

## ROYAL OTTAWA HEALTH CARE GROUP BOARD OF TRUSTEES MINUTES OF THE BOARD MEETING HELD JUNE 21 2018, 15:30 HRS ROYAL OTTAWA MENTAL HEALTH CENTRE ROOM 1424

Trustees	Present	Regrets	Trustees	Present	Regrets
S. McLean		Х	S. Squire	Х	
J. Charette		Х	I. Levy	Х	
L. Gillen	Х		M. Perron	Х	
A. Graham	X		J. MacRae	Х	
G. Weber	Х		L. Leikin	X	
N. Bhargava	X		C. Coulter	Х	
R. Bhatla	X	1	R. Anderson	X	
T. Lau		Х	S. Engels	X	3
J. Gallant	Х		D. Somppi	Х	
	-	Manage	ement Staff		'
M. Bellman	C. Crocker	J. Bezzubetz	N. Loreto	Z. Merali	S. Fraser
P. Prince	M. Dufour	S. Gulati			
		G	uests		
D. McFarlane	P. Capponi	J. Dagher	H. Mallon	D. Hesidence	A. Bouchard

AGENDA ITEMS		ACTION REQUIRED
Call to Order	A. Graham, Acting Chair, called the meeting to order at 15:35 hrs and declared the meeting to have been regularly called and properly constituted for the transaction of business.  The Acting Chair reiterated that G. Weber had asked the Board of Trustees in September 2017 to initiate the succession process for a new President and CEO. As per committee terms of reference, the Succession Planning Committee assumed its responsibility as the Search and Selection Committee for the position of President and CEO. The committee met its mandate and on behalf of the Board, she announced that Dr. J. Bezzubetz had been selected as the President and CEO of The Royal effective the end of July. Congratulations were extended to the incoming President and CEO.	

AGENDA ITEMS		ACTION REQUIRED
	G. Weber was pleased that an internal candidate was selected as it was a reflection of the depth of talent in the senior management team. He noted J. Bezzubetz's sterling mental health experience and addictions work in northern Ontario, Nunavut and her work as Executive Director of Community Services at Vancouver Coastal Health before joining The Royal in 2013. She holds a PhD in Applied Management and Decision Sciences from Walden University, an MBA from Athabasca University and is a Certified Health Executive with the Canadian College of Health Service.	
	I. Levy congratulated J. Bezzubetz and on behalf of the Chair indicated the healthy, respectful working partnership that exists between the Chair and CEO. He also noted that G. Weber was the right leader for The Royal and his tenure resulted in profound growth, stabilization of the organization, moving toward excellence in patient care and meeting the ongoing challenges with skill and sensitivity.	
Year in Review Video	N. Loreto introduced the video, <b>Year in Review</b> which highlighted the accomplishments of The Royal in the past year. A. Graham extended congratulations to N. Loreto and her team for capturing the highlights of the year.	
Guest Speaker	<ul> <li>A. Graham introduced P. Capponi as an individual of many talents:</li> <li>one of the winners of The Royal's Inspiration Award</li> <li>an impressive speaker</li> <li>an Order of Canada recipient</li> <li>part-time member of the Ontario Consent and Capacity Board</li> <li>author of several books and</li> <li>a former member of the Clark Institute Board of Directors and a member of the inaugural board of the Centre for Addictions and Mental Health (CAMH).</li> <li>P. Capponi was thanked for sharing her lived experiences and based on her 50 years in the mental health system where she has developed a unique perspective on how to work within the system for improvement. She emphasized the importance of people feeling valued, that what they have to offer is important and that they are members of the community.</li> </ul>	
Chair's Opening Remarks	A. Graham indicated regrets from Trustees and welcomed observers.  A. Graham noted that key motions were on quality, finance, audit, governance and compensation and succession planning.  She then thanked L. Gillen 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.	

AGENDA ITEMS		ACTION REQUIRED
Approval of the Agenda	Moved by J. Gallant and seconded by S. Squire  BE IT RESOLVED THAT the agenda be accepted as presented.	
	CARRIED	
Acceptance of	Moved by N. Bhargava and seconded by J. MacRae	
the Minutes	BE IT RESOLVED THAT the minutes of March 28, 2018 be accepted as presented.  CARRIED	
Approval of the Consent	Moved by C. Coulter and seconded by D. Somppi	
Agenda	BE IT RESOLVED THAT the consent agenda, including the actions outlined therein, be accepted as presented.	
	<ul> <li>The President and CEO's Written Report</li> </ul>	
	Medical Advisory Committee Report (medical appointments and re-appointments)     Research Ethics Board Report	
	<ul> <li>Strategic Plan Update</li> <li>Royal Ottawa Foundation for Mental Health Report and</li> <li>Mental Health Addictions and Quality Initiative (MHAQI) Report</li> </ul>	
Items Moved from the Consent Agenda	No items were removed from the Consent Agenda.	
Chair's Report	A. Graham stated that the Chair's Report was deferred to the next meeting. Committee membership will be confirmed over the summer months.	
President and CEO's Report	G. Weber provided the President and CEO Report. He highlighted the following items in his final report to the Board:  • The past fiscal year was very good but challenging  • There were many achievements; some of which were on the Year In Review video  • He pointed out that a good leader must respect the past, secure the present and expand the future  He then highlighted a number of current and future issues on management's screen.	
	Provincial political environment  Do not know who the cabinet members will be and unsure if the campaign platform will be implemented  Dr. Bob Bell's retirement as Deputy Minister of Health and Long Term Care	

AGENDA ITEMS		ACTION REQUIRED
	Letters of congratulations were sent to elected local MPPs inviting them to come to The Royal for a tour and conversation All political party platforms had mental health components so there is much support for something more to be done in this area 0% budget increases in 2020 is a possibility although may be offset if campaign promises implemented The Provincial Legislature will be in session next month Advocacy items in last document we shared with the Board are still appropriate The Royal has been working with peers for 8 years; this partnership group has now been formalized as Mental Health Partners; and we will be hiring a small number of staff to support the four of us  There are now so many indicators to be tracked that we are suffering from "indicatoritis"- will need to review all of them to see which ones are really necessary for improving the mental health system  Wait Times Tracking of wait times Mod & Anxiety was 296 days at the last Board meeting and as of Monday it was 340 days; we believe it may have crested and the Consult Clinic was 150 days and is now at 108 days; starting to turn around There were 1100 patients waiting for service and now the list is down to 390 following the implementation of the 4 track strategy below.  1. Engagement of the Champlain LHIN has led to partners picking up more patients; the Bounce Back program has a high number of referrals which has resulted in fewer referrals coming to The Royal  2. Staff calls to all patients on the waiting list with patients informed about their place on the list and that a shorter list is available, for example at Queensway Carleton or Montfort.  3. Mood & Anxiety program is implementing recommendations from the external operational review.  4. Cognitive Behavioural Therapy (CBT) program will be further expanded this fiscal year  Will need to continue monitoring the situation.	
	Discussion followed.	

AGENDA ITEMS		ACTION REQUIRED
Quality Committee Report	I. Levy directed trustees to the Executive Summary in the Patient Safety Report noting a slight increase in incidents:  Special presentations from the hospital programs continue.	
Patient Safety Report	Based on the Patient Safety Report, the focus was on positive Quality Improvement and Innovative Initiatives that were implemented:	
	The Secure Treatment Unit (STU) reported a significant decrease in self-harm incidents since the last quarter; weekly reviews of the incidents with the Clinical Advisory Committee (an interprofessional forum with 5 psychiatrists) have positively impacted the frequency of these incidents.	
	The Brockville Forensic Treatment Unit involved the behavioural therapist to develop individual behaviour plans with and for 9 patients and trained staff to identify factors that trigger behaviours and strategies to manage these situations when they occur.	
	In order to deal with an increase of threats/assault/aggression, the Schizophrenia program discussed each incident daily at safety huddles focussing attention and efforts on mitigation strategies and evaluation of client care plans.	
	I. Levy congratulated staff for the understanding gained from discussions about these incidents and using that knowledge to intervene early to redirect patient focus.	
French Language Services Report	I. Levy directed trustees to the French Language Services Report that is required under the Hospital Services Accountability Act. It was noted that The Royal holds a bilingual designation for its Geriatrics Program and in 2017 initiated a partial designation of 8 other programs (page 4 of the French Language Services Report). At present, 29% of The Royal's employees and 39% of our physicians are bilingual at an A- (functional level for patient care can converse and understand professional vocabulary, can present in French) to A+ (same as a native speaker). Other employees are located at various positions along the French language acquisition continuum. There is an e-learning option for French language acquisition that is being used by staff for self-directed learning.	
	Moved by I. Levy and seconded by J. MacRae	
	BE IT RESOLVED THAT, the 2017-2018 French Language Services Report be approved as presented.  CARRIED	

AGENDA ITEMS		ACTION REQUIRED
	Discussion highlights:  Informal learning needs to be part of program  When other languages are required, a service is called to provide interpreters	
Audit Committee Report	J. Gallant presented the committee report, noting that the Finance Committee met with the auditors on May 24 <sup>th</sup> to review the audited financial statements.  • KPMG issued The Royal a clean audit opinion  • Materiality remained at \$3,100,000 representing approximately 1.8% of the total expenses for the current year of \$172,259,535  • There were no significant financial reporting risks identified  • There were no changes from the audit plan  • No control deficiencies were identified as part of the audit.  • It was noted that there are new/revised public sector accounting standards for Government Funded Non-Profit Organizations; A. Newman indicated that these standards will have little to no impact on hospitals	
	C. Crocker's financial team was complimented on the assistance provided to the auditors.	
	Moved by J. Gallant and seconded by S. Squire	
	BE IT RESOLVED THAT the KPMG Audit Findings Report be noted by the Board as presented.  CARRIED	
	J. Gallant stated that the Audited Financial Statements were reviewed in detail by the Audit Committee members. In the opinion of KPMG, the financial statements fairly represent the financial position of The Royal. There was a surplus of \$929 K that is required to cover the following:  Restricted interest income related to the building reserve \$225K  Potential ROP loan payment not covered by MOHLTC \$300K  Loan repayment for Co-Generation project \$400K	
	Moved by J. Gallant and seconded by L. Gillen	
	<b>BE IT RESOLVED THAT</b> the audited financial statements for the year ended March 31, 2018 as audited by KPMG, be approved as presented and forwarded to the Annual General Meeting for information.	
	J. Gallant reported that the following is a standard motion each year and	
	that every five years a Request for Proposal (RFP) is posted. We are in year 4 of the 5 contract and that KPMG continues to provide a good service. In June of 2019 an RFP will be released.	

AGENDA ITEMS		ACTION REQUIRED
	Moved by J. Gallant and seconded by J. MacRae  BE IT RESOLVED THAT KPMG Chartered Accountants be re-appointed	
	as the ROHCG Auditors for 2018-2019 and the motion be forwarded to the Annual General Meeting for approval.  CARRIED	
	J. Gallant directed trustees to Management's letter to the Audit Committee outlining that the required remittances and reports have been submitted to the various authorities.	
	J. Gallant noted financial risks tied to clozapine purchase. The peer group of hospitals continues to meet with the ministry to outline its case.	
	Clozapine purchase will be an ongoing item on the Finance meeting agendas.	C. Crocker
Finance Committee Report	The Multi-Sector Service Accountability Agreement (M-SAA) Compliance reporting confirms that The Royal met all the requirements set out in the M-SAA.	
	Moved by J. Gallant and seconded by R. Anderson	
	<b>BE IT RESOLVED THAT,</b> the Board of Trustees authorizes the Board Chair to sign the Schedule G – Declaration of Compliance of the M-SAA.	
	CARRIED	
	The Broader Public Sector Accountability Act, requires the Board Chair to declare and sign that the Hospital has fulfilled its obligations under the service accountability agreement (April 1, 2017 to March 31, 2018 in that it has complied with:	
	<ul> <li>Applicable procurement practices;</li> <li>Expense Claims directive;</li> <li>The Public Sector Compensation Restraint to Protect Public Services Act, 2010; and</li> <li>Consultant Use.</li> </ul>	
	Moved by J. Gallant and seconded by N. Bhargava	
	<b>BE IT RESOLVED THAT,</b> the Board of Trustees authorizes the Board Chair to sign the Broader Public Sector Declaration of Compliance for the Champlain LHIN.  CARRIED	

AGENDA ITEMS		ACTION REQUIRED
	J. Gallant presented the rationale for the revisions and directed trustees to the specific changes in the Investment Policy.	
	Moved by J. Gallant and seconded by S. Squire	
	BE IT RESOLVED THAT the Board of Trustees approves the CORP II-ii 140-2 Investment Policy as presented.  CARRIED	
	Discussion followed.	
	A. Graham extended the Board's appreciation of J. Gallant's work as Chair of the Audit and Finance Committees.	
Governance Committee Report	<ul> <li>A. Graham reported that the Governance Committee reviewed two Board policies that were brought forward for committee consideration.</li> <li>Conflict of Interest – as requested at the February Board meeting, a separate Conflict of Interest policy for Board members was developed and presented to the Board for approval.</li> <li>Discussion followed on how to identify a possible conflict to the Chair or CEO</li> </ul>	
	Moved by A. Graham and seconded by C. Coulter	
	BE IT RESOLVED THAT, the Board of Trustees approves the Conflict of Interest policy as presented.  CARRIED	
	The second policy, Public, Non-Public and Excluded Meetings was reviewed as required by the three year cyclical review of Royal policies.	
	Moved by A. Graham and seconded by J. MacRae	
	BE IT RESOLVED THAT, the Board of Trustees approves the Public, Non-Public and Excluded meetings policy as presented.  CARRIED	
November 2018 Board Development Days	G. Weber reiterated that Development Days is a joint program with the IMHR Board of Directors to be held at the Brookstreet Hotel on November 8 <sup>th</sup> and 9 <sup>th</sup> . To strengthen The Royal's work in mental health and addictions and to help improve the overall system in the Champlain LHIN, the Board Chairs and CEOs from local hospitals with mental health services and hospitals with research institutes will be invited for the Thursday afternoon program. The Friday program is for The Royal groups only.	
	S. Engels and Z. Merali are developing a broad based program on risk	

AGENDA ITEMS		ACTION REQUIRED
	management (speaker and a generative session on Friday) that will be relevant and valuable to all stakeholders.	
	A number of Board members made some suggestions that will be taken into consideration.	
Election of Board Chair for 2019-2020	I. Levy pointed out that the Governance Committee is proud to recommend such a capable person as A. Graham to be The Royal's incoming Chair.	
	Moved by I. Levy and seconded by J. Gallant	
	BE IT RESOLVED THAT, the Board of Trustees approves the nomination of A. Graham as the incoming Board Chair for 2019-2020.	
	CARRIED	
	I. Levy thanked A. Graham for the valuable work of the committee and her outstanding commitment to the Board, especially her willingness to accept the position as incoming Board Chair.	
Compensation and Succession Planning	<ul> <li>G. Weber reminded Trustees that this committee usually meets twice a year to consider succession planning in November and compensation in June. The ongoing work on the Comprehensive Compensation Framework resulted in additional meetings. G. Weber provided an update on the Framework: <ul> <li>The Ministry directed The Royal to remove The Ottawa Hospital and St Joseph's in Hamilton as comparators</li> <li>Submitted the revised framework to the Ministry noting it was done under duress</li> <li>Process was frozen in April</li> <li>The Royal's Framework is at the Treasury Board (60 hospitals are on hold until the new government deals with the issue)</li> </ul> </li> <li>When G. Weber announced that he was stepping down as President and CEO, the Compensation and Succession Planning, as per its Terms of Reference, assumed the role of the Search and Selection Committee.</li> </ul>	
	Trustee education session will be available in 2018-2019 on the new President and CEO's performance review process.	S. McLean
New Business	The Chair thanked D. McFarlane, Chair of the Client Advisory Council for her work in helping those with mental illness and addictions.	,
Other Business	R. Anderson, Chair of the Leaders for Mental Health Breakfast Committee invited trustees to act as a table captain; this means inviting 7 guests who would be moved to make a donation to the Foundation. To	

AGENDA ITEMS		ACTION REQUIRED
	date, there are 116 captains and would like to have 135.	
President and CEO Comments	As the CEO mentioned earlier in the meeting a good leader needs respect the past, secure the present and expand the future He shared some of the past when he was hired as interim leader for 6 months because there was over a \$1m deficit, reputational risk in the media over the P3/AFP project, senior team members had just left the organization and a strategic plan that was not appropriate.  He then shared a few of the successes over the past few years:  Innovative in establishment of Operational Stress Injury (OSI) Clinics  Major expansion of community operations  Establishment of a regional opiate clinic  Initiated behavioural support services in the Geriatrics program  Several years of an operational surplus  Successful completion of third year of a 5 year Strategic Plan  Successful re-structuring on the Brockville and Ottawa sites  Achievement of Accreditation with exemplary standing twice over eight years  G. Weber indicated his appreciation and pleasure of working with Board members, the Chair of the Client Advisory Council, the Senior Management Team and his personal support staff.	
Ethics Report	L. Gillen, the meeting Ethics monitor, reported that decisions were fair, equitable and that business was conducted in a transparent manner.	
Restricted Session	The independent Board members met with the President and CEO.	
Excluded Session	The independent Board members met without management.  CEO Performance Review  Search and Selection Committee Report	
Regular Meeting	It was duly moved by A. Graham and seconded by I. Levy  BE IT RESOLVED THAT the President and CEO's performance pay (a portion set out in the Variable Compensation Plan for Senior Management) based on achievement of his 2017-2018 objectives be approved as discussed.  CARRIED	
	The meeting was adjourned without a motion at 19:40 hrs	

AGENDA ITEMS			ACTION REQUIRED
A. Graham Acting Chair	Kuh	G. Weber J. Bezzubetz as of Secretary	f J1 101 2018

## **Board Meeting Action Items**

Beginning September 28, 2017

Beginning September 28, 2017		
Item	Individual Responsible	Status
Monitor the implementation of Partnership for Health Systems semi-annually (February 2018 Board meeting)	J. Gallant/C. Crocker	Completed
Governance Committee to report to the Board no later than June 2018 on the development of a conflict of interest policy for the Board.	A. Graham	Completed
Report to March 2018 Board teleconference on the status of Wait Times	G. Weber	Completed
Invite the Foundation and the IMHR Board of Directors to the tour of the STU and FTU in May 2018	G. Weber	Completed
Wait List item added to June and September 2018 Board meeting agendas	G. Weber	Ongoing
In 2018-2019 pprovide an educational session on the President and CEO's performance review process	S. McLean	

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