

HOME AND COMMUNITY CARE SUPPORT SERVICES

Minutes of the Meeting of the Boards of Directors of the 14 Local Health Integration Networks operating as Home and Community Care Support Services (HCCSS) Board of Directors October 6, 2021

A meeting of the HCCSS Boards of Directors (Board) was held on October 6, 2021, virtually, beginning at 12:30 pm.

PRESENT:

Voting Members:	Joe Parker, Board Chair Glenna Raymond, Vice-Chair Carol Annett, Member Anne Campbell, Member Eugene Cawthray, Member Michael Dibden, Member Stephan Plourde, Member
Regrets:	None.
Staff in Attendance:	Donna Cripps, Interim Chief Executive Officer Barbara Bell, VP, Quality and Risk Lisa Burden, VP, Home and Community Care Karin Dschankilic, VP, Finance and Corporate Services Miranda Ingribelli, VP, People and Talent Management Marla Krakower, VP People Services, Employee Experience & Public Relations Jeffrey Simser, Legal Director, Agencies Legal Erica Jeffery, Executive Assistant to the Board, Recording Secretary
Guests:	The Honourable Christine Elliott, Betty-Lou Kristy, Angela Burden, Kerby Audet, Cathy Kelly, Jutta Schafler Argao, Joel Borgida, Karen Taillefer, Tini Le, Claire Ludwig, Karyn Lumsden, Karen Ho, Lisa Tweedy, Heidi Maanselka, Kimberley Floyd, Brock Hovey, Dave Speedie, Cindy Ward, Lindsay Wingham-Smith

A. Convening the Meeting

A.1. Call to Order

A quorum was present and the meeting was called to order at 12:30pm.

Board members were introduced to Betty-Lou Kristy.

A.2 The Honourable Christine Elliott, Minister of Health, and Betty-Lou Kristy, Chair of the Minister's Patient and Family Advisory Council

The Minister of Health acknowledged the efforts of the Board of Directors as they move forward during this transition phase and also acknowledged their efforts in implementing the vaccination strategy. In addition, the Minister thanked all front line employees for their resiliency and efforts, particularly in light of the pandemic.

The Minister shared about the government's continued plans to implement strategy focused on patients' needs and continued to work towards modernizing home care and integrating these services with Ontario Health Teams (OHTs). The government's goal is ultimately to build a better health care system and end hallway health care by providing care in the home. HCCSS is working with the Ministry of Health (Ministry) and Ontario Health to improve the system and also continuity of care.

The Board inquired about when the Ministry anticipates OHTs will be fully operational. The Minister noted that there has been a concerted effort over the past few years with the expansion of OHTs and work continues to move forward with the majority of the province having OHT coverage. The Minister reported that the challenge now is beginning to match the OHTs with patients and services. The Minister also acknowledged the recent announcement of an additional 8 OHTs in the province.

The Board inquired about resources for OHTs. The Minister shared that when the OHTs first started, they tended to rely primarily on resources of hospitals but now the Ministry is allocating resources directly to OHTs to help them establish systems. The critical importance of data collection was noted as a key enabler for decision making. The Minister commented that the data repository is under the leadership of Jane Philpott.

The Board and Minister talked about the challenges of health human resources and the Ministry's efforts to support planning to improve and support health human resources recruitment and encourage people to enter work in the health care sector. The Minister gave an example of working with the Minister of Education and the Minister of Colleges and Universities in efforts to encourage people to go into health care.

Betty-Lou Kristy, the Chair of the Minister's Patient and Family Advisory Council (Council) shared an update regarding herself and her role. Ms. Kristy highlighted the critical importance of co-design, with patient partners and components of the health system.

The Minister noted the importance of leveraging the work of the Council as well as partners such as HCCSS. Ms. Kristy and the Council are well connected to the OHTs to ensure the patient and caregivers are at the centre of all aspects at the Ministry.

The Minister of Health and Betty-Lou Kristy excused themselves at 1:00pm.

A.3 Land Acknowledgement

The Board Chair shared a land acknowledgment.

A.4 Approval of the Agenda of October 6, 2021

It was moved by Joe Parker/Eugene Cawthray

That the agenda of October 6, 2021 be adopted, as submitted.

This motion was put to a vote and

CARRIED.

A.5 Conflict of Interest

None declared.

B. Consent Agenda

B.1 Approval of Consent Agenda

It was moved by Eugene Cawthray/Anne Campbell

That the Consent Agenda of October 6, 2021 be adopted, as amended.

This motion was put to a vote and

CARRIED.

The Board requested that the CEO Report be pulled for a brief discussion regarding staff vacancies. The interim CEO indicated that this work is part of the People Strategy and that recruitment for critical positions within the approved budget is underway. The incoming CEO, once appointed, will work towards a permanent structure, as directed by the Board.

C. Business Arising/Orientation

C.1 Annual Business Plan

Staff provided an update regarding the development of the Mission, Visions and Values as well as a draft of the Annual Business Plan, noting that while it is typically a one year plan, this one will be for 18 months.

The Board acknowledged the level of engagement and consultations, both internal and external, in the development of the mission, vision and values, and were in agreement with the draft statements, with a specific request to see “patient ‘and family’ centered care” as part of the organizational mission.

The Board also discussed the draft Annual Business Plan, noting that while there are many goals, there needs to be some more specific time-bound objectives to drive the organization forward. The Board also felt it was an ambitious plan and recommended fewer and a more refined list of activities, recognizing the incoming CEO, once appointed, may wish to amend the document. Staff noted that the Annual Business Plan will be translated into a corporate work plan whereby milestones would be developed and staff can report back to the Board about progress.

The Board was pleased to see an investment in people and their development. The Board noted that while the value of the patient and caregiver voice is implied, the Board would prefer for it to be spelled out in one of the pillars of the Plan. Staff noted, in addition to the requirement to submit to Treasury Board, the document also signals to all staff the important role and value they bring to health care and hopefully helps to inspire staff about the future of home care.

Action: Staff to update the mission and values and amend the Annual Business Plan to bring back to the November Board meeting.

C.2 Interim Corporate Services Lead

In follow up to the discussion with Ontario Health regarding Information Technology services, the Interim CEO introduced Dave Speedie as Interim Corporate Services Lead for IT for HCCSS. This role is intended to ensure there is a HCCSS lead focusing on and liaising with Ontario Health regarding IT challenges and opportunities.

D. Reports from Committees

D.1 Human Resources, Diversity and Equity and Communications Committee

The Committee Chair provided an update following the Committee meeting held the morning of October 6, 2021.

The Committee reviewed, discussed and endorsed a revised Committee Terms of Reference that incorporated updated language in the mandate regarding diversity and equity and communications. The Board briefly discuss communications and the Committee Chair advised it would be brought forward at a future Committee meeting.

The Committee also reviewed and discussed a proposed Future of Work Policy, noting it is a hybrid model for work location to be adopted by the 14 agencies. The Committee discussed factors that could impact the implementation of the model, including collective agreements, space, etc. The focus was that the policy is inspirational given it's not just a location of work but focused on future of work, including new processes and tools.

The Committee also reviewed and discussed the draft People Strategy, which was developed in alignment to the organization's draft Mission, Vision and Values. The Committee Chair noted that the People Strategy helps to address some of the findings of the sustainability report presented to the Board in July 2021.

The Board suggested the People Strategy could include language regarding more proactivity with caregivers and that the effective culture pillar could incorporate the notion of working with service provider organizations (SPOs). The Board noted that the People Strategy is quite progressive, acknowledges investment in people, including emerging leaders, and incorporates recognition for work done.

The Board discussed the importance of the Committees working closely together to ensure a good cross section of committees and learnings across each of the Committees.

It was moved by Glenna Raymond/Eugene Cawthray

That the Board of Directors approves the revised Human Resources, Diversity and Equity and Communications Committee Terms of Reference, the Future of Work Policy and endorses, receives and files the People Strategy, as presented to the HR Committee of the Board.

The motion was put to a vote and

CARRIED.

D.2 Patient Services, Quality and Risk and Innovation Committee

The Committee Chair provided an update regarding the Committee Work Plan, managing complaints, an Ethics Framework as well as a recommendation regarding HIROC insurance.

The Committee revised their Work Plan to incorporate a quality and risk framework. The Committee also wants to ensure their oversight as part of the budgeting and business planning process to ensure alignment. The Committee also discussed innovation as part of the Committee mandate and proposed it become a standing item on Committee agendas and consideration be given to an innovation framework.

The Committee received an overview of the complaints process across the 14 agencies. Although all 14 agencies have an established process for reporting and recording complaints, moving forward, HCCSS is working to align processes and develop key metrics to support managing and monitoring complaints. The Committee will receive a bi-annual report on HCCSS complaints that will also include quality initiatives and efforts put in place as a result of monitoring complaints.

The Committee talked about corporate communications – both from an operational and governance perspective. Staff will explore media training opportunities for Board and senior staff members, recognizing that there are only two official spokespeople for the organization, the Board Chair and the CEO.

The Committee discussed the importance of ethics and ethical decision making for HCCSS. The majority of the HCCSS agencies have some kind of ethical framework and the Committee supports the implementation and alignment of a framework across the province. The Board recommended “ethicist services” in place of “ethicist”, as originally drafted, to increase the possibilities for different types of service providers.

It was moved by Eugene Cawthray/Carol Annett

The Board of Directors endorse a harmonized provincial ethics program aligned with HCCSS values supported by management and dedicated ethicist services that includes: clinical and corporate ethical frameworks, ethics policies including the allocation of scarce resources, biennial ethics assessment, staff education, and annual reporting to the Patient Services, Quality, Risk and Innovation Committee.

The motion was put to a vote and

CARRIED.

The Committee also discussed a recommendation regarding Health Insurance Reciprocal of Canada (HIROC) Insurance coverage and to align premiums across the 14 HCCSS agencies. Staff will follow up with HIROC regarding a policy that will cover all 14 agencies and then the Committee will discuss further and bring back a recommendation to the Board.

A brief discussion occurred regarding shifting Committee meetings off of Board meeting days. The Board Chair will take it under advisement.

E. New Business

E.1 Diversity, Equity and Anti-Racism Commitment Statement

The Board received an overview of diversity, equity and anti-racism from staff. The Board noted that, as the organization came together in July 2021, there was a strong level of interest in diversity and anti-racism across the province, staff driven and lead. There has already been some good work initiated provincially prior to July 1st and there was a strong commitment to come forward with a Commitment Statement for the organization.

The Board discussed the proposed Diversity, Equity, Inclusion and Anti-Racism Commitment Statement and inquired about the value of having a unique statement, and also why the statement articulated two populations as part of the initial focus. The Board also discussed the proposed statement given there are geographic variations amongst the agencies, where some diversity and equity challenges are more prevalent in some areas than others, and the potential perception of inequity by focusing on one population versus another. Staff advised that the identification of an initial focus was not intended to detract from the broader work already being done or the commitment going forward to diversity, equity and anti-racism across the organization. It was also important for staff to establish something that was separate from what had been developed by other agencies in order to demonstrate due process in creating a system-focused organizational framework and commitment to diversity, equity, inclusion and anti-racism.

The Board noted a desire to see a budget to support this commitment statement and assurances that this be referenced in the business plan and also proposed the inclusion of some milestones as part of the People Strategy and Business Plan.

The Board talked about and ultimately supported refining the Commitment Statement so it reads as two separate sentences – with the first sentence focusing on the organization’s commitment. The Board and staff acknowledged the level of engagement with staff across the province to come to this proposed statement, which is seen as a launching pad for this very important work.

Action: Staff to ensure inclusion of the Commitment Statement in the Business Plan.

It was moved by Joe Parker/Glenna Raymond

That the Board of Directors of each of the 14 LHINs, operating as Home and Community Care Support Services, approve the Equity, Inclusion, Diversity and Anti-Racism Commitment Statement, as amended.

The motion was put to a vote and

CARRIED.

Joe Parker excused himself at 2:53pm and Glenna Raymond assumed the role of meeting Chair.

E.2 Patient Story

This month’s patient story focused on a complex patient and family situation in northern Ontario. It illustrated the importance of collaboration with patients, family members and the circle of care, as well as the value of the High Intensity Supports at Home (HISH) program.

F. Closed Session

It was moved by Glenna Raymond / Stephan Plourde

That the HCCSS Boards move to a closed session to discuss a matters of legal, personnel and public interest at 3:04pm.

This motion was put to a vote and

CARRIED.

G. Adjournment

After moving back to open session at 3:48 pm, it was moved by Glenna Raymond / Carol Annett

That the meeting be adjourned.

This motion was put to a vote and

CARRIED.

The HCCSS Boards Meeting adjourned at 3:49pm.

Original signed by

November 3, 2021

Glenna Raymond, Board Vice-Chair

Date

Original signed by

November 3, 2021

Donna Cripps, Corporate Secretary

Date