

## MINUTES ROYAL OTTAWA HEALTH CARE GROUP BOARD OF TRUSTEES September 24, 2020 at 4:30 p.m.

By 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:

• Culture, Stakeholder Engagement and Focus, Innovation, Board Processes and Stewardship

MEMBERS		STAFF		GUESTS
Present	Regrets	Present	Regrets	
A. Graham, Chair C. Coulter, Vice Chair I. Levy, Vice Chair L. Leikin N. Bhargava J. Gallant R. Anderson S. Squire D. Somppi J. MacRae L. Gillen P. Johnston  Ex-officio members: 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	J. Dagher	C. Crocker M. Bellman D. Attwood J. Lambley S. Gulati K. Monaghan S. Farrell F. Dzierszinski K. Corace	A. Milne, Chair, Foundation Board	S. West, Chair, IMHR Board P. Smith, President & CEO, Centre of Excellence G. O'Hara, Chair, Client Advisory Council K. Patrick, CAC Member M. Langlois, Chair, Family Advisory Council Z. Kaminsky A. Poncia B. Leikin D. McFarlane, Public A. Manley, Public N. Loreto, Observer C. Creede, Potential Group D. Nashman, Potential Group  SCRIBE P. Robb

	ITEM	REFERENCE	ACTION REQUIRED
1.	CALL TO ORDER	A. Graham, Chair, called the meeting to order at 4:35 p.m. and declared it to have been regularly called and properly constituted for the transaction of business.	
		The meeting was opened by acknowledging that the land on which we gather is the traditional and unceded territory of the Algonquin nation. Welcome remarks were provided and special guests acknowledged.	
		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

	J. Gallant 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 package. Also enclosed was the Conflict of Interest Policy and the Policy on Public, Non-Public and Restricted Meetings.	
AGENDA AND MINUTES	a. Acceptance of Agenda	
	Moved by C. Coulter and seconded by L. Leikin	
	BE IT RESOLVED THAT, the September 24, 2020 agenda be accepted, as presented.	
	b. Approval of Minutes	
	Moved by S. Squire and seconded by J. MacRae	
	BE IT RESOLVED THAT, the minutes of the June 18, 2020 Board meeting be approved, as presented.  CARRIED	
INFORMATION ITEMS	a. Chair and CEO's Oral Report - A. Graham, J. Bezzubetz	
	The Chair extended her appreciation for the commitment and perseverance management and staff have shown as we continue to move towards our long-term vision and dealing with daily challenges.	
	J. Bezzubetz then provided her report. There are many things changing and evolving in the government landscape. There was a clear signal given that healthcare providers should emphasize and encourage virtual care as much as possible. A PowerPoint was recently received from the Ministry to show how they are going to support this.	
	Recently, The Royal launched the province's first virtual addictions' day program, which caught the attention of the Ministry. The government is very interested in scaling up digital health and virtual addictions programming.	
	The pandemic, and ensuring client and staff safety, has been a priority and the environment needs to be managed in the midst of it. Staffing has been identified as an issue. There are employees who are moms and dads with kids going to school who may need to self-isolate. Staff may become ill themselves and have to stay home. To date, accommodation has been made, but there may be staffing shortages in the future, but that has not happened yet. When staff are away, other staff tend to pick up the work. In terms of the physician work force it is quite different. The physician workforce has been on duty since the beginning of the pandemic. Many are experiencing fatigue and weariness. The Senior Management Team will be working together to solve this issue.	
	<ul> <li>b. 2020-2025 Strategic Plan (Final Strategy Endorsement) - J. Bezzubetz,</li> <li>C. Creed and D. Nashman, Potential Group</li> <li>Proposed Targets</li> </ul>	

- J. Bezzubetz introduced this item noting that the Senior Management Team has been engaged from the outset, and client and family engagement was also seen in every aspect. We are looking forward to being able to define The Royal Service Promise and what that means to family and client members. Following this presentation, C. Crocker will present on the timeline.
- C. Creede and D. Nashman from the Potential Group joined the meeting to present on The Royal's 2020-2025 Strategic Framework. They will be making a similar presentation to each of the three boards (Foundation, ROHCG and IMHR) in order to obtain endorsement of the plan in principle. Once endorsed by the Boards, the strategy will transition from the development stage with the Potential Group to the implementation and planning stage with The Royal's Senior Management Team.
- C. Creede began the presentation by acknowledging the work that went into this by all parties involved. This portion of the meeting was recorded on Zoom and will be shared with the appropriate people. A copy of the presentation is also attached to these minutes. A background document for pre-reading was included in the meeting package.

Trustees were encouraged to reflect on what they were hearing and to determine whether there was anything more they needed in order to feel confident to endorse the strategy today. Discussion followed the presentation with comments as follows:

- Unsure how goals can be set that are aggressive enough, and achievable.
- As the objectives are being captured in documents, they need to be presented in a way that will be applicable to everyone's work and should be written in a way that is consumable by the community served.
- Even though the "how we are going to get there" is not currently in the plan, the Board was encouraged to pay attention to the learning process as much as the destination.
- The team was congratulated on the work done to date. This will be a major cultural change for the organization. Two things were identified as a major shift: the integration of care, research and education, and client and family input and co-creation. The organization is going to move in a direction of including a research component to clinical job descriptions.
- The upcoming organization re-design plan is an engagement strategy and part of the change leadership strategy. Many will be involved in that co-design. It will not be possible to achieve all of our goals structure

The Board will need to see an operational plan on an annual basis. The resolution put forward was to endorse the strategy, while recognizing this is a framework and there is work to be done.

Moved by J. MacRae and seconded by P. Johnston

**BE IT RESOLVED THAT**, the 2020-2025 Strategic Plan be endorsed in principle, as presented.

**CARRIED** 

C. Creed and D. Nashman departed the meeting at 5:56 p.m.

P. Robb

A	<ul> <li>i. Timelines: Operational/Business Plan Development - C. Crocker</li> </ul>	
A		
tim asp Anı	quick overview was provided by C. Crocker. A chart was presented with nelines and is attached to these minutes. The strategy is a high-level pirational document showing where we want to go in a 5-year cycle. Inual plans need to be completed such that we achieve the five-year end als and provide ongoing accountability to the Board.	
c.	<b>Suicide Prevention Strategy -</b> R. Bhatla, Z. Kaminsky, A. Poncia, B. Leikin	
top pre atte	his presentation was prefaced by noting that it is a sensitive and difficult bic. A. Poncia from Suicide Prevention Ottawa (SPO) then essented. SPO's role is to bring all the partners together. B. Leikin also ended the meeting. He is a co-chair of the Suicide Prevention Ottawa bordinating Committee with R. Bhatla. A copy of A. Poncia's presentation attached to these minutes.	
with	Kaminsky also presented and spoke about suicide research at The Royal th a focus on his own research as well as collaboration with other ientists. A copy of his presentation is attached to these minutes.	
car	Bhatla noted that good suicide prevention has to do with good clinical re. He provided an overview on risk factors, prevention measures and w it fits into The Royal's new strategic plan. He noted that the Strategic an will really make a difference by:	
	<ul> <li>connecting with people in a different way, which will make a difference in suicide prevention</li> <li>involving family</li> <li>making sure recovery plans are in place. This is included in the Quality Improvement Plan</li> <li>continuing to evolve a website that is easier to navigate</li> <li>the evolution of virtual care will enhance ways to reach out</li> <li>when it comes to advancing specialized care, some of the important things are embedded in the EHR such as risk scales, which are used regularly</li> </ul>	
cou cor is v opp sup	the difficult question is how the lives saved by good intervention are unted. In general, the Carling Avenue facility is fairly new and instructed in such a way that is physically suicide safe. Our new strategy well positioned to allow us to do our best to prevent suicide. There is an portunity to be creative when it comes to learning, to do innovative peer port initiatives and using the EHR and working with partners to enhance capabilities.	
ped	ere is importance in reinvigorating the art of connecting with ople. Hope must translate into meaning. People who are able to have pe and meaning can get to a higher stage of recovery.	
with	copy of the presentation is attached to these minutes and will be shared th Board members. A link will also be sent to Board members to the licide Prevention Day livestream event with Suicide Prevention Ottawa.	P. Robb
The	ere was a robust Q & A session following the presentation:	

Wait lists and the community: Wait lists are a lot shorter now and there have been no suicides while on the wait list since 2019. When people were on the wait list, the referring source may not have always felt the need to connect with their patient. The suicide rates in Ottawa remain low as an overall rate. The partnership with OPH and Suicide Prevention Ottawa can make a tremendous difference. Community partnership with local post-secondary educational institutions: There are good connections with three partners (Carleton, University of Ottawa and Algonquin). There are psychiatric consultations with university and college populations and there are also conversations happening with other institutions as well as education and training for their counsellors and other staff. Identifying risk and mitigating it in the outpatient population: Is there a way to actually document and capture what we are already doing in a framework for the institution itself and those we serve. Tantalized by a lot of what has been put forward. There is a richness in what is already happening if a framework is applied to it on what could be achieved from the organization. There has been tremendous work in central intake on changing the dynamic. Is there a formal post-vention protocol at The Royal and where are we on grief support? This is currently under the critical incident protocol. Moving away from the debrief model to a more flexible model. The Royal has a strong emerging research arm and there is clinical enthusiasm to use new tools as they are developed. Suicide prevention strategy should not be separate from the new Strategic Plan. There needs to be a focus on extraordinary care and how you connect with clients. Clients must be encouraged to connect with their family, social network, community volunteerism, etc. K. Monaghan will share a link from the September 10, 2020 K. Monaghan P. Robb presentation for World Suicide Day and that will be forwarded to the Board. There is an enormous amount of support for what can be done to help to move this forward. The team was thanked for their presentations. Z. Kaminsky, A Poncia and B. Leikin departed the meeting at 7:25 p.m. d. Update on Foundation Campaign - M. Bellman The last six months has been a trying time for the Foundation and previously the Board heard about those challenges. A decision was made since then to forgo a lot of revenue from summer events and focus on the fall. At the same time, the Foundation implemented cost-saving measures, including cutting salaries by 10% for a period of time. M. Bellman was pleased to report some good successes. The Run for Women is happening this week and is sold out and on track to meet or exceed the revenue of last year of \$430,000. Ottawa has the largest run in the country representing 20% of national total participation from 18 cities. An update was provided on the leadership breakfast. There is good participation with 907 guests registered and \$170,000 has already been raised. A dynamic program is planned on October 7, 2020 that will promote The Royal and raise funds. Bobby Ryan will share his story of addiction and recovery. It will be a live broadcast from a Minto model home in Kanata. The program will last 45 minutes. There are a number of celebrity endorsements including Alanis Morissette.

	A high-level outline of what the campaign will look like was distributed and a copy was included in the meeting package. The campaign goal is for \$35 million based on a feasibility study from 2017. At this time, M. Bellman is not recommending another feasibility study. In dialogue with donors, there is a great sense that this goal is achievable. Donors tend to participate more often when they can see their donation relative to the goal having an impact. We could evaluate our success during the quiet period of the campaign and make a decision later if the goal should be amended. A. Milne has convened a Tripartite Committee, which will review the progress of the campaign and bring any changes that are necessary to the three Boards.	
	Campaign Case documents came to the Board last March and priorities are now being looked at by senior management to see if they are aligned with the new strategy. A case writer has been engaged who will prepare a document that will tell a story about what we are trying to do in a way meant to inspire donors. The Foundation will test that case document with some of our best prospects and determine their willingness to donate and get involved as a volunteer in the campaign.	
	We will also solicit gifts from internal leadership: board members, leadership staff and key volunteers. A measure of the likely success of a campaign is when internal stakeholders support the fundraising.	
	A typo was noted on page 2 of the outline that was attached to the meeting package. It should read a pledge is paid over a 5-year period.	
	Congratulations were given for the plan. It is anticipated that in the new year, M. Bellman will be able to come back with a sense of what major donors have to say with where they are at and their commitment to the plan. This will come back to the Board regularly and to the Tripartite Committee. Senior management will also be briefed and it will come back to the three Boards.	
	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
	There was a discussion on the 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
	M. Bellman was thanked for his presentation.	
	e. IMHR Report - F. Dzierszinski	
	The Chair noted that rather than having reports on e, f and g, the floor will be opened to questions if there are any. Otherwise, we will move to the next agenda item.	
	f. Centre of Excellence Report - P. Smith	
	A copy of the Centre of Excellence Report was included in the meeting package.	
	g. Brockville Re-development Committee Report - C. Crocker	
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		No report.	
4.	COMMITTEE REPORTS & DECISION ITEMS	a. Quality Committee Report - L. Leikin	
		The minutes from the September 14, 2020 Quality Committee meeting were included in the meeting package. At the last meeting there was a presentation from E. Millar on the impact of Covid-19 on operations. Inpatient capacity was reduced to 85% while outpatient capacity was significantly lower, with numerous clinics and programs suspended or modified in order to reduce Covid spread risk. With service level reductions and the absence of clinical business as usual, concern remains about the acuity level of clients waiting for care. Operationally, clinics and programs will begin to re-open as best as possible while balancing the risk of Covid infection. In preparation of a second wave, plans are being developed to operate at modified staffing levels, and with physical distancing measures, in order to manage infection risk, while trying to maintain service. The organization has done an extraordinary job in the face of adversity. There is a recognition that some of our clients may not be doing as well during Covid, particularly with service disruption.	
		The C-Prompt Clinic was a huge success. Kudos were given to hospital leadership and staff on the initiative. It was also noted that the Royal provided incredible community support during Phase 1 of the pandemic, by lending staff to the Madonna LTC facility who assisted with infection control.	
		The Quality Improvement Plan implementation had to be placed on hold because of the pandemic. The intention for Accreditation teams to transition into Quality teams continues, but implementation was paused due to the pandemic. This process will start soon. The Royal will also be introducing a hospital wide Quality committee as part of the Quality Improvement framework, with the intention of improving client care and outcomes.	
		i. Integrated Risk Management Framework (IRMF) (Annual) – C. Crocker, J. Lambley	
		The IRMF will be part of the Finance Committee report.	
		ii. Corporate Patient Safety Report	
		This item was for the information of the Board. It was noted that each and every critical clinical incident is reviewed. The Committee has requested a follow up from the Incident Review Committee on the recommendations it makes post incident, in order to monitor uptake and implementation, and to understand whether and how they translate into better care. A copy of the Corporate Patient Safety Report was included in the meeting package.	
		iii. Research Ethics Board (REB) Terms of Reference - F. Dzierszinski	
		A copy of the REB Terms of Reference (with track changes to show the changes) was included in the meeting package.	
		Moved by N. Bhargava and seconded by J. Gallant	

BE IT RESOLVED THAT the REB Terms of Reference be approved as presented.  CARRIED	
iv. EHR Report – C. Crocker	
A copy of the EHR Report was included in the meeting package. The Chair suggested that items iv and v be for information to the Board only.	
v. Covid-19 Update: High-level Overview of Operational Changes that Impact Patient Care - E. Millar	
This was reported under 4 a. above.	
b. Governance Committee Report - C. Coulter	
The next Governance Committee meeting will be on October 13, 2020.	
i. Update on Board Development Days 2020 - A. Graham, J. Bezzubetz	
A meeting was held with the three board chairs to discuss the Board Development Day format. N. Loreto and a consultant will be helping us. The proposed format is that it will be broken down into three workshops with two hours of programming and events with options for Board members to attend. It was also proposed to invite the other two boards that are part of the organization (Volunteer Association and Centre of Excellence).	
The date chosen for the first workshop is October 22, 2020. The October 23, 2020 date will be released and P. Robb will update the meeting request to reflect this. The main program will be two hours. The Potential Group may lead the group to discuss what the strategy means to each Board. There will also be discussion on the Foundation's campaign. The opt-in event will be the networking lounge. There will also be something added regarding indigenous training to follow up on last year's blanket ceremony. Previewing materials will be sent, but no reading materials as we want the event to be interactive. A draft agenda will be forthcoming in a week or so. The Board looked forward to hearing more about this event as the planning progresses.	P. Robb
A copy of the presentation is attached to these minutes.	
ii. Mini-Series Presentations – A. Graham, J. Bezzubetz	
A copy of the proposed mini-series presentations for 2020-2021 was included in the meeting package for information. They are in the process of being scheduled.	
c. Innovation Committee Report – N. Bhargava - DRAFT Minutes (Governance) September 1, 2020	
A short report was provided. G. O'Hara and M. Langlois are now members of this Committee representing family and clients. K. Corace and F. Dzierszinski are also on this Committee in their new roles. Given the formation of the Senior Management Team Innovation Council and K. Corace's new role, the Governance Framework that was to come to this meeting for approval was deferred to the next meeting. A copy of the	P. Robb

minutes from the September 1, 2020 meeting was included in the meeting package.
d. Compensation & Succession Planning Committee Report – A. Graham
The next Compensation & Succession Planning Committee meeting will be on November 25, 2020.
e. Medical Advisory Committee Report - R. Bhatla
A copy of the minutes from the June 4, 18 and July 16, 2020 meetings were included in the meeting package. In discussion with T. Lau in his role as President of the Medical Staff, he wanted to voice his enthusiasm about the portal. They, however, also want to ensure there are no risks for anyone. There are challenges when it comes to medical staff and a few issues need to be resolved. T. Lau will be attending the Senior Management Team meeting to address these.
i. Medical Staff Privileges – R. Bhatla
There were no recommendations for appointments and privileges since the last Board meeting.
f. Audit Committee Report – J. Gallant
The next Audit Committee meeting will be on January 21, 2020.
g. Finance Committee Report - J. Gallant
I. Levy departed the meeting at 7:58 p.m., but returned at 8:30 p.m. Quorum was already established.
A copy of the minutes from the September 10, 2020 Finance Committee meeting was included in the meeting package.
i. Integrated Risk Management Framework <i>(Annual)</i> – C. Crocker, J. Lambley
A copy of the Annual Integrated Risk Management Framework (IRMF) was included in the meeting package. The Quality Committee also reviewed the IRMF.
The Committee was very pleased with the evolution of this report and J. Lambley was thanked for the work he has done on it. They did request, however, that a timeline be added to action plans in future iterations. The Senior Management Team will consider whether to add the aging workforce as a risk and to add some more explicit information in the financial risk regarding the funding shortfall including the IMHR, ROP and PET/MRI.
Moved by J. Gallant and seconded by J. MacRae
<b>BE IT RESOLVED THAT</b> as recommended by the Finance and Quality Committees, the Annual Integrated Risk Management Framework be approved as presented.
CARRIED

		Moved by J. MacRae and seconded by N. Bhargava	
		No items were removed from the Consent Agenda.	
5.	CONSENT AGENDA	a. Approval of the Consent Agenda	
		BE IT RESOLVED THAT the CORP IV-i 110 Prevention and Management of Violence in the Workplace Policy be approved, as presented.  CARRIED	
		Moved by J. Gallant and seconded by D. Somppi	
		A copy of the Prevention and Management of Violence in the Workplace Policy was included in the meeting package along with a track changed version and the approval form, which will need to be signed by the Chair.	
		up was done to it. It is consistent with the direction that was already there.	
		<ul> <li>i. CORP IV-i 110 Prevention and Management of Violence in the Workplace Policy – C. Crocker</li> <li>This policy came in 2010 and did not really change, but a significant clean-</li> </ul>	
		h. Policies	
		The PET/MRI is operating after being closed down for a couple of months in response to requirements due to the pandemic. It is now down to nine scans a week, which will have an impact on revenue. In terms of revenue sources, it is anticipated we will be in a break-even position at year end due to available Foundation funding.	
		v. PET/MRI Update – C. Crocker, F. Dzierszinski	
		An audit of cybersecurity has been launched with our partners Ontario Shores and Waypoint. Each hospital will get their individual report on matters that pertain to their operations as well as a report of the shared systems. A mini-series presentation from KPMG on Cyber Security for Boards is being planned for the winter.	
		iv. Update on Cyber Security – J. Gallant, C. Crocker	
		A copy of the HIROC insurance certificate was received and is still adequate for The Royal's needs.	
		iii. Update on Insurance Coverage – J. Gallant, C. Crocker	
		BE IT RESOLVED THAT approval be given to authorize the Board Chair and President and CEO to sign the BPSAA Appendix C Attestation covering the period April 1, 2019 through March 31, 2020.  CARRIED	
		Moved by J. Gallant and seconded by L. Leikin	
		A copy of the Broader Public Sector Accountability Act Attestation form and a memo from J. Bezzubetz was included in the meeting package.	
		ii. Broader Public Sector Accountability Act (BPSSA) Section 15 (Attestation Form) (Appendix C) (2018-2019) – C. Crocker	

		BE IT RESOLVED THAT the Consent Agenda be approved, including any motions contained therein.		
		CARRIED		
		<ul> <li>President &amp; CEO's Report</li> <li>Research Ethics Board Report</li> <li>The Royal Ottawa Foundation for Mental Health Report</li> <li>Strategic Plan Performance Scorecard</li> <li>Mental Health Addictions and Quality Initiative (Peer Comparators)</li> </ul>		
6.	NEW BUSINESS	There was no new business.		
7.	REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING	J. Gallant, 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. J. Gallant noted that this was a useful tool to hold us to account. The Chair kept us focused on important elements of this evening.		
8.	NEXT MEETING	The next meeting will be on December 17, 2020.		
9.	ADJOURNMENT	The Chair thanked all Board members and staff for their involvement and professionalism in the meetings.		
		Moved by S. Squire and seconded by J. MacRae		
		BE IT RESOLVED THAT the meeting be adjourned at 8:41 p.m.		
		CAR	RIED	
10.	EXCLUDED SESSIONS	RESTRICTED (Independent Board Members, CEO and COS/PIC)		
		IN CAMERA (Independent Board Members only)		
		Moved by D. Somppi and seconded by R. Anderson		
		Moved by D. Somppi and seconded by R. Anderson <b>BE IT RESOLVED THAT,</b> the minutes from the July 2, 2020 In-Camera Board approved, as presented.	I meeting be	

A. Graham

Chair, Board of Trustees

J. Bezzubetz

Secretary, Board of Trustees

**Board Meeting Action Items** 

Item	Individual	Status
	Responsible	
September 24, 2020	5.5.11	
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	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	D 47 0000 / 11 1
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	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
June 18, 2020		
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. <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	P. Robb	COMPLETED October 13, 2020 Governance Committee meeting
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.		June 24, 2021

Item	Individual Responsible	Status
Innovation Committee to present a new dashboard and governance framework that will be refreshed based on the alignment with senior management.		September 9, 2020 Innovation Committee September 24, 2020
From Sept. 24, 2020 Board minutes: The Innovation Governance Framework that was to come to this meeting for approval was deferred to the next meeting.		December 17, 2020 February 18, 2021
March 26, 2020		
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 May 21, 2020 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	
February 20, 2020		
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
		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
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
		March 26, 2020 COMPLETED June 18, 2020 – 9 year term

Item	Individual Responsible	Status
		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	March 10, 2020 May 21, 2020 Governance Committee meeting
		COMPLETED June 1, 2020 Quality Committee
		COMPLETED September 14, 2020 Quality Committee
		COMPLETED June 18, 2020 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
Skills Matrix Review	C. Coulter	June 24, 2021  May 21, 2020  COMPLETED  October 13, 2020
		Governance Committee meeting
Governance Committee to recommend appointment of New Board member	C. Coulter	December 17, 2020  COMPLETED October 13, 2020 Governance Committee meeting
		December 17, 2020 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
December 12, 2019		
Strategic Plan Update (Standing item)	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. Dzierszinski	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).	J. Lambley J. Bezzubetz	IN PROGRESS

Item	Individual Responsible	Status
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.		
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
September 26, 2019		meeting
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. (Standing item)	P. Robb to add to future agendas	ONGOING December 17, 2020
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
June 20, 2019 Accreditation to be added to September 26, 2019 agenda	K. Lepinskie	COMPLETED
Accreditation to be added to deptember 20, 2010 agenda	P. Robb	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
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	P. Robb	COMPLETED
needed.	1.1000	COM LETED
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  June 20, 2019 deferred  September 26, 2019  deferred

Item	Individual Responsible	Status
		December 12, 2019
		deferred
		February 20, 2020
To hold an education session with HIROC so Board members	P. Robb	COMPLETED
understand the risks.		September 26, 2019
Add to agenda a regular update on the Foundation Campaign.	P. Robb	ONGOING
		December 17, 2020