

**ROYAL OTTAWA HEALTH CARE GROUP
BOARD OF TRUSTEES' MEETING MINUTES
OF THE MEETING HELD
June 20, 2019 at 4:30 p.m.
ROYAL OTTAWA MENTAL HEALTH CENTRE
Teleconference Dial-In: 1-888-875-1833 Passcode: 926707277#**

| Trustees | Present | Regrets | Trustees | Present | Regrets |
|-------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------------|
| A. Graham, Acting | X | | L. Leikin | X by phone | |
| S. McLean | | X | D. Somppi | X | |
| I. Levy | X by phone | | R. Anderson | X | |
| N. Bhargava | X | | S. Squire | X | |
| J. MacRae | X | | J. Bezzubetz | X | |
| C. Coulter | X | | R. Bhatla | X | |
| J. Gallant | X | | T. Lau | X | |
| J. Charette | X by videocon | | J. Garrow | X | |
| L. Gillen | | X | | | |
| Management Staff | | | | | |
| M. Bellman | X | | P. Prince | X by phone | |
| C. Crocker | X | | D. Hesidence | X | |
| K. Monaghan | X | | F. Dzierszinski | X | |
| Z. Merali | X | | C. McGarvey | X | |
| P. Blier | | X | M. Dufour | X | |
| S. Gulati | X | | D. Simpson | X | |
| P. Robb | X | | S. Farrell | X | |
| Guests | | | | | |
| G. Cudney, Chair, | | X | G. O'Hara | X | |
| S. West, Chair, IMHR | X | | C. Clark | X | |
| D. McFarlane | | X | K. Lepinskie | | X |
| # | AGENDA ITEMS | | | | ACTION REQUIRED |
| 1. | Call to Order | <p>A. Graham, Acting Chair, called the meeting to order at 4:45 p.m. and declared the meeting to have been regularly called and properly constituted for the transaction of business. Welcome remarks were provided and special guests acknowledged.</p> <p>Tonight there will be a regular board meeting, an in-camera session, the Annual General Meeting and a New Officers' meeting followed by the Chair's Reception.</p> <p>N. Bhargava was thanked for acting as the Ethics monitor for the meeting with a request that he report on the quality of decision making at the end of the meeting. A copy of the Royal's Ethics</p> | | | |

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| | | Framework for Decision Making was included in the meeting package. Also enclosed was the Conflict of Interest Policy and the policy on Public, Non-Public and Restricted Meetings. | |
| 2. | AGENDA AND MINUTES | <p>a) Acceptance of June 20, 2019, Agenda.</p> <p>Moved by J. Gallant and seconded by S. Squire.</p> <p>BE IT RESOLVED THAT, the June 20, 2019, agenda be accepted, as presented.</p> <p style="text-align: right;">CARRIED</p> | |
| | | <p>b) Approval of the March 28, 2019, Minutes.</p> <p>Moved by R. Anderson and seconded by C. Coulter.</p> <p>BE IT RESOLVED THAT, the minutes of the March 28, 2019, Board meeting be approved, as amended.</p> <p style="text-align: right;">CARRIED</p> | |
| 3. | Consent Agenda | <p>Moved by J. MacRae and seconded by N. Bhargava.</p> <p>BE IT RESOLVED THAT, the Consent Agenda, including any motions contained therein be approved, as presented.</p> <p style="text-align: right;">CARRIED</p> <ul style="list-style-type: none"> i. President & CEO's Report ii. Research Ethics Board Report iii. IMHR Annual Report (<i>this was distributed at the meeting</i>) iv. The Royal Ottawa Foundation for Mental Health Report v. Strategic Plan Update vi. Mental Health Addictions and Quality Initiative (Peer Comparators) | |
| | Items Moved from the Consent Agenda | No items were removed from the Consent Agenda. | |
| | Items Added to Agenda | <p>No items were added to the Agenda.</p> <p>Copies of the ROHCG and IMHR annual reports were provided to Trustees and left on the table for anyone who would like a copy.</p> | |
| 4. | Chair and President & CEO's Oral Report | <p>A. Graham was Acting Chair in S. McLean's absence. She provided brief comments and acknowledged with thanks the significant contributions S. McLean had made in his years as Chair and very much looked forward to learning from him.</p> <p>J. Bezzubetz provided her oral report. Family members are concerned about being able to access mental health programs. Recently, a family member had a concern about the long-term</p> | |

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| | | <p>care facility. The Royal does not control that access as the CCAC operates it through the LHIN, but we will be arranging an in-person meeting with the complainant, the LHIN, etc., the client and family coordinator and J. Bezzubetz.</p> <p>J. Bezzubetz has been very supported by the Board and has a better understanding of the passion that individual Trustees bring to the table. The Senior Management Team was also thanked for their support over the past year.</p> | |
| 5. | Foundation Campaign Update | <p>M. Bellman provided an update on the Foundation Campaign. He will continue to provide regular updates to the Board on the progress made.</p> <p>The Foundation is working actively on the campaign, but it is important that it is done in a proper process. The first step is to develop a case for giving. In order to develop the case, the Royal group must agree on what programs will be implemented. The plan should include the budgets, our partners, other sources of income, and what impact the programs will have on mental health.</p> <p>There is currently a broad campaign framework around access in both care and research, but we have not gotten down to specifics. We are probably two months away from finalizing details. Once that is done, the Foundation would then take that information, hire an outside firm to develop these cases for giving and test them with our best donors to see if they garner support. If there is strong support, we will begin soliciting donations. The Foundation's goal will be to try to solicit 60-70% of the total campaign before making a public launch. We would launch a public phase and try to be in the public marketplace for as short a time as possible.</p> <p>Foundation staff are in the active campaign phase and are working on researching prospects, having conversations with people who will take a leadership role, upgrading computer systems and developing marketing themes.</p> <p>\$2 million has already been raised from a variety of donors and it is hoped that amount will continue to increase. The projected amount the Foundation is looking for is \$35 million and is based on a feasibility study that was completed a few years ago. This amount includes the expenses of the Foundation over the course of the campaign, which is about \$5M and the remaining \$30M will be for programs in care and research.</p> <p>D. Hesidence is leading a team developing the model for the rapid access clinic and enhancement to community based programs. Z. Merali is working on what the research agenda will look like. The goal is to take complex plans and budgets once</p> | |

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| | | <p>they are finalized and simplify them into a case statement.</p> <p>It is hoped the campaign will be launched in 2019, but it requires work to be completed and for the three organizations to endorse that plan. There will be more to report at the September Board meeting.</p> <p>M. Bellman was thanked for his update.</p> | |
| 6. | Accreditation Update | <p>K. Lepinskie was unable to attend the meeting so D. Simpson was asked to provide an update on Accreditation. She noted that we are 107 days away from Accreditation and she wanted to spend time with the Board talking through some of the themes from the Accreditation tools and self-assessments and to look specifically at the red and yellow flags.</p> <p>Quality improvement was initially identified as red or yellow, that the Board does not have an impact on quality. It was found there actually was a lot of evidence to support otherwise, such as the reduction in wait times, hand hygiene, suicide prevention strategy, etc.</p> <p>Client and family centered care will be a major focus during Accreditation. There was unanimous support by the Accreditation working group to encourage more family and client involvement.</p> <p>There were some red and yellow flags identified regarding the Board playing a role in communication and information dissemination, but it was felt the Board was playing it's role properly. They are trusting leadership to develop the message, which is an appropriate role for the Board.</p> <p>The last theme was Board functioning, specifically around individual member assessments. Although the item related to reviewing Board structure and size was raised, the working group has informed that there is a process to do so at some of the sub-committees</p> <p>During meetings with the surveyor, Trustees may be asked what they are working on in relation to the flags that have been identified. This was seen as an opportunity to discuss these things. Discussion followed with the following comments:</p> <ul style="list-style-type: none"> - How does the overall Board hear about what is happening? This might not translate to the whole Board so there may be a more effective way to get this out to all - Accreditation is very important. It is the guidelines and standards that lead us to how we want to uphold our conduct at all times - We want a just culture and want to be proud to say we | |

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| | | <p>are working on things and this is how far we have gotten. The Board should feel the same way too</p> <ul style="list-style-type: none"> - In the past we have been successful in achieving exemplary status. This time it will be challenging for organizations as it is not the same playing field. Previously, there was an appeal process that allowed us to achieve exemplary status. Going forward this will not be the case. This is an opportunity for that reset to take place, as long as we can provide what we are working on and achieving for the future - A lot of other hospitals are also going through Accreditation. We can be proud we are making an effort to be transparent and are willing to show there are issues that need to be dealt with. Patients and caregivers feel they are part of the process - The importance of the Board communicating it when something has been done very well was stressed. Messaging from the Board as a whole, should filter down to enable this messaging <p>If there is a Board member who does not agree with the assessment, this needs to be brought forward. Everybody's voice is important. If anyone is at all concerned, they should speak to members of the Accreditation working group. This is all part of the learning what we are doing process</p> <p>This will be brought to the Board again at the September meeting and again just before the Accreditation session in October. Thanks were given to the team for all the work they have done. D. Simpson was thanked for her report.</p> <p>A copy of the Governance Functioning Tool Action Plan and the Board Themes and Actions were included in the meeting package.</p> | <p>K. Lepinskie P. Robb</p> |
| 7. | <p>2020 ROHCG Strategic Planning Presentation</p> | <p>P. Prince attended the meeting by phone and D. Hesidence and F. Dzierzinski and C. McGarvey attended on site.</p> <p>D. Hesidence presented on the integrated strategic plan for the three organizations. He advised that the IMHR Board had signed off on it and the Foundation Board will see it next week. This presentation is to provide an overview of the process, but D. Hesidence will be coming back later with a much more detailed plan.</p> <p>There is an umbrella plan for all three organizations and operating plans that then come from the three organizations. The umbrella plan sets common objectives for the organizations and the operating plans set approaches to achieving the objectives. Trying to get down to five key performance indicators in a common plan. Within the operating</p> | |

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| | | <p>plan there will be other additional indicators. We all keep an eye on those higher level lag indicators. The indicators in operating plans of three organizations are more bottom up. If actioned, should move those higher indicators. It is a way to have the strategic plan cascade down to the front line.</p> <p>The plan will be co-designed by all three organizations. It is designed so that the entire plan comes together from the top of the organization to the front line. The three Boards will come together to help craft this plan. Asking Boards to nominate those who can be part of a working group.</p> <p>There are plans for a lot of consultation. The working group will grow in size as we go along. The advisory panel will be made up of client and family members and other stakeholders and there will be a lot of engagement. As requested, we will be using a consultant to help achieve consensus in three organizations. Working group is just finishing an environmental scan. Next they will develop a SWOT.</p> <p>The rapid access project is truly in line with a hospital without walls. We are partnering with those we have never partnered with before.</p> <p>We will also have scenario planning as was suggested by a Board member at the February meeting. This is where we try to anticipate different scenarios and plan for it. This will be a very important piece of work going forward.</p> <p>Discussion and questions followed the presentation with the following comments made:</p> <ul style="list-style-type: none"> - It was noted that this is first time we have tried to do an integrated plan. The organizations have not worked together at a strategic level before and need time to get used to it and have a culture around it; the consultation milestones will require time and management. - There is a gap outside the strategic plan with boards being in sync. This is going to happen in groups set up with board members from three boards and facilitated. This is where the mind shift will take place. - It will be key to have continued dialogue between the Boards and each need to recognize and own a piece of it and work together. - A thought about us seeing the lag and not seeing the leading indicators. Nothing is prohibiting us from seeing that. What are we doing as a group? Important that that be monitored visually in front of people's eyes so we can exercise our responsibility. Some might be resolved at a Committee level like Quality for instance. That will then show up in the Board report. Would like to see the Board | |

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| | | <p>have some lead indicators and monitor it at a high level. Would like to know that the Board is looking at a 5-10 lead. Want to be able to exercise foresight.</p> <ul style="list-style-type: none"> - If we define outcome really well, then we will be able to define lead and lag indicators well. Accountability agreements have objectives we are required to measure. These are typically lagging. We will find that often when we fulfil our responsibility, but may open up opportunities. - One of the things we will be looking for at the later stages is what the implications are in terms of talent in the three organizations. As we are looking at strategic alignment and the work we do, it may have implications about skills and competencies of team. What are the challenges that go along with the business plan. Would like to talk about that as we get in implementation side. - Because it is three organizations, it is important that we identify where the individual and shared accountabilities and responsibilities lie. Important that each Board is clear about specifics of that. There are four disciplines of execution. Lots of good recommendations on this. - A lot will depend on the culture between the three organizations. Is there a culture that promotes working together? The development of the strategic plan is the easiest part, where things can fall apart is the execution. As we develop it and look at indicators, are there things that resonate, make sense and are meaningful and standardized between the organizations and with the Ministry to make it executable. We need to be careful about that. <p>D. Hesidence and the team were thanked for the work they are doing. A copy of the presentation was included in the meeting package.</p> | |
| 8. | Decision/ Information Items | a) Quality Committee – I. Levy | |
| | | <p>R. Bhatla was asked by the Quality Chair to provide a brief report from the Quality Committee. The June 3, 2019 Quality Committee meeting was different than usual. There was a lot of brainstorming on how we would like to move things forward in terms of a quality framework (<i>themes coming from the Board and front line staff</i>).</p> <p>We have started to introduce more simplified patient reports, which seems to be well received. We are looking for more clarity and meaningfulness on that report to make it more relevant to the Committee and easy to read. It is a continuous quality improvement project.</p> | |

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| | | <p>We need to look increasingly closely at the client and family feedback system. We will start to be able to pull some more information from the incident reporting system, which will provide us better data on things in general. This will be highlighted at the Medical Advisory Committee and the Senior Management Team meetings to ensure it is emphasized in the organization. It is work that needs to happen and an important piece to understand at the Board level.</p> <p>J. Lambley and D. Simpson are involved in an environmental scan on the quality framework and how other hospitals use a framework and the types of things we might want to adopt here to flow quality throughout the organization</p> <p>Discussion followed the report. It was noted that the Quality Committee has continually talked about metrics that mean something and not just for the sake of production. There is a huge opportunity to mesh all this. We see indicators, but do not want to lose sight of that kind of detail. There is an opportunity to get something meaningful and help it break cultural barriers and reporting.</p> <p>R. Bhatla was thanked for his report.</p> <p>The draft Quality Committee minutes from June 3, 2019 were included in the meeting package for the information of the Board.</p> | |
| | | i. French Language Report | |
| | | <p>The French Language Report was reviewed and endorsed at the Quality Committee and now requires Board approval. A copy of the Report was included in the meeting package.</p> <p>A question was raised about the current staff population at the Royal who are approaching retirement and where the Royal is in terms of planning for that and whether there are any issues foreseen. C. Crocker provided a brief report on this. This issue is seen as consistent in the health care industry as it is an aging group. Over the past couple of years, in terms of HR, we have been more successful in the early age group as they are coming and staying. There will be some issues with the nursing discipline because of the number of nurses in the organization. What you will see is in terms of scope and practice. We need to keep the more high-quality resources doing the things they should be doing and providing supervision to others in the organization.</p> <p>The biggest group leaving will be the management group. We are starting to transition by bringing new people in and are developing new leaders. We are also looking at how to get front line staff ready for management positions should they come up.</p> | |

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| | | <p>All this will be put in place in September.</p> <p>Moved by L. Leikin and seconded by I. Levy.</p> <p>BE IT RESOLVED THAT the French Language Report be approved, as presented.</p> <p style="text-align: right;">CARRIED</p> | |
| | | ii. Corporate Patient Safety Report | |
| | | A copy of the Corporate Patient Safety Report was included in the meeting package for the information of the Board. | |
| | | b) Governance Committee Report – A. Graham | |
| | | A. Graham provided a brief report. The draft Governance Committee minutes from May 14, 2019, were included in the meeting package for the information of the Board. | |
| | | i. Board of Trustee's Continued Educational Development – Upcoming Training – A. Graham | |
| | | <p>A memo was included in the meeting package with information about upcoming training for the Board of Trustees. The Indigenous training will be held in two parts: a blanket ceremony on Day 1 of the Board Development Days and a catered indigenous meal at the December Board meeting. It was requested that a vegetarian option be provided as well and that will be looked into.</p> <p>HIROC will be attending the September 26 meeting to present to the Board so they can better understand potential organizational risks. This will be followed by a presentation by R. Bhatla and M. Dufour on how our quality process works.</p> | <p>P. Robb D. Hesidence</p> |
| | | ii. Board Membership 2019-2020 | |
| | | <p>A. Graham introduced the slate of candidates for 2019-2020. All Trustees indicated a willingness to continue to serve. There was one vacant position identified and interviews will be scheduled over the summer to fill that position. Any referrals will be welcomed, but they will need to go through the proper application process.</p> <p>The University of Ottawa position also needs to be filled and a meeting is set up with Dr. Nyman. There have been scheduling challenges to try and find a time that works for everyone, but it is in process.</p> <p>A governance issue was discussed at the March and May Governance Committee meetings regarding offline discussions amongst Trustees, the President & CEO and staff members. This discussion will be deferred because of a lack of time, but a copy of J. Charette's follow up report will be sent to Trustees and will be discussed at a future date.</p> | <p>P. Robb</p> |

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| | <p>Moved by D. Somppi and seconded by S. Squire.</p> <p>BE IT RESOLVED THAT, the Board membership for 2019-2020 be accepted as presented in the attached letter and forwarded to the Annual General Meeting for approval.</p> <p style="text-align: right;">CARRIED</p> | |
| | c) Innovation Committee Report – N. Bhargava | |
| | <p>N. Bhargava provided a brief report from the April 30, 2019 Innovation Committee meeting. At the September meeting a more complete report will be provided.</p> <p>The Innovation Committee members are eager to move forward and support the vision of a hospital without walls.</p> <p>The Committee has been in the process of structuring itself, but there are not a lot of examples out there on how we should organize ourselves. We also want to strike the right balance on governance as well. It was noted that D. Somppi and S. Squire took on an action to more clearly propose an innovation review process and how we can manage it and bring it back to Board.</p> <p>The Committee looked at Federic, which is first episode depression research, as a possible initiative that allows new clinical approaches. This had a lot of support from members.</p> <p>The Committee is looking forward to being able to measure our readiness for innovation, including among front-line employees. It will be curious to see how comfortable people are to come forward with ideas.</p> <p>Any feedback will be welcomed from the Board, or any push issues or concepts that come out of other Committees can be brought to the sub-committee</p> <p>N. Bhargava was thanked for his report.</p> <p>The draft Innovation Committee minutes from April 30, 2019 were included in the meeting package for the information of the Board.</p> | |
| | d) Compensation & Succession Planning Report – A. Graham | |
| | <p>The Compensation & Succession Planning Committee met on June 5, 2019, at which time they conducted the annual performance review of the President & CEO and oversaw the annual performance review of the Chief of Staff/Psychiatrist in Chief. This item will be dealt with in the in-camera session following this meeting for a decision by the Board.</p> | |

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| | <p>e) Medical Advisory Committee (MAC) Report – R. Bhatla</p> <p>R. Bhatla provided a recap on the past year and noted it has been a good year. The main change has been the new EHR, which has been a major focus. The go-live went well and there were no major issues. There was a tremendous contribution from D. Attwood and the advisory group. Across the organization, we had remarkable dedication to moving things forward. Support from staff at Ontario Shores and Waypoint was also very helpful. Signs were displayed throughout the hospital to be patient as we work through this. In other organizations this was a major clinical transformation. It is a different way for clinicians to be working.</p> <p>There was also a major overhaul at the Executive level. R. Bhatla appreciated the help he received from the Quality team to adjust to his new role in that area. Front line staff in Mood & Anxiety were also noted as remarkable and the rotating clinical directors have done a fantastic job with wait times.</p> <p>The Brockville campus is quite different than a year ago and part of that is due to S. Gulati as Associate Chief (Brockville). S. Farrell will add to the continuing development, and J. Garrow has done great work as well.</p> <p>S. Farrell was thanked for her 10 years as the Clinical Director of the Community Mental Health Program.</p> <p>M. Dufour has had an impact on Quality, Mood & Anxiety, Forensics and as the Associate Chief (Ottawa). He will be leaving The Royal and taking a position in Montreal in October and this will be a great loss. He will, however, be at the September Board meeting. Thanks was given to M. Dufour for all his good work.</p> <p>Thanks were also given to the families and support people who allow us to do the work we do.</p> <p>A copy of the Medical Advisory Committee minutes from April 18, 2019 and March 21, 2019 were included in the meeting package.</p> | |
| | i. Medical Staff Privileges | |
| | <p>A memo with the details of the Medical Staff privileges was included in the meeting package. One of the key obligations of the Board is to do an annual review of medical staff. In this package there are physicians requiring a change in privileges. This was reviewed by the Credentialing Committee and approved by the Medical Advisory Committee to bring forward to the Board for approval.</p> | |

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| | <p>Moved by J. MacRae 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"> - Dr. Vashti King, revision of Privileges from Probationary to Primary Full-Time Privileges in the Substance Use and Concurrent Disorders Program, effective immediately. - Dr. Anthony Adiele, revision of Privileges from Probationary to Primary Full-Time Privileges in the Forensics Program, effective immediately. - Dr. Melanie Strike, revision of Privileges from Probationary to Primary Full-Time Privileges in the Forensics Program, effective immediately. <p style="text-align: right;">CARRIED</p> | |
| | f) Audit Committee Report – J. Gallant | |
| | The Audit Committee met on May 23, 2019 and have three motions to come forward for the Board's approval. These are detailed below. A copy of the Audit Committee minutes from May 23, 2019 was included in the meeting package. | |
| | i. Audit Findings Report | |
| | <p>The Auditors issued a clean audit report. The materiality threshold remained the same and there were no audit differences. There were also no significant financial reported risk or no changed plans for the audit approach. Some additional work was completed regarding the relationship and disclosure of the new Friends of the Royal Ottawa Foundation.</p> <p>There were no recommendations to management. The notable change is the auditor's report itself. The new format is in effect as of this year. It is much longer than it used to be and provides more details from the auditor.</p> <p>The audit went very well. KPMG was pleased with the work and collaboration from management and the Audit Committee was pleased with the report received from C. Crocker and the Finance team.</p> <p>A copy of the Audit Findings Report was included in the meeting package.</p> <p>Moved by J. Gallant and seconded by S. Squire.</p> <p>BE IT RESOLVED THAT the KPMG Audit Findings Report be noted by the Board, as presented.</p> <p style="text-align: right;">CARRIED</p> | |

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| | ii. Audited Financial Statements | |
| | <p>C. Crocker walked the Board through highlights of the financial statements. It was a clean audit. There were a few errors that were fixed. There was nothing unusual on assets and liabilities on the balance sheet. The statement of operations requires a surplus each year to cover off loan repayments without impacting negatively on cash flow. It was noted that we are now spending more on life cycle. This fiscal year we will spend about \$1.4M. Thanks was given to K. Kealey and the whole Finance team who do amazing work each year. They currently have five audits they do and next year will have six as they need to do one for the new Centre of Excellence</p> <p>The Audited Financial Statements were included in the meeting package.</p> <p>Moved by J. Gallant and seconded by C. Coulter.</p> <p>BE IT RESOLVED THAT the audited financial statements for the year ended March 31, 2019 as audited by KPMG, be approved as presented and forwarded to the Annual General Meeting for information.</p> <p style="text-align: right;">CARRIED</p> | |
| | iii. Re-appointment of the Auditors/Auditor Compensation | |
| | <p>J. Gallant reminded Trustees that the auditors need to be appointed annually.</p> <p>Moved by J. Gallant and seconded by N. Bhargava.</p> <p>BE IT RESOLVED THAT KPMG Chartered Accountants be re-appointed as the ROHCG Auditors for 2019-2020 and the motion be forwarded to the Annual General Meeting for approval.</p> <p style="text-align: right;">CARRIED</p> | |
| | iv. Management Letter | |
| | A copy of the Management Representation Letter was included in the meeting package for the information of the Board. | |
| | v. Statutory Obligations Letter | |
| | A copy of the Statutory Obligations Letter was included in the meeting package for the information of the Board. This letter contains representations from Management that the statutory obligations have been met. | |
| | vi. Finance Risk Register | |
| | A copy of the Finance Risk Register was included in the meeting package for the information of the Board. This is separate from the Corporate Risk Register and is specific to finance. It needed | |

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| | | a bit of updating to align with the Corporate Risk Register. The Register is reviewed twice a year and is in the meeting package for information. There were no severe risks identified. | |
| | | g) Finance Committee Report – J. Gallant | |
| | | <p>The Finance Committee Chair provided a brief report. The Committee reviews on a regular basis the performance of the investment portfolio, which performed better in the last quarter. There is an RFP out for investment management services. The Committee wants to validate paying for a management firm and determining whether it is worth it. This will be reviewed at the September Committee meeting.</p> <p>The consultant sole source is following regulatory requirements. The report from the Fiscal Advisory Committee was received and they have fulfilled their obligations. The hospital food services sale successfully closed.</p> <p>The Committee looked at the financial forecast of the PET-MRI. The updated forecast saw some improvement, with the latest projections being balanced for the present fiscal year. In 2021 it will be in deficit, but has improved.</p> <p>The good news is that base funding for The Royal increased by 1%.</p> <p>A copy of the Finance Committee minutes from May 23, 2019 included in the meeting package.</p> | |
| | | i. Broader Public Sector of Compliance Report on Consultant Contracts and Sole Source (Non-Competitive Justifications) | |
| | | <p>C. Crocker provided a brief explanation about the Broader Public Sector Attestation form and motion needed, which is a requirement by the LHIN. The Ministry is setting up a central procurement process that stipulates hospitals cannot enter into contracts that exceed two years unless there is approval from Health Ontario. As of this date the agency has no status. The Royal will ensure we do not go against the directive on the two-year concept. The timeline to get back to the LHIN with this form is by June 30, 2019.</p> <p>J. Gallant and the Audit and Finance Committees were thanked for all their work.</p> <p>Moved by J. Gallant and seconded by D. Somppi.</p> <p>BE IT RESOLVED THAT the Board of Trustees authorizes the Board Chair to sign the Broader Public Sector Attestation Form for the Champlain LHIN.</p> <p style="text-align: right;">CARRIED</p> | |

| # | AGENDA ITEMS | | ACTION REQUIRED |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| | | h) CORP V 100 Harassment – Free Workplace | |
| | | <p>A copy of the Harassment – Free Workplace Policy was included in the meeting package. C. Crocker provided a brief background. This policy was seen as one of the most important policies in the organization. It is the mechanism if anyone felt they were disrespected in any way. There is notice in the policy for a formal and informal process. Mediation is a little more formal and then there is a whole formal process if a full investigation is required. An external person would need to be brought in in some cases. This policy has been in place for 10 years now.</p> <p>A small typo was noted and is to be corrected by S. Sibbit to remove the “o” on the last line of section 6.2, as follows: ... to investigate the complaint or incident <u>and</u> ,to take corrective action or otherwise as required by law.</p> <p>Moved by D. Somppi and seconded by J. Gallant.</p> <p>BE IT RESOLVED THAT the Harassment-Free Workplace Policy be approved, as amended.</p> <p style="text-align: right;">CARRIED</p> | P. Robb |
| 9. | New Business | There was no new business to discuss. | |
| 10. | Report on the Ethics Framework for Decision Making | N. Bhargava, the meeting Ethics monitor, reported that decisions were fair, equitable and that business was conducted in a transparent manner. | |
| 11. | Next Meeting | The next meeting will be on September 26, 2019 at 4:30 p.m. Board Trustees were asked to put this date in their calendars. | |
| 12. | Adjournment | <p>Thanks were given to I. Levy, J. Bezzubetz, S. McLean, and to all the Committee Chairs and Trustees as well as the Senior Management Team for their dedication throughout the year.</p> <p>The regular meeting adjourned at 6:45 p.m. and a Restricted and In-Camera session was held. All guests and ex-officio members departed the meeting.</p> | |
| 13. | Restricted Session | The independent Board members met with the President and CEO for a brief period. | |
| | In Camera Session | The independent Board members met without management regarding the President & CEO’s and Psychiatrist-in-Chief/Chief of Staff’s Performance Review. | |
| 14. | Adjournment | Following the in-camera session, the regular meeting re-convened briefly. The decision that was put before the Board at the in-camera session was deferred and an action taken for | S. McLean P. Robb |

| # | AGENDA ITEMS | | ACTION REQUIRED |
|---|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | | <p>S. McLean to review the performance review process with Trustees before a decision can be made. A meeting is to be set up to facilitate this.</p> <p>An action was also taken to determine a way to build relationships across the Board and to have a review process for Committee member selections.</p> <p>There being no further business, the meeting was adjourned at 7:25 p.m.</p> <p style="text-align: right;">CARRIED</p> | |



A. Graham
 Acting Chair, Board of Trustees



J. Bezzubetz
 Secretary, Board of Trustees

Board Meeting Action Items

| Item | Individual Responsible | Status |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|
| June 20, 2019 | | |
| Accreditation to be added to September 26, 2019 agenda | K. Lepinskie 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 BE SCHEDULED |
| To send typo change on Harassment-Free Policy to S. Sibbit for correction | P. Robb | COMPLETED |
| 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 |
| March 28, 2019 | | |
| 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 And a catered meal on December 12, 2019 (include vegetarian option) |
| Add J. MacRae to June 20, 2019 agenda as Innovation speaker. | P. Robb | COMPLETED June 20, 2019 September 26, 2019 |
| 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. Next update will be at June meeting. | P. Robb | COMPLETED June 20, 2019 September 26, 2019 |
| February 21, 2019 | | |
| The 2018 revised Corporate Policy – Board of Trustees: Public Non-Public and Excluded Meetings will be sent to independent Board members as it was not included in the materials. | P. Robb | COMPLETED |
| The Governance Committee is to add a full Board meeting in March to the annual meeting schedule. | P. Robb | COMPLETED |
| At the March Board meeting the Chief of Staff will | R. Bhatla | COMPLETED/March 28, |

| Item | Individual Responsible | Status |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------|
| present an annual state of the union address. | | 2019 and annually thereafter |
| To hold an education session at a future mini-series with respect to the Quality of Care Reviews. | R. Bhatla M. Dufour | COMPLETED September 26, 2019 |
| To provide an update on cybersecurity. | C. Crocker | COMPLETED March 28, 2019 |
| Each trustee was asked to list general topics they would like addressed at 2019 Board Development Days event. To send a follow-up email to trustees in this regard. | All P. Robb | COMPLETED |
| To follow up with an email to canvass for interest in joining the Board's Accreditation Team. A response is required by no later than March 7, 2019. | P. Robb | COMPLETED |
| To send an email with the details of the research week that is planned for May 6-10, 2019. | Z. Merali | COMPLETED |
| To prepare a business plan for the PET/MRI and present it at the next Board meeting on March 28, 2019. | Z. Merali | COMPLETED Presented on March 28, 2019/No Business Plan Received |
| | | |
| **Wait List item added to June and September 2018 Board meeting agendas | J. Bezzubetz | COMPLETED |
| **In 2018-2019 provide an educational session on the President and CEO's performance review process | S. McLean | COMPLETED June 20, 2019 July 24, 2019 August 8, 2019 |
| Provide comments on Innovation to N. Bhargava and R. Anderson | All Trustees | ONGOING |
| Innovation Sub-Committee to update progress at the December 2018 Board meeting. | N. Bhargava/R. Anderson | COMPLETED |
| Provide an update on the Centre of Excellence | J. Bezzubetz/C. Crocker | COMPLETED |
| Send specific recommendations for the Board Assessment Action Plan to A. Graham | All Trustees | |