



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

**MINUTES**  
**ROYAL OTTAWA HEALTH CARE GROUP**  
**BOARD OF TRUSTEES**  
**September 26, 2019 at 5:30 p.m.**  
**Royal Ottawa Mental Health Centre**  
**Room 1424, 1145 Carling Avenue**  
**Teleconference Dial-In: 1-888-875-1833 Passcode:**  
**926707277#**

- Oral presentation
- Paper enclosed
- Paper to follow
- Paper at meeting
- IN Information
- DEC Decision required
- \*\* Guidance required

Trustees	Present	Regrets	Trustees	Present	Regrets
A. Graham, Chair	X		L. Leikin	X	
I. Levy, Vice-Chair	X		D. Somppi	X	
C. Coulter, Vice-Chair	X phone		R. Anderson		X
S. McLean, Past Chair	X		S. Squire	X	
N. Bhargava	X		J. Bezzubetz	X	
J. MacRae	X		R. Bhatla	X	
J. Gallant	X		T. Lau	X	
J. Charette		X	E. Millar	X	
L. Gillen	X				
<b>Management Staff</b>					
M. Bellman	X		P. Prince	X phone	
C. Crocker	X		D. Hesidence	X	
K. Monaghan	X		M. Dufour	X	
P. Blier	X		D. Simpson	X	
S. Gulati	X		S. Farrell	X	
K. Lepinskie		X			
<b>Guests</b>					
G. Cudney, Chair, Foundation		X	G. O'Hara	X	
S. West, Chair, IMHR		X	C. Clark	X	
P. Smith	X		S. Sharma	X	

#	ITEM	REFERENCE	ACTION REQUIRED
1.	<b>CALL TO ORDER</b>	<p>A. Graham, Chair, called the meeting to order at 5:30 p.m. and declared it to have been regularly called and properly constituted for the transaction of business. Welcome remarks were provided and special guests acknowledged.</p> <p>S. Sharma, a client representative, was introduced and gave a presentation about his mental health journey. It was a very moving presentation and he was thanked for sharing.</p> <p>S. Squire 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.</p>	

2.	<b>AGENDA AND MINUTES</b>	a. Acceptance of Agenda	
		<p>Moved by S. Squire and seconded by N. Bhargava</p> <p><b>BE IT RESOLVED THAT</b> the September 26, 2019 agenda be accepted, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		b. Approval of Previous Minutes	
		<p>Moved by S. Squire and seconded by L. Gillen</p> <p><b>BE IT RESOLVED THAT</b> the minutes of the June 20, 2019 Board meeting be approved, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
3.	<b>CONSENT AGENDA</b>	a. Approval of the Consent Agenda	
		<p>Moved by I. Levy and seconded by J. MacRae</p> <p><b>BE IT RESOLVED THAT</b> the Consent Agenda be approved, including any motions contained therein.</p> <p style="text-align: right;"><b>CARRIED</b></p> <ul style="list-style-type: none"> <li>i. President &amp; CEO's Report</li> <li>ii. Research Ethics Board Report</li> <li>iii. The Royal Ottawa Foundation for Mental Health Report</li> <li>iv. Mental Health Addictions and Quality Initiative (Peer Comparators)</li> <li>v. ROHCG Organization Chart</li> </ul>	
	<b>Items Removed from Consent Agenda</b>	No items were removed from the Consent Agenda.	
	<b>Items Added to Agenda</b>	No items were added to the Regular Agenda.	
4.	<b>REPORTS AND UPDATES</b>	a. Chair and President & CEO's Oral Report	
		<p>The Chair provided her report. There is a lot to be excited about at The Royal, from what has already been accomplished and what is coming up such as the Board Development Days, the search for a new VP/P, IMHR and Accreditation. She and J. Bezzubetz attended an OHA conference in Toronto with the theme of 'Thinking the Unthinkable'. Three things she took away were:</p> <ul style="list-style-type: none"> <li>1. Innovation</li> <li>2. Technology; and</li> <li>3. Change</li> </ul> <p>Next, J. Bezzubetz provided her report. The Accreditation teams have done a great job identifying where we stand and if we are meeting requirements. Everyone is on high alert, ready and enthusiastic.</p>	

		<p>The just culture is yet to be fully defined, but we are paying a lot of attention and want to know that people are comfortable.</p> <p>A status was provided on the recruitment for the new VP/P, IMHR:</p> <ul style="list-style-type: none"> <li>- P. Blier is the interim leader.</li> <li>- We have now agreed on some firms who will come in and make presentations regarding the search for the next leader. A rating tool was provided and proposals were reviewed and people invited to rate proposals. Next step is to have the presentations.</li> <li>- There is a draft job description for the new leader, which has been vetted with stakeholders. IMHR will be vetting it next week and those around this table will have an opportunity as well.</li> <li>- We are a month behind on the external review. We have been fortunate to secure one external consultant, but are having a harder time securing a second consultant. The issue is timing because it is the beginning of the academic year, but we should have someone secured very shortly.</li> </ul> <p>The vision of a hospital without walls is happening through partnerships, innovative locations and other things, such as using telemedicine. There will be a more fulsome report at the next Board meeting once there is an opportunity to discuss the work going on with staff and leaders.</p>	
		<p>b. Centre of Excellence Report - P. Smith</p>	
		<p>P. Smith was welcomed to the meeting and provided his report. He noted that the hospital without walls vision resonated with him. He is excited to be working with C. Crocker, J. Bezzubetz and S. McLean.</p> <p>The Centre is national so the reach needs to be extended. He is exploiting and leveraging all opportunities and wants to be inclusive and engaged with people across the country. He felt it was the best choice to position the Centre of Excellence at The Royal.</p> <p>The objective of the Centre is to increase Canadian expertise in knowledge creation and transfer of knowledge on the subject of mental health, suicide prevention and substance use disorder. One of the mandates of the Centre is to educate. He will work with OSI to see how to make training available nationwide. It is important to translate research into care.</p> <p>He is growing the network by cultivating partnerships with organizations that have a track record of excellence in treating mental health disorders. Next step will be to staff positions. The intention is to engage people with lived experience so they can be part of what they would like to see the Centre engage in. They also want to align the Centre with the hospital without walls philosophy.</p> <p>It is helpful that P. Smith will be on the Review Committee to help understand that we are leveraging our position at the Royal and strength within The Royal and IMHR. He wants to build vision and integrate into the community and showcase that.</p>	

		<p>Discussion and questions ensued. There was a question regarding PTSD as some families do not like the 'D' in this acronym, but it is tricky to not lose the distinction between PTS and PTSD and why some clients do not manifest PTSD and others do. This will be something that will need more research. There needs to be a focus on understanding the different types of PTS and have the right kind of supports to address these different types of stress. It was commented that some consideration should be given to how we can manage this, but it was noted that although the Centre of Excellence is not in the care business, they are working with first responders and recognizing that there is a lot of overlap that people share in terms of trauma and stress.</p> <p>There was a question about transfers in costs and it was noted that The Royal will be charging to contract Finance, IT and HR as support to the Centre and are also charging market rent for the office on the 7<sup>th</sup> Floor.</p> <p>The presentation is attached to these minutes.</p>	
		<p>c. Update on Foundation Campaign - M. Bellman</p>	
		<p>M. Bellman reported that campaign preparations are moving along and significant work has been done. The theme will be access. They are investing to take our vision and make it into a fundraising case. The new website will be cutting edge. The Foundation is also engaging with past donors. A plan with final details will be made to the Board at the December meeting.</p> <p>Thanks were given to everyone from the Board who is attending The Royal Ottawa Leaders for Mental Health Breakfast on October 2, 2019. There is still room if any other Trustees are interested.</p>	
		<p>d. Strategic Plan 2015-2020 - P. Prince</p> <ul style="list-style-type: none"> <li>• Q1 Board Performance Scorecard</li> <li>• March 2020 Targets</li> </ul>	
		<p>The scorecard provides an update on any Q1 indicators and provides proposed targets for all of the indicators to March 2020. J. Bezzubetz emphasized executive leads taking ownership.</p> <p>There was a discussion on the topic of client and family centered care and if there was a reason there was no 2020 indicator for it. It was noted that they wanted to focus on elements of risk and check in with client advisory first.</p> <p>One of the things that might have influenced the rating is when family does not have consent. We are going to focus on one thing in particular with what we heard about most from family members. Wanted to put concerted effort there until we understand it more broadly and whether to use these or other questions.</p> <p>There was a question about performance appraisals and why we cannot get to 100%. It was noted that on Union side it is challenging because there are part-timers and those on long-term disability, but</p>	

		<p>80% is high end in this industry. On management side, it is better and we are trying to get to 100%. One of the challenges noted was that we do not have performance pay. There is an important focus put on performance appraisals as it is a time to talk about what is going well and what is not going well. One issue brought forward was the time it takes some managers to do performance appraisals as they have over 100 people. Coaching and help is needed for them.</p> <p><b>Moved by D. Somppi Seconded by L. Gillen</b></p> <p><b>BE IT RESOLVED THAT</b> the proposed March 2020 Targets for the Strategic Plan Scorecard Indicators be approved, as presented.</p> <p style="text-align: center;"><b>CARRIED</b></p>	
		<p>e. Update on new Strategic Plan (2020 – 2023) – P. Prince, D. Hesidence</p>	
		<p>D. Hesidence acknowledged and thanked P. Prince for all the work she has done on the Strategic Plan. She will be missed in her retirement. J. Lambley was at the table and was introduced as the person who will be taking up the work from her.</p> <p>The environmental scan is completed and has been sent to the Board. Next, we are starting the SOAR process. This will be instead of SWOT, but weaknesses and threats will not be forgotten. Thanks were given to S. Squire and L. Gillen for suggesting scenario planning and using the Foresight tool to look into the future. Next week Policy Horizons is hosting The Royal and it is hoped that this will be ready for the Board Development Days.</p> <p>Discussion and questions followed. It was noted there was a focus on psychiatry resources in the workforce, but there is also a need to understand the supply of and role for alternative providers and other disciplines into the future and partnerships in the community and with social work.</p> <p>The presentation is attached to these minutes.</p>	
		<p>f. Accreditation Update – D. Simpson</p>	
		<p>The Accreditation meeting will be held on October 7, 2019 at 9:45 – 10:45 a.m. The main focus of Accreditation will be client and family centered care. It is hoped that as many Trustees as possible will attend and should be prepared to answer questions.</p> <p>The Accreditation Core Team had a preliminary coaching session in August and the coaching questions from that session were included in the meeting package. Trustees are encouraged to read this prior to the October 7 meeting.</p> <p>In the August session, the question of Board self-assessments came up and the Governance Committee will be discussing this further at their October 2, 2019 meeting.</p> <p>A brief coaching session followed with the following questions and</p>	

		<p>answers given:</p> <p>How are family and clients engaged at the Board level?</p> <ul style="list-style-type: none"> <li>- The fact the Chair of the Client Advisory Council and Family Advisory Council are at the Board table was seen as a step in the right direction. They feel engaged and have a voice, but there is a need to clarify their role.</li> <li>- They are at the table to ensure we talk about care and the relationship between care and families. This was pushed forward at the Quality Committee as well. This topic is near and dear to our hearts as we want The Royal to be the best it can be.</li> <li>- The client and family council Chairs are invited and will attend the Board Development Days.</li> <li>- C. Clark advised that she is stepping down as the Chair of the Family Advisory Council and someone else will be taking over. She hopes the next person will be as involved as she has been with asking questions and speaking.</li> <li>- G. O'Hara has seen a lot of progress over the years. She would like The Royal to be a place that is the first to do something with client and family care. Having the President &amp; CEO at client and family meetings was seen as quite helpful.</li> </ul> <p>What oversight does the Board provide over the organization's efforts to build a meaningful partnership with clients and families?</p> <ul style="list-style-type: none"> <li>- There is now space on organization chart.</li> <li>- There are regular opportunities for direct interface and contact through the Quality Committee.</li> <li>- One of the Quality Committee responsibilities noted on their Terms of Reference is to monitor quality through the lens of patient and family centered care.</li> <li>- The Strategic Plan has a specific objective on family experience so there is an indicator watching this very topic.</li> </ul> <p>The questions and answers will be circulated to the Board following this meeting. If there is anything any Trustees would like to add, Reply to All should be used to have those discussions as this will be a good forum to share views.</p> <p>The Accreditation Report was included in the meeting package.</p>	
		<p>g. Royal Ottawa Place (ROP) – J. Bezzubetz</p>	
		<p>J. Bezzubetz provided a brief report on this item. She is interested in pursuing a special designation for the ROP as an MHA facility, along with additional funding to allow us to operate at a break-even budget and to serve a population we are expert at serving. It is still early days, but she wanted the Board to be aware. E. Millar will be leading this initiative.</p>	
		<p>a. Communications/Advocacy – K. Monaghan</p>	

		<p>J. Bezzubetz introduced K. Monaghan, who has stepped into a leadership role as the Director, Communications. Communications has been kept busy promoting the concept of a hospital without walls and the team is in the midst of being built up.</p> <p>An important message we will be getting out is that we are collaborators. We are stronger when we work together. The hospital without walls vision is about access. In the past, much communication about access has been reactive in responding to the issue about wait times. Now we are acknowledging that access to mental health care is fraught with problems and we are working to change that. The definition about access is changing. It has broadened beyond getting into a hospital – examples include Telemedicine, the CMH program or partaking in a research project. We are working behind the scenes with partners. We are listening to clients and families on what they need from us.</p> <p>The Royal has a good track record of stigma busting. Substance use and addictions are both highly stigmatized. We brought together over 100 reps to talk about the opioid epidemic and substance use and addictions overall and an action plan came out of it. One of key items identified was reducing stigma.</p> <p>Forensics mental health is also highly stigmatized. Our goal is to influence balance and informed reporting (i.e. people with mental illness are more likely to be victims). We also want to redevelop the Brockville site. We need to have a community who has empathy for the population we serve. Having a facility that looks like a jail is hard for staff and patients. Patients and families have asked if the fence can be removed and this is being worked on.</p> <p>The Board was asked what they needed to carry on today's key conversations. Following the meeting a survey will be sent to Trustees by P. Robb and all are encouraged to respond. There was discussion and Trustees requested that some key messages be drafted on what would be helpful for them to communicate to their circles.</p>	<p>P. Robb to send survey to Trustees K. Monaghan to draft key messages</p>
		<p>b. IMHR Subcommittee Recommendations Update – C. Crocker</p>	
		<p>We have made some great progress in terms of the annual budget process that is in place. The IMHR administrative infrastructure such as Finance, HR and space planning communication has been transitioned to the Royal. The employees are pleased as they see it as more opportunities for growth.</p> <p>Many initiatives with the Brain Imaging Centre are being worked on. There was a generative discussion at the Innovation Committee and the ideas that came from that meeting will be taken under advisement.</p> <p>We are looking at moving the animal lab. Over the past few months it has decreased in size. It made sense to keep it small and by keeping it small we can do minor renovations for about \$15-20,000, which is a</p>	

		<p>significant reduction from earlier estimates.</p> <p>The recruitment of the VP/P, IMHR is well under way. The RFP was sent today. Proponents were ranked and the top three will be picked for interviews. A job description has been drafted and will be finalized after the appropriate people look at it.</p> <p>Overall, we are in good shape. The big risk item was identified as the Brain Imaging Centre.</p> <p>A copy of the IMHR Subcommittee recommendations were included in the meeting package.</p>	
		c. IMHR Report – P. Blier	
		<p>P. Blier reported to the Board. He wanted to clarify that the animal lab is a wet lab space and not just for research on animals. He brought some items forward that were of concern to him. The two-page report will be circulated to Trustees through P. Robb. There was discussion following this report. The Chair noted that P. Blier's role in keeping staff morale up and taking leadership is appreciated.</p>	<p>P. Robb to send P. Blier's two-page report to Trustees</p>
<b>5.</b>	<b>DECISION/ INFORMATION ITEMS</b>	a. Quality Committee Report – L. Leikin	
		<p>L. Leikin reported for this Committee. The Quality Committee is embarking on its own quality improvement process to ensure that its agenda and deliberations add value to the care provided at the Royal.</p> <p>As part of the Quality Committee meeting, presentations were received from the Youth and Schizophrenia programs regarding recent quality improvement initiatives. The Schizophrenia presentation was highlighted as they identified an evidence-based initiative to inform clinical programming. This was seen as a good example of using research and data to inform clinical practice.</p>	
		i. Annual Integrated Risk Management Framework	
		This item will be reported on as part of the Finance Committee Report.	
		ii. Corporate Patient Safety Report	
		<p>This report is used to fulfill one of the legislated monitoring requirements of the Committee, but in the past it has been difficult to find meaning in the data reported. R. Bhatla and D. Simpson initiated a new reporting methodology using control charts that translate patient safety data into a graphing format, and allows for identification of trends or shifts, and to determine whether the data fits within the range of normal. This reporting method will help the Committee track, review and monitor data more effectively. The patient safety data reporting initiative represents a quality improvement practice, and will be evaluated going forward by the Committee on its utility. It was agreed that the next iteration of the reporting method will attempt to incorporate normative or population based patient safety comparisons from other Ontario mental health centres to determine how safe The</p>	

		<p>Royal's patients are using a systematic evaluation</p> <p>Thanks were given to J. Lambley who provided an excellent report on the quality framework. The report highlighted the importance of patient/family centered care as the cornerstone of quality care. The report also advised that quality is a corporate as well as clinical imperative. This will be an important focus as The Royal moves the quality agenda forward.</p> <p>The Corporate Patient Safety Report was included in the meeting package for the information of the Board.</p>	
		<p>b. Medical Advisory Committee Report – R. Bhatla</p>	
		<p>The Medical Advisory Committee hears regular presentations from young scientists. The presentations are very informal about what they are doing and what their interests are. Through this, some collaborations have come about.</p> <p>The current time and effort for the physician group is adapting to the new EHR. It is a major learning. They are also learning EPIC for TOH, which can be a challenge.</p> <p>Physician recruitment is going well.</p> <p>The Mood &amp; Anxiety (M&amp;A) Program has become a much more dynamic Program. R. Bhatla gave a shout out to Dr. Dufour, as he has been acting Clinical Director for this Program.</p>	
		<p>i. Medical Staff Privileges</p> <p>Move by D. Somppi and seconded by L. Leikin</p> <p><b>BE IT RESOLVED THAT</b> in accordance with the criteria and credentialing process outlined in the ROHCG Appointment and Re-appointment Schedules, the Medical Advisory Committee recommends to the Board of Trustees the following candidates for Medical Staff Privileges.</p> <ul style="list-style-type: none"> <li>- Dr. Amol Vaze, Psychiatrist, Probationary Full-Time Privileges, Mood &amp; Anxiety Program, effective July 2, 2019.</li> <li>- Dr. Rebecca Gomez, Psychiatrist, Probationary Part-Time privileges, OSI Program, effective September 4, 2019.</li> <li>- Dr. Anne Hamilton, Family Physician, Consultant Privileges pending receipt of Letter of Good Standing from Perley Rideau Veterans Health Centre, Geriatrics Program.</li> <li>- Dr. Benoit Robert, Family Physician, Consultant Privileges pending receipt of Letter of Good Standing from Perley Rideau Veterans Health Centre, Geriatrics Program.</li> <li>- Dr. Ruth Taylor, Psychiatrist, Primary Full-Time privileges, STU Brockville, effective immediately.</li> <li>- Dr. Phillip DuToit, Dentist, from Probationary to Primary Full-Time privileges, FTU &amp; STU Brockville, effective immediately.</li> <li>- Dr. Liisa Johnston, Psychiatrist, Courtesy On-Call privileges, Youth Program, effective August 12, 2019.</li> </ul>	

		<ul style="list-style-type: none"> <li>- Dr. Aaron Silverman, Psychiatrist, Courtesy On-Call privileges, Youth Program, pending Letter of Good Standing from CHEO, effective July 2, 2019.</li> <li>- Dr. Heather Langille, Family Physician, from Temporary Consulting to Consultant privileges, FTU and STU Brockville, effective immediately.</li> <li>- Dr. Susan Okigbo, Psychiatrist, Probationary Full-Time Privileges, Mood &amp; Anxiety Program and CMHP, effective August 26, 2019.</li> <li>- Dr. Sarah Ward, Family Physician, Locum Tenens position, SUCD, effective immediately.</li> <li>- Dr. Sarah Russell, Psychiatrist, Consulting privileges, Geriatrics Program, effective October 1, 2019.</li> </ul> <p style="text-align: right;"><b>CARRIED</b></p>	
		c. Finance Committee Report – J. Gallant	
		<p>i. Annual Integrated Risk Management Framework (IRMF)</p> <p>The IRMF is shared with the Quality Committee and it is on both of their work plans. The Governance Committee has been asked to look at ownership and which Committee should be responsible.</p> <p>Overview from a Finance Committee perspective:</p> <ul style="list-style-type: none"> <li>- The reputational risk of The Royal will be incorporated in the document going forward.</li> <li>- Legal risk will also be incorporated in the document.</li> <li>- The document is repetitive in some areas and will be streamlined.</li> </ul> <p>Move by J. MacRae and seconded by L. Leikin</p> <p><b>BE IT RESOLVED THAT</b> the <i>Integrated Risk Management Framework</i> be approved, as presented by the Finance and Quality Committees.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		ii. Insurance Coverage	
		A summary of the coverage from HIROC was received from management with an assurance that it still adequate for the hospital. A copy of the insurance certificate was included in the meeting package.	
		iii. Update on Cyber Security Recommendations	
		Cyber security recommendations are reviewed on a quarterly basis. At this time, there are a few outstanding items which will need to be discussed with our partners (Ontario Shores and Waypoint) such as software when connecting to the network and security training. These will not be implemented this year.	
		iv. PET/MRI Update – C. Crocker	
		It is on our work plan to ensure continued viability of the PET/MRI	

		system beyond the forecast we have today.	
		<p>v. RFP Investment Management Services</p> <p>The Finance Committee were underwhelmed with the performance of the investment portfolio. RFPs and a ranking was done over the summer and a presentation was made by the four top firms. The recommendation is to award it to CIBC and Fripp. The cost is a little bit higher, but it is a better return. There will be a termination clause added to the contract to cover us if we are not satisfied. L. Gillen recused herself from this discussion.</p> <p>Moved by J. MacRae and seconded by S. Squire</p> <p><b>BE IT RESOLVED THAT</b> that investment services for the Royal Ottawa Health Care Group be awarded to CIBC Wood Gundy and The Fripp Advisory Group for a period of five years plus 2-year option.</p> <p style="text-align: center;"><b>CARRIED</b></p>	
		vi. Hospital Food Services (HFS Updated)	
		The sale of HFS has closed, but the funds have not yet been distributed. The reason is the HFS Board is looking to finalize membership. The agreement reached will recognize the membership of three additional partnerships and will reduce our component by \$50,000.	
		vii. TELUS 2-Year Contract Option	
		<p>The government is asking all hospitals to abstain from contracts with a duration exceeding two years. Anything over two years is required to go through a process of approval. Management recommends we extend the TELUS contract. When there are further instructions from the Ministry, then we can go forward with the RFP. To date we are satisfied with TELUS and the cost is good.</p> <p>Moved by L. Gillen and seconded by L. Leikin</p> <p><b>BE IT RESOLVED THAT</b> the Board of Trustees authorize the President &amp; CEO to sign the two-year option as set out in the 2014 TELUS Contract for Managed Services and Mobility Services.</p> <p style="text-align: center;"><b>CARRIED</b></p>	
		viii. Proposal EllisDon to Sell Equity in Project Co (THICC) to Fiera Infrastructure	
		J. Gallant reported on this transaction. She noted that a resolution will be forthcoming at a future meeting, but in the meantime it is for the information of the Board. The Finance Committee wanted to have more comfort on the legal side before recommending it to the Board for approval. Perley Robertson is the external legal on this and are fine with the concept, but need to see the final agreement in order to confirm there is adequate protection.	
		ix. Signing Authority – Investment Account	
		This item was added to the Finance Report.	

		<p>Moved by J. Gallant and seconded by I. Levy</p> <p><b>BE IT RESOLVED THAT</b> the signatories to the Royal's Investment account/activity shall be the following members: President &amp; CEO, COO &amp; CFO and Director, Finance – provided that any two signatories have signed jointly.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
		d. Audit Committee Report – J. Gallant	
		<p>There was no Audit Committee meeting and therefore there was nothing to report. The next meeting will be on January 30, 2020.</p> <p><i>J. Gallant departed the meeting at 8:24 p.m. Quorum was maintained.</i></p>	
		e. Governance Committee Report – J. Gallant	
		i. Board Committee Membership Chart ( <i>Revised</i> )	
		<p>The Committee Membership Chart has been updated to add L. Leikin, Chair, Quality Committee, as a member of the Finance Committee as per the Finance Committee Terms of Reference. He was also added to the Audit Committee membership. This was for the information of the Board.</p>	
		f. Innovation Committee Report – N. Bhargava	
		<p>A presentation was made and is attached to these minutes. The Innovation Committee is made up of a great group of people who have an opportunity to think outside the box and make valuable contributions. We are also looking at ways we can implement. The goal is to encourage and monitor innovation. Recently, the Foundation and IMHR Boards were approached for representation on the Committee.</p> <p>Some innovation is not for the board level, but we still want to encourage it. We are in the process of creating an inventory of innovation. We want innovation to happen, but we want to be smart about it. We are also sensitive to not building another layer. We want to make sure we have the right linkages to other great conversations on topic.</p>	
		i. Dashboard	
		<p>A draft dashboard was shared to show how an idea can be moved from idea, pilot, implementation, operation. At each gate there is a go no-go decision that management has to make. If we wind something down, we want to learn from it, such as why did it not proceed and what did we learn from it. A copy of the draft dashboard was also included in the meeting package.</p>	
		ii. Framework	
		<p>A copy of the draft Framework was included in the meeting package.</p>	
		g. Compensation & Succession Planning Report – A. Graham	

		There was no Compensation & Succession Planning Report and therefore no report. The next meeting is on November 20, 2019.	
		<p>h. Corp VI-ii 100 Privacy Policy – C. Crocker</p> <p>This was brought forward as an update to the Policy. A copy of the Privacy Policy was included in the meeting package.</p> <p>We now have a shared EHR between the three organizations (Waypoint, Ontario Shores and The Royal) and are working on making it a more friendly and open process for patients and family to access information. A patient portal is on our project list, which will give us a lot of flexibility on how patients access information. There will be an additional policy later on, but we need the current policy approved as it is due to be updated.</p> <p>Expect a future iteration of this policy with when and how we can use the data. C. Crocker will take this back to the privacy group.</p> <p>Moved by D. Somppi and seconded by N. Bhargava</p> <p><b>BE IT RESOLVED THAT</b> the Corp VI-ii Privacy Policy be approved, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
6.	<b>NEW BUSINESS</b>	<p>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.</p> <p>K. Monaghan reported that the new website for The Royal has been launched.</p>	P. Robb to add to future agendas
7.	<b>REPORT ON THE ETHICS FRAMEWORK FOR DECISION MAKING</b>	S. Squire, 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.	
8.	<b>NEXT MEETING</b>	The next meeting will be on December 12, 2019 at 4:30 p.m. Board Trustees were asked to put this date in their calendars. It was noted that there will be an indigenous catered meal at the December meeting. This will be a follow up to the indigenous blanket ceremony that the Board will participate in at the Board Development Days.	
9.	<b>ADJOURNMENT</b>	<p>The regular meeting adjourned at 9:31 p.m. and a Restricted and In-Camera session was then held. All guests and ex-officio members departed the meeting.</p> <p>Moved by I. Levy and seconded by S. McLean</p> <p><b>BE IT RESOLVED THAT</b>, the meeting be adjourned at 9:31 p.m.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
10.	<b>RESTRICTED SESSION</b>	The independent Board members met with the President and CEO and Chief of Staff for a brief period.	

		<p>Moved by L. Leikin and seconded by N. Bhargava</p> <p><b>BE IT RESOLVED THAT</b> the Restricted Minutes of March 28, 2019 be approved, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p>	
<p><b>IN-CAMERA SESSION</b></p>		<p>The independent Board members met without management regarding the President &amp; CEO's and Psychiatrist-in-Chief/Chief of Staff's Performance Review.</p> <p>Moved by N. Bhargava and seconded by L. Gillen</p> <p><b>BE IT RESOLVED THAT</b> the In-Camera Minutes of August 8, 2019 be approved, as presented.</p> <p style="text-align: right;"><b>CARRIED</b></p> <p>The Board was advised that the feedback and suggestions that were put forth at the special meeting in August were heard and a draft plan was prepared (including tentative dates that have been put into calendars) and will be discussed at the upcoming Governance Committee meeting and then will come back to the full Board in December.</p>	



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



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

## Board Meeting Action Items

Item	Individual Responsible	Status
<b>September 26, 2019</b>		
S. McLean requested a standing agenda item regarding the redevelopment of the Brockville site. It was agreed he could have five minutes at each meeting.	P. Robb to add to future agendas	ONGOING
The Board was asked what they needed to carry on today's key conversations. Following the meeting a survey will be sent to Trustees by P. Robb and all are encouraged to respond.	P. Robb	COMPLETED
Trustees requested that some key messages be drafted on what would be helpful for them to communicate to their circles.	K. Monaghan	IN PROGRESS
To send P. Blier's two-page report to Trustees	P. Robb	COMPLETED
<b>June 20, 2019</b>		
Accreditation to be added to September 26, 2019 agenda	K. 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	<b>TO BE SCHEDULED</b>
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
<b>March 28, 2019</b>		
To send the Skills Matrix to all Trustees to be updated as needed.	P. Robb	COMPLETED
To send an updated meeting request for the 2019 Board Development days to show the end time of 3:30 p.m. instead of 1:30 p.m.	P. Robb	COMPLETED
Once a final date and time are known for governance discussion with one of the accreditors, an updated meeting request will be sent to all Trustees.	P. Robb K. Lepinskie	COMPLETED [Meeting scheduled on October 7]
Add indigenous training to the list of required training for Trustees.	P. Robb	COMPLETED October 31, 2019 <b>And a catered meal on December 12, 2019 (include vegetarian option)</b>
Add J. MacRae to June 20, 2019 agenda as Innovation speaker.	P. Robb	<b>COMPLETED</b> <del>June 20, 2019</del> <del>September 26, 2019</del> <del>December 12, 2019</del>
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 to add to future agendas	ONGOING