bezzubetz P. Robb	COMPLETED February 20, 2020
To continue with the practice of providing the Family and Client Advisory Council members with a copy of the agenda and not the full Board package.	P. Robb	ONGOING
To discuss the matter of Board Communication with the executive team and make a decision.	J. Bezzubetz	COMPLETED
To add the DRAFT 2020-2021 Board schedule to the February Board agenda for review and approval so no religious holidays or other potential conflicts are missed. Meeting requests will then be sent to secure the dates in the Trustees' calendars.  Once confirmed, the schedule will also be sent to the IMHR and Foundation Boards for their information.	P. Robb  P. Robb	COMPLETED February 20, 2020  COMPLETED February 20, 2020

To take into consideration whether we need a new position for corporate counsel.	J. Bezzubetz	
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## Q1 What did you enjoy MOST about the workshop?

Answered: 13    Skipped: 0

#	RESPONSES	DATE
1	I really enjoyed the smudging ceremony. I found it inspiring and a welcome moment for pause, reflection and understanding. Adrienne Spafford's talk was also very insightful, particularly as we look to build our hospital without walls.	11/18/2020 1:13 PM
2	Breakout sessions	11/18/2020 11:12 AM
3	It was efficient. I think the online format actually helps improve efficiency.	11/17/2020 8:08 PM
4	Open, inclusive and honest medium for input from all three boards and the Clients and Families.	11/17/2020 7:13 PM
5	breakout discussions	11/16/2020 2:41 PM
6	receiving information	11/5/2020 8:26 AM
7	It was well organized. I enjoyed the breakout rooms, where issues could be discussed in smaller groups. I thought the smudge ceremony at the beginning was fun and educational.	11/4/2020 3:25 PM
8	Seeing the suggestions of others	11/4/2020 12:09 PM
9	i didn't think it was organized very well	11/4/2020 11:55 AM
10	interactivity and joint boards	11/4/2020 10:10 AM
11	Indigenous ceremony Second priority breakout session	11/3/2020 5:59 PM
12	the variety of break outs	11/3/2020 4:02 PM
13	The breakout sessions; smudging ceremony	11/3/2020 3:50 PM

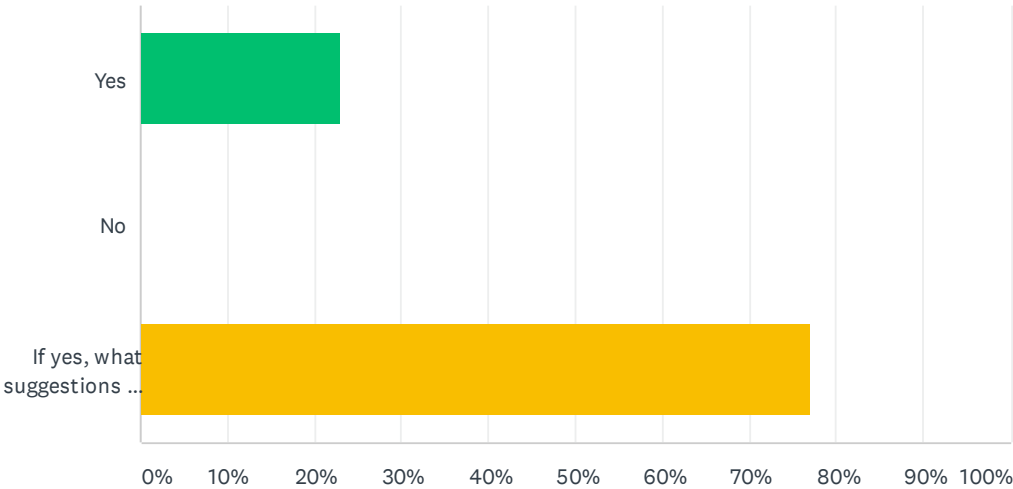
## Q2 What did you enjoy LEAST about the workshop?

Answered: 12   Skipped: 1

#	RESPONSES	DATE
1	I didn't get as much out the breakout sessions but hope that the aggregate thoughts were useful to informing the Royal's direction.	11/18/2020 1:13 PM
2	Connection .....The breakout sessions were short. Difficult to get to know people. The online format is an impediment to developing personal connections	11/17/2020 8:08 PM
3	COVID restrictions preventing in-person gatherings which I feel would have improved communication.	11/17/2020 7:13 PM
4	post meeting social - very few attended. probably not something to repeat	11/16/2020 2:41 PM
5	what we were requested to do in our assignments should have been requested in the advance materials so we could give more thoughtful to our responses	11/5/2020 8:26 AM
6	I was a bit confused if we were to dance during the break ... or take a break and leave the meeting. If the meeting is 90 minutes or longer, it would be nice to have a clear 10 minute break time.	11/4/2020 3:25 PM
7	The lack of human interaction	11/4/2020 12:09 PM
8	confusion in break out room	11/4/2020 11:55 AM
9	would have liked more time	11/4/2020 10:10 AM
10	First breakout session. Was too vague	11/3/2020 5:59 PM
11	nothing	11/3/2020 4:02 PM
12	The Q&A	11/3/2020 3:50 PM

Q3 Do you think we should schedule future workshops?

Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	23.08%	3
No	0.00%	0
If yes, what suggestions do you have for content, format and timing	76.92%	10
TOTAL		13

#	IF YES, WHAT SUGGESTIONS DO YOU HAVE FOR CONTENT, FORMAT AND TIMING	DATE
1	Day time meetings are particularly difficult for me. Late afternoon would be better. Using the sessions to continue informing the strategy makes sense for the near future.	11/18/2020 1:13 PM
2	Updates from researchers on their work; Time with Partner Organizations to hear about how they are innovating (eg. University of Ottawa, CAMH).	11/18/2020 11:12 AM
3	I liked the half day, online format. It is not too hard to schedule a morning or afternoon away from work.	11/17/2020 8:08 PM
4	Depending on the environmental context an in-person meeting, if not then the format, content and timing seemed appropriate. Although perhaps we can consider more "3-Board & Family/Client Integration" strategies to continue are collective management as we transition into the new stat plan.	11/17/2020 7:13 PM
5	It was more effective than I had anticipated. If the workshop serves a purpose for the Royal then they should continue in some format. It is easier to bring the diverse group together virtually then in person.	11/4/2020 3:25 PM
6	Keep the timing shorter and more focused on the objectives of the session	11/4/2020 12:09 PM
7	Yes but with better organization	11/4/2020 11:55 AM
8	a bit more time re what's next	11/4/2020 10:10 AM
9	Advocacy and strategic communications strategy to enhance reputation and raise the Royal's profile and provincial mental health leadership Advocacy and public engagement on mental health and community issues, including housing, equity, policing etc Client and family centred framework and how it will be implemented on the ground to make a meaningful change in experience for families and clients Plans for the Brockville campus	11/3/2020 5:59 PM
10	I missed the networking session, due to work. I am not sure, but suspect that a number of other people also had to drop off the networking session. It would be great to perhaps have a separate after-work networking session for all 5 boards and the executive team on a date other than the workshops. It's possible that doing it that way might result in increased attendance.	11/3/2020 3:50 PM

## Q4 Please share any additional comments/suggestions

Answered: 8 Skipped: 5

#	RESPONSES	DATE
1	The zoom forum isn't quite as good as being in person. But it works remarkably well. The session was well organized. I appreciated the home delivery of the sage kit, Nice touch to engage everyone and I appreciate the extra effort!	11/18/2020 1:13 PM
2	Anything we can do to build deep, trusting relationships with external organizations like the University of Ottawa is time well spent.	11/18/2020 11:12 AM
3	I am very impressed to see the strategic planning process moving ahead during the pandemic	11/17/2020 8:08 PM
4	Any questions to the participants should contained in the handout material in advance so they can provide better and more thoughtful responses. This is especially important for new participants.	11/5/2020 8:26 AM
5	Keeping the meetings in the 60 to 120 minutes range is important. Anything longer is too much screen time for me.	11/4/2020 3:25 PM
6	I welcome more dialogue but in a more organized manner.	11/4/2020 11:55 AM
7	Thanks for the sessions. I loved the technology and the approach and getting to know the other Board members. I wish more had stayed for the networking. It was mostly staff.	11/3/2020 5:59 PM
8	Well done for a remote session. Keeping the length to a couple of hours was a good idea.	11/3/2020 3:50 PM



**ROYAL OTTAWA HEALTH CARE GROUP BOARD AND COMMITTEE MEETING SCHEDULE FOR 2021 - 2022**

	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
<b>BOARD MEETINGS</b> Thursdays Room 1424 (or by Zoom) <i>Schedule 3-Board Chair meeting 1-2 weeks prior to each Board meeting (30 minutes)</i>		<b>Sept 30</b> 4:30 Mini Series/Client and/or Family presentation 5:30 PM	Board Connection Days		<b>Dec 16</b> 4:30 Mini Series/Client and/or Family presentation 5:30 PM		<b>Feb 24</b> 4:30 Mini Series/Client and/or Family presentation 5:30 PM	<b>Mar 31</b> 4:30 Mini Series/Client and/or Family presentation 5:30 PM		<b>May 26</b> Board Community Event (to bring awareness to members about the Brockville campus)	<b>June 2</b> Special Board Meeting IN CAMERA  <b>June 23</b> 3:30 PM & AGM
		1 <sup>st</sup> Q	TBC		2 <sup>nd</sup> Q			3 <sup>rd</sup> Q		TBC - Possibly a virtual event at some future date	4 <sup>th</sup> Q
Board Portal Website Posting		Sep 23			Dec 9		Feb 10	Mar 24			Jun 16
Due to Patricia		Sep 21			Dec 7		Feb 8	Mar 22			Jun 14
<b>Committees</b>											
Audit Thursdays 7:30 AM						Jan 20				May 18	
Compensation & Succession Planning Wednesdays 4:30 PM				Nov 24					April 6		
Executive	At the call of the Chair										
Finance Thursdays 7:30 AM		Sept 9		Nov 18		Jan 20		Mar 17		May 18	
Governance Tuesdays 4:30 PM <i>*Invite Chair of Board to prep meetings</i>			Oct 12*				Feb 1*	Mar 22*		May 31*	
Innovation Tuesdays 4:30 PM <i>**Schedule prep meetings one week prior to meeting</i>			Oct 26** PREP Oct TBC						Apr 12** PREP Mar TBC		
Quality Mondays 4:30 PM <i>***30 minute prep meetings only</i>		Sept 13***		Nov 8*** HOLD date for Special meeting re QIP if needed	Dec 7***		Feb 7*** HOLD date for Special meeting re QIP If needed	Mar 7***			June 6***

Advocacy and Community Engagement Committee												
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Board Orientation – September 2021 TBC

Long Service Awards – TBC BMHC Centennial Hall 1:00 to 3:30 PM and TBC ROMHC Gymnasium from 1:00 to 3:00 PM

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MAC @ 8:30 AM	Aug 19	Sep 16	Oct 21	Nov 18	Dec 16	Jan 20	Feb 17	Mar 17	Apr 21	May 19	Jun 16	Jul 21	Aug 18
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**BOARD APPROVAL REQUEST**

<b>Motion Number: 2020-2021 – 27</b>	<b>Priority: Routine</b>
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<b>DATE:</b>	February 18, 2021
<b>COMMITTEE:</b>	Governance Committee
<b>PRESENTER:</b>	Catherine Coulter, Chair
<b>SUBJECT:</b>	Compensation & Succession Planning Committee Terms of Reference

**BACKGROUND INFORMATION:**

Approved at the November 25, 2020 Compensation & Succession Planning Committee and recommended for approval by the Governance Committee on January 26, 2021.

**LEGAL REVIEW AND/OR APPROVAL:****MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** the Terms of Reference of the Compensation & Succession Planning Committee be approved as presented.

**CARRIED**

**Moved by:**

**Seconded by:**

**Motion approved:**

 Mental Health - Care & Research Santé mentale - Soins et recherche	<p align="center"><b>COMPENSATION and SUCCESSION PLANNING</b></p> <p align="center"><b>Committee Terms of Reference</b></p> <hr/>
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<b>TITLE: ROHCG BOARD COMMITTEES</b>		
<b>SECTION: Compensation and Succession Committee Terms of Reference</b>	<b>NO: ROHCG Schedules Section 6.1.1</b>	
<b>Issued and Approved By:</b>	<b>ROHCG Board of Trustees</b>	<b>APPROVAL DATE :</b>
		<b>Date Initially Issued: 20/06/13</b>
		<b>Date Reviewed: <u>2020-11-25</u></b> 29/11/19 21/11/18 30/11/17 24/11/16
		<b>Date Revised: 12/12/19</b> 21/11/18 30/11/17 24/11/16

<b>Role</b>	The Committee's role is to deal with the overall Executive compensation policy and succession planning, including the performance evaluation for the President & CEO and the Psychiatrist-in-Chief/ Chief of Staff.
<b>Responsibilities</b>	<ol style="list-style-type: none"> <li>1. to review and recommend the overall compensation and other policy for non-union Executive and staff positions as appropriate;</li> <li>2. to conduct the annual performance review of the President &amp; CEO and to conduct/oversee the annual performance review of the Psychiatrist-in-Chief/ Chief of Staff and the performance objectives for the next year;</li> <li>3. to review and recommend the performance objectives of the President &amp; CEO and the Psychiatrist-in-Chief/ Chief of Staff and to make recommendations to the Board regarding compensation;</li> <li>4. to annually review and discuss the President &amp; CEO's and the Psychiatrist-in-Chief/ Chief of Staff's Succession Plan for the organization;</li> <li>5. to act as the Search and Selection Committee for the position of President CEO and the Psychiatrist-in-Chief/ Chief of Staff; and</li> <li>6. to undertake such other duties as may be required by the Board.</li> </ol>

## COMPENSATION and SUCCESSION PLANNING Committee Terms of Reference

<b>Membership &amp; Voting</b>	<u>Voting members of Committee</u> a) Chair of the Board; and b) <u>Minimum of 5</u> other independent Board members, one of whom shall act as Vice Chair of the Committee, with particular expertise and interest in Human Resources
	<u>Non-Voting Members of Committee</u> a) President & Chief Executive Officer, an ex-officio non-voting member b) Psychiatrist-in-Chief/ Chief of Staff, an ex-officio non-voting member
	There shall be French-speaking representation on the Committee.
<b>Chair</b>	The Chair of the Board
<b>Appointment of delegates</b>	N/A
<b>Frequency of Meetings</b>	The Compensation and Succession Planning Committee shall meet twice a year <u>and additionally</u> at the call of the Chair. One meeting shall deal with the performance review for the President & CEO and the Psychiatrist-in-Chief/ Chief of Staff and the other meeting shall deal with the overall compensation policy and the Succession Plan.
<b>Quorum</b>	The quorum for the Compensation and Succession Planning Committee shall be 51% of the voting members.
<b>Resources</b>	The ROHCG President & CEO will identify staff member(s) to act as resources to the Committee.  One staff member will be identified as the Committee Secretary.

Deleted: the

 <p>The Le Royal Mental Health - Care &amp; Research Santé mentale - Soins et recherche</p>	<p><b>COMPENSATION and SUCCESSION PLANNING</b> <b>Committee Terms of Reference</b></p> <hr/>
<p><b>Reporting</b></p>	<p>The Compensation and Succession Planning Committee shall report to the ROHCG Board of Trustees.</p>

# **ROYAL OTTAWA HEALTH CARE GROUP**

## **Medical Advisory Committee Report**



Mental Health - Care & Research  
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**ROYAL OTTAWA HEALTH CARE GROUP  
MINUTES  
MEDICAL ADVISORY COMMITTEE MEETING HELD  
November 19, 2020 – 9:00 to 10:30 a.m.  
(Virtual Meeting via Zoom)**

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla, Chair S. Gulati D. Attwood T. Lau L. McMurray G. Beck B. Fortin-Langelier J. Gray S. Okigbo J-M. Ribeyre M. Tremblay M. Willows  <i>Ex-officio Members:</i> J. Bezzubetz S. Farrell E. Millar K. Corace A. Winter D. Simpson T. Burta	A. Khan J. Shlik J. Watts	F. Dzierzinski C. Gemmell D. Munroe	C. Crocker	S. Sibbit A. Middlebro
				<b>SCRIBE</b>
				S. Holierhoek
	AGENDA ITEMS			ACTION REQUIRED
1.	<b>CALL TO ORDER</b>	The meeting was convened at 9:06 a.m.  G. Beck agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.		
2.	<b>OPENING REMARKS</b>	<ul style="list-style-type: none"> <li>The daily new COVID-19 case numbers in Ottawa continue to improve. The organization continues to resume services where possible to do so safely and maintaining virtual services where applicable.</li> </ul>		



		<ul style="list-style-type: none"> <li>To ensure information flow continuity, W. O'Dell will attend the December MAC meeting to present an overview and timelines of planned EHR projects over the next couple of years.</li> </ul>	
3.	<b>PRESENTATION</b>	<p>a) Mandatory Training for Physicians – R. Bhatla</p> <p>The 2021 mandatory training for physicians was reviewed. Only one online training module on Ergonomics was added to the list.</p> <p>The information was included in the meeting package.</p>	
		<p>b) Meditech Expense and Community Wide Scheduling Update – B. Fortin-Langelier / A. Middlebro</p>	
		<p>EHR project implementation timelines for the next few months were reviewed.</p> <p>The Patient Portal was launched in October. Registration numbers are currently low though they are expected to grow over time.</p> <p>The Meditech Expense implementation is progressing with the go live date of January 12, 2021. Training sessions will take place from December 7 to 18, 2020. A second demonstration will be provided at a Medical Staff meeting.</p> <p>The Community Wide Scheduling (CWS) module implementation is underway by program. Three physicians from different programs will pilot the module's launch in December. This will allow for further preparation and efficiencies in training and support before launching the remaining programs.</p> <p>Physicians and staff will receive CWS training. It was noted that the organization needs to ensure new hires receive EHR training relevant to their roles and that refresher training and continuous support be available going forward.</p> <p>A copy of the presentation was included in the meeting package.</p>	
4.	<b>CONSENT AGENDA</b>	<p><b>BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.</b></p> <p><b>Moved: G. Beck</b></p> <p><b>Seconded: B. Fortin-Langelier</b></p> <p><b>CARRIED</b></p> <p>The following motions were included in the Consent Agenda:</p> <ol style="list-style-type: none"> <li>Acceptance of agenda of November 19, 2020 meeting</li> <li>Approval of minutes of October 15, 2020 meeting</li> <li>Delegated Medical Advisory Group (DMAG) Agenda &amp; Minutes of October 19, 2020 and November 2, 2020 – Draft</li> <li>UGME Program Activities Update</li> </ol>	

		<ul style="list-style-type: none"> <li>v. Corporate Patient Safety Quarterly Report (Q2)</li> <li>vi. Quality Improvement Plan Quarterly Update (Q2)</li> <li>vii. ROHCG Research Committee Terms of Reference</li> <li>viii. ROHCG Innovation Council Terms of Reference</li> <li>ix. CORP VII-ii – 110 Eliciting, Recording and Managing Client and Family Feedback (Rev. Nov 4, 2020)</li> <li>x. CORP X-ii – 130 Welcoming Visitors at The Royal (Rev. Sept 21, 2020)</li> <li>xi. CORP III – 140 Responsible Conduct of Research (Rev. Oct 22, 2020)</li> <li>xii. CORP III – 120 Research and Ethical Review of Human Participant Studies (Rev. Oct 22, 2020)</li> <li>xiii. CORP I – 100 Policy Development, Revision, Approval and Implementation (Rev. Nov 12, 2020)</li> </ul>	
	<b>ITEMS MOVED FROM THE CONSENT AGENDA</b>	No items were removed from the Consent Agenda.	
<b>5.</b>	<b>ACTION ITEMS</b>	The Action Registry was reviewed and updated.	
<b>6.</b>	<b>NEW BUSINESS</b>	a. Reinstatement of Services Planning Update – D. Attwood /S. Farrell	
		<p>The working group reports to SMT and continues to meet every 2 weeks. The operations arm of the IMS is still functioning and maintains oversight of those services to be stood up.</p> <p>Planning is underway to facilitate the resumption of supervised and unsupervised off-ward privileges. Prior to issuing the order, programs must ensure the patient receives and is capable of following instructions relating to IPAC and current OPH COVID-19 guidelines.</p>	
		b. Professional Practice Update – E. Millar	
		The Royal continues to experience significant staffing shortages despite aggressive recruitment and onboarding efforts. With the evolution of the second wave of Covid-19, this may worsen. Programs have worked to develop functional staffing models to enable the Royal to continue to provide safe care despite staffing shortages. Programs will begin to implement functional staffing models in a stepped fashion. Commencing the week of December 1, functional staffing models will be implemented on weekends, where the current shortage is most severe, and revert back to regular staffing models during the week. If shortages expand, functional staffing can be expanded to more days of the week.	
		c. Physician Second Wave Guidelines – R. Bhatla / S. Gulati	
		The guidelines were developed by the Clinical Directors and endeavor to ensure continuity of care during the second wave of the pandemic. It was noted that these guidelines are	

		<p>subject to change based on regional environmental conditions in this regard. This document will be presented at the Medical Staff meeting today.</p> <p>The guidelines were included in the meeting package.</p>	
7.	<b>STANDING REPORTS</b>	<b>ADVISORY COMMITTEE REPORTS</b>	
		a. Credentials Committee – R. Bhatla	
		<p>R. Bhatla reported for this Committee.</p> <ul style="list-style-type: none"> <li>- Dr. G. Motayne will be stepping down as Chair of this Committee. Dr. C. Ripley will take over this role.</li> </ul> <p>The November 3, 2020 minutes were included in the meeting package</p>	
		i. Appointments to the Medical Staff	
		<p><b>BE IT RESOLVED THAT as recommended by the Credentials Committee, to recommend the approval of the following appointments to Medical Staff:</b></p> <ul style="list-style-type: none"> <li>- Dr. Timothy Ehmann, Courtesy On-Call Privileges, Youth Program, effective immediately</li> <li>- Dr. Marijana Jovanovic, Courtesy On-Call Privileges, Youth Program, effective immediately</li> <li>- Dr. David Bakish, Locum Privileges, Consult Clinic, effective immediately to October 24, 2021</li> <li>- Dr. Tiffany Miller, from Temporary Privileges to Locum Privileges, SUCD, effective immediately until May 31, 2021</li> <li>- Dr. Stephen Humphreys-Mahaffey, Locum Privileges, SUCD, effective November 1, 2020 to June 30, 2021</li> </ul> <p><b>Moved: G. Beck</b>  <b>Seconded: M. Willows</b>  <b>CARRIED</b></p>	
		b. Integrated Ethics Committee – D. Simpson, N. Lukich	
		<p>D. Simpson reported for this Committee.</p> <ul style="list-style-type: none"> <li>- Ethics Week took place two weeks ago. Ethics Framework cards are being distributed to programs. Staff should be reminded that the Ethicist is available to meet with programs at any time.</li> </ul> <p>The September 14, 2020 minutes were included in the meeting package.</p>	
		c. Medical Services Committee – A. Winter, B. Pryer	
		A. Winter reported for this Committee.	

		<ul style="list-style-type: none"> <li>- Influenza cases are much lower this year, likely as a result of adherence to pandemic IPAC protocols.</li> </ul> <p>The September 22, 2020 and October 13, 2020 minutes were included in the meeting package</p>	
		d. Pharmacy & Therapeutics Committee – M. Tremblay, T. Burta	
		<p>T. Burta reported for this Committee.</p> <ul style="list-style-type: none"> <li>- The Committee's Terms of Reference have been updated and they will come to MAC in December for approval along with a request to add Invega Trinza to the formulary.</li> </ul> <p>The September 15, 2020 minutes were included in the meeting package.</p>	
		e. Quality Committee – R. Bhatla, D. Simpson	
		<p>D. Simpson reported for this Committee.</p> <ul style="list-style-type: none"> <li>- The new Quality Framework for The Royal will adopt the Quadruple Aim Quality Framework model.</li> <li>- A document was assembled outlining the recommendation themes revealed from 12 Corporate Level Quality of Care Reviews completed in 2019-2020. The recommendations most mentioned was related to ensuring all clinical encounters are documented to meet The Royal and regulatory college documentation standards.</li> </ul> <p>The September 17, 2020 minutes, The Royal's Quality Framework and the Themes from Corporate Level Quality of Care Reviews were included in the meeting package.</p>	
		<b>INCIDENTS REPORTS</b>	
		f. Critical and Severe Incidents Report – D. Simpson	
		<p>There were 3 critical incidents since the last MAC meeting. Two of these incident reviews have completed a corporate level quality of care review and the last is scheduled.</p> <p>The legislation regarding reporting critical incidents to MAC was reviewed and the organization must report all critical incidents. The Incident Review Committee has reviewed all deaths, even expected and non-mental health related deaths of outpatients, however, there is no legislative need to do so. This has been verified with our mental health partner sites.</p> <p>As such, the organization will potentially move away from reviewing expected deaths or non-mental health related deaths of outpatients. All inpatient deaths are required to be reviewed.</p> <p>The Critical and Severe Incidents Report was included in the meeting package.</p>	

		<b>OTHER REPORTS</b>	
		g. Electronic Health Records (EHR) – B. Fortin-Langelier	
		See presentation above.	
		h. Committee on After Hours Quality of Care & Patient Safety for On-Call Physicians – D. Attwood	
		Deferred to December 17, 2020 MAC meeting.	
		<b>POLICIES AND PROCEDURES</b>	
		i. CORP VIII-i – 100 Safe Medication Practices – Roles & Responsibilities – Appendix (Rev. Nov 12, 2020)	
		Deferred to December 17, 2020 MAC meeting.	
		<b>EXECUTIVE REPORTS</b>	
		j. Psychiatrist-in-Chief and Chief of Staff – R. Bhatla	
		No report.	
		k. President and CEO – J. Bezzubetz	
		Due to the pandemic, the organization moved much of its administrative and clinical work to virtual platforms this year and as such cyber security is very much a concern. Future discussions on the matter will be tabled at various leadership meetings including MAC.	
		l. President of Medical Staff – T. Lau	
		We are waiting to review a decision document at DMAG/MAC about the portal access that our partner, Ontario Shores is interested in, that pertains to Expanse. The physicians have concerns that all of the work we put into the portal protection could disappear if it is passed at DMAG/MAC.  In his role as Director of Joy at Work, University of Ottawa, Dr. T. Lau requests encouraging collaboration between the Clinical Directors and the divisions at the university to try and identify and support physicians who could be candidates for awards. The idea being to foster a culture of appreciation and recognition for the good work we do.	
		m. President, IMHR & Vice President of Research, ROHCG – F. Dzierszinski	
		No report.	
8.	<b>NEXT MEETING</b>	<b>December 17, 2020 at 9:00 – 10:30 a.m.</b> (virtual meeting via Zoom)	
9.	<b>THE ROYAL'S ETHICS FRAMEWORK FOR DECISION MAKING</b>	G. Beck confirmed that the meeting discussions were in keeping with The Royal's Ethics Framework for Decision Making.  There were no concerns with respectful discussions and no evidence that any conflicts of interest or other ethical concerns interfered with MAC's deliberations.	
10.	<b>ADJOURNMENT</b>	There being no further business, the meeting was adjourned at 10:33 a.m.	

11.	<b>IN-CAMERA SESSION</b>		
	<div style="display: flex; justify-content: space-between; align-items: center; padding: 10px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>R. Bhatla, Chairperson</b> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>S. Holierhoek, Secretary</b> </div> </div>		



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

**ROYAL OTTAWA HEALTH CARE GROUP  
MINUTES  
MEDICAL ADVISORY COMMITTEE MEETING HELD  
December 17, 2020 – 9:00 to 10:30 a.m.  
(Virtual Meeting Via Zoom)**

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
R. Bhatla, Chair S. Gulati D. Attwood T. Lau L. McMurray G. Beck B. Fortin-Langelier J. Gray S. Okigbo J-M. Ribeyre J. Shlik M. Tremblay J. Watts M. Willows  <i>Ex-officio Members:</i> J. Bezzubetz S. Farrell E. Millar K. Corace A. Winter D. Simpson T. Burta	A. Khan	C. Crocker C. Gemmell D. Munroe C. Ripley	F. Dziarszinski	S. Sibbit W. O'Dell M. Webb A. Middlebro J. Walker M. Petras
				<b>SCRIBE</b>
				S. Holierhoek
	AGENDA ITEMS			ACTION REQUIRED
1.	<b>CALL TO ORDER</b>	The meeting was convened at 9:04 a.m.  J. Shlik agreed to monitor the meeting discussion based on the Royal's Ethics Framework for Decision Making.		
2.	<b>OPENING REMARKS</b>	<ul style="list-style-type: none"> <li>The Chair welcomed Dr. J. Watts to MAC. J. Watts is the new Clinical Director, FTU-Ottawa.</li> </ul>		

		<ul style="list-style-type: none"> <li>It was noted that EHR presentations and in depth discussions will continue to be a prominent feature at MAC meetings given the organization's investment and reliance on the Meditech technology as a vital tool and resource in the provision of quality health care and advanced analytics.</li> </ul>	
3.	<b>PRESENTATION</b>	<p>a) Leveraging Technology to Improve Mental Health Care – W. O'Dell</p> <p>E-health related objectives and project implementation timelines for the next year were shared with the Committee and the Mental Health HIS Cluster governance structure was reviewed.</p> <p>Challenges and solutions to the adoption of digital technology were discussed. With the upcoming go live of the CWS module, concerns were raised about the current inability to have remote access to CWS via personal devices. It was reported that by way of resolution to the issue, IT is looking into the possibility of upgrading VPN access in time for the launch of Web Ambulatory in October 2021.</p> <p>The Royal and Ontario Shores continue to examine the scope of access to information with respect to the Patient Portal. Waypoint does not use the Patient Portal.</p> <p>The presentation material was included in the meeting package.</p>	
		<p>b) Community Wide Scheduling – Demonstration – M. Petras / J. Walker / A. Middlebro</p> <p>A high level navigation demonstration of the CWS module was provided. The demonstration was tailored to the physician user.</p> <p>The first pilot of the module went live on December 16 with two physicians, one from the Youth program and one from the Geriatrics program. Staggered program roll outs will continue throughout early 2021.</p> <p>It was agreed that appropriate workflows must be implemented to minimize the risk of double booking appointments. Enabling remote access to CWS will assist in minimizing this risk.</p> <p>The need to include EHR training in the employee onboarding process and to ensure continuing EHR education was discussed. Having the support of trained administrative staff is important to physicians and programs and needs to be addressed.</p>	



		<p>Royal Ottawa CWS Implementation Agreement Document – B. Fortin-Langelier</p> <p>The CWS Implementation Agreement Document contained in the meeting package was reviewed. The Committee requested that in advance of receiving MAC approval, the document be amended to reflect the following:</p> <ul style="list-style-type: none"> <li>• Administrative staff will have the ability to access and schedule appointments in CWS and as such CWS training will be provided to both administrative staff and physicians.</li> <li>• Enabling remote access to CWS will mitigate the risks of scheduling conflicts due to double booking appointments.</li> </ul> <p>Once the above amendments are reflected in the document, MAC will conduct an electronic vote on approving the document.</p>	
4.	<b>CONSENT AGENDA</b>	<p><b>BE IT RESOLVED THAT the consent agenda, including the items outlined therein, be accepted as presented.</b></p> <p><b>Moved: J. Shlik</b> <b>Seconded: D. Attwood</b> <b>CARRIED</b></p> <p>The following motions were included in the Consent Agenda:</p> <ol style="list-style-type: none"> <li>Acceptance of agenda of December 17, 2020 meeting</li> <li>Approval of minutes of November 19, 2020 meeting</li> <li>Delegated Medical Advisory Group (DMAG) Agenda &amp; Minutes of November 16, 2020 (Final) and November 30, 2020 (Draft)</li> </ol>	
	<b>ITEMS MOVED FROM THE CONSENT AGENDA</b>	No items were removed from the Consent Agenda.	
5.	<b>ACTION ITEMS</b>	The Action Registry was reviewed and updated.	
6.	<b>NEW BUSINESS</b>	a. Reinstatement of Services Planning Update – D. Attwood /S. Farrell	
		<p>The Resumption of Services Working Group has recommended accompanied leave for patients for up to 4 hours. It is expected this leave would be to facilitate outings for the purposes of family contact, community healthcare visits, etc. while keeping in mind the ongoing need to minimize contact. Programs are not obliged to grant this leave but have the option of doing so.</p> <p>It is possible that in January, organizations such as Ottawa Public Health and the Centre for Disease Control and Prevention, will recommend moving to a 10 day isolation period for suspected and confirmed cases of COVID-19</p>	

		instead of the current 14 day isolation period. Should this occur, detailed communication to staff will be imperative.	
		b. Professional Practice Update – E. Millar	
		No report.	
7.	<b>STANDING REPORTS</b>	<b>ADVISORY COMMITTEE REPORTS</b>	
		a. Credentials Committee – R. Bhatla / C. Ripley	
		C. Ripley reported for this Committee.	
		The December 10, 2020 minutes were included in the meeting package.	
		i. Appointments to the Medical Staff	
		<b>BE IT RESOLVED THAT as recommended by the Credentials Committee, to recommend the approval of the following appointments to Medical Staff:</b>	
		<ul style="list-style-type: none"> <li>- Dr. Heather Bocz, Probationary Full-Time Privileges, ROP, effective immediately</li> <li>- Dr. Jennifer Palmer, Locum Privileges, MAP, December 6, 2020 to May 30, 2021</li> </ul>	
		<b>Moved: S. Gulati</b>	
		<b>Seconded: C. Ripley</b>	
		<b>CARRIED</b>	
		b. Integrated Ethics Committee – D. Simpson, N. Lukich	
		D. Simpson reported for this Committee.	
		- No report.	
		c. Medical Services Committee – A. Winter, B. Pryer	
		A. Winter reported for this Committee.	
		<ul style="list-style-type: none"> <li>- Ottawa Public Health reports that to date 5 times as many people as last year have been vaccinated for influenza. Ottawa's influenza vaccination rate is at 52% and we would like that number to increase.</li> <li>- The COVID-19 vaccine has arrived in Ottawa. LTC front line staff will be the first to receive the vaccine.</li> <li>- The x-ray technologist position is currently vacant and a replacement is being sought. Central Services is working on finding coverage for the holiday season.</li> </ul>	
		The October 13, 2020 and November 10, 2020 minutes were included in the meeting package.	
		d. Pharmacy & Therapeutics Committee – M. Tremblay, T. Burta	
		T. Burta reported for this Committee.	
		- Microlax enemas were discontinued in 2019. All available stock has now been utilized.	

		The October 20, 2020 minutes were included in the meeting package.	
		Pharmacy & Therapeutics Committee – Terms of Reference (Rev. Nov 17, 2020)	
		<b>BE IT RESOLVED THAT the Terms of Reference (Rev. Nov 17, 2020) for the Pharmacy &amp; Therapeutics Committee, be approved as presented.</b> <b>Moved: G. Beck</b> <b>Seconded: D. Attwood</b> <b>CARRIED</b>	
		Formulary Addition Request: Paliperidone Palmitate Prolonged-Release Injectable Suspension (3 months) (Brand Name: Invega Trinza)	
		<b>BE IT RESOLVED THAT as recommended by the Pharmacy &amp; Therapeutics Committee, Paliperidone Palmitate Prolonged-Release Injectable Suspension (3 months) (Brand Name: Invega Trinza), be added to the ROHCG Formulary as presented.</b> <b>Moved: D. Attwood</b> <b>Seconded: T. Lau</b> <b>CARRIED</b>	
		e. Quality Committee – R. Bhatla, D. Simpson	
		R. Bhatla reported for this Committee. - The Quality Committee of the Board (QCB) reviewed the revised Terms of Reference for the Incident Review Committee. The QCB is appreciative of the evolution of the reports it receives.  The October 15, 2020 minutes were included in the meeting package.	
		<b>INCIDENTS REPORTS</b>	
		f. Critical and Severe Incidents Report – D. Simpson	
		The Critical and Severe Incidents Report was included in the meeting package.  There were no critical incidents since the last MAC meeting.	
		<b>OTHER REPORTS</b>	
		g. Electronic Health Records (EHR) – B. Fortin-Langelier	
		See presentations above.	
		h. Committee on After Hours Quality of Care & Patient Safety for On-Call Physicians – D. Attwood	
		The Committee continues to meet. No specific issues to bring forward.	
		<b>POLICIES AND PROCEDURES</b>	
		i. CORP VIII-i – 100 Safe Medication Practices – Roles & Responsibilities – Appendix (Rev. Nov 12, 2020)	

		<b>BE IT RESOLVED THAT CORP VIII-i – 100 Safe Medication Practices – Roles &amp; Responsibilities – Appendix (Rev. Nov 12, 2020), be approved as presented.</b> <b>Moved: J. Shlik</b> <b>Seconded: S. Gulati</b> <b>CARRIED</b>	
		j. CORP VIII-i Safe Medication Practices – Appendix 1: Drug Formulary Request for Additions or Deletions Form (Rev. Nov 12, 2020)	
		<b>BE IT RESOLVED THAT CORP CORP VIII-i Safe Medication Practices – Appendix 1: Drug Formulary Request for Additions or Deletions Form (Rev. Nov 12, 2020), be approved as presented.</b> <b>Moved: G. Beck</b> <b>Seconded: S. Gulati</b> <b>CARRIED</b>	
		<b>EXECUTIVE REPORTS</b>	
		k. Psychiatrist-in-Chief and Chief of Staff – R. Bhatla	
		See opening remarks above.	
		l. President and CEO – J. Bezzubetz	
		The Ontario Hospitals Association has written to Premier Ford to request a four week lockdown in the hot spot regions of the province. It is not clear if the eastern region will be included in a lockdown.  The Royal was recently notified that we will be receiving one time funding for our Regional Coordinated Access project, the Prompt Clinic and the Front Line Wellness initiative. The Minister of Health is expected to announce the funding today.  J. Bezzubetz thanked everyone for their continued efforts and contributions to our organization during this unique time and hopes people can enjoy some rest over the holiday period.	
		m. President of Medical Staff – T. Lau	
		No report.	
		n. President, IMHR & Vice President of Research, ROHCG – F. Dzierzinski	
		No report.	
8.	<b>NEXT MEETING</b>	<b>January 21, 2021 at 9:00 – 10:30 a.m.</b> (Virtual meeting via Zoom)	
9.	<b>THE ROYAL'S ETHICS FRAMEWORK FOR DECISION MAKING</b>	J. Shlik confirmed that the meeting discussions were in keeping with The Royal's Ethics Framework for Decision Making.  The meeting was informative, productive, respectful and compliant with the pillars of the framework.	
10.	<b>ADJOURNMENT</b>	There being no further business, the meeting was adjourned at 10:33 a.m.	

11.	IN-CAMERA SESSION		
	<hr/> <div><b>R. Bhatla, Chairperson</b><b>S. Holierhoek, Secretary</b></div>		

**BOARD APPROVAL REQUEST**

<b>Motion Number:</b> 2020-2021 – 28	<b>Priority:</b> Important
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<b>DATE:</b>	February 18, 2020
<b>COMMITTEE:</b>	Medical Advisory Committee
<b>PRESENTER:</b>	Dr. R. Bhatla, Chair
<b>SUBJECT:</b>	Medical Staff Privileges

**BACKGROUND INFORMATION:**

Under the Public Hospitals Act and the hospital by-laws, the Board is responsible for appointing professional staff to the hospital and determining their privileges. The board is also responsible for revoking, suspending or refusing the re-appointment of professional staff, where necessary.

**LEGAL REVIEW AND/OR APPROVAL:****MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees the following candidates for Medical Staff Privileges:

- Dr. Heather Bocz, Probationary Full-Time privileges, ROP, effective immediately
- Dr. Jennifer Palmer, from Temporary to Locum privileges, December 6, 2020 to May 30, 2021

**Moved by:**

**Seconded by:**

**Motion approved:**

**ROYAL OTTAWA HEALTH CARE GROUP BOARD  
AUDIT COMMITTEE MINUTES OF THE MEETING HELD  
January 21, 2021 via Zoom  
ROYAL OTTAWA MENTAL HEALTH CENTRE**

Trustees	Present	Regrets	Trustees	Present	Regrets
J. Gallant, Chair	X		S. Squire	X	
R. Anderson	X		J. MacRae	X	
L. Gillen	X		A. Graham	X	
L. Leikin	Phone				
C. Coulter	X				
<b>Management Staff</b>					
K. Kealey	X		J. Bezzubetz	X	
C. Crocker	X				
D. Bilodeau	X				
<b>Guests</b>					
A. Newman, KPMG	X				
A. Despatie, KPMG	X				

AGENDA ITEMS		ACTION REQUIRED
<b>Call to Order</b>	J. Gallant, the Chair, called the meeting to order at 7:31 am and declared the meeting to have been regularly called and properly constituted for the transaction of business.	
<b>Meeting Agenda</b>	<p><b>Moved by C. Coulter, seconded by S. Squire,</b>  <b>BE IT RESOLVED THAT</b> the meeting agenda, be accepted as presented</p> <p><b>CARRIED</b></p>	
<b>Consent Agenda</b>	<p><b>Moved by C. Coulter seconded by S. Squire,</b>  <b>BE IT RESOLVED THAT</b> the consent agenda, including the actions outlined therein be accepted with minor changes.</p> <p><b>CARRIED</b></p> <p>a. Minutes of February May 21 2020  b. Work plan – Draft  c. Statutory Obligations Letter  d. Update Whistleblower Policy</p>	

AGENDA ITEMS		ACTION REQUIRED
<b>Items Moved from the Consent Agenda</b>	No items were removed from the Consent Agenda.	
<b>3a. Terms of Reference</b>	<p>The Terms of Reference are being brought to this committee for review/changes</p> <p><b>ACTION:</b> Amend the Terms of Reference to reflect the following::</p> <p><b><u>Membership &amp; Voting:</u></b></p> <p><i>c) a minimum of four (4) other independent ROHCG trustees</i></p> <p><b>Moved by L. Leikin, seconded by J. MacRae, BE IT RESOLVED THAT the Terms of Reference be recommended to the Governance Committee for acceptance as amended</b></p> <p><b>CARRIED</b></p>	
<b>3b. Review Financial Risk Register</b>	<p>C. Crocker provided an overview of the pre-circulated Financial Risk Register noting the following:</p> <ul style="list-style-type: none"> <li>• No significant changes have been made</li> <li>• The approaches to managing risk have been updated</li> <li>• Updated to include cybersecurity per discussions reflected re: the corporate risk register</li> <li>• \$3M Policy is now in place with Ridge Canada</li> </ul> <p>In response to questions the following was noted:</p> <ul style="list-style-type: none"> <li>• Funding Risk (#5 – High) – Foundation funding risk is related only to the campaign proceeding for new initiatives</li> <li>• Main Foundation funding source for ongoing operations is PET/MRI which was funded for the capital component plus five years of operations which ends this fiscal year end</li> <li>• Projected deficit of \$450K noted in draft budget to reflect end of funding</li> <li>• New campaign reflects BIC as a broader concept for additional funding</li> <li>• Financial risk if new campaign does not proceed or is unsuccessful</li> <li>• Sources of funding does not currently reflect the Foundation</li> <li>• Risk register will be updated to reflect the Foundation as a source of funding and potential future financial risk related to same</li> <li>• Designated Foundation funding received is allocated to intended project</li> <li>• Balance of un-designated Foundation funds received, after adjustments, is split as 50% allocated to the Foundation as ongoing equity, 50% allocated to the ROHCG which is then</li> </ul>	<b>K. Kealey</b>



AGENDA ITEMS		ACTION REQUIRED
	<p>split as 25% - allocated to the hospital and 25% allocated to the IMHR</p> <ul style="list-style-type: none"> <li>• Approximate net income of \$500K annually in undesignated funds available to offset operational needs</li> <li>• Risk of cybersecurity (Low) is based on ratings as defined by category/likelihood scale – low is defined as “expected to occur annually” whereas medium would be “expected to occur monthly”, which we would not anticipate</li> <li>• Added cybersecurity coverage of \$3M in addition to current coverage with Ridge Canada is felt to be more than sufficient to deal with possible financial impact of ransomware attacks, etc. occurring</li> </ul> <p><b>ACTION ITEM:</b> Explanation of financial relationships between the Foundation, Hospital and IMHR will be brought forward to a future Finance Committee meeting</p>	<b>C. Crocker/K. Kealey</b>
<b>3c. Review Impact of Changes-Reporting &amp; Accounting Treatment of new Transactions</b>	C. Crocker reported that there are no new reporting requirements or accounting treatments for fiscal 21/22 except CAS-540 Auditing of Accountability Estimates, which will be covered by KPMG re: the Audit Plan	
<b>3d Review recommendations – Executive Committee relating to the Risk Management Report</b>	C. Crocker reported that there are no recommendations from the Executive Committee related to the Risk Management Report.	
<b>3e Update status of issues identified in Management Letter from previous fiscal year</b>	C. Crocker reported that there were no issues identified by KPMG related to the 2020/21 management letter	

AGENDA ITEMS		ACTION REQUIRED
<b>3f Review Audit Report</b>	<p>Andrew Newman, Partner and Ann Despatie, KPMG reviewed the audited findings report noting the following highlights:</p> <ul style="list-style-type: none"> <li>• With COVID-19 expected to have a continued impact on ROHCG's business and financial reporting, a virtual audit has been included in planned audit approach</li> <li>• Moving to a virtual environment requires continued use of tools such as Skype, Zoom, etc.</li> <li>• New global standard: CAS-540 Auditing Accounting Estimates will be applicable to ROHCG for the March 31, 2021 year end audit re: accounting estimates</li> <li>• KPMG will be required to perform additional procedures over accounting estimates</li> <li>• A. Newman noted that additional fees will apply for this work but are not expected to exceed \$2K</li> <li>• A. Newman noted that additional fees will apply for COVID related work but not to exceed \$2K</li> <li>• There are no changes to the KPMG team from the audit plan</li> <li>• The Audit plan reporting is consistent with prior years</li> <li>• Benchmark materiality of 2.15% is a small increase but is consistent with prior year, which was reported at 2.11%</li> <li>• \$4 million materiality, which is an increase from the prior year. Materiality for the prior year was \$3.8 million</li> <li>• Performance materiality (used 75% of materiality) is \$3 million, which is an increase from the prior year. Performance materiality for the prior year was \$2,850,000</li> <li>• Posting threshold is \$200,000 compared to \$190,000 the prior year</li> <li>• Additional procedure COVID checklist required to be completed by ROHCG Management</li> </ul> <p>In response to questions the following was noted:</p> <ul style="list-style-type: none"> <li>• Note regarding understanding ROHCGs processes is intended as a general point around processes and is not reflective of any material risk in the virtual process</li> <li>• Fraud risk assessment requires oversight by Audit Committee and work through process to demonstrate sufficient controls are in place regarding COVID environment and work from home</li> <li>• An assessment was completed regarding controls and processes in place regarding work from home in previous audit</li> <li>• IT policy includes that no personal computers or devices permitted for use at home and at that all equipment accessing information are ROHCG issued, all sign on</li> </ul>	

AGENDA ITEMS		ACTION REQUIRED
	<p>security levels are duplicated for at home sign in as would be used on site, etc.</p> <ul style="list-style-type: none"> <li>• ROHCG has no buildings with asbestos, the organization only owns buildings on site (ROP, ROMHC) and both are new. Brockville buildings and other community sites are leased</li> <li>• Additional fees related to new CAS 540 and COVID Impact do not require a revised plan, audit plan will not change, only change will be to fees which will be updated</li> </ul> <p>If further information is required regarding the Audit Planning Report, committee members can feel free to reach out to Andrew at their convenience</p> <p><b>Moved by L. Gillen, seconded by C. Coulter, BE IT RESOLVED THAT the Audit Planning Report be accepted as presented.</b></p> <p><b>CARRIED</b></p>	
<p><b>3g Audit Quality Indicators for NPO's</b></p> <p><b>3h Management Evaluation form</b></p>	<p>Various versions of the document were completed (KPMG/Management/J. Gallant &amp; R. Anderson)</p> <p>A summary of all evaluations/comments was developed and pre-circulated in the meeting package</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• Newman commented on the oversight with the Committee Chair regarding revisions to the 2020 Audit Planning Report</li> <li>• All see this practice as a good opportunity to review and consider and/or improve upon current processes</li> <li>• The Chair thanked all for their efforts in filling out the questionnaire and emphasized that all ratings were satisfactory or better, indicating the audit process was of high quality.</li> </ul> <p>A. Newman welcomes any comments or feedback from committee members in this regard</p>	
<p><b>3i Recommend Appointment of Auditors for Fiscal 2021/22</b></p>	<p>C. Crocker provided context noting the following:</p> <ul style="list-style-type: none"> <li>• The Royal went to market for 5 year term plus an additional 2 year extension with an agreement of no fee increase over the extended term</li> <li>• As an organization we complete 7 audits and 5 cost audits</li> <li>• We will be continuing virtual audit practice given the assumed COVID climate for the next two years</li> <li>• Bringing on new auditors in this environment and bringing them "up to speed" in a virtual world would not be preferred decision</li> </ul>	

AGENDA ITEMS		ACTION REQUIRED
	<p>In response to questions the following is noted:</p> <ul style="list-style-type: none"> <li>• We will extend another year but will negotiate for a minimal fee increase</li> <li>• We will be going to market following this extension</li> <li>• There is no requirement as an NPO for us to change Auditors or engagement partner following a 7 year term</li> <li>• Current Audit Plan will be changed to reflect increase in costs related to additional fees related to new CAS 540 and COVID Impact requirements for \$2K each</li> </ul> <p><b>Moved by J. MacRae, seconded by L. Gillen, BE IT RESOLVED THAT this Committee recommends to the Board the re-appointment of KPMG as the Auditors for the coming fiscal year (2021-22)</b></p> <p><b>CARRIED</b></p>	<b>C. Crocker/A. Newman</b>
<b>Other Business</b>	<p>Update on action item re: Vulnerabilities and status of employees working from home</p> <p>C. Crocker noted the following:</p> <ul style="list-style-type: none"> <li>• Temporary process in place internally related to employees working from home</li> <li>• SMT has agreed to make opportunities to work from home a permanent component of the ROHCG work environment as it is seen as a good recruitment incentive</li> <li>• Working with Occupational Health, HR and key Directors in Operations to develop documentation related to processes and controls to allow us to operate in this environment on a permanent basis</li> </ul> <p><b>ACTION ITEM:</b> This item will be brought forward to a future Finance meeting for follow up once this documentation is completed</p>	<b>C. Crocker/ D.Bilodeau</b>
<b>Next Meeting</b>	May 20, 2021 7:30 am via Zoom	
<b>Adjournment</b>	<b>Meeting was adjourned at 8:39</b>	

**Audit Meeting Action Items**

Action Item	Individual Responsible	Status
An overview of all audits will be provided to Committee members (Frayme, etc.)	C. Crocker	Ongoing until completed
Vulnerabilities and status of employees working from home update to be brought to a future meeting	C. Crocker	Ongoing until completed
Explanation of financial relationships between the Foundation, Hospital and IMHR will be brought forward to a future Finance Committee meeting	C. Crocker K. Kealey	Ongoing until completed
Risk register will be updated to reflect the Foundation as a source of funding and potential future financial risk related to same	K. Kealey	Ongoing until completed

## ROYAL OTTAWA HEALTH CARE GROUP

**BOARD APPROVAL REQUEST****Motion Number: 2020-2021 – 29****Priority:** Important**DATE:** February 18, 2021**COMMITTEE:** Audit Committee**PRESENTER:** J. Gallant**SUBJECT:** Annual Audit Plan**BACKGROUND INFORMATION:**

The Audit Committee reviews annually and discusses the external auditor's written report and addresses all factors that might impact on the auditor's independence. This was reviewed at the January 21, 2021 Audit Committee meeting and is recommended to the Board of Trustees for approval.

**LEGAL REVIEW AND/OR APPROVAL:****MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** as recommended by the Audit Committee, the Annual Audit Plan be approved, as presented.

**CARRIED****Moved by:****Seconded by:****Motion approved:**

# Royal Ottawa Health Care Group ("ROHCG")

Audit Planning Report  
for the year ended  
March 31, 2021

*KPMG LLP*

Prepared on January 4<sup>th</sup> for the  
Audit Committee meeting on January  
21, 2021

[kpmg.ca/audit](http://kpmg.ca/audit)





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# KPMG contacts

The contacts at KPMG in connection with this report are:



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Ann Despatie, CPA

**Audit Senior Manager**

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# Executive summary

## Purpose

We have prepared this Audit Plan to inform you of the planned scope and timing of the audit for the purposes of carrying out and discharging your responsibilities and exercising oversight over our audit of the financial statements of the Royal Ottawa Health Care Group ("the "ROHCG") for the year ending March 31, 2021.

As members of the Audit Committee, you have a significant role to play in the oversight of our audit and we welcome any and all observations you may have regarding the decisions reflected in this audit plan.

Our audit is risk-focused. In planning our audit, we have considered key areas of focus for financial reporting.

## COVID-19

COVID-19 is undoubtedly going to have an impact to the ROHCG's business and the Company's financial reporting. We have considered this in our audit planning report. After discussions with management, we expect to conduct a remote audit and have planned for this in our audit approach.

## Audit and business risks

Our audit is risk focused. In planning our audit, we have considered key areas of focus for financial reporting. These include:

- Cash and Short-term Investments
- Amounts receivables
- Inventories and Prepaid Expenses
- Capital Assets
- Accounts Payable and Accrued Liabilities (including contingencies)
- Long-Term Debt

This Audit Planning Report should not be used for any other purpose or by anyone other than the Audit Committee, Board of Directors, and Management of the Entity. KPMG shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this Audit Planning Report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.

- Government and Provincial Funding
- Other Contributions and Grants (including related receivables)
- Salaries and Benefits
- Employee Future Benefits
- Non-Salary, Non-Program Expenses
- Subsequent Events

## Audit materiality

Materiality has been determined based on prior year total revenues. We have determined materiality to be as follows \$4,000,000

## Quality control

We have a robust and consistent system of quality control. We provide complete transparency on all services and follow Audit Committee approved protocols.



## Proposed fees

Proposed fees for the annual audit are \$65,200

## Current developments and audit trends

CAS 540 Auditing Accounting Estimates is applicable to ROHCG for the March 31, 2021 year-end audit relating to accounting estimates. As such, KPMG will be required to perform additional procedures over accounting estimates.

# Highly talented team

Team member	Background / experience	Discussion of role
 <p><b>Andrew C. Newman, FCPA, FCA</b> Lead Relationship Partner Tel: (613) 212-2877 andrewnewman@kpmg.ca</p>	<ul style="list-style-type: none"> <li>— Andrew has over 28 years of experience serving government, not-for-profit, education and healthcare organizations. Andrew is currently the Office Managing Partner of KPMG in Ottawa.</li> <li>— Andrew served as KPMG Canada's National Leader, Education for 10 years until 2020. He recently completed his 12-year term on the Public Sector Accounting Board.</li> <li>— This is Andrew's 7th year proudly serving ROHCG.</li> </ul>	<ul style="list-style-type: none"> <li>— Andrew will be responsible for the quality and timeliness of our work and the conclusions reached by the engagement team.</li> <li>— He will provide the overall direction for audit and related services, and will have frequent and direct contact with The Royal Ottawa Health Care Group.</li> <li>— Andrew will help ensure the company receives the full benefit of our audit and specialist resources on a timely and effective basis.</li> </ul>
 <p><b>Ann Despatie, CPA</b> Audit Senior Manager Tel: (613) 212-3644 adespatie@kpmg.ca</p>	<ul style="list-style-type: none"> <li>— Ann has 7 years of experience serving not-for-profit organizations. Ann is a key member of KPMG's public sector audit practice group in Ottawa.</li> <li>— This is Ann's third year serving the Royal Ottawa Health Care Group.</li> </ul>	<ul style="list-style-type: none"> <li>— Ann will work closely with Andrew in developing and executing the audit strategy. She will be responsible for the direct supervision and management of the audit, the development of the detailed audit approach in consultation with Andrew, the identification of financial reporting and operational efficiency issues, as well as review of the audit.</li> <li>— Ann will be your main point of contact throughout the year.</li> </ul>

# Key ROHCG team members

KPMG has identified the following management and other team members who will play a vital role in the ROHCG audit execution. The availability and participation of these individuals in the audit process is key to the successful completion of the audit in the timelines provided. During the post-audit Audit Committee meeting, we will debrief the Audit Committee on the readiness and performance of the ROHCG team during the audit.

Key Team Member	Key Responsibilities in Support of the Audit	Significant Account
<b>Cal Crocker, Chief Operating Officer and CFO</b>	— Cal Crocker is responsible for financial oversight of the ROHCG. He is responsible for the financial close process and will attend debrief meetings with the KPMG Partner and Senior Manager.	— Financial reporting oversight
<b>Kim Kealey, Director of Finance</b>	— Kim Kealey is responsible for the review of the financial statements and related note disclosures. She is the main contact to obtain required documents for the completion of the ROHCG audit.	— Financial statement review
<b>Craig St. Germain, Manager, Budgeting and Reporting</b>	— Craig St. Germain is responsible for the assembly of the financial statements and all related sections. For the audit, he is the main contact for all audit sections.	— All Sections
<b>Guy Capelle, Director of IT</b>	— Guy Capelle is responsible for information technology at ROHCG. Guy is our main contact for discussions on any changes to current ROHCG information systems.	— Information Technology
<b>Joanne Bezzubetz, President and CEO</b>	— Joanne Bezzubetz provides general oversight of the financial close process of the ROHCG and will attend debrief meetings with the KPMG Partner and Senior Manager.	— Financial reporting oversight
<b>José Gallant, Audit Committee Chair</b>	— José Gallant is responsible for providing leadership to the Audit Committee and for collaborating with Management and KPMG on audit matters.	— Financial reporting oversight

# COVID-19: Embedding Resilience & Readiness

COVID-19 is undoubtedly going to have an impact to ROHCG and ROHCG's financial reporting.

Potential financial reporting implications	Potential implications on internal control over financial reporting
<ul style="list-style-type: none"> <li>Events or conditions that cast significant doubt regarding increased financial and liquidity risks.               <ul style="list-style-type: none"> <li>Determining plans to mitigate such conditions or events</li> <li>Evaluating ability to carry out those plans in light of the current conditions</li> </ul> </li> <li>Impairment of non-financial assets (e.g., capital assets)               <ul style="list-style-type: none"> <li>Analysis of triggering events and impairment testing (e.g. cash flow forecasts and assumptions)</li> </ul> </li> <li>Impairment of financial assets (e.g., investments, financial instruments)</li> <li>Fair value measurements</li> <li>Employee benefits and employer obligations</li> <li>Classification of debt</li> <li>Subsequent events</li> </ul>	<ul style="list-style-type: none"> <li>Reconsideration of financial reporting risks, including fraud risks, given possible new pressures on management or new opportunities to commit fraud given changes in internal controls over financial reporting or to bias estimates</li> <li>New or enhanced controls, including those that may need to occur at quarter-end, to respond to new financial reporting risks or elimination of on-site preventative controls</li> <li>Consideration of changes in the individuals performing the control</li> <li>Consideration of the appropriateness of segregation of duties because of a potential reduction in the number of employees</li> <li>Plan for inventory counts may need to be re-considered to ensure all inventory is counted once during the year</li> <li>Reconsideration of internal controls over financial reporting impacts related to broader IT access given remote work arrangements</li> </ul>

Please refer to our [COVID-19 Financial Reporting](#) site:

Potential financial reporting implications related to disclosures	Other potential considerations
<ul style="list-style-type: none"> <li>Liquidity, credit and market risks</li> <li>Events and conditions that may cast doubt regarding going concern</li> <li>Major sources of estimation uncertainty that have significant risk</li> </ul>	<ul style="list-style-type: none"> <li>Reporting material changes in internal controls over financial reporting</li> <li>Cyber security risks</li> <li>Possible delay in issuing annual financial statements</li> </ul>

# COVID-19: Embedding Resilience & Readiness (Continued)

Similarly, COVID-19 is a major consideration in the development of our audit plan for your 2021 financial statements.

## Potential audit implications

### Planning and risk assessment

- Understanding the expected impact on the relevant metrics for determining materiality (including the benchmark) and the implication of that in identifying the risks of material misstatement, responding to such risks and evaluating uncorrected misstatements
- Understanding the potential financial reporting impacts, the changes in ROHCG's environment, and changes in ROHCG's system of internal control, and their impact on our:
  - identified and assessed risks of material misstatement
  - audit strategy, including the involvement of others (e.g., our internal specialists or use of internal audit's work or internal audit in a direct assistance capacity),
  - the nature, timing and extent of tests of internal controls and substantive audit procedures

### Executing

- Auditing in a virtual environment
  - Increased use of other collaboration tools (Teams, Skype etc.) and the need for written management acknowledge for their use
  - Increased use of electronic evidence (and understanding ROHCG's processes to provide such evidence to us)
- Timing of procedures may need to change
  - Tests of controls may need to be deferred (to allow the ROHCG to put new or revised controls in operation and to be able to re-perform such controls)

### Reporting

- Possible scope limitation(s)
  - Timing of reporting
  - Audit Committee and Board Meetings in a virtual environment
-

# Audit risks

Significant financial reporting risks	Why is it significant?
We have not identified any significant financial reporting risks for the ROHCG.	Not applicable

## Our audit approach

- KPMG has not identified any significant financial reporting risks as of the date of this report that will require any additional audit procedures for the March 31, 2021 financial statement audit.
- KPMG will assess throughout the audit whether there are any activities that are outside the normal operations for the ROHCG and will perform additional procedures if necessary.

# Audit risks (continued)

## Relevant factors affecting our risk assessment

Complexity



Estimate



Related party transaction



Professional Requirements	Why is it significant?
Fraud risk over revenue recognition.	<p>This is a presumed risk of material misstatement due to fraud.</p> <p>Generally, this is a presumed fraud risk if there are pressures or incentives on management to commit fraudulent financial reporting through inappropriate revenue recognition when performance is measured in terms of year-over-year growth or profit.</p> <p>The ROHCG receives most of its revenue through donations and does not sell goods or services as a main line of business. The entities revenue streams are non-complex and do not involve significant estimates, which diminishes the opportunity for fraud related to revenue. Moreover, the ROHCG is not subject to external or market expectations on its revenue.</p> <p>Therefore, we have rebutted this fraud risk.</p>
Fraud risk from management override of controls.	<p>This is a presumed fraud risk.</p> <p>We have not identified any specific additional risks of management override relating to this audit.</p>

## Our audit approach

- Our focus for procedures related to revenue recognition will be surrounding manual journal entries and top side adjustments that impact revenue accounts.
- As the risk is not rebuttable for management override of controls, our audit methodology incorporates the required procedures in professional standards to address this risk. These procedures include testing of journal entries and other adjustments, performing a retrospective review of estimates and evaluating the business rationale of significant unusual transactions.
- We also make inquiries of upper management and the Audit Committee related to their awareness of fraud risks factors of the organization and whether the organization is currently dealing with any suspected, alleged, or known fraudulent activity.



# Audit risks (continued)

Other areas of focus	Why are we focusing here?
Contribution Agreement Audits	<p>KPMG will complete the audit of each of the programs listed below during May and June 2021:</p> <ul style="list-style-type: none"> <li>— Community Mental Health and Addictions Program and Community Support Services Program</li> <li>— Youth Program</li> <li>— St. Lawrence Valley Correctional and Treatment Centre (STU)</li> </ul> <p>Should any other contribution agreement audits be required, we will inform the Audit Committee in our Audit Findings Report.</p>
Royal Ottawa Place	KPMG will complete the audit of the Long-Term Annual Report and Trust Accounts for the Royal Ottawa Place in August/September 2021.

# New audit standards

New auditing standards that are effective for the current year are as follows:

Standard	Key observations	Reference
<b>CAS 540, Auditing Accounting Estimates and Related Disclosures</b>  <b>Effective for audits of Entities with year-ends on or after December 15, 2020</b>	<b>Expected impact on the audit:</b> <ul style="list-style-type: none"> <li>— more emphasis on the need for exercising professional skepticism</li> <li>— more granular risk assessment to address each of the components in an estimate (method, data, assumptions)</li> <li>— more granular audit response designed to specifically address each of the components in an estimate (method, data, assumptions)</li> <li>— more focus on how we respond to levels of estimation uncertainty</li> <li>— more emphasis on auditing disclosures related to accounting estimates</li> <li>— more detailed written representations required from management</li> </ul>	<a href="#">CPA Canada Client Briefing</a>

The relevant accounting estimates that we have preliminarily identified for ROHCG's March 31, 2021 audit include, but are not limited to:

- amortization of capital assets and deferred capital contributions;
- accrued employee benefit liability
- pay equity accrual

In addition to the above identified accounting estimates, management will provide self identified additional accounting estimated not already noted. Additional accounting estimates identified during the interim audit and from management will be noted in the Audit Findings Report. For each relevant accounting estimate identified, KPMG will need to consult with management to determine how each relevant accounting estimate has been developed and will perform independent testing to assess the reasonableness of management's assumptions and data used in the development of the accounting estimate.

# Materiality

Materiality is used to identify risks of material misstatements, develop an appropriate audit response to such risks, and evaluate the level at which we think misstatements will reasonably influence users of the financial statements. It considers both quantitative and qualitative factors. To respond to aggregation risk, we design our procedures to detect misstatements at a lower level of materiality.

Materiality determination	Comments	Amount
Centre of Excellence		
<b>Materiality</b>	Determined to plan and perform the audit and to evaluate the effects of identified misstatements on the audit and of any uncorrected misstatements on the financial statements.  The corresponding amount for the prior year's audit was \$3,800,000	\$4,000,000
<b>Benchmark</b>	Based on total prior year end revenues. This benchmark is consistent with the prior year. The benchmark and materiality will be reassessed during the interim period to adjust any new normalization or adjustment in activities.	\$186,206,364
<b>% of Benchmark</b>	The corresponding percentage for the prior year's audit was 2.11%.	2.15%
<b>Performance Materiality</b>	Used 75% of materiality, and used primarily to determine the nature, timing, and extent of audit procedures. The corresponding amount for the previous years audit was \$2,850,000.	\$3,000,000
<b>% of Performance Materiality</b>	The corresponding percentage for the prior year's audit was 75%	75%
<b>Audit Misstatement Posting Threshold (AMPT)</b>	Threshold used to accumulate misstatements identified during the audit. The corresponding amount for the previous year's audit was \$190,000.	\$200,000

## We will report to the Audit Committee:



Corrected audit misstatements



Uncorrected audit misstatements

# Audit approach

## Areas of Audit Focus

The following accounts have been identified as significant accounts, and our audit work will be focused on these items that represent the majority of assets, liabilities, revenues and expenses for the Royal Ottawa Health Care Group.

Significant account	Comments
Cash and investments	Cash and investments have material balances. KPMG will perform substantive tests of details, including confirmations.
Accounts payable and accrued liabilities	These accounts are material and there is an underlying risk that accounts payable balances are not complete and amounts owed are not included. KPMG will perform substantive tests of details, including examining supporting documents and verification of subsequent payment of invoices.
Ministry Funding and related Receivables, Def. Revenue & AP	Ministry funding and related receivables, deferred revenue and payables all have material balances. KPMG will perform substantive tests of detail and analytical procedures including sending confirmations to the funding entities.
Accrued Benefit Liability	The accrued benefit liability contains significant accounting estimates and management relies on the valuation of the actuary when reporting the balances. We will obtain ROHCG's actuarial valuation report for the year ended March 31, 2021 and agree the details to the provision and applicable note disclosure.
Long-Term Debt	Long-term debt pertains to the bank loans, the capital lease obligation and the interest rate swap. KPMG will perform substantive tests of details, including confirmation of these balances.
Salaries and benefits expense	Salary and benefits expense are the largest expense type recorded by ROHCG. We plan to perform tests of design and operational effectiveness on select internal controls of the payroll process. KPMG will also perform substantive analytical procedures including performing expectation testing on salaries.
Non-salary expenses	Non-salary expenses represent all operational expenses other than salaries and benefits. The amounts are material to the financial statements. KPMG will perform substantive tests of detail including vouching a sample of transactions to supporting documentation.
Related Party Disclosures	KPMG will verify that the related party disclosures are accurate and consistent with the disclosures in the financial statements of the other entities.
Information technology	Over the next few years, the audit approach is expected to evolve to include more data & analytics audit procedures which will require reliance on information technology general controls ("GITCs") to be effective. Therefore, in the current year we plan to perform a preliminary evaluation of the appropriateness and effectiveness of the ROHCG's information technology general controls, to assess the potential for reliance on these controls in future years. This work will focus on the general IT environment as it relates to change management and user accesses.

These areas of audit focus may be revised because of new transactions or events at ROHCG, or changes in systems, people or structure, and/or the results of our audit procedures. We will communicate any changes to ROHCG in our Audit Findings Report.

# Management letter update

During our audit, we will follow-up on matters noted in the prior year's management letter and perform required audit procedures to determine management's progress in addressing the internal control deficiency.

## **Prior Year Management Letter observations and recommendations**

There were no new control deficiencies identified in the 2020 Management Letter.

## **Action required in the current year audit**

As there were no control deficiencies outstanding in the prior year Management Letter that require additional testing or follow up in the current year, there are no matters at this time that we plan to address as part of our audit. We will inform management and the Audit committee in the Audit Findings Report and 2021 Management Letter, if there are any control deficiencies identified with supporting recommendations.

# Key Deliverables and milestones

The following table details the detailed audit timetable for the year, outlining specific dates that KPMG will deliver on, as well as deadlines for audit requirements of management. The following planned dates have been agreed-upon by KPMG and management, and delays from this timeline may impact the achievement of this audit plan. KPMG will work with management to achieve this planned timeline and will communicate significant changes in our Audit findings report to the Audit Committee. We note that the following table compares the planned milestone date to the actual delivery date from the prior year, where applicable, and we developed the following milestone dates based on the actual delivery dates from the prior year.

Audit work and deliverable description	Date delivered or performed for FY2020 Audit	Planned Milestone Date for FY2021 Audit
Presentation of Audit Plan to the Audit Committee	January 6, 2020	January 21, 2021
KPMG to provide PBC list to management	Week of March 16, 2020	Week of March 15, 2021
Meeting with the President of the ROHCG to discuss the fiscal year's activity	Week of May 14, 2020	April 19, 2021
Year-end audit fieldwork to be performed by KPMG	April 27 – May 18, 2020	April 19 – May 17, 2021
ROHCG audit file (PBC documents) provided to KPMG	April 28, 2020	April 19, 2021
Ministry Confirmations for revenue provided to KPMG	May 4, 2020	May 3, 2021
Draft financial statements provided to KPMG	May 7, 2020	May 6, 2021
Draft Audit findings report and other communications (as needed) submitted to management for review	Week of May 18, 2020	Week of May 17 <sup>th</sup>
Mail-out of the Audit Findings Report to the Audit Committee	Week of May 18, 2020	Week of May 17 <sup>th</sup>
Presentation of the Audit Findings Report to the Audit Committee	May 21, 2020	May 20, 2021
Approval of the financial statements by Board of Directors	June 18, 2020	June 24, 2021
Annual General Meeting (AGM)	June 18, 2020	June 24, 2021

# Additional audit-related work

KPMG will perform the following services in addition to the audit of the financial statements of the Royal Ottawa Health Care Group, either as a required deliverable per the engagement letter, or per request from the Audit Committee.

## Additional audit work required to support our audit opinion on the financial statements

Additional Procedures	KPMG has not identified any additional, one-time audit procedures required to support our audit opinion of the financial statements. Any additional audit work identified during our audit will be discussed with Management and communicated to the Audit committee in the Audit Findings Report.
Accounting Estimates	New auditing standards over auditing accounting estimates is applicable for the March 31, 2021 year-end audit. As such, additional procedures will need to be performed over estimates identified in prior years, as well as new accounting estimates have been identified in the current year under the new standards. As such, there will be additional efforts required to meet the required auditing standards. The results of the procedures will be communicated in the Audit Findings Report.
COVID-19	COVID-19 brings challenges to the financial statement audit, similar as it did in the March 31, 2020. KPMG will be monitoring the environment as a result of COVID-19 until the March 31, 2021 financial statements have been issued in 2021, and will inform management and the Audit committee of additionally required procedures to be performed to address risks that face ROHCG as a result of COVID-19.

## Other audits

Contribution Audits	<p>KPMG will complete the audit of each of the programs listed below during May and June 2021:</p> <ul style="list-style-type: none"> <li>— Community Mental Health and Addictions Program and Community Support Services Program</li> <li>— Youth Program</li> <li>— St. Lawrence Valley Correctional and Treatment Centre – Secure Treatment Unit (STU)</li> </ul> <p>Should any other contribution agreement audits be required, we will inform the Audit Committee in our Audit Findings Report.</p>
Royal Ottawa Place	KPMG will complete the audit of the Long-Term Annual Report and Trust Accounts for the Royal Ottawa Place in August/September 2021.

## Additional requested audit-related work

At the timing of writing, Management and the **Audit Committee have** not requested that KPMG perform any additional audit related work for the year ended March 31, 2021

# Proposed fees

In determining the fees for our services, we have considered the nature, extent and timing of our planned audit procedures as described above. Our fee analysis has been reviewed with and agreed upon by management.

**Our fees are estimated as follows:**

	Current period (budget)	Prior period (actual)
Audit of the financial statements	\$44,200	\$44,200
Contribution Agreement audits of the following programs:	\$14,300	\$14,300
— Community Mental Health and Addictions Program (\$4,800)		
— Youth Programs (\$6,000)		
— St. Lawrence Valley Correctional and Treatment Centre (STU) (\$3,500)		
Audit of the Long-term Care Health Annual Report and Trust Accounts for the Royal Ottawa Place	\$3,500	\$3,500
Flexible Assertive Community Treatment Program	\$3,200	\$3,200
Additional fee related to disposition of investments and sale of HFS	n/a	\$1,500
Additional fee related to the impact of COVID-19	\$2,000	\$7,000
Additional fee related to CAS 540, Auditing Accounting Estimates and Related Disclosures	\$2,000	n/a

With respect to additional fees associated with auditing accounting estimates, we will work with management to identify all critical accounting estimates relevant to ROHCG and confirm the methodology in which we will plan to test each accounting estimate and the impact on the audit based on the new auditing standards in effect for the March 31, 2021 year-end. KPMG is currently developing standardized methodology for all hospitals including standard accounting estimates and testing methodology and will inform ROHCG on the final results at that time.



# Proposed fees (continued)

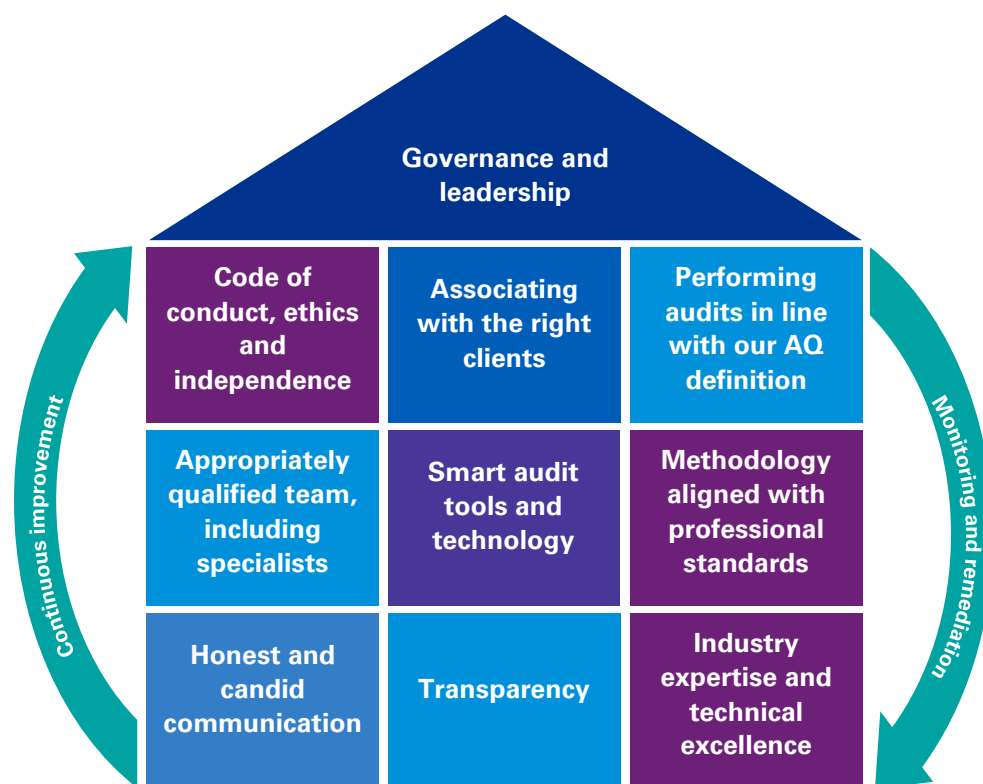
## Matters that could impact our fee

The proposed fees outlined above are based on the assumptions described in the engagement letter. The following factors could cause a change in our fees:

- Audit readiness, including delays in the receipt of requested working papers, audit samples, inquiries and financial statements information from the agreed upon timelines, and the books and records being properly closed at the start of our year-end audit work;
  - The availability, participation and responsiveness of Key ROHCG team members during the audit;
  - Significant changes to the relevant financial reporting framework;
  - Significant new or changed accounting policies or application thereof;
  - Significant changes to internal control over financial reporting;
  - Identification of control deficiencies during our audit, resulting in additional audit effort;
  - Significant changes in the nature or size of the operations of ROHCG beyond those contemplated in our planning processes;
  - Significant unusual and/or complex transactions;
  - New audit standards or requirements arising as a result of changes in audit standards;
  - Changes in the timing of our work;
  - Any accounting advice;
  - Attendance at more than three meetings of the Audit Committee or Board of Directors annually.
-

# Audit quality and transparency

KPMG maintains a system of quality control designed to reflect our drive and determination to deliver independent, unbiased advice and opinions, and also meet the requirements of Canadian professional standards. Quality control is fundamental to our business and is the responsibility of every partner and employee. The following diagram summarizes the key elements of our quality control system.



Audit Quality Framework

## What do we mean by audit quality?

Audit Quality (AQI) is at the core of everything we do at KPMG.

We believe that it is not just about reaching the right opinion, but how we reach that opinion.

We define 'audit quality' as being the outcome when audits are:

- Executed consistently, in line with the requirements and intent of applicable professional standards within a strong system of quality controls, and
- All of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics, and integrity**.

Our AQ Framework summarises how we deliver AQ. Visit our [Audit Quality Resources page](#) for more information including access to our [Audit Quality and Transparency report](#).

# Appendices

## Content

Appendix 1: Required communications

Appendix 2: Current developments

Appendix 3: Inclusion and Diversity

Appendix 4: Use of technology in the audit

Appendix 5: KPMG's audit approach and methodology

Appendix 6: Lean in Audit™

Appendix 7: Audit and Assurance Insights

Appendix 8: Audit Quality Indicators for NPOs

# Appendix 1: Required communications

<b>Independent Auditor's Report</b>	<b>Engagement terms</b>
<p>A draft independent auditor's report will be provided at the meeting of the Audit Committee when the draft financial statements are presented by Management. The signed auditor's report will be provided upon the approval of the financial statements of the Board, receipt of the signed management representation letter from management and completion of all required audit procedures.</p>	<p>Unless you inform us otherwise, we understand that you acknowledge and agree to the terms of the engagement set out in the engagement letter and any subsequent amendments as provided by management.</p>
<b>Reports to the Audit Committee</b>	<b>Representations of management</b>
<p>At the completion of the audit, we will provide our findings report to the Audit Committee.</p>	<p>We will obtain from management certain representations at the completion of the audit.</p>
<b>matters pertaining to independence</b>	<b>Internal control deficiencies</b>
<p>At the completion of our audit, we will provide our independence letter to the Audit Committee.</p>	<p>Other control deficiencies, identified during the audit, that do not rise to the level of a significant deficiency will be, communicated to management.</p>
<b>Required inquiries</b>	<b>Audit Quality</b>
<p>Professional standards require that during the planning of our audit we obtain your views on the identification and assessment of risks of material misstatement, whether due to fraud or error, your oversight over such risk assessment, identification of suspected, alleged or actual fraudulent behaviour, and any significant unusual transactions during the period.</p>	<p>The following links are external audit quality reports for referral by the Audit Committee:</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>CPAB Audit Quality Insights Report: 2019 Annual Inspections Results</u></a></li> <li>• <a href="#"><u>PAB Audit Quality Insights Report: 2019 Fall Inspection Results</u></a></li> </ul>

## Appendix 2: Current Developments

*Current Developments*, created by the KPMG Public Sector and Not-for-Profit Practice, summarizes some of the regulatory, operational and governance developments impacting public sector, charitable and not-for-profit organizations. We provide this summary to inform our clients of changes that they may impact their organization, and the trends we see in the industry based on our discussions with the management and Board members of our clients.

We attach this summary to our audit plans and audit findings reports that we provide to the Finance, Audit and Risk Committees of our public sector, not-for-profit and charity clients. Some of these developments may not impact your organization directly but we believe it is important for management and Committee members of charities and not-for-profit organizations to understand what is happening in the broader public, not-for-profit and charity sector.

### Annual Accounting, Tax and Risk Update for Not-for-Profit Organizations

KPMG is holding its Annual Accounting, Tax & Risk Update for Not-for-Profit Organizations remotely on **November 5, 2020**. The seminar covers current accounting, tax, technology and risk issues, including some of those discussed below, in greater detail providing not-for-profit organizations and charities with guidance on new standards, regulations and best practices. This event consistently attracts over 100 executives, financial officers and Board members from the Ottawa and area not-for-profit and charity community.

Audit Committee members are also invited to virtually attend our November 5, 2020 session. If you wish to have your name included on the invite list going forward, please e-mail Vanessa Hundert at .

### Return to Work Assurance

Returning to the physical workplace is a complex yet integral part of Organizations' recovery from the pandemic. Various considerations around health and safety will need to be taken into account when developing any return to work (RTW) strategy. However, the changing implications of COVID-19 make it challenging for organizations to navigate this landscape on their own.

Organizations have established several processes to help ensure that employee's health and safety risks are clearly understood and effectively managed. However, are these processes complete and do they continue to adapt to the evolving state of the pandemic? In this environment, there are still many questions left unanswered, but here is what we do know:

- Leaders will play an active role in managing mental health
- The municipalities guidelines for reopening will differ from other municipalities
- There will be frequent changes in requirements
- Best practices will evolve over a year or more, not in a matter of weeks
- There will be regional disparity in approaches
- There will be outbreaks of COVID-19 in the workplace
- The 9 to 5 workday will be challenged
- Technology will contribute to the solution and will permanently alter the workplace but will need time to evolve.

## Appendix 2: Current Developments (continued)

KPMG has developed a comprehensive people centric *RTW Playbook*, which considers 23 different elements that need to be considered in order to bring staff and relevant stakeholders back to work, safely. The framework starts with a COVID-19 task force and ends with case response procedure. Each of the 23 elements in the RTW Playbook has several action items tagged, providing a basis for a comprehensive RTW management system.

In order to help organizations navigate through this rapidly changing landscape, KPMG has developed the **Return to Work (RTW) Management Systems Framework**.

KPMG's RTW Management Systems Framework and related assurance will increase the Government of Canada's level of confidence over the comprehensiveness of its RTW program, by alignment to industry leading practices. Ultimately our framework will focus on the following categories aligned to the RTW framework:

- Governance;
- Planning and program design;
- Workforce preparation;
- Implementation and operations; and,
- Monitoring, maintenance and improvement.

The RTW framework and assurance provides management and executives with the “playbook” to implement RTW and the framework to manage and monitor, with the level of dashboard reporting to allow for dynamic and agile management actions.

Our approach consists of performing a current state assessment, gap analysis and RTW implementation roadmap, in order to support the implementation of appropriate management activities, and ultimately monitor and track successes. Our approach also offers several tools, including the RTW Dashboard, which is used as a reporting tool to assess and track all or portions of the Government of Canada's return to work management system, and the KPMG Workforce Safeguard App. For more information on Return to Work Assurance, please contact your relevant KPMG professional.

### Government Subsidy Programs

The Government of Canada offers various subsidy programs to Organizations that meet various criteria and characteristics. Various programs continue to receive frequent and further information on eligibility, extensions to programs, and restrictions. As your trusted advisors, we are here to help. Because every Organization is unique, our experienced professionals can assist you with establishing that the methodology you use to determine eligibility – which can often be subjective – is consistent with similar organizations in your sector and across Canada.

#### Canada Emergency Wage Subsidy:

Eligible employers for the CEWS include but are not limited to corporations (other than a public institution), individuals, agricultural organizations, certain aboriginal businesses, registered charities, Canadian amateur athletic organizations, chambers of commerce, boards of trade, labour organizations and certain non-profits.

The subsidy will now focus on active employees that are not on leave. A transitional form of prescribed subsidy will be available for employees that continue to be on leave in September forward.

## Appendix 2: Current Developments (continued)

In July 2020, the CEWS program was significantly changed. The following is a summary of the changes that may be applicable to your organization:

- Additional claim periods ending November 21, 2020 (9 four-week periods in total);
- Application deadline extended to January 31, 2021
- Many other new elections, changes to definitions and new options to maximize claims

With very frequent and potential significant changes and updates occurring relating to CEWS, please continue to communicate with your KPMG professional for real-time updates, and opportunities where we are able to help.

### **Temporary Wage Subsidy:**

Organizations are eligible for the Temporary Wage Subsidy (TWS) who have a Canada Revenue Agency (CRA) payroll program account as of March 18, 2020, who paid remuneration to an eligible employee from March 18 – June 19, 2020, and who meet the business requirements per CRA. The subsidy correlates to 10% of the remuneration paid to an employee, up to a maximum amount.

With very frequent and potential significant changes and updates occurring relating to TWS, please continue to communicate with your KPMG professional for real-time updates, and opportunities where we are able to help.

### **Canada Emergency Response Benefit:**

The Canada Emergency Response Benefit (CERB) gives financial support to employed and self-employed Canadians who are directly affected by COVID-19. Recent updates to the CERB consist of the extension from 4 months to 6 months, and the ability to repay amounts where the qualifications were not met. The CERB stopped on October 3, 2020.

### **Canada Emergency Business Account:**

The Canada Emergency Business Account (CEBA) program provides interest-free loans of up to \$40,000 to eligible small businesses and not-for-profit organizations, with terms of repayment of the balance done prior to December 31, 2022, resulting in loan forgiveness of 25% of the original loan balance. Recent updates to the CEBA consist of significant expansion of eligibility criteria.

Conditions may be contained in loan agreements that risk lacking consistency of the criteria provided by the Government of Canada. Organizations should ensure that loan agreements have been reviewed closely. With very frequent and potential significant changes and updates occurring relating to CEBA, please continue to communicate with your KPMG professional for real-time updates, and opportunities where we are able to help.

### **Accounting Estimates:**

As acknowledged previously in this report, the new auditing standard over accounting estimates is in effect for audits of Organizations with year-ends on or after December 15, 2020. As a result of the revised methodology for auditing estimates, audit engagement teams globally will apply one methodology when auditing accounting estimates, including fair value accounting estimates, and related disclosures. Canadian Auditing Standards define an accounting estimate as a monetary amount for which the measurement in accordance with the requirements of the applicable financial reporting framework, is subject to estimation uncertainty.

## Appendix 2: Current Developments (continued)

Accounting estimates vary widely across Organizations and are required to be made by management when the monetary amounts cannot be directly observed. The process of determining accounting estimates involves selecting and applying a method using assumptions and data, which requires judgment by management and can give rise to complexity in measurement. The effects of complexity, subjectivity or other inherent risk factors on the measurement of these monetary amounts affects their susceptibility to misstatement. Similar to the variation among different Organizations, the degree to which an accounting estimate is subject to estimation uncertainty will also vary significantly. Examples of accounting estimates consist of, but are not limited to:

- Inventory obsolescence;
- Amortization of property and equipment;
- Valuation of financial instruments;
- Outcome of pending litigation;
- Revenue recognized for long-term contracts;
- Impairment of long-lived assets or property of equipment held for disposal;
- Warranty obligations

Key concepts in this revised standard focus on assessment of risks, and the goal of your KPMG team is to obtain sufficient appropriate audit evidence about whether accounting estimates and related disclosures in the financial statements are reasonable in the context of the applicable financial reporting framework.

With the new accounting standards, organizations will be required to perform self-assessments of all applicable accounting estimates relevant to your Organization and support the determination and methodology of the calculation of all accounting estimates. In auditing accounting estimates, your KPMG team will work with management to complete the following:

- Understand the Organization and its environment, including internal controls over financial reporting;
- Understand the process, including understand the process by which each accounting estimate is developed, understand the nature and extent to which management uses the work of specialists of third parties (other than specialists), understand how management understandings and addresses estimation uncertainty, and understand the elements of an estimate

Based on the understanding we have obtain from management, we will determine the components of the accounting estimate, perform a retrospective review and assess risk. The revision to our methodology includes as well the following considerations:

- Identification and addressing any management bias;
- Consideration of additional risk factors when assessing whether an estimate gives rise to a risk of material misstatement;
- Determination of components of an estimate and consideration of their differing risks;
- Identification and linkage of risk considerations of the methods, assumptions and data;
- Identification of individual items that contribute to risks individually, or in combination, and determination of our audit response for each applicable element;
- Performance of a retrospective review for all significant accounts and applicable disclosure for identification of a relevant assertion for an accounting estimate in the current year;
- Performance of an aggregate risk assessment



# Appendix 2: Current Developments (continued)

## Cyber Security – Adapting to the ‘new normal’

COVID-19 has forced us to transform the way we work — projects which might have taken a year have been driven through in weeks. Pragmatism has become the rule, and organizations have likely taken security risks that they might never have accepted in other circumstances. The dust is still settling, but some major themes are emerging: we're already seeing rapid expansions of digital commerce channels as consumer behaviours shift, in addition to dealing with a workforce that has grown accustomed to a flexible and remote work environment.

At the same time, cyber criminals have shown themselves ruthless and entrepreneurial in exploiting fear, uncertainty and doubt over COVID-19 — repurposing phishing and attack infrastructure to build out COVID-19 fake websites and scams. With a larger attack surface due to the increased use of online tools, opportunity for malicious activity is abound.

Organizations need to demonstrate that they can protect the heart of the transformed business with an agility of thought and action that recognizes the pace and speed at which cyber criminals operate. These issues must be handled proactively and can no longer be an after-thought. Cyber security is now becoming the key business enabler.

Members of Audit Committees should be asking management fundamental questions such as:

- Are we doing enough to reduce our cyber risk to an acceptable level?
- Is our organization fully prepared to detect, respond and react to a cyber-attack of any kind?
- As we shifted to remote interaction with employees and customers, have we done it securely without relaxing our security or increasing our exposure?

## Lean:

### Approach

Our innovative audit approach, Lean in Audit™, further improves audit value and productivity to help deliver real insight to you. Lean in Audit is process oriented, directly engaging organizational stakeholders and employing hands-on tools, such as walkthroughs and flowcharts of actual financial processes.

By embedding Lean techniques into our core audit delivery process, our teams are able to enhance their understanding of the business processes and control environment within your organization – allowing us to provide actionable quality and productivity improvement observations.

Any insights gathered through the course of the audit will be available to both engagement teams and management. For example, we may identify control gaps and potential process improvement areas, while management has the opportunity to apply such insights to streamline processes, inform business decisions, improve compliance, lower costs, increase productivity, strengthen customer service and satisfaction and drive overall performance.

### How it Works

Lean in Audit employs three key Lean techniques:

- Provide basic Lean training and equip our teams with a new Lean mindset to improve quality, value and productivity;
-

## Appendix 2: Current Developments (continued)

- Perform interactive workshops to conduct walkthroughs of selected financial processes providing end-to-end transparency and understanding of process and control quality and effectiveness;
- Quick and pragmatic insight report including immediate quick win actions and prioritized opportunities to realize benefit

### Current Environment Adaptation

In the current environment, Organizations are working entirely remotely and we have tailored our methodology on the delivery and facilitation of interactive workshops to accommodate for current in-person restrictions. We are happy to inform our clients that we offer Lean in Audit workshops facilitated remotely, through the use of Microsoft Teams or Skype for Business. In facilitating workshops remotely, we are able to obtain the same high-quality level of process information, and document the process live with the help of your teams.

Please reach out to your KPMG professional on more information on remote-workshops and to schedule workshops for your audit processes.

### Audit response to COVID-19:

In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization and has had a significant financial market and social dislocating impact. As such enhanced contingency and subsequent events procedures are warranted.

#### Audit response:

- Management will be required with the audit team to customize language for an Impact of COVID-19 note.
- An assessment for any financial indicators of financial implications was undertaken and documented by management and reviewed by the audit team.
- An additional required note to the financial statements will be included for all year-ends that occurred subsequent to the start of the pandemic per our Canadian Auditing Standards. An example of the financial statement note is as follows:

#### **X. Impact of COVID-19:**

*On March 11, 2020, the World Health Organization declared the Coronavirus COVID-19 (COVID-19) outbreak a pandemic. This has resulted in significant financial, market and societal impacts in Canada and around the world.*

*From the declaration of the pandemic to the date of approval of these financial statements, the [Organization] implemented the following actions in relation to COVID-19:*

- *[management's documentation of relevant impacts]*

*As a result of these actions, the [Organization] experienced decreases in recognition of [applicable revenues] and related costs during the year and subsequent to year end.*

## Appendix 2: Current Developments (continued)

### **X. Impact of COVID-19:**

#### *(a) Subsequent events related to COVID-19:*

*Financial statements are required to be adjusted for events occurring between the date of the financial statements and the date of the auditor's report that provide additional evidence relating to conditions that existed as at year-end. Management has assessed the financial impacts and there are no additional adjustments required to the financial statements.*

#### *(b) Impact of COVID-19 on financial risks:*

*The ultimate duration and magnitude of COVID-19's impact on the [Organization]'s operations and financial position is not known at this time. These impacts could include a decline in future cash flows, changes to the value of assets and liabilities, and the use of accumulated net assets to sustain operations. An estimate of the financial effect of the pandemic on the [Organization] is not practicable at this time.*

Please visit our COVID-19 website for resources. This site is being updated daily based on information being released by Federal, Provincial and Municipal news releases.

## **Public Sector Accounting Update**

### **Asset Retirement Obligations**

The new standard is effective for fiscal years beginning on or after April 1, 2022. The effective date was deferred by one year due to COVID-19. The new standard addresses the recognition, measurement, presentation and disclosure of legal obligations associated with retirement of tangible capital assets in productive use. Retirement costs will be recognized as an integral cost of owning and operating tangible capital assets. PSAB currently contains no specific guidance in this area.

The ARO standard will require the public sector entity to record a liability related to future costs of any legal obligation to be incurred upon retirement of any controlled tangible capital assets ("TCA"). The amount of the initial liability will be added to the historical cost of the asset and amortized over its useful life.

As a result of the new standard, the public sector entity will have to:

- Consider how the additional liability will impact net debt, as a new liability will be recognized with no corresponding increase in a financial asset;
- Carefully review legal agreements, senior government directives and legislation in relation to all controlled TCA to determine if any legal obligations exist with respect to asset retirements;
- Begin considering the potential effects on the organization as soon as possible to coordinate with resources outside the finance department to identify AROs and obtain information to estimate the value of potential AROs to avoid unexpected issues.

## Appendix 2: Current Developments (continued)

### Revenues

The new standard is effective for fiscal years beginning on or after April 1, 2023. The effective date was deferred by one year due to COVID-19.

The new standard establishes a single framework to categorize revenues to enhance the consistency of revenue recognition and its measurement.

The standard notes that in the case of revenues arising from an exchange transaction, a public sector entity must ensure the recognition of revenue aligns with the satisfaction of related performance obligations.

The standard notes that unilateral revenues arise when no performance obligations are present, and recognition occurs when there is authority to record the revenue and an event has happened that gives the public sector entity the right to the revenue.

### Financial instruments and foreign currency translation

The accounting standards, PS3450 *Financial Instruments*, PS2601 *Foreign Currency Translation*, PS1201 *Financial Statement Presentation* and PS3041 *Portfolio Investments* are effective for fiscal years commencing on or after April 1, 2022. The effective date was deferred by one year due to COVID-19.

Equity instruments quoted in an active market and free-standing derivatives are to be carried at fair value. All other financial instruments, including bonds, can be carried at cost or fair value depending on the public sector entity's choice and this choice must be made on initial recognition of the financial instrument and is irrevocable. Hedge accounting is not permitted.

A new statement, the Statement of Remeasurement Gains and Losses, will be included in the financial statements. Unrealized gains and losses incurred on fair value accounted financial instruments will be presented in this statement. Realized gains and losses will continue to be presented in the statement of operations.

In July 2020, PSAB approved federal government narrow-scope amendments to PS3450 *Financial Instruments* which will be included in the Handbook in the fall of 2020. Based on stakeholder feedback, PSAB is considering other narrow-scope amendments related to the presentation and foreign currency requirements in PS3450 *Financial Instruments*. The exposure drafts will be released in summer 2020 with a 90-day comment period.

### Employee Future Benefits

PSAB has initiated a review of sections PS3250 *Retirement Benefits* and PS3255 *Post-Employment Benefits, Compensated Absences and Termination Benefits*. In July 2020, PSAB approved a revised project plan.

PSAB intends to use principles from International Public Sector Accounting Standard 39 *Employee Benefits* as a starting point to develop the Canadian standard.

Given the complexity of issues involved and potential implications of any changes that may arise from the review of the existing guidance, PSAB will implement a multi-release strategy for the new standards. The first standard will provide foundational guidance. Subsequent standards will provide additional guidance on current and emerging issues.

# Appendix 3: Diversity and inclusion

## Inclusion & Diversity Strategy Multi-year Plan 2017-2022

### This is what we want to be

- The Clear Choice:
- Our people are extraordinary
  - Our clients see a difference in us
  - The public trusts us

This is our Vision.

### This is what we believe in

- Lead by example
- Respect the individual
- Work together
- Communicate openly and honestly
- Seek the facts and provide insight
- Improve communities
- Act with integrity

These are our Values.

### Diversity + Inclusion =

HIGHER PRODUCTIVITY  
ENGAGEMENT AND TRUST BETTER  
DECISION MAKING BRIDGE TO NEW  
MARKETS



### Clients & Markets



- Become #1 in the biggest geographies
- Own the mid-market
- Be famous for deals
- Be the most relevant firm for big Canadian-based organizations
- Dominate priority industries (FS, IGH, ENR)

### People & Knowledge



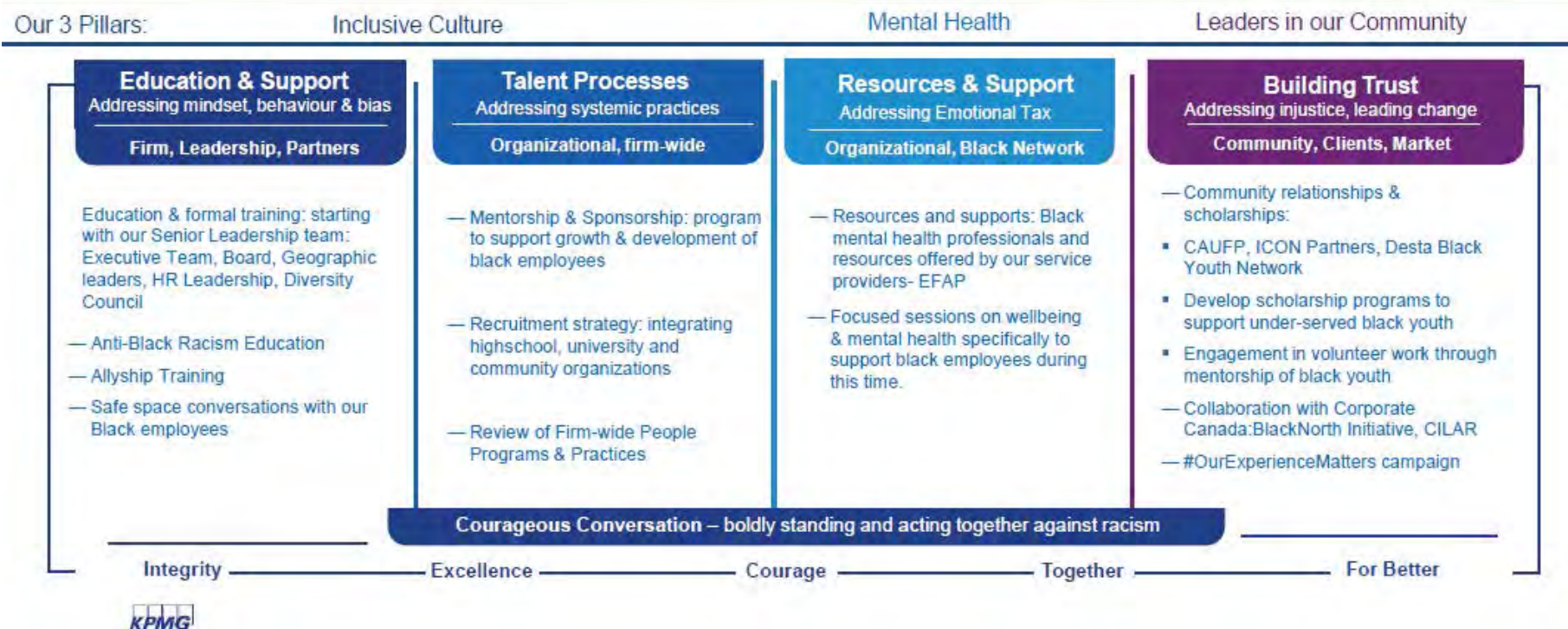
- Do meaningful work
- Encourage an inclusive culture
- Develop leaders of tomorrow
- Support our people's well being



# Appendix 3: Diversity and inclusion (continued)

## A framework to meaningfully address anti-black racism

Start with addressing one of the most complex, historical injustices courageously. Listen, learn and act. Enhance our Inclusion and Diversity agenda overall and make sustainable, meaningful change happen. Through addressing anti-black racism, we can help all groups and people that are suffering from discrimination. **Inspire Confidence, Empower Change**



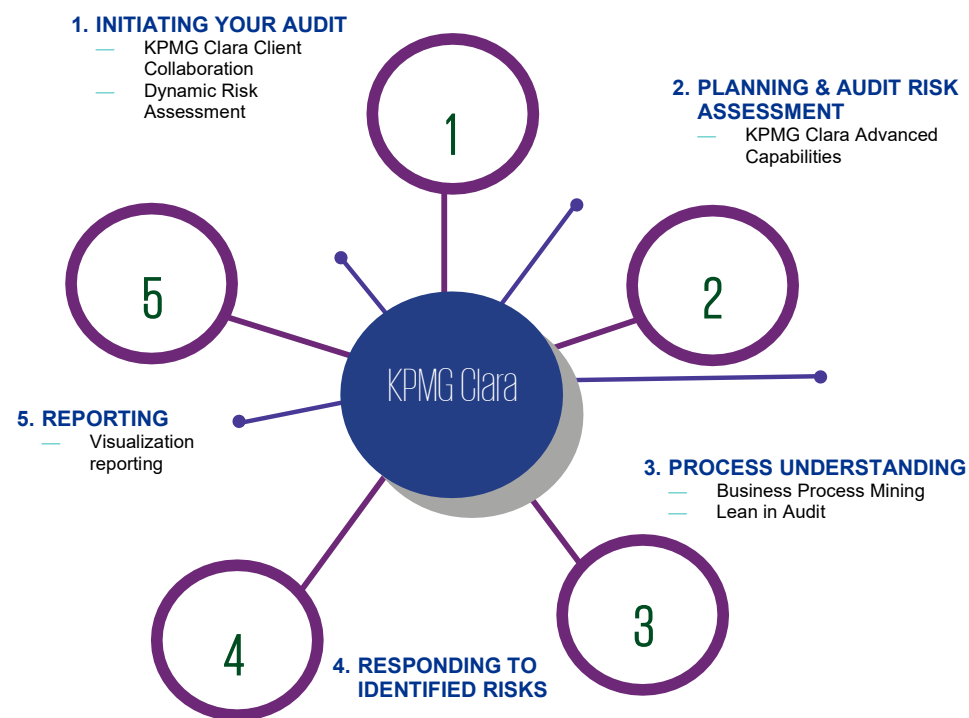
# Appendix 4: Use of technology in the audit

Clara is KPMG's integrated, smart global audit platform that allows our teams globally to work simultaneously on audit documentation while sharing real time information. Clara also leverages advanced technology in the execution of various audit procedures, for overall risk assessment and for performing substantive audit procedures over 100% of selected transactions through the use of robotic process automation (KPMG "Bots"). KPMG's use of technology provides for:

1. a **higher quality audit** – looking at 100% of selected data
2. a **more efficient audit** as we are focussed on the transactions that are considered higher risk and
3. an audit that provides **insights into your business** through the use of technology in your audit with our extensive industry knowledge.

We are also actively piloting Artificial Intelligence ("AI") tools which will be used in future audits.

## Our five-phased audit approach



# Appendix 4: Use of technology in the audit (continued)

## Phase 1: Initiating your audit

To ensure that you are involved in every step of the audit, management and the Audit Committee will have access to **KPMG Clara Client Collaboration (KCCC)**. KCCC is our secure audit platform and a one-stop shop through which we plan, execute and manage the audit. KCCC supports seamless collaboration between our audit team and your finance team, including exchange of information and access to the real time reporting you need in one central location, reducing the impact to your people in coordinating and overseeing the audit. It ensures there are no surprises during the execution of the audit and the ability to efficiently track issues and outstanding matters with a single click.

*Want to know more about [KCCC](#)?*

We begin our audit process with our **Dynamic Risk Assessment (DRA)** tool which gives us a more sophisticated, forward-looking and multi-dimensional approach to assessing audit risk. Using network theory, DRA considers not just the traditional, two-dimensional view of severity and likelihood but also how interconnected the risks are, how fast they may emerge and how systemic they are. It provides a holistic enterprise-wide assessment of your risks, ensuring we have identified the relevant risk exposures that need to be incorporated into our audit approach.

*Want to know more about [DRA](#)?*

## Phase 2: Planning and audit risk assessment

**KPMG Clara Advanced Capabilities** incorporates structured rules, specific to your industry, to review your financial data and assist the engagement team in obtaining a more thorough understanding of the business processes and underlying flow transactions. Our advanced analytic tool enables a more precise risk assessment and development of a tailored audit approach.

*Want to know more about [Clara Advanced Capabilities](#)?*

## Phase 3: Process understanding

As part of understanding your processes, KPMG uses our **Lean in Audit methodology**. Our Lean in Audit methodology allows our team to work collaboratively with you to gain an in-depth understanding of selected end-to-end processes.

We also incorporate **Business Process Mining (BPM)** technology. BPM provides immediate visualization of how 100% of your transactions are processed to complement your process narratives & flow charts. A deeper understanding of your processes enhances our understanding of your business. This will ensure our team is focused on auditing the right risks & leveraging your team's resources efficiently. It helps us identify inefficiencies or manual workarounds in a process and highlights where the process is under stress.

*Want to know more about [Business Process Mining](#)?*



# Appendix 4: Use of technology in the audit (continued)

## Phase 4: Responding to identified risks

Our **journal entry analysis** tool assists in the performance of detailed journal entry testing based on engagement-specific risk identification and circumstances. Our tool provides auto-generated journal entry population statistics and focusses our audit effort on journal entries that are riskier in nature.

## The audit of today, tomorrow & future

Our **artificial intelligence financial statement disclosure analysis tool** will compare the Entity's financial statement disclosures against existing, new, and modified accounting guidance and pronouncements, in addition to comparing them against peer companies. We'll be able to share with you not only how your disclosures compare to the requirements but also to your peer group.

# Appendix 5: KPMG's audit approach and methodology

## Collaboration in the audit

A dedicated KPMG Audit home page gives you real-time access to information, insights and alerts from your engagement team.

## Issue identification

Continuous updates on audit progress, risks and findings before issues become events.

## Data-driven risk assessment

Automated identification of transactions with unexpected or unusual account combinations – helping focus on higher risk transactions and outliers.



## Deep industry insights

Bringing intelligence and clarity to complex issues, regulations and standards.

## Analysis of complete populations

Powerful analysis to quickly screen, sort and filter 100% of your journal entries based on high-risk attributes.

## Reporting

Interactive reporting of unusual patterns and trends with the ability to drill down to individual transactions.

# Appendix 6: Lean in Audit™

## An innovative approach leading to enhanced value and quality

Our innovative audit approach, Lean in Audit, further improves audit value and productivity to help deliver real insight to you. Lean in Audit is process oriented, directly engaging organizational stakeholders and employing hands-on tools, such as walkthroughs and flowcharts of actual financial processes.

By embedding Lean techniques into our core audit delivery process, our teams are able to enhance their understanding of the business processes and control environment within your organization – allowing us to provide actionable quality and productivity improvement observations.

Any insights gathered through the course of the audit will be available to both engagement teams and management. For example, we may identify control gaps and potential process improvement areas, while management has the opportunity to apply such insights to streamline processes, inform business decisions, improve compliance, lower costs, increase productivity, strengthen customer service and satisfaction and drive overall performance.

## How it works

Lean in Audit employs three key Lean techniques:

### 1. Lean training

Provide basic Lean training and equip our teams with a new Lean mindset to improve quality, value and productivity.

### 2. Interactive workshops

Perform interactive workshops to conduct walkthroughs of selected financial processes providing end-to-end transparency and understanding of process and control quality and effectiveness.

### 3. Insight reporting

Quick and pragmatic insight report including immediate quick win actions and prioritized opportunities to realize benefit.

# Appendix 7: Audit trends

Our latest thinking on the issues that matter most to Audit Committees, Boards and Management.

Featured insight	Summary	Reference
<b>2019 Audit Quality and Transparency Report</b>	Learn about KPMG's ongoing commitment to continuous audit quality improvement. We are investing in new innovative technologies and building strategic alliances with leading technology companies that will have a transformative impact on the auditing process and profession. How do we seek to make an impact on society through the work that we do?	<a href="#">Link to report</a>
<b>The business implications of coronavirus (COVID 19)</b>	Resources to help you understand your exposure to COVID-19, and more importantly, position your business to be resilient in the face of this and the next global threat.	<a href="#">Learn more</a>
	Financial reporting and audit considerations: The impact of COVID-19 on financial reporting and audit processes.	<a href="#">Learn more</a>
	KPMG Global IFRS Institute - COVID-19 financial reporting resource center	<a href="#">Learn more</a>
<b>Put your data to work to gain competitive advantage</b>	There is no "digital economy". The economy is digital, and "digits" refer to data. Data is the lifeblood of every organization on this planet and organizations that embrace this notion are well positioned to grow as industries continue to evolve and disrupt at an ever increasing pace.	<a href="#">Link to report</a>
<b>Predictive analytics, it works</b>	CEOs recognize the value that predictive analytics delivers to their decision-making process.	<a href="#">Link to report</a>
<b>Creating the workforce of the future</b>	You can't transform the organization without also transforming the workforce. It may be time to rethink the people strategy.	<a href="#">Link to report</a>
<b>Charities IT Modernization Project (CHAMP)</b>	To reduce the administrative burden on charities, the Canada Revenue Agency (CRA) is modernizing its Information Technology (IT) systems to provide new digital service options. Click on the attached link to understand the digital services available as part of this initiative.	<a href="#">Link to report</a>
<b>Board Leadership Centre</b>	Leading insights to help board members maximize boardroom opportunities.	<a href="#">Learn more</a>

## Appendix 7: Audit trends (continued)

Featured insight	Summary	Reference
<b>Accelerate</b>	Introducing the new 2019/2020 Accelerate report, a KPMG report and video series offering insight into the key issues driving the Audit Committee agenda.	<a href="#">Link to report</a>
<b>Return to the Workplace</b>	As all levels of government begin to take steps toward re-opening the country and restarting our economy, planning for the return to a physical workplace is quickly becoming a top priority for many organizations. With the guidelines for the pandemic continuing to evolve daily, there are many considerations, stages and factors employers need to assess in order to properly develop a robust action plan which can ensure the health and safety of their workforce.	<a href="#">Link to report</a>
<b>Improved Annual Reporting by Not-for-Profit Organizations (CPA Canada)</b>	Stakeholders expect NFPOs to demonstrate accountability and transparency. They take an interest in the administration of organizations receiving public funds, whether donor dollars, tax benefits or government funding, and are constantly asking questions about executive compensation, administrative costs, fundraising expenses, past successes and future prospects. Annual reports can be part of the organization's strategy to communicate with stakeholders on the use of public funds and build trust and community support. Discover how to enhance your reporting practices with the updated Improved Annual Reporting by Not-for-Profit Organizations guidance.	<a href="https://www.cpacanada.ca/en/business-and-accounting-resources/financial-and-non-financial-reporting/not-for-profit-organizations/publications/annual-reporting-for-not-for-profit-organizations">https://www.cpacanada.ca/en/business-and-accounting-resources/financial-and-non-financial-reporting/not-for-profit-organizations/publications/annual-reporting-for-not-for-profit-organizations</a>
<b>Operating in the post-pandemic world: Resources for NFPs (CPA Canada)</b>	As not-for-profits (NFPs) begin to resume operations, they will face unique challenges in the post-pandemic world. Learn more about some of the various challenges NFPs may face and the resources available to help them.	<a href="#">NFP guidance in the post-pandemic world</a>
<b>Not-for-profit forum 2021</b>	Financial sustainability and new forms of disruption are influencing the future of NFPs. Build the skills you need to help your organization navigate complex change at Canada's premiere event for not-for-profit leaders.	<a href="https://www.cpacanada.ca/en/career-and-professional-development/conferences/2021/february/nfp-forum-2021">https://www.cpacanada.ca/en/career-and-professional-development/conferences/2021/february/nfp-forum-2021</a>

## Appendix 8: Audit Quality Indicators for NPOs

Audit Committees are more frequently using Audit Quality Indicators to assess the execution and results of the financial statement audit and to identify areas of improvement for the subsequent year, as well as to assess the performance in the audit of the external audit team, management and the Audit Committee as each have important roles to play. For not-for-profit organizations, Audit Quality Indicators need to be tailored to the unique characteristics of their industry and their specific operations and risks. Therefore, the following are suggested Audit Quality Indicators for consideration by Not-for-Profit Organizations.

### **Overall Financial Statement Audit Process Indicators**

Overall FS Audit Process Indicator	Definition	Ranking (Exemplary, Satisfactory, Needs Improvement, Unsatisfactory)	Comments
1) Audit executed and completed as planned and agreed between auditor, management and audit committee, and documented in the Audit Plan	<ul style="list-style-type: none"> <li>Timelines in Audit Plan met</li> <li>Level of audit effort consistent with plan</li> <li>No new significant risks or events /transactions identified during the audit period</li> </ul>		
2) Management and auditor deliverables provided to Audit Committee with sufficient time for review	<ul style="list-style-type: none"> <li>Timelines in Audit Plan met</li> <li>Audit Committee and Board schedules provide for sufficient time for financial reporting close process and audit to be completed</li> </ul>		
3) Accounting and auditing issues are resolved on a timely basis by management and auditor	<ul style="list-style-type: none"> <li>Accounting and auditing issues for new events, transactions and standard changes are resolved throughout the year in advance of audit period</li> </ul>		

# Appendix 8: Audit Quality Indicators for NPOs (continued)

## **Management Indicators**

Management Indicator	Definition	Ranking (Exemplary, Satisfactory, Needs Improvement, Unsatisfactory)	Comments
1) Management's financial close process operates on time and with minimal errors.	<ul style="list-style-type: none"> <li>Trial Balance and General Ledger provided to Auditor at beginning of year-end audit with minimal unexpected subsequent adjustments</li> <li>Number and significance of entries in the Summary of Audit Differences</li> </ul>		
2) Management takes responsibility for the general purpose financial statements, including selection of accounting policies and analysis of accounting issues.	<ul style="list-style-type: none"> <li>Management prepares draft of general-purpose financial statements including notes</li> <li>Management presents the general-purpose financial statements to the Audit Committee</li> </ul>		
3) Management participates fully and openly in the audit process	<ul style="list-style-type: none"> <li>Audit requirements are well-prepared on a timely basis</li> <li>All management (including non-financial such as IT, HR, Legal) and their teams respond to audit queries on a timely basis</li> </ul>		
4) Management remediates significant control weaknesses identified during the audit	<ul style="list-style-type: none"> <li>Management provides a written response to the auditor's management letter, as well as on-going updates on progress</li> <li>The Auditor provides update to Audit Committee on progress in remediating the control weakness, on at least an annual basis</li> </ul>		

# Appendix 8: Audit Quality Indicators for NPOs (continued)

## **Independent Auditor Indicators**

Independent Auditor Indicator	Definition	Ranking (Exemplary, Satisfactory, Needs Improvement, Unsatisfactory)	Comments
1) Audit Team is experienced in the not-for-profit industry and organization	<ul style="list-style-type: none"> <li>Number of years of experience of key members (Partner, Manager, Senior Auditor) in not-for-profits generally, the specific industry (i.e. education) and with the organization itself</li> <li>Audit-related and industry-specific training provided to Audit Team Members</li> <li>Partner and Manager provide insight into trends in not-for-profit industry to management and Audit Committee, including in non-accounting specific areas</li> </ul>		
2) Audit Partner and Manager are actively involved in the Audit	<ul style="list-style-type: none"> <li>Presence of Partner and Manager out on client site</li> <li>Availability of Partner and Manager to CFO and Director of Finance</li> <li>Attendance at Audit Committees</li> </ul>		
3) Audit Approach is consistent with professional standards, is appropriate to the organization and continually evolves.	<ul style="list-style-type: none"> <li>Audit approach is compliant with the firm's global/national audit methodology</li> <li>Audit approach is consistent with approach used for other organizations in the same NPO industry (i.e. education, healthcare, membership etc.)</li> <li>Audit approach is tailored to unique operations and new events/transactions of the organization</li> </ul>		



## Appendix 8: Audit Quality Indicators for NPOs (continued)

### **Independent Auditor Indicators (continued)**

Independent Auditor Indicator	Definition	Ranking (Exemplary, Satisfactory, Needs Improvement, Unsatisfactory)	Comments
4) Auditor uses technology and other innovative techniques to continually improve the audit	<ul style="list-style-type: none"> <li>Auditor provides information to Audit Committee on use of new technology and other tools and how they provide value and improve the audit</li> </ul>		
5) Auditor utilizes specialists (i.e. IT, Actuarial) in the performance of the audit, as needed	<ul style="list-style-type: none"> <li>Use of specialists is included in the Audit Plan and the Audit Findings Report for discussion with Audit Committee</li> </ul>		
6) Auditor is independent from the organization	<ul style="list-style-type: none"> <li>Auditor has internal procedures for the approval of non-audit services provided to the organizations</li> <li>Auditor reports on independence to the Audit Committee on an annual basis</li> </ul>		
7) Auditor communicates effectively with management and audit committee	<ul style="list-style-type: none"> <li>Significant items with respect to financial statements are discussed in advance of completion of audit and audit committee ("no surprises")</li> <li>Partner discusses issues of importance such as regulatory changes, new accounting standards or industry trends with the Audit Committee and management</li> </ul>		

## **Audit Committee Indicators**

Audit Committee Indicator	Definition	Ranking (Exemplary, Satisfactory, Needs Improvement, Unsatisfactory)	Comments
1) Sufficient time is allocated to discussions related to the annual Financial Statement Audit during the year	<ul style="list-style-type: none"> <li>• Number of Meetings per year</li> <li>• Length of time on the Agenda</li> <li>• In Camera Meetings with Independent Auditor and Management</li> </ul>		
2) Members are able to discuss the plan and results of financial statement audit with management and auditor.	<ul style="list-style-type: none"> <li>• Experience and Credentials of Audit Committee members</li> <li>• Attendance of members at AC meetings with Independent Auditor</li> </ul>		
3) Members have sufficient understanding of significant audit risks, new events/transactions and other areas of focus	<ul style="list-style-type: none"> <li>• Significant risks and new events/transactions which have impact on the financial statements are discussed at Audit Committee meetings</li> <li>• Audit Committee requests of the independent auditor to put additional focus and effort on specific areas, as appropriate.</li> </ul>		
4) Appropriate emphasis placed on overall Audit Quality by Audit Committee	<ul style="list-style-type: none"> <li>• Audit committee ensures that management and independent auditors have appropriate resources and capacity to enable a quality audit process</li> </ul>		



[kpmg.ca/audit](https://kpmg.ca/audit)



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**BOARD APPROVAL REQUEST**

<b>Motion Number: 2020-2021 – 30</b>	<b>Priority: Important</b>
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<b>DATE:</b>	February 18, 2021
<b>COMMITTEE:</b>	Audit Committee
<b>PRESENTER:</b>	J. Gallant
<b>SUBJECT:</b>	Re-appointment of Auditors

**BACKGROUND INFORMATION:**

The Board is charged with overseeing the external auditors and recommending their appointment/re-appointment and terms. The Audit committee recommends and presents the motion below.

**LEGAL REVIEW AND/OR APPROVAL:****MOTION FOR APPROVAL:**

**BE IT RESOLVED THAT** KPMG Chartered Accountants be re-appointed as the ROHCG Auditors for 2021-2022 and the motion be forwarded to the Annual General Meeting for approval.

**Moved by:**

**Seconded by:**

**Motion approved:**



January 21, 2021

Audit Committee of the Board  
Royal Ottawa Health Care Group (ROHCG)  
1145 Carling Avenue  
Ottawa, ON  
K1Z 7K4

## Re: Statutory Obligations

In the course of normal business operations, ROHCG is required by Law and Regulations, to make remittances and file reports to various authorities. Management is reporting to the Audit Committee of the Board of Trustees on the status of these obligations as of January 21, 2021

### Remittances:

#### Payroll

- All salary and wages to employees have been paid as required
- All employee and employer benefit contributions have been remitted to the underwriters as required.
- All employee source deductions have been remitted as required.
- All employer contributions to Canada Pension Plan, Employment Insurance, Employer Health Tax, Workplace Safety Insurance Board and Pension Plans have been disbursed as scheduled.

#### HST:

- All HST collected has been remitted on schedule

#### Filing Obligations

##### Hospital Annual Planning Submission (HAPS):

- The LHIN did not require a preliminary 2021/22 Hospital Annual Planning Submission this year.

##### Community Annual Planning Submission (CAPS):

- The LHIN did not require a preliminary 2021/22 Community Annual Planning Submission this year.  
Accountability Agreements (H-SAA, M-SAA, L-SAA)
- The Hospital Service Accountability Agreement (H-SAA) was extended to March 31, 2021 (*Signed by the LHIN and ROHCG and is effective June 1, 2020*)
- The Multi-sector Service Accountability Agreement (M-SAA) was signed by the LHIN and ROHCG and is in effect from March 31, 2020 – March 31, 2022.
- The Long Term Care Service Accountability Agreement (L-SAA) is in effect until March 31, 2022

#### MOHLTC Submissions

- All mandatory electronic submissions have been filed on schedule

#### Canada Revenue Agency

- The Charity Return documents for 2019/20 were completed on November 20, 2020.

#### **Other Obligations:**

##### Applicable Legislation:

We are in compliance with all applicable legislation, of which we are aware, including, but not limited to:

- Corporations Act
- Public Hospitals Act
- Mental Health Act
- Nursing Homes Act
- Commitment to the Future of Medicare Act
- Local Health System Integration Act
- Personal Health Information Protection Act
- Quality of Care Information Protection Act
- Health Protection and Promotion Act
- Accessibility for Ontarians with Disabilities Act
- Occupational Health and Safety Act
- Workplace Safety and Insurance Act
- Insurance Act
- Environment Protection Act (Canada and Ontario)
- Ontario Water Resources Act
- Charities Accounting Act
- Trustee Act
- Income Tax Act
- Pension Benefits Act
- Employment Insurance Act
- Labour Relations Act
- Employer Health Tax Act
- Excise Tax Act
- Retail Sales Tax Act
- Bill 46 – Excellent Care for All Act
- Bill 168 – Occupational Health & Safety Amendment Act
- Bill 16- Creating the Foundation for Jobs & Growth Act
- Bill 22 – Employment Standards Amendment Act (Greater Protection for Interns and Vulnerable Workers), 2014
- Critical Incident Reporting Amendment to Reg 965 of Public Hospitals Act
- Ontario Human Rights Code
- Regulated Health Professionals Act
- Pay Equity Act
- Bill 122 – An act to increase the financial accountability of organizations in the Broader Public Sector
- Broader Public Sector Business Documents Directive
- Hospital Parking Directive
- Bill 210: Patients First Act, 2016

- Legislative Amendments to the *Provincial Advocate for Children and Youth Act*, 2007 Bill 117
- Bill 148 Fair Workplaces, Better Jobs Act, 2017
- Bill 160 – An Act to amend, repeal and enact various Acts in the interest of strengthening quality an accountability for patients
- Long Term Care Homes Act, 2007 Amending O. Reg. 79/10
- Bill 74 -Peoples Health Care Act 2019
- COVID-19 Directive #1 for Healthcare Providers and Healthcare Entities, revised March 30, 2020 (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #2 for Healthcare Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals) (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #3 for Long-Term Care Homes under the *Long-Term Care Homes Act*, 2007 (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #4 for Ambulance Service and Paramedics under the *Ambulance Act* – Revised March 30, 2020 – This directive replaces the directive #4 issued March 24, 2020. The directive #4 issued on March 24, 2020 is revoked and the following substituted: (issued under section 77.7 of the Health Protection and Promotion act (HPPA), R.S.O 1990, c.H.7
- COVID-19 Directive #5 for Hospitals within the meaning of the *Public Hospitals Act*. This directive replaces the directive #5 issued on March 30, 2020. The directive #5 issued on March 30, 2020 is revoked and the following substituted: (issued under section 77.7 of the Health Protection and Promotion act (HPPA) R.S.O 1990, c.H.7




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J. Bezzubetz  
President and CEO

ROHCG




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Dr. R. Bhatla  
Psychiatrist-in-Chief  
& Chief of Staff  
ROHCG




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C. Crocker  
Chief Operating Officer/CFO

ROHCG

**ROYAL OTTAWA HEALTH CARE GROUP BOARD  
FINANCE COMMITTEE MINUTES  
January 21, 2021 7:30 HRS  
Meeting via Zoom  
ROYAL OTTAWA MENTAL HEALTH CENTRE**

Trustees	Present	Regrets	Trustees	Present	Regrets
J. Gallant, Chair	X		A. Graham	X	
S. Squire	X		J. MacRae	X	
L. Gillen	X		R. Anderson	X	
L. Leikin	X		C. Coulter	X	
A.Khan		X			
<b>Management Staff</b>					
K. Kealey	X				
C. Crocker	X				
D. Bilodeau	X				
<b>Guests</b>					

AGENDA ITEMS		ACTION REQUIRED
<b>Call to Order</b>	J. Gallant, Chair, called the meeting to order at 8:45 am and declared the meeting to have been regularly called and properly constituted for the transaction of business.	
<b>Meeting Agenda</b>	<p><b>Moved by L. Leikin, and seconded by S. Squire, BE IT RESOLVED THAT the meeting agenda, be accepted with the following changes</b></p> <p><b>Item 7, Draft Budget Update will precede Item 3, due to timing</b></p> <p><b>CARRIED</b></p>	



AGENDA ITEMS		ACTION REQUIRED
<b>2. Consent Agenda</b>	<p><b>Moved by L. Leikin, and seconded by S. Squire, BE IT RESOLVED THAT the consent agenda, including the actions outlined therein, be accepted with the following changes</b></p> <p><b>CARRIED</b></p> <ul style="list-style-type: none"> <li>• Minutes of November 19, 2020</li> <li>• Work plan 2020-21</li> <li>• Financial Domain of the Balanced Scorecard Q2</li> <li>• Legal Cases – Update</li> </ul>	
<b>3. Review Interim Financial Statements</b>	<p>C. Crocker provided an update on pre-circulated interim financial statements noting the following:</p> <p><b>Income Statement</b></p> <ul style="list-style-type: none"> <li>• In surplus position</li> <li>• To date COVID expenses are being covered for the hospital but not entirely for ROP as LTC process is different</li> <li>• Expecting a balanced budget for this fiscal</li> </ul>	
<b>4. Investment Update</b>	<p>C. Crocker provided an update on pre-circulated investment reports noting the following:</p> <ul style="list-style-type: none"> <li>• Investments are performing well</li> <li>• Fixed income is below benchmark however our term re: bonds is not totally consistent with benchmark</li> </ul> <p>2 – questions from S. Squire re:</p> <ul style="list-style-type: none"> <li>• Canadian Equity return showing -0.54% vs 5.52%</li> <li>• Should we review our investment policy to consider an allocation to growth stocks</li> <li>• C. Crocker will follow up with CIBC to discuss</li> </ul>	<b>C. Crocker</b>
<b>5. Insurance Coverage, Ridge Canada Cybersecurity Policy</b>	<p>C. Crocker noted that \$3M coverage was in put in place with Ridge Canada in follow up to the iSecurity report</p>	
<b>6. ROP – Update</b>	<p>C. Crocker provided the committee with an update noting the following:</p> <ul style="list-style-type: none"> <li>• \$997.7K has been received as one time for 2020-21</li> <li>• We continue to question the Ministry in terms of funding for next year but have not been successful in receiving a response to date</li> <li>• We are looking to bring forward a motion at the March meeting to exit the LTC sector if no commitment from the Ministry prior to that date</li> </ul>	

AGENDA ITEMS		ACTION REQUIRED
	<ul style="list-style-type: none"> <li>Members were reminded of the 5 year process to exit LTC</li> </ul>	
<b>7. Draft Budget Update</b>	<p>C. Crocker provided an update on pre-circulated draft budget materials noting the following:</p> <ul style="list-style-type: none"> <li>Provincially the government continues to cover all COVID expenses except from LTC and discussions indicate this will be continue</li> <li>Accountability processes have been deferred by Government (HAPS, H-SAA, etc.) and will likely result in the roll over of agreements with minimal document provision due to the LHINs and Ontario Health being inundated with COVID related matters</li> <li>Regionally CFO meeting – 2021 most organizations, particularly big acute care organizations, are running significant deficits and not holding up to accountability metrics for 2021</li> <li>Budgets for 2021-22 – many other organization budgets are not being provided to Boards until March, some will be final budgets but some will submit provisional ones</li> <li>No formal direction for next fiscal on funding</li> <li>OHA is following up with the Ministry for clarification/confirmation from government regarding verbal direction being provided re: material amounts of money that will become audit issues regarding COVID, etc. no formal written information has been received to date</li> <li>OHA also seeking formal commitments for COVID expenses for 2021/22</li> <li>Hospital Budget Summary – projecting a deficit of ~\$650K, which in terms of accountability agreement is a breakeven margin</li> <li>Difference between net income budget vs balanced to margin are variances in depreciation of funded and non funded assets</li> <li>Usual budget of \$1M surplus to cover capital loan payment cash flow would not be included if we bring forward the proposed budget</li> <li>Organizationally this could be managed from a cash perspective in the short term</li> <li>Summary of allocation of funds this fiscal for new strategic plan initiatives has been included in the package covering the following initiatives moving forward: <ul style="list-style-type: none"> <li>Prompt Clinic - \$1.3 should read as \$1.5 – one time funding plus \$500K redistribution built into budget</li> <li>Regional Coordination of \$490K – likely 50/50 split between redistribution and one-time which is from access funds already provided by Ministry – sense is this will receive new funding as is consistent with government agenda</li> <li>BIC – this is the last year of Foundation funding commitment and projection is BIC will incur \$500K deficit in 2021-22</li> </ul> </li> </ul>	

AGENDA ITEMS		ACTION REQUIRED
	<ul style="list-style-type: none"> <li>• Org design – completing this in April/May timeline, thus fees will be for 2 months</li> <li>• Royal Service Promise (corrected from Provision as noted in hand out) - Not a reallocation as staff time</li> <li>• Digital Health Strategy – reported through Innovation Committee – will require consultants in future and will require reallocation of ~\$100K for this</li> <li>• initiatives without assigned values at this time are - Client and Family Engagement Process and Advanced Strategies to Integrate Research Education and Care</li> <li>• Plan is to bring a draft budget to the Finance Committee and Board in March 2021</li> <li>• Anticipate presenting a budget at zero margin, worst case scenario</li> </ul> <p>In response to questions the following is noted:</p> <ul style="list-style-type: none"> <li>• Benefit claims are down for both dental and medical</li> <li>• Fees for EAP increasing past normal and we are encouraging employees to use all benefits, particularly EAP</li> <li>• Mercer is not anticipating a big increase</li> <li>• Absenteeism is under control with staff now working from home</li> <li>• Sick leave is lower as concept of not coming to work with sickness such as colds is not as prevalent with people working at home</li> <li>• In next 2 months we will be joining other Provincially funded agencies in Province on campaign to lobby government to fund the mental health and addictions sector in line with the Roadmap to Wellness</li> <li>• A large delta still exists between what has flowed to date and what the government indicated will flow with respect to MH&amp;A</li> <li>• Currently mounting our campaign on a political level</li> <li>• Anticipation of a fall election will make it important for the government to deliver on promises in the Mental Health and Addictions sector</li> <li>• This budget assumes no funding for ROP and no increase in global funding</li> <li>• Unused vacation – policy is 5 days carry over but adjusted to 10 days carry over due to COVID – vacation is expensed on a monthly basis</li> <li>• Accrued vacation is a director liability as well as a corporate liability</li> <li>• No policy exists related to number of consecutive days to be taken per year but practice is to take 1/2/3 weeks concurrently</li> <li>• In terms of occupancy we are aligned with other healthcare organizations but significant increase in virtual care in outpatient and community based services</li> </ul>	

AGENDA ITEMS		ACTION REQUIRED
	<b>ACTION:</b> Ensure that 3 year forecast is incorporated into next budget review with a view of incremental costs of implementing strategy for those we know will occur	<b>C. Crocker</b>
<b>Other</b>		
<b>Adjournment</b>	<b>The meeting adjourned at 9:03 am</b>	
<b>Next Meeting</b>	March 11, 2021 7:30 am via Zoom	

\_\_\_\_\_  
J. Gallant  
Chair, Finance Committee

\_\_\_\_\_  
J. Bezzubetz  
Secretary of the Board

\_\_\_\_\_  
Date

## Finance Meeting Action Items

Action Item	Individual Responsible	Status
Ongoing updates HFS	C. Crocker	Standing item until completed
Updates re: concepts PET/MRI Revenue Generation	C. Crocker	Standing item until completed
Cyber security review risks/mitigations (6 months) update to committee	G. Capelle	June 2021
iSecurity to provide updates to Board of Trustees post KPMG presentation	C. Crocker to work with G. Capelle to organize	Standing item until completion
Ensure that 3 year forecast is incorporated into next budget review with a view of incremental costs of known strategies being implemented	C. Crocker K. Kealey	March 2021

**BOARD APPROVAL REQUEST**

<b>Motion Number: 2020-2021 – 31</b>	<b>Priority: Routine</b>
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<b>DATE:</b>	February 18, 2021
<b>COMMITTEE:</b>	
<b>PRESENTER:</b>	Anne Graham, Chair, Board of Trustees
<b>SUBJECT:</b>	Consent Agenda

<b><u>BACKGROUND INFORMATION:</u></b>
<b><u>LEGAL REVIEW AND/OR APPROVAL:</u></b>
<b><u>MOTION FOR APPROVAL:</u></b>
<b>BE IT RESOLVED THAT</b> the Consent Agenda be approved, including any motions contained therein. <div style="text-align: right;"><b>CARRIED</b></div>

Moved by:

Seconded by:

Motion approved:



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Ottawa ON K1Z 7K4  
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## President & CEO REPORT TO THE BOARD OF TRUSTEES February 18, 2020

The function of the President and CEO's report to the Board of Trustees, as outlined in the ROHCG Bylaws, is to report on any matters about which the Board should have knowledge and that may not be on the Board agenda.

### ENVIRONMENTAL SCAN – December 10, 2020 to February 10, 2020

#### NATIONAL

#### CATHERINE MCKENNA VISITS VIRTUALLY WITH ROYAL OTTAWA PLACE LONG TERM CARE TEAM

On January 22, 2021 the Honourable Catherine McKenna, Minister of Infrastructure and Communities and MP for Ottawa Centre, visited with staff of Royal Ottawa Place Long Term Care via Zoom. The visit was an informal conversation, hosted by Dr. Joanne Bezzubetz, during which McKenna recognized and thanked the team for their hard work during the pandemic. In particular, she expressed gratitude for the team's dedication to safety and wellness of ROP residents and expressed her understanding of the challenges of managing work, family, and personal wellness during these times.

#### PROVINCIAL

#### COVID-19 IN ONTARIO & REGIONAL RESPONSE IN CHAMPLAIN

Throughout the COVID-19 pandemic, hospitals and public health agencies across the Champlain region have been working collaboratively to respond to the pandemic. The Royal continues to play an active role in this regional healthcare response.

Recently, a key focus of regional planning has been distribution of the COVID-19 vaccine to health care workers. Ontario has established a three-phase roll out strategy guided by an ethical framework. The initial focus has been on residents and workers in LTC and hospital workers in highest risk settings. Residents and staff at Royal Ottawa Place have had the opportunity to receive the vaccine. Some additional patient-facing staff in Ottawa were also able to receive the vaccine when limited doses were made available to The Royal over the New Years' weekend. Since then, vaccine supply has slowed and no additional doses have been made available to staff outside of LTC.

In Ottawa, a task force has been formed to organize vaccine distribution to workers across hospitals. We are working together to develop common principles for sequencing of the next phase of vaccine roll out to staff. Factors being considered when sequencing are the vulnerability of the patient population being served, risk of exposure to COVID, criticality of healthcare provision, and personal health factors of individual health care workers. When The Royal receives an allotment of

vaccine doses, they will be distributed in alignment with the agreed upon sequencing as well as any new governmental guidance/ principles as they are released. At this time, The Royal has been asked to prepare for further vaccine distribution to Ottawa staff in March. However, it should be noted that availability of vaccines and distribution plans are continually evolving at the national, provincial and local levels. We will be flexible and ready to act quickly.

In Brockville, Leeds, Grenville and Lanark District Health unit is organizing distribution across hospitals. Brockville Mental Health Centre workers will receive vaccines in stage 2 or 3 of the LGL District Health Unit's distribution plan (they are currently in stage 1).

On February 5, 2021 The Royal held a town hall to provide staff with an update on vaccine distribution and information about the vaccine itself. We were joined by an infectious diseases expert from The Ottawa Hospital who shared insights about how the vaccine was developed, the high level of effectiveness of the vaccine, and other helpful information that was very well received by staff as they prepare for their opportunities to receive the vaccine.

## LOCAL

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### CONVERSATIONS AT THE ROYAL GOES VIRTUAL

On January 28, 2021 Bell Let's Talk Day, The Royal launched a new virtual version of its longstanding Conversations at The Royal series. In this new iteration, Conversations at The Royal public education sessions will be broadcast virtually using the Brandlive platform. The sessions are one hour long and feature presentations from The Royal's experts followed by an interactive Q&A. The free monthly events are hosted by professional journalist/broadcaster and mental health advocate Ian Mendes.

The first session was entitled *CALM within the storm: Coping with Stress and Building Resiliency during the COVID-19 pandemic* and featured Dr. Tim Lau. More than 400 people registered for the event and we received overwhelmingly positive feedback. A recording of the event is available at: <https://royal-ottawa.brand.live/c/conversations-at-the-royal-presented-by-td>

The next Conversations at The Royal will take place at noon on Thursday, February 18, 2021 and will focus on the topic of Youth Mental Health with Dr. Gail Beck and DIFD Founder Stephanie Richardson.

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### THE ROYAL AND OPH WEBINAR: EXPERT TIPS FOR MENTAL WELLNESS

On January 18, 2021 Dr. Raj Bhatla shared tips and strategies to promote mental health and wellness during challenging times in a livestream event hosted by Ottawa Public Health on YouTube. Many city councillors actively promoted the event to their constituents as an important outreach to support the mental health of our community.

On February 23, 2021 Dr. Bhatla will once again share his expertise alongside our partners at the City of Ottawa, by joining Mayor Jim Watson and leaders of the business community in an event to support the mental health challenges felt by small business owners, workers, and entrepreneurs.



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## THE ROYAL AND ALGONGUIN COLLEGE: COPING TIPS FOR RESILIENCY

As part of Mental Health Awareness week at Algonquin College, Dr. Susan Farrell led a virtual session on resiliency. The session, which took place on January 27, contained tips for students and staff on how to manage the stress and challenges of this particular year as they are faced with learning, teaching, and connecting in new ways as a result of the pandemic. The presentation is available at: <https://youtu.be/Ypfxo0VOFXc>

In addition, Dr. Farrell is delivering presentations to two law organizations (Nelligan Law on Feb 1 and Justice Canada on Feb 24) on Mental Health Strategies during the pandemic. Such presentations help to raise awareness about mental health and The Royal while also providing these groups with important information to help protect their own health and wellness as well as that of their families and colleagues.

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## THE ROYAL NAMED ONE OF NATIONAL CAPITAL REGION'S TOP EMPLOYERS

The Royal has once again been named among the [National Capital Region's Top Employers](#). This is the sixth time The Royal has received this honour.

The National Capital Region's Top Employers is an annual competition hosted by Mediacorp Canada Inc., organizers of the annual Canada's Top 100 Employers project.

This special designation recognizes employers in Ottawa-Gatineau that lead their industries in offering exceptional places to work. Evaluation is based on various criteria including: physical workplace; health, financial and family benefits; work atmosphere; training and skills development; and community involvement.

## MEDIA EXPOSURE

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### DECEMBER 10, 2020 TO FEBRUARY 10, 2021

#### **Bell Let's Talk Day segments on CTV Ottawa January 28, 2021:**

- CTV Morning Live:
  - Sleep and Mental Health, Dr. Elliott Lee: <https://ottawa.ctvnews.ca/video?clipId=2127819>
  - DIFD and Youth Mental Health, Dr. Gail Beck: <https://ottawa.ctvnews.ca/video?clipId=2127815>
  - Happiness and C.A.L.M. strategy for managing stress, Dr. Tim Lau: <https://ottawa.ctvnews.ca/video?clipId=2127867>
  - Run for Women, Shannon Noonan (Mental Health advocate and Run for Women supporter): <https://ottawa.ctvnews.ca/video?clipId=2127751>
- News at Noon:
  - Centre of Excellence on PTSD, Fardous Housseiny, Deputy CEO and VP, and Laryssa Lamrock, Strategic Advisor for Families: <https://ottawa.ctvnews.ca/video?clipId=2128112&binId=1.5286441&playlistPageNum=1>
- News at 6:
  - CTV news at 6 featured conversations with Dr. Gail Beck on youth mental health during the pandemic and Dr. Tim Lau on managing stress during the pandemic (promoting Conversations at The Royal): <https://ottawa.ctvnews.ca/video?binId=1.1164587#2123652>

**Additional Media Highlights:****Should March Break be cancelled? (interview with Dr. Gail Beck)**

<https://www.cbc.ca/listen/live-radio/1-100-ottawa-morning/clip/15823636-should-march-break-cancelled>

Media Outlet: CBC (Ottawa Morning)

Date: February 9, 2021

**Beck: Don't take March Break away from our students**

<https://ottawacitizen.com/opinion/beck-dont-take-march-break-away-from-our-students>

Media Outlet: Ottawa Citizen

Date: February 7, 2021

**The Royal's Prompt Clinic**

<https://ottawa.ctvnews.ca/video?clipId=2128945>

Media Outlet: CTV (CTV Morning Live)

Date: January 29, 2021

**Doctors failed mentally ill Ontario man who killed his mother day after seeing psychiatrist, says family**

<https://www.cbc.ca/news/canada/toronto/joel-vassell-ncr-psychiatrist-1.5883964>

Media Outlet: CBC (Toronto)

Date: January 27, 2021

*Note: This story features insights from Dr. Michael Seto about recidivism rates in the forensic mental health system (among people found Not Criminally Responsible)*

**Pandemic, families and clients help shape future of mental health services in Ottawa**

<https://ottawacitizen.com/news/local-news/pandemic-families-and-clients-help-shape-future-of-mental-health-services-in-ottawa>

Media Outlet: Ottawa Citizen

Date: December 11, 2020

**Social Media Engagement:**

Total engagements: 6,978 (7.4% decrease)

Total impressions: 235,765 (22% decrease)

- Twitter Followers: 10,652 (3.41% increase)
- Twitter Retweets: 208 (26% decrease)
- Facebook Followers: 5,104 (.5% increase)
- Instagram Followers: 1,398 (4.6% increase)
- LinkedIn Followers: 6,401 (1.7% increase)
- YouTube Subscribers: 2,910

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**VIRTUAL CARE**

For many years, The Royal has invested in virtual care through virtual visits, online scheduling, training and e-consultations. The Royal is a participant in a number of telemedicine and virtual care offerings (see the program descriptions below). Virtual care and telemedicine creates access and allows The Royal to provide specialized mental health care to individuals in their own community, reducing wait times and travel to care.

## Telemedicine

The Telemedicine program at The Royal has provided services for over 11 years and has built a network of community partnerships with organizations that have unique mental health needs including the University of Ottawa, Carleton University, Algonquin College, the Ottawa Paramedic Services, 15 community health organizations in the Champlain Region and 4 organizations in northern Ontario, and 7 correctional facilities across Ontario. Through community partners, The Royal provides virtual access to specialized mental health services and care while at the same time building the mental health capacity of the referring primary care provider. We provide direct consultation with a dedicated psychiatrist, case conferencing with primary healthcare providers, and ongoing education to build mental health capacity among community partners.

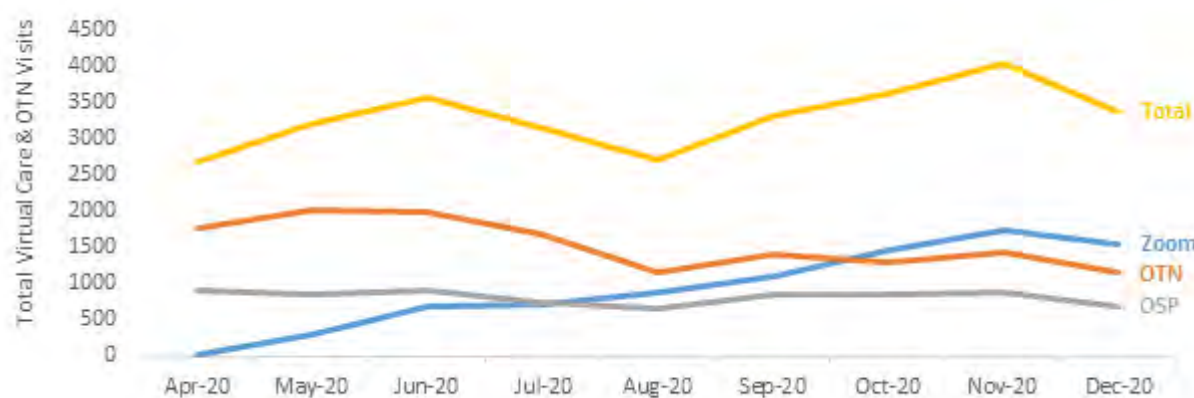
Telemedicine at The Royal also supported all clinical programs at The Royal in their transition to virtual care using the provincial preferred virtual care platform OTN – Ontario Telemedicine Network providing mental health access to 230 community-based Family Physicians and Nurse Practitioners.

In 2020-2021, a total of 29,661 virtual visits took place on the OTN or Zoom Health Care platforms (note- the Doxy.me platform used by the C-prompt clinic are not included in these numbers).

As evidenced in Chart 1, the number of virtual care and OTN appointments grew throughout the 2020-2021 fiscal year, as a direct result of the pandemic. An evaluation of virtual care conducted in 2020-2021 found strong support for all aspects of virtual care to remain, with recommendations to continually resource the equipment that is required to provide the service.

**Chart 1. The use of virtual care increased during the 2020-2021 year**

Data: Virtual care monthly totals by type



See update on Ontario Structured Psychotherapy Program (OSP) on page 6

**Leads: Dr. S. Farrell, Dr. R. Bhatla**

## Northern Ontario Francophone Psychiatry Program

The Northern Ontario Francophone Psychiatry Program provides psychiatric care to designated francophone communities in Northern Ontario. Our French-speaking psychiatrists maintain ongoing liaison with the community they serve, providing clinical support to patients either on site or via telepsychiatry. They also provide health care practitioners working in underserved areas with readily available consultation by phone for challenging cases, and education and training to local medical practitioners and other mental health professionals.

**Lead: Dr. M. Tremblay**

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## PROMPT CARE CLINIC

A brief presentation on the opening of the Prompt Care Clinic will be provided at the Board of Trustees meeting.

With one-time funding from the LHIN (until March 31, 2021) and some internal reallocation, the Prompt Care Clinic opened on January 18, 2021 in a completely virtual format. Building on the evaluated success of C-Prompt, the Prompt Care Clinic offers psychiatric assessment, medication recommendations and short-term psychotherapy for residents of the region, referred by their Primary Care Provider (Family Physician or Nurse Practitioner). This allows the opportunity to provide mental health knowledge (capacity building) to Primary Care Providers.

Prompt Care Clinic has been developed in partnership with The Ottawa Hospital, community partners and client and family engagement. A pilot is being developed to integrate peer support into the Prompt Care Clinic model, as designed by the Client and Family Advisory Councils of The Royal.

The Prompt Care Clinic has had immediate community uptake and very positive initial reviews. Thanks to one-time funding from the Foundation, and with some internal resource reallocation, plans are being finalized for a full year of Prompt Care Clinic delivery starting April 2021 that will grow into both a virtual and a community-based location. The Foundation has also committed to ongoing fundraising for the Prompt Care Clinic.

**Leads: Dr. S. Farrell, C. Crocker**

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## UPDATE ON ONTARIO STRUCTURED PSYCHOTHERAPY (OSP): INNOVATING AND SHAPING CARE TO MEET CLIENT NEEDS THROUGH PARTNERSHIPS AND THE INTEGRATION OF CARE, RESEARCH AND EDUCATION

The Ontario Structured Psychotherapy (OSP) program is a provincial program that provides publicly-funded, evidence-based cognitive behavioural therapy (CBT) to Ontarians living with mild to moderate depression, anxiety and anxiety-related conditions, within a stepped care framework. As a Network Lead Organization (NLO), The Royal delivers in collaboration with community partners in a distributed service model.

### **Moving from a demonstration project to a funded program**

The 3-year demonstration project is now complete (ended in March 2020), and OSP has transitioned into a Program. The Royal received their MOH Transfer Payment Agreement which provides funding in the amount of \$5M/year for the next 5 years. For fiscal 20/21 we will also receive \$1.875M of one-time funding (for a total of \$6.875M for 20/21). There is an expectation from the MOH that The Royal will work in collaboration with Ontario Shores to provide full area coverage in Eastern Ontario. We have started this work together and are seeking funds to provide services to the additional catchment areas (i.e., South East region). We are also working together to develop a centralized access system for OSP in the Eastern region. Additional NLOs will be onboarded in other areas of the province so that the OSP program has provincial coverage. Responsibilities of The Royal as an NLO includes the scale-up of OSP across the region, including:

- Oversight of the regional OSP network, including developing and managing the stepped care clinical pathway within our region
- Standardized intake and access model with central point of entry for the suite of OSP services (including BounceBack, iCBT, and individual and group CBT therapy)
- Clinical service delivery, in collaboration with community partners
- Providing the standardized training and consultation program

- Ensuring delivery of measurement-based care with ongoing evaluation and reporting
- Working with the provincial tables in the development and expansion of OSP

The Royal has been designated a *Provincial Training and Clinical Consultation Centre*, which entails managing and delivering the clinical training program and ongoing consultation for clinicians within our NLO as well as to those in other NLOs in Ontario. This supports the expansion of OSP across the province, including building capacity for CBT.

### **OSP services for francophone populations in Northern Ontario**

The MOH provided The Royal, in partnership with Hôpital Montfort, \$1.74M in funding to carry out a project to expand OSP services to provide CBT to Franco-Ontarians (project ending in March 2023). This project aims to: increase access for Franco-Ontarians to OSP services, build clinical capacity to provide psychotherapy in French, and strengthen partnerships. The Royal and Hôpital Montfort have rolled out a service delivery model with five Northern community partners.

### **OSP services for individuals with Alcohol Use Disorder**

A Project Advisory Committee was launched in January 2021 to guide how the current OSP program can expand to serve clients with alcohol use disorder. Dr. Corace participates in this committee.

**Leads: Dr. K. Corace, T. Dobson, A. Eaton, Dr. C. Dandurand & Dr. C. Kogan**

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## **UPDATE ON REGIONAL COORDINATED ACCESS FOR MENTAL HEALTH AND ADDICTIONS: CONNECTING CARE FOR A MORE ACCESSIBLE SYSTEM THROUGH INNOVATION AND PARTNERSHIPS**

The Royal, in partnership with Cornwall Community Hospital, Hawkesbury General Hospital, Pembroke Regional Hospital, Montfort Renaissance, and Youth Services Bureau, received one-time MH&A COVID funding from the Champlain LHIN (total across agencies = \$582,000, including \$212,000 for The Royal) until March 31, 2021 to implement a digital pilot of Regional Coordinated Access (RCA). After a short-branding exercise, RCA is now branded as **AccessMHA** ([www.accessmha.ca](http://www.accessmha.ca)). Launching the week of February 8, 2021, and co-created with partners and those with lived and living expertise, the pilot will increase digital access to virtual triage, screening, assessment and service matching for those seeking mental health and/or addictions services within the Champlain Region. This work well positions us to further develop and pilot components of the broader RCA model and creates building blocks for full implementation.

### **Expected Impacts**

- Increased awareness for service users and providers as to where to access services, with ease of referral and ability to self-book
- Virtual coordinated screening, triage and assessment standardized, with distribution among partners to best utilize system resources
- Increased access to a suite of services across partner sites, regardless of site conducting assessment, allowing for clients to be matched to service that best meets need within a stepped-care framework, with equitable access throughout the Champlain region
- Improved pathways to care for transitional aged youth, including easing transitions of youth into the adult sector

### **Digital Pilot Overview: Updates**

- The central website for **AccessMHA** has been developed, providing an e-referral platform for self-referral and self-booking. Also available on the website are self-management tools and immediate resources

- The e-referral platform allows for digital linking to partner sites, allowing the client's information gathered by RCA to be securely transferred to the service match provider who will be delivering services to the client.
- Using Ocean, primary care providers can refer and book directly from their electronic health record into RCA
- Standardized virtual coordinated triage, screening, and assessment between existing points of access has been developed, and staff have received training (training will be ongoing)
- Onboarding of additional partner organizations continues, which allows clients to be matched to their services; thus, increasing the access and coordination reach of RCA.
- Continued development with Kids Come First's One call/One click to facilitate intentional pathways for transitional aged youth

### **Sustainability**

- Together with our partners, we are evaluating our RCA pilot and are committed to sustaining RCA after March 31, 2021. It is an identified priority across our organizations. We have already begun securing the technology solutions to continue the digital access for the next fiscal year.

**Leads: Dr. K. Corace, Dr. M. Willows, A. Eaton, T. Dobson on behalf of the RCA partners**

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## **UPDATE ON COVID FRONTLINE WELLNESS CONNECTING CARE FOR A MORE ACCESSIBLE SYSTEM**

The Royal is one of five hospitals in Ontario partnering with the Mental Health and Addictions Centre of Excellence (CoE) at Ontario Health providing enhanced mental health supports to frontline healthcare workers (HCW) impacted by stress related to COVID-19. Supported by digital solutions, The Royal's COVID Frontline Wellness has provided rapid access to mental health and substance use support, brief intervention, and navigation services to over 225 HCWs. The Royal has served clients from regions throughout Ontario, from as far away as Thunder Bay and Waterloo, and is the lead for Francophone service provision. Across the five hospitals, over 1,000 HCWs have accessed services.

The Royal's COVID Frontline Wellness service is funded until the end of March 2021. We are working with the Center of Excellence to support the continuation of this service beyond April 2021 due to the ongoing COVID pandemic, escalating mental health problems amongst HCWs and, as such, the demonstrated service need.

There is an ongoing program evaluation at the regional and provincial level. Recent data indicates:

### **Provincially**

- 50% of HCWs served were employed at hospitals, with the other 50% spread among community healthcare settings and long-term care. The majority identify as either nurses or non-medical health professionals
- 43% of HCWs reported they did not have previous mental health or substance use diagnoses, and 37% reported that they had not sought mental health or substance use treatment in the past

### **Regionally**

- On average, HCWs are seen within 4 days of applying for services (40% within 48 hours)
- The majority of HCWs had multiple problems identified at assessment, with situational crisis/acute stress response, depression, generalized anxiety, and difficulty with stress (occupational or financial) being the most common



- HCWs reported moderate symptoms of depression and anxiety, as well as moderate impairment in work and social functioning
- In terms of disposition:
  - Most HCWs were matched to a single session intervention (~70%), of these 67% went on to brief psychotherapy (4-6 sessions)
  - Approximately 49% of HCW clients had their needs met with brief interventions. The remainder required additional services and were navigated to services either within the Frontline Wellness partner services or within the community.

For more information about COVID Frontline Wellness, visit <https://www.theroyal.ca/covid-frontline-wellness>

**Leads: Dr. K. Corace, Dr. M. Willows, A. Eaton & T. Dobson**

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## REVIEW OF PROGRAM EVALUATION MODELS IN ACADEMIC HOSPITAL SETTINGS: DEVELOPING A PROGRAM EVALUATION MODEL FOR THE ROYAL SYSTEM

The Royal has commissioned a review of program evaluation models in academic hospital settings to inform the development of an organizational model for The Royal that will organize, leverage, and enhance its infrastructure for program evaluation across the enterprise. The project results will inform the organizational design work already underway at The Royal. It will also benefit other similar-sized health care organizations in Ontario and elsewhere as it is aligned with key provincial priorities and initiatives (e.g., measurement-based care, quality improvement, and outcome monitoring), ultimately supporting The Royal's long-term vision of becoming a leader in integrated client/family-oriented research, outcomes, care design, evaluation, and adaptation in the mental health and addiction sector. The Royal has engaged Dr. Brian Rush and his team at VIRGO Planning and Evaluation Consultants, Inc. to assist with the project.

An advisory group, comprised of members drawn from The Royal's Research Committee and Innovation Council, will provide strategic oversight to the project, as well as recommendations to integrate project results with organizational design work already underway.

This work started in December 2020 and will be completed by April 2021.

**Leads: Dr. K. Corace and Dr. F. Dzierszinski**

# The Royal Calendar of Events

## 2020/21 (February 10, 2021)

Date/Time	Event/Activity/Location	Audience	Board Representation
FEBRUARY 2021			
Date: FEBRUARY 18, 2021 Time: NOON TO 1 PM Where: <a href="https://royal-ottawa.brand.live/c/-february-conversations-at-the-royal-presented-by-td">https://royal-ottawa.brand.live/c/-february-conversations-at-the-royal-presented-by-td</a>	Conversations at The Royal: Youth Mental Health	General public	On a volunteer basis
Date: February 23, 2021 Time: 1 to 2:30 PM Where: tbc	<b>Mayor's Mental Health Town</b> Hall for Small Businesses and Entrepreneurs	Small business owners and entrepreneurs	On a volunteer basis
Date: February 24, 2021 Time: 4:30 PM Where: <a href="https://www.theroyal.ca/events/under-lens-series-beautiful-minds">https://www.theroyal.ca/events/under-lens-series-beautiful-minds</a>	Under the Lens Series - BEAUTIFUL MINDS: Changing the lens on stigma and substance use	General public	On a volunteer basis
Date: February 24, 2021 Time: 11:00 a.m. Where: Zoom	Board Connections Day		All 3 Boards
MARCH 2021			
Date: March 4, 2021 Time: 6:45 to 8 pm Where: online ( <a href="https://www.theroyal.ca/get-involved/fundraising-events/inspiration-awards">https://www.theroyal.ca/get-involved/fundraising-events/inspiration-awards</a> for tickets)	Inspiration Awards	General public (\$125/ticket)	On a volunteer basis
Date: March 11, 2021 Time: tbc Where: tbc	Women in mental health during the pandemic (Invest Ottawa event)		On a volunteer basis



Date: March 25, 2021 Time: 4:30 p.m. Where: Zoom	The Royal Board of Trustees meeting		All
Date: March 31, 2021 Time: tbc Where: tbc	<b>Capital Magazine Women's</b> issue launch		On a volunteer basis
JUNE 2021			
Date: June 24, 2021 Time: 3:30 p.m. Where: Zoom	The Royal Board of Trustees meeting/Annual General Meeting		All
DECEMBER 2021			
Date: December 16, 2021 Time: 4:30 p.m. Where: TBC	The Royal Board of Trustees meeting		All

## **Foundation President and CEO Report to The Royal's Board of Trustees – February 2021**

### **Operations**

We are pleased to share with you that Shane Francescut will be assuming the newly created Digital Fundraising Officer position for the Foundation. Shane has played an instrumental role in enhancing our digital presence as an add-on to his role as Coordinator of Events. Recognizing the ever-growing need in this area, we are thrilled that Shane agreed to take this role on a full time capacity. Jessica Dubé will be filling the events coordinator position on February 16. Jessica has extensive fundraising and event planning experience and we look forward to her joining the team.

### **Campaign**

#### **Campaign Planning**

We are pleased to report that work on the campaign case document will be ramped up over the next few weeks. Further interviews between our case writer and select leadership will be scheduled as required. With the agreement and support of all board chairs and President and CEO, Joanne Bezzubetz, we are delighted to announce that the Offord Group will be retained to complete a campaign readiness assessment. The assessment will evaluate the current fundraising operations at the Foundation and identify resources required for enhanced success, and the potential scope of our campaign. We are grateful for the collective support and commitment of this important undertaking and look forward to keeping everyone apprised of our progress.

#### **Virtual Announcement of the \$1.5M Anonymous Gift**

A virtual event was held on Monday, February 1 to celebrate the transformation gift of \$1.5M from anonymous donors through their fund at the Ottawa Community Foundation. This gift will support the work of Drs. Jennifer Phillips and Sara Tremblay in:

- Physical indicators in the brain called biomarkers that can help diagnose and treat depression and suicide ideation.
- The impact of COVID-19 on the mental wellness of medical residents.
- Repetitive Transcranial Magnetic Stimulation (rTMS) as a new treatment for people with persistent depression.

Congratulations to Dr. Phillips and Dr. Tremblay and everyone who participated including, Joanne Bezzubetz, Florence Dzierszynski and Steve West. Thank you all for ensuring that our donors were well stewarded. We look forward to hosting and celebrating them in person when it is safe to do so.

## **Communications**

### **External audience – further developing our brand and illustrating outcomes**

#### **Media**

- City News interview with Steve Walsh (community mental health nurse) end of year campaign
- Ottawa Citizen – Flip the Lens youth video contest
- CTV Ottawa Morning Live – Bell Let's Talk – four segments
- CTV Ottawa Evening News – Bell's Let's Talk – two segments

#### **Community Engagement & Donor Recognition**

- Create/disseminate winter 2020 Royal Ottawa Foundation, 16-page, bilingual newsletter – digital and hard copy
- Assuming responsibility of “Conversations at The Royal – presented by TD” public education series
- Developing 18<sup>th</sup> annual Inspiration Awards program, script and sponsors and recipient video packages

#### **Digital Strategy**

- Secured new full-time employee, digital fundraising officer role
- Created “Day in the Life” community mental health campaign using emarketing tactics and Facebook sponsored ads
- End-of-year campaign: A day in the life of a community mental health nurse
- Created plan for The Royal's 50/50 lottery
- Launched DIFD Tik Tok account to reach a new audience

### **Internal audience – building a culture of philanthropy**

- Disseminated OBJ exclusive insert to all departments
- Disseminated Foundation newsletter to all departments
- Monthly enews letter disseminated to all staff
- Inspiration Awards – internal promotion

### Royal Ottawa Foundation Social Media Growth

	Facebook <i>Likes      Followers</i>		Twitter <i>Followers</i>	Instagram <i>Followers</i>	YouTube <i>Subscribers</i>	LinkedIn <i>Followers</i>
<b>2019 December</b>	759	897	775	627	1,818	201
<b>2020 December</b>	918	1,173	1,021	1,089	2,785	580
<b>Difference</b>	↑ 159	↑ 276	↑ 246	↑ 462	↑ 967	↑ 379

### Fundraising

#### Direct Response 2020-21 Program

- Total raised from all mailings to date this year is \$128,400 (includes online gifts).
- The May urgent COVID letter featuring the C-PROMPT Clinic and signed by Dr. Susan Farrell, has generated \$36,600.
- Our August direct response mailing featuring Dr. Gail Beck, youth mental health, has generated \$15,500 to date (gross revenue target for this mailing is \$17K).
- Our October direct response mailing featuring former Ottawa Senators' hockey player, Bobby Ryan's personal story of addiction and mental health has exceeded our gross revenue target of \$35K (\$36,600 to date). This mailing has generated one \$5,000 donation, and another at \$3,000. Local philanthropists, Barbara Crook and Dan Greenberg, generously donated a \$20,000 matching gift to this campaign (not included in the total).
- Our December direct response appeal, the last of the calendar year mailed on December 3. This mailing includes a holiday card from the Foundation team featuring artwork by local artist, Katerina Mertikas. The accompanying fundraising letter is signed by Dr. Kim Corace, The Royal's Vice-President of Innovation and Transformation. To date, this mailing has raised \$25K of \$32K goal, and we expect to meet projection by March 31, 2021.
- Our last direct mail appeal of the fiscal year is scheduled to mail February 19, 2021, and includes an impact report to illustrate how donors made a difference this past year, as well as a letter signed by Cynthia Little, urging donors to renew their support for patient and families at The Royal in 2021.

#### Online Giving

With the development and communications teams working in tandem, all direct mail appeals this year include targeted Facebook ads and standard social media promotion to help boost awareness, connect with new audience, and help identify new donors to The Royal. Each direct mail appeal also includes a follow-up email (to the same audience) with an opportunity to make their donation online.

As a result of these efforts, and the development of our new Luminate Online giving platform, the Foundation is raising more money online than ever before. We have not yet migrated all facets of our online fundraising to Luminate, but with the introduction of a Digital Fundraising Officer (new position), we anticipate being able to ramp up our online fundraising program and continue to build on this success in 2021-22.

As part of the Foundation's end of year fundraising strategy, our Communications team worked with a group of seven nurses from The Royal's Community Mental Health program to create a series of videos titled 'A Day in the Life' (of a community mental health nurse). This video series was promoted on social media from December 21 to December 31, 2021. In addition, 5,500+ supporters, donors and volunteers received a series of eight email messages during this same timeframe, inviting them to view the videos, learn more about this important program, and donate to The Royal. These collective efforts raised more than \$12,000 for patients and families at The Royal.

### **Women for Mental Health (W4MH)**

We are currently working on the communications plan for the coming calendar year, including upcoming virtual events, and both renewal and recruitment opportunities to continue to grow this program.

### **Major Gifts**

- \$150k – directed to Gender, Health + Sexuality Resource Centre (campaign)
- Gift of Intent (donor verbally shared intention of including The Royal in their will)

It is with a heavy heart that we announce the death of one of our cherished supporters of the IMHR Graduate Student Awards. Mr. Ben James passed away on December 27 at the age of 91. Ben lost his 33 year old daughter, Jennie, to suicide. We have lost a dear friend and champion of mental health and will be forever grateful to Ben's many years of support and friendship. His legacy will continue through his creation of the Jennie James Depression Research Fund. He will be greatly missed. The IMHR and the Foundation hosted the annual IMHR Grad Student Awards virtually on January 13.

### **Events**

#### ***Signature Core Events***

#### **Inspiration Awards – Thursday, March 4, 2021**

- Five deserving individuals will receive Inspiration Awards on March 4.
- \$428,000 in sponsorship has been secured thus far. If you are interested in sponsoring this event, please contact Kelly ([kelly.meincke@theroyal.ca](mailto:kelly.meincke@theroyal.ca)) for more information.
- Individual tickets for the Inspiration Awards went on sale February 1, 2021.
- The Royal's raffle is moving online! The Royal's 50/50 raffle draw launched on January 4, 2021.
  - Tickets prices are \$25, \$50 and \$100

- Upcoming early bird draws include: an apple watch (February 14 draw) and a Nespresso (March 3 draw)
  - Ticket sales will close on March 4 with the winning ticket for the main prize (50/50 jackpot) being drawn during the Inspiration Awards
  - Purchase your tickets today at [www.ro5050.com](http://www.ro5050.com)
- The Royal's Youth Video contest has been given a facelift and is now called the ***Flip the Lens on Stigma – Youth Video Contest***. The voting period is now open at [www.difd.com](http://www.difd.com) until February 15 at 11:59 p.m. The winning video in both the English and French contest will premiere during the Inspiration Awards.

#### **The Open Golf Tournament – June 14, 2021 at the Ottawa Hunt & Golf Club**

- The Royal's 30<sup>th</sup> annual golf tournament will take place on June 14 at the Ottawa Hunt & Golf Club.
- The golf committee will convene on February 17 to begin planning for this event.

#### **Leaders for Mental Health Breakfast – October 6, 2021**

- The 14<sup>th</sup> Annual Leaders for Mental Health Breakfast is tentatively scheduled for October 6, 2021.
- Foundation staff are planning for a virtual event this fall.

#### ***Community Led Events***

**Fiscal Year to date** – (Apr. 1, 2020 – Jan 29, 2021) 17 events completed; 0 upcoming in FY21 (FY20 = 58 events)

#### **Mark Your Calendars – July 11, 2021 Virtual Walk/Run for Women Ottawa**

Participants can complete their 5 or 10km **between July 4 and 11** wherever, whenever, at whatever pace they choose.

#### **2021 RFW Goals:**

- Ottawa remains City #1 across Canada
- 6,000 participants
- 250 teams
- \$500,000 + raised (\$2.2M total raised)
- 30,000 Canadians participation in 18 cities across Canada

#### **Get involved:**

- **Become a Captain** and create your team at [runforwomen.ca](http://runforwomen.ca) then recruit 5-100 people on your team N.B. \$35 early bird (100% directed to The Royal) ends February 15.
- **Recruit a Captain** – Do you know someone who is passionate about women's mental health and could rally 5-100 friends to join? Please connect her/him with [tracey.welsh@theroyal.ca](mailto:tracey.welsh@theroyal.ca).

- **Connect us to public service contacts** - Do you know a couple public servants? Our goal is to double the number of teammates on public service led teams to 2,200 teammates by renewing 39 teams from 2020 and recruiting 10 new teams. Please connect us [tracey.welsh@theroyal.ca](mailto:tracey.welsh@theroyal.ca).

### **Community Led Highlights**

- **Epicure Fundraiser** – In November Jennifer James hosted an Epicure fundraiser whereby a percentage of sales was donated to men’s mental health. A total of \$600 was raised for The Royal.

### ***DIFD***

**Fiscal Year to Date** – (Apr 1, 2020 – Jan 29, 2021) 16 events completed, 3 upcoming in FY21 (FY20 = 72 events)

### **DIFD Highlights**

- **Battle of the Blades** – The past fall CBC ran their 6<sup>th</sup> season of Battles of the Blade (BOTB). BOTB is a television show whereby former professional hockey players become pairs figure skaters. Jess Campbell, a female hockey player, selected DIFD as her charity of choice and placed second, taking home \$17,500 for DIFD.
- **Retreat Candle Co** – this company created an “Ottawa scented” candle that was sold over the holiday season in support of youth mental health. \$5,000 was raised through this initiative for DIFD.

Event Start Date	Event Day	DIFD	Royal	ROYPN	Awareness	Cancelled	Event Name	# of Yrs
April 2020	Apr - Dec		1				Maggie Bag Sales	1st
1-May-2020	Virtual Auction		1				Mental Health Gala	4th
1-May-2020	Virtual Auction	1					Mental Health Gala	4th
1-May 2020	CANCELLED					1	Black and MacDonald Hockey Tournament	2nd
2-May-2020	Saturday		1				Brianna's Birthday Fundraiser	1st
15-May-2020	CANCELLED					1	CanGames	2nd
19-May-2020	CANCELLED					1	Knights of Columbus Golf Tournament	13th
22-May-2020	CANCELLED					1	Kanata Ribfest	1st
23-May-2019	Virtual - Ends in Sept		1				Tamarack Ottawa Race Weekend	6th
23-May-2020	CANCELLED					1	Pour My Mind	1st
27-May-2020	Wednesday				1		Is It Just US	1st
29-May-2020	Online	1					Shawville 3 Pitch Tournament	10th
4-Jul-2020	VIRTUAL	1					J5L Golf Tournament	6th
6-Jul-2020	Monday		1				Elevated Conversations with Colleen O'Connell-Campbell	1st
17-Jul-2020	Friday	1					CIBC Miracle Day	2nd
10-Aug-2020	CANCELLED					1	100 Holes Of Hope	4th
15-Aug-2020	CANCELLED					1	Epic Ride for Mental Health	1st
22-Aug-2020	CANCELLED					1	End 2 End 4 Women's Mental Health	1st
30-Aug-2020	Sunday		1				Movement & Moves presented by The Lotus Movement	1st
Fall 2020	CANCELLED					1	Funny. You Should Ask	1st
Fall 2020	Aug-Nov		1				Cars for Charity	2nd
Fall 2020	Sept-Dec		1				Masks for Mental Health	1st
12-Sept-2020	Saturday	1					Hockey Event in memory of Adam Comrie	1st
14-Sept-2020	Monday		1				Inspirational Golf Classic	3rd
18-Sep-2020	CANCELLED					1	CMHC Golf Tournament	5th
19-Sep-2020	CANCELLED					1	Canada Post Colonnade Depot Family Fundraiser Walk for DIFD	3rd



Event Start Date	Event Day	DIFD	Royal	ROYPN	Awareness	Cancelled	Event Name	# of Yrs
21-Sept-2020	Week Long		1				Peace, Love and Understanding	1st
25-Sep-2020	Friday	1					4th Annual Special Hockey Golf Classic	1st
27-Sept-2020	Sunday		1				Shoppers LOVE. YOU. Run for Women	8th
15-Oct-2020	Wednesday		1				Conkuer Apparel	2nd
4-Oct-2020	CANCELLED					1	Cars and Coffee Season Closer	1st
12-Oct-2020	Two Months	1					McDonald's Merivale Mental Health Mondays	1st
15-Oct-2020	Oct 15 - 23	1					Chalk One Up for DIFD Online Auction	9th
22-Oct-2020	Series Long	1					Battle of the Blades	2nd
31-Oct-2020	Saturday	1					The Fitness Lab DIFD Day	1st
1-Nov-2020	Month Long		1				Jennifer James Epicure Fundraiser	2nd
4-Nov-2020	Month Long	1					Jackbox Virtual Fundraiser	1st
15-Nov-2020	Month Long		1				Run/Walk for Men's Mental Health	1st
25-Nov-2020	Month Long	1					Retreat Candle Co - Ottawa Candle Promo	1st
1-Dec-2020	Previous Fiscal		1				Maids of Athena (MOA) Ottawa Fundraiser	1st
1-Dec-2020	Year-Long	1					Innovation Realty supports DIFD	1st
15-Dec-2020	Two Weeks	1					Thr33's Co Snack Bar DIFD Promotion	1st
17-Dec-2020	Thursday	1					DIFD Online Auction & Cupcake Sale	10th
20-Dec-2020	Sunday	1					Lady Sens 9th Annual DIFD Day	9th
1-Jan-2021	Month Long		1				Adult Fun Superstore - Double the Love Promotion	1st
18-Jan-2021	Monday				1		The World Isn't Ending	1st
18-Jan-2021	Week Long		1				Dancing for Mental Health	1st
12-Feb-2021	Three Days Long	1					DIFD Valentine's Day Meat & Cheese Box Fundraiser	1st
13-Feb-2021	CANCELLED					1	Curling for a Cause	2nd
17-Feb-2021	Two Days Long	1					St. Joseph High School Mental Health Awareness Day	1st
21-Feb-2021	Sunday			1			Cooking for Mental Health	1st
10-Mar-2021	Wednesday	1					Do It For You Virtual Event	1st

Event Start Date	Event Day	DIFD	Royal	ROYPN	Awareness	Cancelled	Event Name	# of Yrs
TOTALS		19	17	1	2	13		



Update from Centre of Excellence – PTSD and Related Mental Health Conditions

Dr. Patrick Smith

President & CEO

To

ROHCG Board of

Trustees

February 18<sup>th</sup>, 2021

## **HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT**

Recruitment has continued and the Centre of Excellence (CoE) is now at 35 full-time staff.

A training and development plan has been built to support onboarding and orientation of all staff, with skill development across multiple fronts including Veterans and family military culture, mental health for managers and teams, OSI knowledge, workplace culture, trauma informed training, and SGBA+ (consistent with VAC reporting requirements) which will form the foundation of all team competencies over the course of 2021. A partnership has been initiated to co-construct a tiered model of trauma-informed and equity plus intersectionality trauma ecosystem training which will begin in March of 2021.

We are working with **The Potential Group** to lead our “deep dive” strategic planning that will incorporate the new strategic plan of The Royal, the specific directions from our VAC Contribution Agreement, and our explicit involvement of stakeholders across our robust Reference Groups and Strategic Advisory Group. This work launches this month (February).

## **RESEARCH HIGHLIGHTS**

### **Projects involving human subjects that have received ethics approval:**

- Reliability of the Moral Injury Outcomes Scale (MIOS) (IMHR Ethics Board)
- Wellbeing of Healthcare Workers and Veterans during the COVID-19 Pandemic (Western University's Health Sciences Research Ethics Board)
- The Qualitative Interviews in Healthcare Workers Surrounding their Experience of COVID-19 Related Moral Injury (Hamilton Integrated Ethics Board)

### **Projects involving human subjects in the process of seeking ethics approval:**

- Moral Injury and Moral Distress in Emergency and Protective Services (revisions in progress IMHR Ethics Board)
- Improving Machine-Learning-Driven Development and Identification of PTSD Phenotypes (to be submitted to Western University's Health Sciences Research Ethics Board)
- Peer Support Mapping Exercise (to be submitted to IMHR Ethics Board)

### **Projects not involving human subjects and not requiring ethics review/approval:**

- Peer Support Scoping Review
- Veteran Media Analysis
- Military and Veteran Families Affected by Suicidality
- Benefits and Harms of Interventions to Promote Moral Resilience and Prevent Moral Distress in Healthcare and Other Frontline Workers: A Systematic Review and Meta-Analysis

## **KNOWLEDGE MOBILIZATION HIGHLIGHTS**

The CoE continues to prioritize KmB initiatives that will maximize the impact of our previously released Moral Injury Guide [www.moralinjuryguide.ca](http://www.moralinjuryguide.ca).

During the **Bell Let's Talk** week, our CoE focused our messaging on the needs of the Canadian Veterans and their families. The theme this year for BLT was **"Be There"**. We acknowledged that Veterans and their families have been there for all of us, and now it's an opportunity for us to Be There for them.

In addition, the CoE worked closely with the Chief Public Health Officer (Dr. Teresa Tam) and her office to support her messaging in support of Canadian healthcare

workers. Using the recommendations in our Moral Injury Guide (where clear recommendations are outlined at the organizational level, team level, and individual level), she crafted messaging for how all Canadians can honour and support healthcare workers who are sacrificing so much to serve. She also used the opportunity to message a resounding call to action to healthcare leaders to “Be There” for their people they serve. Links to the CoE’s Moral Injury Guide were provided as resources.

The CoE supported the **Canadian Institute for Public Safety Research and Treatment (CIPSRT)** to develop plain language guidance geared toward public safety personnel for coping with COVID-19. As part of this agreement, CIPSRT has agreed to allow the Centre of Excellence on PTSD to adapt the content for an audience of Veterans and Veteran family members. This knowledge mobilization product was launched as part of the website launch in Q3. This product was also promoted via social media posts. As part of the Centre’s website launch in Q3, we published information about PTSD and various treatment options on our website. This information represents the first phase of work towards developing a comprehensive resource describing various PTSD treatment options in plain language for Veterans and their families.

In December, the Centre released the **Conceptual Framework** to guide the implementation of best and next practice in services and supports for Veterans and their Families developed in partnership with Phoenix Australia. The release included the full technical document in English (translated version to be available in February), an executive summary in English and French and a plain language summary in English and French. Accompanying the Conceptual Framework, the Centre also released the first brief guide, A transformed mental health system for Veterans and their families: brief implementation guide.

**LINK TO [CONCEPTUAL FRAMEWORK](#) AND [BRIEF IMPLEMENTATION GUIDE](#) HERE**

The CoE has led the development of a comprehensive needs assessment survey for service providers across the full continuum of a stepped care model of services and supports. The survey will help the CoE to understand the training and implementation needs of service providers from a variety of settings. The needs assessment will be deployed in phases and will target OSI clinics, peer support organizations, Federal Administered Program Providers (12,000+ providers) and general practitioner physicians (GPs).

The CoE initiated a training partnership with the **Mental Health Commission of Canada** to adapt and deliver their knowledge mobilization training program, SPARK,

for a Veteran audience. The partnership will be solidified in Q4 and the program will be delivered in the new fiscal year with the aim to build capacity for knowledge mobilization among the broader Veteran community, including Veterans and their families, service providers and researchers.

The Centre established a partnership with **Mood Disorders Society of Canada** to adapt their public education resource, Medications and You, for a Veteran audience. This work is being informed by an advisory group consisting of Veteran, Veteran family, clinical and equity perspectives.

## **The Royal's Institute of Mental Health Research (IMHR), affiliated with the University of Ottawa**

### **IMHR Report to the Board of Trustees, February 11, 2021**

#### **President, IMHR / VP Research, The Royal (P/VP)**

Standing priority categories remain:

1. Steering and visioning of the research enterprise, during the pandemic and beyond, taking into account our SWOT analysis and the development of the new integrated strategy; the design of a new operational plan has been initiated, ETA March / April 2021;
2. Consultations and partnership development activities in the context described above;
3. Planning for sustainability and development (workforce, technology platforms, ROHCG as an academic health science center);
4. Maintenance and modernization of core business activities in times of change.

Selected activities and updates since December 2020 are described below.

#### **I. 2020-2021: Evolution of hospital-based health research in Ontario**

In 2020, the Ministry of Health asked the Ontario Hospital Association (OHA) to provide recommendations on stabilizing specialized services in the transition to Ontario Health Teams. In its report dated November 2020, the OHA's Specialized Services Working Group highlighted, among other factors, the importance to better understand the academic mandate of hospitals and their funding, as the academic mandate is seen as intrinsic in the sustainability of the delivery of specialized care services.

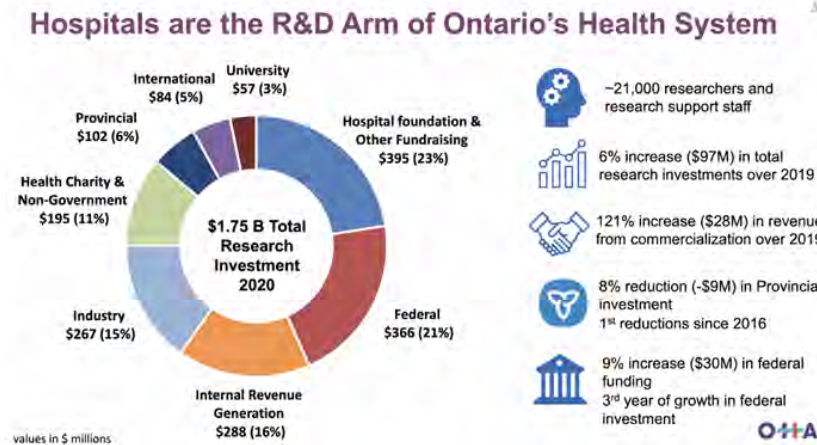
In parallel, the integration of the Ontario Hospital Association (OHA) and the Council of Academic Hospitals of Ontario (CAHO) in 2020 signalled an important step for hospital-based health research in Ontario. As described in *Building Momentum for Change*, OHA is taking a unified approach to supporting all hospitals, including Ontario's research intensive organizations. To support this evolution, the CAHO Research Committee, which includes the VP Research of the Top 40 research hospitals in Ontario, became the OHA Research and Innovation Committee. Under the leadership of Anthony Dale, OHA's President and CEO, an integrated strategic plan is being developed.

Interestingly, hospital-based research institutes currently report to the Ministry of Colleges and Universities, not to the Ministry of Health; this is one example of the fact that hospital-based health research remains poorly understood, at both the federal and provincial levels. With the onset of the pandemic, it became clear that research is better understood in the context of post-secondary institutions. In this context, the OHA has formed a strategic working group of hospital VPs of Research to explore the long term potential for strengthening hospital-based research institutes while building a more responsive system of clinically integrated research.

Our first meeting took place on January 29, 2021. With lessons learned from the COVID-19 pandemic, it is an opportunity to develop a new strategic mandate and set ambitious objectives to address the fragility of the system and build for the future. This work will also inform the development of the OHA's new strategic plan, including a vision to grow the integrated clinical research mandate at the provincial level by highlighting the unique strengths and value of the hospital-based research system in Ontario.

Altogether, this OHA initiative is in clear alignment with The Royal/IMHR 2025 strategy, including:

- Advancing specialized care (area #2)
- Integrating research, education, practice, and lived expertise to improve client and family-oriented outcomes and experiences (area #4)



## **II. Integrating research, care and education**

It is often thought that integration of research and care is difficult; however, we can learn from successful organizations/countries where the will to integrate research, care and education led to major transformations and advances in health. The UK's contributions during the COVID19 pandemic are clear examples:

- [‘All the stars were aligned’? The origins of England’s National Institute for Health Research](#)
- [The NIHR at 10: transforming clinical research](#)
- [Integrating research into clinical practice: challenges and solutions for Canada](#)

### **Selected updates since December 2020:**

- [The TRIC \(Translation of Research Into Care\) grant program](#), which was designed in 2019-2020, is a powerful element in our toolbox, as it provides support and incentives to inter-professional teams to launch integrated clinical research projects that have the potential to effectively get results and quickly integrate new discoveries into care.

As of the Jan 24, 2021 deadline, we received 24 expressions of interest (stage 1) [full applications (stage 2) were due on February 08 and are being peer reviewed].

Distribution: 10 forensics; 5 schizophrenia; 4 mood/anxiety; 2 sleep; 2 PTSD; 1 geriatrics

Proposals that are not funded in this round will receive targeted support for further development.

Importantly, client/family engagement and EDI are pass/fail evaluation criteria.

- As another element of our ‘Integration of Research and Care’ toolbox, the new format of the UMRP competition, co-designed between the IMHR and the Associates in Psychiatry, will be launched early March. These proposals will be led by Physicians, and co-led by inter-professional teams; this is an innovative grant competition design in 3 developmental supportive stages (by opposition to a CIHR-type adjudication system).

- [Co-design of a framework for client- and family-oriented research](#): The Royal’s Research Committee was established in December 2020, and the first working group was launched in January 2021, to co-design of a framework for client- and family-oriented research (target May / June 2021 for deliverable



#1). [executive sponsor: F Dzierszinski; co-chairs: Peter Winfield (Clients), Michele Langlois (Families), Tammy Beaudoin (clinical research support at The Royal)].

**- Review of Program Evaluation Models in Academic Hospital Settings: Developing a Program Evaluation Model for The Royal - Submitted by: Kim Corace & Florence Dzierszinski**

The Royal has commissioned a review of program evaluation models in academic hospital settings to inform the development of an organizational model for The Royal that will organize, leverage, and enhance its infrastructure for program evaluation across the enterprise. The project results will inform the organizational design work already underway at The Royal. It will also benefit other similar-sized health care organizations in Ontario and elsewhere as it is aligned with key provincial priorities and initiatives (e.g., measurement-based care, quality improvement, and outcome monitoring), ultimately supporting The Royal's long-term vision of becoming a leader in integrated client/family-oriented research, outcomes, care design, evaluation, and adaptation in the mental health and addiction sector. The Royal has engaged Dr. Brian Rush and his team at VIRGO Planning and Evaluation Consultants, Inc. to assist with the project.

An advisory group, comprised of members drawn from The Royal's Research Committee and Innovation Council, will provide strategic oversight to the project, as well as recommendations to integrate project results with organizational design work already underway. This work started in December 2020 and will be completed by April 2021.

**- Knowledge mobilization and transfer:** in line with Rebecca Robillard's presentation to the IMHR Board in December 2020 (Impact of COVID-19 on mental health), Joanne Bezzubetz and Susan Farrell are actively involved with Rebecca Robillard in knowledge mobilization and transfer activities at The Royal and externally, with clinical research evidence and data on the importance of sleep on mental health, and the efficacy of iCBT (versus medication) in clinical care settings.

### **III. Academic mandate**

As highlighted in the recommendations from the external review of the IMHR (2019-2020), further developing our synergies and partnerships with the University of Ottawa and other academic institutions is critical. On December 08, 2020, a first inter-institutional strategic meeting between The Royal/IMHR and uOttawa (multiple Faculties) took place (Victoria Barham, Joanne Bezzubetz, Raj Bhatla, Sylvain Charbonneau, Kim Corace, Christopher Correll, Jocelyn Cote Florence Dzierszinski, Bernard Jasmin, Martine Lagacé, Sonya Shorey, Ruth Slack, Lucie Thibault, Steve West). Florence Dzierszinski and Martine Lagacé presented an overview of the current and future plans for synergies as per alignment of the respective strategic plans, and corresponding areas in development (Youth MH&A, MH in Aging, Veterans MH&A) with the lens of integrated care, research, education, lived expertise (presented to the IMHR Board on December 03, 2020). Kim Corace presented on the digital health strategy in development, and alignment of the strategic plans.

Follow ups include:

- Scoping for the recruitment of a clinician scientist in the Youth Research Unit at the IMHR and the Youth Clinical Program – bridging research and care: in development, generation of a strategic document to position the role.
- Scoping for recruitment of a clinician scientist in Geriatrics. This would be a clinical research chair position and would be embedded in the clinical programs at The Royal and Bruyere: in

development; we (FDzierszinski, RBhatla, SFarrell) have met with Bruyere and Faculty of Medicine to discuss the development of a joint clinical research chair case; our next step is to involve leadership in Geriatrics (February 2021) and TOH/OHRI.

- Early steps in the recruitment of a clinician scientist/scientific director in PTSD/Trauma with expertise in Brain Imaging: follow up with Faculty of Medicine and CoE PTSD scheduled mid-February 2021.

- The Royal/ IMHR are partners in a uOttawa proposal for an interdisciplinary research institute on Health and Music, led by Prof. Gilles Comeau. We will continue this conversation with clinical programs, given preliminary evidence and potential positive impact of music therapy (e.g., dementias).

- Renewal of the MOU with uOttawa Faculty of Social Sciences/School of Psychology, which supports Dr. Rebecca Robillard's academic position as tenure-track Assistant Professor.

#### **IV. Organizational Development**

In line with our vision as a people-centred and high performing organization, a number of initiatives can be highlighted. They are also implemented to provide additional support to our teams during the pandemic, and to maintain and increase engagement. For instance:

- Leadership opportunities and professional development for IMHR staff and scientists, in line with LEADS program and academic mandate
- Plans to review the annual evaluation frameworks for staff and scientists, in collaboration with HR
- Succession planning and development be carried out in collaboration with HR
- Plans to engage teams in the development and implementation of strategic initiatives
- Inclusion of Scientists in The Royal's management council
- Continued regular meetings with Scientists
- Monthly 'Ask me Anything' sessions for early career researchers and for trainees, since the Summer 2020
- Development of the trainees' NeuMe network (Neuroscience and Mental Health, previously called Young Researchers network)
- Plans for redevelopment of the health research training series (clinical trial design, statistics, etc), in partnership with the TOH/OHRI Methods Center; will be inter-professional
- Among other supportive initiatives organized by The Royal, the partnership with the PTSD CoE in the dissemination of the moral injury guide for healthcare workers (Dr. Patrick Smith's report, town hall session organized for the whole organization).

Sincerely,



Florence Dzierszinski, PhD  
President, IMHR / VP Research, The Royal (P/VP)

Respectfully submitted,  
February 08, 2021

## Royal Ottawa Health Care Group

### The Royal's Ethics Framework for Decision Making

#### ACCOUNTABILITY FOR REASONABLENESS (A4R)

A4R encourages decision-makers to reflect upon the reasons for their decisions, and to guide organizations towards fair and ethical priority setting. The framework now embodies five principles:

1. **Relevance:** decisions are made in a way that “fair-minded people can agree are relevant to meeting the diverse health needs” given resource constraints.
2. **Transparency:** rationales for decisions should be made publicly accessible.
3. **Revision:** opportunities should be provided to revisit and revise decisions in a timely manner if further information becomes evident. Decisions can also be challenged by fair-minded people.
4. **Compliance:** there must be either a voluntary or involuntary process of ensuring compliance with all principles.
5. **Empowerment:** there should be efforts to optimize real opportunities for participation and engagement in priority setting, and to minimize power imbalances in decision-making.

#### I-D-E-A FRAMEWORK

1. **Identify** the facts: medical indications, client preferences, quality of life, and contextual features
2. **Determine** the ethical principals in conflict: list the principles & explain the issue
3. **Explore** the options: discuss the options and the strengths and weaknesses of each
4. **Act** on the decision and evaluate: develop and evaluate an action plan, self-evaluation / feedback

Adapted from Gibson, Martin & Singer. (2005) Evidence, Economics and Ethics. Healthcare Quarterly, Vol. 8, No. 2. and Daniels, N. & Sabin, J. (2002) Setting Limits Fairly: Can we Learn to Share Medical Resources? Oxford: Oxford University Press.

#### WHY A CORPORATE ETHICS FRAMEWORK?

A **Corporate Ethics Framework** is essential to ensure the decision making process is fair, equitable, transparent, and reflects the values of the organization. In a tertiary care Mental Health facility, organizational ethics encompasses multiple settings for decision making. There are **Clinical Decisions** which clinicians make on a daily basis to assist and treat their patients. They need to be governed under the guidelines or framework of a clinical ethics decision making tool. We have **Operational Decisions** that are founded on the prioritization of resources and selection of programs for service delivery. These are operational decisions which need to reflect an operational decision making process. The third area of decision making comes out of the commitment to **Research** and the ethical practices which govern the use of research protocols and client involvement in the studies.

#### WHICH TOOLS FOR WHICH DECISIONS?

Each of these areas of decision making will use unique ethical tools to guide the thought process, selection of options, and ultimately outcome of these decisions. Clinical decisions will follow the **IDEAS framework** for ethical decision making. Operational decisions will utilize the **Accountability for Reasonableness framework (A4R)** for resource prioritization and allocation. Research decisions will follow the **Research Ethics Board** process and protocols for research project application and implementation.

#### ALIGNING WITH THE ORGANIZATION

The Corporate Ethics Framework itself must reflect the mission of delivering excellence in specialized mental health care, advocacy, research and education. It must also reflect and fundamentally support the values of the organization including **collaboration, honesty, integrity and respect**. The framework includes the four values which act as pillars to uphold each of the ethical tools for use in decision making.

# CORPORATE ETHICS FRAMEWORK



## BOARD OF TRUSTEES:

### *Public, Non-Public & Excluded Meetings*

<b>SECTION: II-i ADMINISTRATION - Leadership</b>		<b>NO: 170</b>	
<b>Issued By:</b>	Governance Committee - Board of Trustees	<b>APPROVAL DATES :</b>	
<b>Approved by:</b>	Board of Trustees	<b>Date Initially Issued:</b> 10/04/2011	
		<b>Date Reviewed:</b> 19/12/2012,	
		<b>Date Revised:</b> 19/12/2012, 23/05/2018	
		<b>Date Implemented:</b> 10/04/2011, 21/02/2013, 26/02/2015, 21/06/2018	
<b>Key Words:</b>	Open Meetings, Public Meetings, Closed Meetings, media access, in-camera, non-public, Board Meetings, Board of Trustee Meetings	<b>Cross Reference(s)</b>	CORP II-i 110 Regulatory Transparency

### 1. PURPOSE:

To provide parameters as to the attendees at public, non-public and excluded meetings of the Royal Ottawa Health Care Group (ROHCG) Board of Trustees (Board).

### 2. POLICY STATEMENT:

Since the ROHCG Board represents a publicly-funded entity, the Board strives to be as open and transparent in its deliberations as possible. Therefore, in the interest of good governance meetings of the Board shall be open to the public, as appropriate. In addition, there will be times, due to the nature of the issues at hand, when the Board will determine that it is in the public's best interest for meetings to be non-public and/or excluded sessions. As public meetings generate trust, openness and accountability, the general public and staff are welcome to observe any open portion of a Board meeting to in order to facilitate the conduct of the Board's business in an open and transparent manner.

### 3. SCOPE:

This policy applies to the ROHCG Board and associated Board Committees. The practice of Committees of the Board in relation to excluded sessions will be guided by this Policy.

### 4. GUIDING PRINCIPLES:

As a broad principle, meetings of the Board shall be open to all who choose to attend unless disclosures made in the presence of individuals who are not Board Trustees are reasonably likely to prejudice the interests of either the organization or some other party to whom the organization has an obligation to protect.

## 5. DEFINITIONS:

***Excluded Sessions of the Board of Trustees:*** Excluded sessions may, at the direction of the Chair, be conducted at the beginning of the formal business of the meeting or at the end of the formal business of the meeting. These will be either “restricted session” or as an “in-camera session”.

***Restricted session of the Board of Trustees:*** is a meeting of those persons who are Trustees and the CEO of the organization. During each meeting of the Board, there will be an opportunity for independent board members only to meet in a restricted session with the President & CEO.

***In-camera session of the Board*** is a meeting of only those persons who are Trustees and any staff who the Trustees, by agreement, authorize to be present.

***Non-public meeting of the Board*** is not open to the general public or the media, but is open to ROHCG staff.

***Public meeting of the Board*** is open to the general public including the media.

## 6. PROCEDURE:

Members of the public are able attend the public meetings of the Board of Trustees in accordance with the following:

**6.1 Notice of Meeting:** A schedule of the date, location and time of the Board’s regularly scheduled public meetings will be available on the ROHCG’s external website. Any changes to the schedule will be posted on the website.

**6.2 Public Attendance at Board Meetings:** Any person wishing to attend public meetings of the ROHCG Board in the capacity of an observer is entitled to do so. Because of space limitations, seating is available at the meeting on a first come first served basis and to comply with fire and other regulations, attendance may be restricted to a maximum number.

**6.3 Conduct During the Meeting:** Members of the public may be asked to identify themselves. Recording devices, videotaping and photography are prohibited. The Chair may require anyone who displays disruptive conduct to leave.

**6.4 Agendas and Board Materials:** Agendas will be distributed at any Board meeting and may be obtained from the Board secretary prior to the meeting. Supporting materials will be distributed to the Board members and Senior Management Team. The Chair of the Board shall ensure that an agenda is prepared in advance of each regular board meeting.

**6.5 Excluded Sessions of the Board of Trustees:** It is at the discretion of the Board Chair to determine whether or not a portion of the meeting should be identified as an excluded session. These will be either “restricted session” or as an “in-camera session”. In recognition of the fact that members of the press and other interested persons may wish to be present at Board meetings, the excluded portion of such meetings shall, wherever practical, be held at the end of the public part of the meeting. If a Trustee believes that it is not appropriate for a matter to be discussed in an excluded session,

he/she shall discuss this matter with the Board in the excluded session and the Board shall make a decision on whether the matter should be held in the public part of the meeting. A separate agenda may be prepared for excluded sessions and the circulation restricted to the participants of the excluded session. These will be maintained in strict confidentiality. Upon the conclusion of an excluded session occurring at the beginning of the formal business of a meeting, the Chair will announce the continuation of the meeting. Upon the conclusion of an excluded session occurring at the end of the formal business of a meeting, the Chair will announce the continuation of the meeting and in the absence of any other business entertain a motion to adjourn the meeting.

**6.5.1 Restricted Session with the President & CEO:** During each meeting of the Board, there will be an opportunity for independent board members only to meet in a restricted session with the President & CEO. Matters that may be dealt with in a restricted session may include:

- Human resources issues, including senior management compensation and performance
- Financial, personnel, contractual and/or matters for which a decision must be made in which premature disclosure would be prejudicial
- Matters of a sensitive third party nature including matters related to civil or criminal proceedings
- Matters related to sensitive internal Board governance
- Matters related to an individual (board member or staff)
- Discussions dealing with stakeholders where the information being discussed may compromise the relationship
- Issues that arise during a Board meeting which, in the opinion of the Chair, may cause sensitivity in the open forum
- Sensitive issues involving a Board member
- Issues which in the opinion of the Chair some Board members may be reluctant or reticent to speak on in an open forum
- Confidential access to the Board by the Executive Vice-President & CFO and/or external auditors of the Board

During a restricted session, all staff will be excluded from the meeting unless invited to participate in the discussion. The Secretary of the Board (President & CEO) will record decisions, resolutions and motions. The Board will confirm when/if motions will be brought into the open forum, in consideration of the legal, privacy, human resource or other implications noted above.

**6.5.2 In-Camera Session in the absence of the President & CEO:** During each meeting of the Board, there will be an opportunity for independent Board members only to meet in-camera without the President & CEO. Matters that may be dealt with in an in-camera session may include:

- President & CEO Annual Performance Review
- Recruitment and compensation of the President & CEO
- Financial, human resources, contractual, legal matters dealing with the President & CEO for which a decision must be made
- Sensitive issues involving a Board member
- Board governance matters and self-assessment by independent members



The Chair will designate a board member to record decisions, resolutions and motions. The Chair will provide the Executive Vice President & CFO with any directions arising from the meeting requiring administrative follow-up. The Chair will brief the President & CEO following the meeting. All motions carried in-camera will be recorded in minutes by the board chair or designate. The Board will confirm when/if motions will be brought into the open forum in consideration of the legal, privacy and human resource implications.

**6.6 Minutes:** Minutes of public/non-public meetings shall be presented for approval at the next subsequent public/non-public meeting respectively.

**6.6.1** Approved minutes of public Board meetings shall be made available to members of the ROHCG and members of the public on request.

**6.6.2** Minutes from non-public meetings may be distributed as appropriate. Those persons to whom such minutes are distributed are required to keep them confidential.

**6.6.3** Minutes of closed sessions of the board shall be recorded by the secretary or delegate, or if the secretary or delegate is not present, by a Trustee designated by the chair of the board. All minutes of closed sessions of the board shall be marked confidential and shall be handled in a secure manner. All minutes of meetings of committees and task forces of the board shall be marked confidential and shall be handled in a secure manner.

## **7. RELATED PRACTICES AND / OR LEGISLATIONS:**

*Bill 31- Personal Health Information Protection Act, S.O. 2004, (Schedules A and B)*

*Health Services Restructuring Commission, Section 1 (13/08/1997)*

*Public Hospitals Act*

*Mental Health Act (2001).*

*Bill 68 – Brian’s Law, 2000*

*Health Care Consent Act, 1996*

*Regulated Health Professions Act, 1991,*

*Criminal Code of Canada. (R.S., 1985, c. C-46).*

*Bill 171- Health System Improvements Act, 2007, S.O., c 10*

*Bill 152 – Balanced Budgets for Brighter Futures Act, 2000, S.O. 200, c. 42*

*Bill 197 – Budget Measures Act, 2005, S.O. 2005, c.28*

*Bill 45 – Responsible Choices for Growth and Accountability Act, 2001, S.O. 2001, c. 8*

*Bill 36 – Local Health System Integration Act, 2006, S.O. 2006, c.4*

*Bill 46 - Excellent Care for All Act*

## **8. REFERENCES:**

*Policy for Open Board Meetings - Grand River Hospital (2008)*

*Policy for Incamera Meetings - Grand River Hospital (2008)*

*Policy Statement - Niagara Health System (2007)*

*Board Policy - The Ottawa Hospital (2007)*

## **9. APPENDICES: N/A**



<b>CONFLICT OF INTEREST:</b> <b>BOARD OF TRUSTEES</b>			
<b>SECTION: III</b> <b>ETHICS, RIGHTS &amp; RESPONSIBILITIES</b>		<b>NO: 111</b>	
<b>Issued By:</b>	Governance Committee of The Board of Trustees	<b>APPROVAL DATES :</b>	
<b>Approved by:</b>	Board of Trustees	<b>Date Initially Approved:</b> 21/06/2018	
		<b>Date Reviewed:</b>	
		<b>Date Revised:</b>	
		<b>Date Implemented:</b> 21/06/2018	
<b>Key Words:</b>	Board Conflict of Interest, Trustees Conflict of Interest, COI, Board of Trustees COI, Board of Trustees decision Making	<b>Cross Reference(s)</b>	CORP II- i 110 Regulatory Transparency, CORP II-i 170 Board Of Trustees: Public, Non-Public & Excluded Meetings, CORP III-110 Conflict of Interest

### 1. PURPOSE:

To ensure the highest business and ethical standards and the protection of the decision-making integrity of the Board of Trustees of the Royal Ottawa Health Care Group (ROHCG) and to guide Trustees, with a real, potential or perceived conflict of interest, on how to declare their conflict and the process for dealing with conflict situations.

### 2. POLICY STATEMENT:

It is the policy of the ROHCG that all Trustees have a duty to ensure that the trust and confidence of the public in the integrity of the decision-making processes of the Board are maintained by ensuring that they and other members of the board are free from conflict or potential conflict in their decision-making. It is inherent in a Trustee's fiduciary duty that conflicts of interest be avoided. It is important that all Trustees understand their obligations when a conflict of interest or potential conflicting interest arises.

### 3. SCOPE:

This policy applies to all Trustees, including ex-officio Trustees, and all non-Board members of all Board committees of the ROHCG.

### 4. GUIDING PRINCIPLES:

All Trustees and non-Board committee members will avoid situations in which they may be in a position of conflict of interest or perceived conflict of interest. The by-laws contain provisions with respect to conflict of interest that must be strictly adhered to. In addition to the by-laws, the process set out in this policy will be followed when a conflict or potential conflict arises. All Trustees must understand their duties when a conflict of interest arises.

## 5. DEFINITIONS:

**Conflict of Interest:** The situations in which potential conflict of interest may arise cannot be exhaustively set out. Conflicts of interest generally arise in the following circumstances:

1. When a Trustee is directly or indirectly interested in a contract or proposed contract with the Corporation. For example: Trustees are bidding on or doing contract work for the Corporation.
2. When a Trustee acts in self-interest or for a collateral purpose. When a Trustee diverts to his or her own personal benefit an opportunity in which the Corporation has an interest.
3. When a Trustee has a conflict of “duty and duty”. This might arise when:
  - the Trustee serves as a board member of another corporation that is related to; has contractual relationship with; has the ability to influence the Corporation policy; or has any dealings whatsoever with the Corporation
  - the Trustee is also a Trustee of another corporation, related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other boardroom. The Trustee cannot discharge the duty to maintain such information in confidence as a Trustee of one corporation while at the same time discharging the duty to make disclosure as a Trustee of the other corporation
4. When a Trustee uses for personal gain information (for example related to human resources financial aspects of the corporation, or related to patient care) received in confidence only for the Corporation's purposes.
5. When a Trustee and his or her family will gain or be affected by the decision of the Board.

## 6. PROCEDURE:

**6.1 Special Considerations for the Corporation:** The Corporation's unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board's deliberations. In these circumstances, the Trustees are aware of the potential for conflict of interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflict might not be obvious, the potential conflict of interest should be declared and recorded in the minutes so that all Trustees are aware of the situation. This places an extra burden on Trustees to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the Corporation.

**6.2 Disclosure of Conflicts:** A Trustee who is in a position of conflict or potential conflict will immediately disclose such conflict to the board by notification to the chair or vice chair of the board. Where the chair has a conflict, notice shall be given to the vice-chair. The disclosure will be sufficient to disclose the nature and extent of the Trustee's interest. Disclosure will be made at the earliest possible time and prior to any discussion and vote on the matter. When (i) a Trustee is not present at a meeting in which a matter that is a conflict of interest for him/her is first discussed and/or noted upon or (ii) a conflict arises for a Trustee after a matter has been discussed but does not get voted

upon by the board, or, (iii) a Trustee becomes conflicted after a matter has been approved, the Trustee will make the declaration of the conflict to the chair or vice-chair as soon as possible and at the next meeting of the board. If an officer becomes interested in a contract or transaction after it is made or entered into, the disclosure shall be made as soon as possible after the officer becomes so interested. A Trustee may make a general declaration of the Trustee's relationships and interests in entities or persons that give rise to conflicts.

**6.3 Abstain from Discussions:** The Trustee who has declared a conflict will not be present during the discussion of the matter in which he or she has a conflict and will not attempt in any way to influence the voting.

**6.4 Process for Resolution of Conflicts and Addressing Breaches of Duty:** All Trustees will comply with the requirements of the by-laws and this policy. It is acknowledged that not all conflicts or potential conflicts may be satisfactorily resolved by strict compliance with the by-laws. There may be cases where the perception of a conflict of interest or breach of duty may be harmful to the corporation notwithstanding that there has been compliance with the by-laws. A Trustee should be referred to the process outlined below in any of the following circumstances:

**6.4.1 Circumstances for Referral:** Where any Trustee believes that he /she personally or another Trustee:

- a. has breached his or her duties to the corporation;
- b. is in a position where there is a potential breach of duty to the corporation;
- c. is in a situation of actual or potential conflict of interest; or
- d. has behaved or is likely to behave in a manner that is not consistent with the highest standards of public trust and integrity and such behaviour may have an adverse impact on the corporation

**6.4.2 Process for Resolution** - The actual, potential or perceived conflict will be referred to the following process for resolution:

- a. the Trustee must declare to the Board or Committee the nature and extent of the interest as soon as possible and not later than the meeting at which the matter is to be considered. If a declaration is made at a Committee meeting, it must be repeated at the next Board meeting to assure disclosure to the full Board.
- b. provided that the declared interest is not a financial interest, the Board member may participate in the discussion and may vote on the matter, unless two-thirds of the Board members who have not declared such an interest then decide otherwise.
- c. if the declared interest is a financial interest:
  - i. the Trustee may remain present at the meeting for the purpose of answering questions prior to discussion and the vote. If present at the meeting, the Trustee will be counted in the quorum for the meeting
  - ii. after making the disclosure and answering questions, the Trustee who has declared a conflict must not vote or in any way attempt to influence the discussion of, or voting on, the decision at issue and must withdraw from the meeting when the matter is being discussed
- d. where the matter of the conflict is unclear, the Trustee shall refer the matter to the chair of the Governance Committee or where the issue may involve the chair of the

Governance Committee, to a member of the Governance Committee who is not in conflict, with notice to the CEO.

- e. the chair of the Governance Committee (or member of the Governance Committee who is not in conflict as the case may be) will either: (1) resolve the matter informally or (2) refer the matter to an ad hoc sub-committee of the Board established by the chair of the Governance Committee, which sub-committee shall report to the Board.
- f. if the matter cannot be resolved in accordance with (e) above to the satisfaction of the chair of the Governance Committee (or member of the Governance Committee who is not in conflict as the case may be), ad hoc subcommittee and/or the referring Trustee and the Trustee involved, the matter will be referred to the full Board for review.
- g. if the matter cannot be resolved to the satisfaction of the Board, the chair of the Governance Committee (or member of the Governance Committee who is not in conflict as the case may be) shall forward it to dispute resolution.

**6.4.3 Dispute Resolution Mechanism** - if the matter cannot be resolved following the Process for Resolution, the Board may appoint an acceptable non-Board member to independently review (and call on such resources as necessary to review) the matter in question and make a recommendation to the Board.

**6.5 Perceived Conflicts:** It is acknowledged that not all conflicts or potential conflicts may be satisfactorily resolved by strict compliance with the by-laws. There may be cases where the perception of a conflict of interest or breach of duty (even where no conflict exists or breach has occurred) may be harmful to the corporation notwithstanding that there has been compliance with the by-laws. In such circumstances, the process set out in this policy for addressing conflicts and breaches of duty shall be followed. It is recognized that the perception of conflict or breach of duty may be harmful to the corporation even where no conflict exists or breach has occurred and it may be in the best interests of the corporation that the Trustee be asked to resign.

**6.6 Failure to Disclose:** if a Trustee knowingly fails to disclose a conflict of interest as required by this Policy, the Trustee may be asked to resign or may be subject to removal from office pursuant to the by-laws and the *Corporations Act*. A Trustee's failure to comply with this policy does not, in or of itself, invalidate any decision made by the Board.

## **7. RELATED PRACTICES AND/OR LEGISLATIONS:**

*Corporations Act*, R.S.O. 1990, c. C38 (version 2018)

## **8. REFERENCES:**

*Board Conflict of Interest Policy*, Waypoint Centre for Mental Health (2017)

*Board Conflict of Interest Policy*, Southlake Regional Health Centre (2017)

*Conflict of Interest Policy*, St. Joseph's Healthcare-Hamilton (2015)

*General Principles Regarding Conflict of Interest* – OHA Governance Manual (2016)

## **9. APPENDICES: N/A**