

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 July 7, 2021

A meeting of the HCCSS Boards of Directors (Board) was held on July 7, 2021, virtually, beginning at 9:00 am.

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, Chief Executive Office 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, Agency Legal Erica Jeffery, Executive Assistant to the Board of Directors, Recording Secretary
Guests:	Nissa Shariff, Tyler Totman, Brock Hovey, Karen Lumsden, Cindy Ward, Jutta Schafler Argao, Angela Burden, Debbie Roberts, Claire Ludwig, Kerby Audet, Tini Le, and Martina Rozsa.

A. Convening the Meeting

A.1. Call to Order

A quorum was present and the meeting was called to order at 9:02am.

A.2 Approval of the Agenda of July 7, 2021.

It was moved by Anne Campbell / Michael Dibden

THAT the agenda of July 7, 2021 be adopted, as submitted.

This motion was put to a vote and

CARRIED.

A.3 Conflict of Interest

None declared.

Action: Governance Committee to work with Agency Legal to discuss the Conflict of Interest Policy for the HCCSS Agencies.

B. Consent Agenda

B.1 Consent Agenda

None.

C. New/Other Business

C.1 An Introduction to Home and Community Care

The Interim CEO provided an introduction to the business of HCCSS including the provision of in-home care services, community based care, family managed home care, on-site support in acute care facilities, long term care placements and information/referral services. Additionally, a high level overview regarding budget, workforce and key challenges was provided.

The Board noted the role of family as caregivers for patients, in addition to services coordinated through HCCSS. The Board also discussed the need to streamline the system to be able to customize care in the community based upon population health.

A very high level overview of Health Insurance Reciprocal of Canada (HIROC) was provided for the Board.

Action: Staff to provide an update regarding the total workforce supporting patients at home: HCCSS Staff, SPO staff and caregivers.

Action: Staff to schedule Adelsteinn Brown to come to an upcoming Board meeting to provide an overview of Ontario Health Teams (OHTs.)

Action: Staff to arrange for a presentation by HIROC regarding coverage for Board members.

C.2 Appointment of Officers and Committee Members

a. Appointment of Board Secretary

It was moved by Joe Parker / Stephan Plourde

THAT despite any prior appointments, the Interim CEO, Donna Cripps, is hereby appointed as Secretary to each of the 14 Local Health Integration Networks (“LHINs”) pursuant to LHIN By-Law No. 1, section 6.07, effective July 7, 2021 until the date on which the Interim CEO ceases to be employed in this position or until this resolution is amended and replaced by the Board, whichever comes first.

This motion was put to a vote and

CARRIED.

C.3 Organization and Board Committees

a) Standing Committees

There are five proposed Committees of the Boards, each with a goal of incorporating Equity and Diversity into HCCSS's governance function. The Board discussed potential flexibility with the number of Committees given the current number of Board members as well as potential alignment of Committees such as Service Integration with Quality. The Board indicated there was not a pressing need for an Innovation Committee at this time, but one could be established in the future. The Board Chair would ultimately like to have 10 Board members with no board member being on more than 2 Committees.

Action: Board members to consider the Committee(s) they would like to join and any feedback on Terms of Reference and follow up with the Board Chair. Staff will add to the August Board Meeting agenda.

b) CEO Search Committee

The Board discussed the establishment of a CEO Search Committee to recruit a permanent CEO. This Committee will report back to the full Board with advice and recommendations.

It was moved by Joe Parker / Glenna Raymond

THAT the CEO Search Committee of the Board is hereby established and comprised of Carol Annett as Committee Chair, Anne Campbell and Stephan Plourde.

This motion was put to a vote and

CARRIED.

C.4 Board Priorities

a) Memorandum of Understanding with Ontario Health

A draft Memorandum of Understanding (MOU) was tabled for the Board. This transitional MOU will support the "decoupling" of Ontario Health Staff from the HCCSS organizations.

b) HCCSS Relationship Agreements

On-going discussions respecting the HCCSS accountability framework are underway. The HCCSS agencies will require relationship documents with both the government, through the Ministry of Health, and their sister agency, Ontario Health (OH).

Action: Board Chair will bring back further updates regarding the development of relationship documents.

Action: Staff will arrange an overview of Ontario Health/Ontario Health Teams regarding current and future state in alignment with the presentation to be coordinated with Adelsteinn Brown.

c) Directives

The Interim CEO shared a draft Minister's Directive, delegating a limited directive power to Ontario Health respecting HCCSS's role in respect of COVID-19 pandemic response and recovery matters.

Action: If this directive is finalized, the Chair will table same at a future board meeting.

C.5 Annual Board/Committee Work Plan

Deferred.

C.6 Constating Documents

a) Connecting Care Act

Shared for information.

b) Local Health System Integration Act (LHSIA)

Shared for information.

c) LHIN By-Laws

Shared for information.

C.7 Price Waterhouse Cooper (PwC) Report on Stability

PwC (Nissa Shariff and Tyler Totman) provided an overview of their Report on Stability for HCCSS in terms of a current state assessment and to help support the development of the future organizational design. Two key areas were identified as potential risks: [1] People and Organization; and [2] Technology and Data.

Both Quadrant (payroll system) and Client Health Related Information System (CHRIS) were two key enabling technologies requiring further discussion.

Action: Staff to provide an update regarding the Quadrant System at the August Board meeting.

C.8 Timing and Frequency of Future Board Meetings

The Board was supportive of the proposed Board meeting dates (the first Wednesday of the month for the next four to five months).

Action: If members are unable to attend, Board members to notify the Secretary in order to monitor quorum.

C.9 Operational Matters

a) Technology and Innovation

No item for discussion.

b) Performance Indicators

No item for discussion at this meeting. An update will be shared at the August Board meeting.

c) Human Resources Strategy

An overview of the HCCSS Human Resources Strategy was shared for information. Staff will immediately begin to take stock of vacancies and interim roles across the province and then move forward on filling roles. The Interim CEO and senior leaders have continued to reinforce messaging regarding the importance and value of unionized and non-unionized staff.

The Board indicated an interest in understanding the unionized workforce and their recruitment and retention. The Board also inquired about severance exposure due to interim roles.

The Interim CEO noted that an executive compensation framework is being developed and finalized by the Ministry of Health and will come back to the Board upon completion.

d) Finance Report

a) 2021/22 Budget and Plan

An overview of the HCCSS banking and delegation of authority, budget, year to date results and monthly reporting was shared. The Finance teams across the 14 HCCSS agencies will work to support and balance budgets provincially.

Glenna Raymond excused herself at 12:30pm.

b) LHIN Board to CEO Delegation of Authority

The Board reviewed the Draft CEO Delegation of Authority Policy.

It was moved by Joe Parker / Eugene Cawthray

THAT the Boards of Directors approve the LHIN Board to CEO Delegation of Authority Policy (attached as Appendix B to the minutes) effective July 7, 2021 until amended or revoked by the Boards.

This motion was put to a vote and

CARRIED.

Action: Finance Committee to review financial and delegation of authority arrangements.

D. Closed Session

It was moved by Joe Parker / Stephan Plourde

THAT that the HCCSS Boards move to a closed session to discuss a matters of legal, personnel and public interest at 12:37 p.m.

This motion was put to a vote and

CARRIED.

E. Adjournment

After moving back to open session, it was moved by Eugene Cawthray / Carol Annett

THAT the meeting be adjourned.

This motion was put to a vote and

CARRIED.

The HCCSS Boards Meeting adjourned at 1:10pm.

Original signed by

Joe Parker, Board Chair

August 4, 2021

Date

Original signed by

Donna Cripps, Corporate Secretary

August 4, 2021

Date

Appendix A: The legal and business names of the HCCSS Agencies

Legal Name	Registered Business Name (English)	Registered Business Name (French)
Central East Local Health Integration Network / Réseau local d'intégration des services de santé du Centre-Est	Home And Community Care Support Services Central East	Services de soutien à domicile et en milieu communautaire du Centre-Est
Central Local Health Integration Network / Réseau local d'intégration des services de santé du Centre	Home And Community Care Support Services Central	Services de soutien à domicile et en milieu communautaire du Centre
Central West Local Health Integration Network / Réseau local d'intégration des services de santé du Centre-Ouest	Home And Community Care Support Services Central West	Services de soutien à domicile et en milieu communautaire du Centre-Ouest
Champlain Local Health Integration Network / Réseau local d'intégration des services de santé de Champlain	Home And Community Care Support Services Champlain	Services de soutien à domicile et en milieu communautaire de Champlain
Erie St. Clair Local Health Integration Network / Réseau local d'intégration des services de santé d'Érié St-Clair	Home And Community Care Support Services Erie St. Clair	Services de soutien à domicile et en milieu communautaire d'Érié St-Clair
Hamilton Niagara Haldimand Brant Local Health Integration Network / Réseau local d'intégration des services de santé de Hamilton Niagara Haldimand Brant	Home And Community Care Support Services Hamilton Niagara Haldimand Brant	Services de soutien à domicile et en milieu communautaire de Hamilton Niagara Haldimand Brant
Mississauga Halton Local Health Integration Network / Réseau local d'intégration des services de santé de Mississauga Halton	Home And Community Care Support Services Mississauga Halton	Services de soutien à domicile et en milieu communautaire de Mississauga Halton
North East Local Health Integration Network / Réseau local d'intégration des services de santé du Nord-Est	Home And Community Care Support Services North East	Services de soutien à domicile et en milieu communautaire du Nord-Est
North Simcoe Muskoka Local Health Integration Network / Réseau local d'intégration des services de santé de Simcoe Nord Muskoka	Home And Community Care Support Services North Simcoe Muskoka	Services de soutien à domicile et en milieu communautaire de Simcoe Nord Muskoka
North West Local Health Integration Network / Réseau local d'intégration des services de santé du Nord-Ouest	Home And Community Care Support Services North West	Services de soutien à domicile et en milieu communautaire du Nord-Ouest
South East Local Health Integration Network / Réseau local d'intégration des services de santé du Sud-Est	Home And Community Care Support Services South East	Services de soutien à domicile et en milieu communautaire du Sud-Est

South West Local Health Integration Network / Réseau local d'intégration des services de santé du Sud-Ouest	Home And Community Care Support Services South West	Services de soutien à domicile et en milieu communautaire du Sud-Ouest
Toronto Central Local Health Integration Network / Réseau local d'intégration des services de santé du Centre-Toronto	Home And Community Care Support Services Toronto Central	Services de soutien à domicile et en milieu communautaire du Centre-Toronto
Waterloo Wellington Local Health Integration Network / Réseau local d'intégration des services de santé de Waterloo Wellington	Home And Community Care Support Services Waterloo Wellington	Services de soutien à domicile et en milieu communautaire de Waterloo Wellington

Appendix B

LHIN Board to CEO Delegation of Authority Policy

Approved July 7, 2021

1. The following are transactions that would represent lower risk from a delegation of authority perspective and are delegated to the Chief Executive Officer to each of the 14 LHINs (the "LHIN CEO"):

- a) The execution of service agreements with and payment to entities to provide direct patient care for which funding by the Ministry of Health ("the Ministry") is in place, including but not limited to service provider organizations and retirement homes;
- b) Recurring payroll payments to employees of the entity;
- c) Performance Pay-related payments for all employees of the entity in compliance with the *Broader Public Sector Executive Compensation Act, 2014*;
- d) Recurring source deduction payments to government authorities such as CPP, EI, EHT, Income Taxes and WSIB;
- e) Recurring benefits payments to providers such as pension and group benefits;
- f) Payments for vendor contracts whose procurement was compliant with the Ontario Public Sector Procurement Directive, and were not sole- or single-source procurements; and
- g) Minor leases with an annual value of \$25,000 or less related to direct care and the lease term does not exceed one year.

All leases or leasing arrangements for realty with a value greater than \$25,000 must go to the Finance, Audit and Information Committee for review before negotiations by the CEO to extend the lease. The LHIN Boards of Directors will advise the Ministry that they have directed the LHINs' CEO to negotiate directly and enter into such minor leases related to direct care where the annual value of the lease payment does not exceed \$25,000 and the lease term does not exceed one year.

2. The Board has delegated to the LHIN CEO the authority to develop procedures and further delegations as per usual business practices for the lower risk transactions, outlined in paragraph 1 above, to enable the day to day operations of the LHINs.

3. The following Human Resources Delegations from the LHIN Boards are in effect:

- a) Prior to discussion with employment candidates, the LHIN CEO will review and approve the permanent hiring of all LHIN Vice-Presidents and above; and
- b) Prior to communication to impacted individuals, the LHIN CEO will approve all exits/severances including termination letters for any Vice-President and above exiting the organization.

4. The following are transactions that would represent higher risk from a delegation of authority perspective and should receive approval by the Board (or the delegated appropriate Board Committee):

- a) The execution of contracts or agreements for procurements that are single- or sole-source;
- b) The execution of any new, revisions or amendments to employment contracts for employees of the entity including senior management outside of the standard employment contract provided to all employees;
- c) Payments for employment bonuses or any benefits outside of recurring payroll payments for senior management of the entity;
- d) Payments to any senior management of the entity outside of recurring lower risk payroll and employee expenses payments;
- e) Payments for a class of capital assets with total purchases exceeding a value of \$75,000;
- f) Any contracts or agreements with any party with a term 3 years or longer, with the exception of employment contracts for non-senior management of the entity;
- g) Any collective bargaining mandates; and
- h) The execution of any organizational design changes.

5. As of the date of this policy, this LHIN Board to CEO Delegation of Authority Policy supersedes all prior Board delegations or portions therein pertaining to each or any of the Local Health Integration Networks that are in conflict with or inconsistent with the delegations presented in this document.