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| **Minutes of the Meeting of the Board of Directors of the 14 Local Health Integration Networks, operating as**  **Home and Community Care Support Services (HCCSS) - January 25, 2024** | |
| A meeting of the HCCSS Board of Directors (Board) was held on  January 25, 2024, beginning at 1:00 pm. | |
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| **PRESENT:** | |
| Voting Members: | Joe Parker, Chair  Glenna Raymond, Vice-Chair  Anne Campbell, Member  Stephan Plourde, Member  Kate Fyfe, Member  Carol Annett, Member  John Beardwood, Member  Linda Franklin, Member |
| Regrets: |  |
| Staff in Attendance: | Cynthia Martineau, Chief Executive Officer  Karin Dschankilic, Chief Corporate Services Officer and CFO  Lisa Tweedy, Chief Human Resources Officer  Tini Le, Interim Chief Quality, Safety and Risk Officer  Sabrina Grando, Deputy Director (A), Agencies Legal  Marla Krakower, Chief Strategy, Transformation and Engagement Officer  Erica Jeffery, Corporate & Board Relations Manager and Executive Assistant to the CEO |
| Guests: | Giuliano Celebre, Trish Nelson, Heidi Maanselka, Anthony DiCaita, Beverley Kelly, Michelle Nurse, Cindy Cacciotti, Josephine Kim, Odelia Andrea, Clare McCabe, Karyn Lumsden, Daryl Nancekivell, Jamie Stevens, Richlyn Lorimer, Robert Delvecchio, Karen Taillefer, Sarah Vertlieb, Cindy Ward |

1. **Convening the Meeting**

**A.1. Call to Order**

A quorum was present and the meeting was called to order at 1:25pm.

**A.2 Land Acknowledgement**

The Board Chair shared a land acknowledgment.

**A.3 Approval of the Agenda of January 25, 2024**

It was moved by Joe Parker / John Beardwood

That the agenda of January 25, 2025 be adopted, as presented.

This motion was put to a vote and

CARRIED.

**A.4 Conflict of Interest**

None declared.

1. **Board Education**

In alignment with the Board’s education curriculum, Craig Thompson, Patient Ombudsman, provided an overview of the role of the Patient Ombudsman’s office and their 2022/23 report. The Ombudsman’s mandate arises from the Excellent Care for All Act. The Ombudsman’s jurisdiction covers hospitals, Long Term Care, home and community care and recently, community surgical and diagnostic centres.

An overview of the 2022/23 report included the complaints received across the health care sector and focused on the top five complaints for home and community care. The report also featured a spotlight on the continuity and sustainability of personal support services, which was also raised in the 2018/19 report.

The Ombudsman clarified the approach for referral and triage when complaints are received, as well as how complaints may be delegated to Colleges for the applicable regulated health professionals as required. Complaint resolution could include correspondence to a complainant, but also may involve recommendations related to restitution, policies, process changes or recommendations. The Patient Ombudsman advised that he cannot compel an organization to act but can make recommendations. The office does follow up on matters until they are satisfied that the complaint has been addressed.

There was discussion regarding the role of the Patient Ombudsman in the future state and alignment with Ontario Health Teams (OHTs). This remains to be determined.

The Board inquired about data related to complaints regarding equity and diversity. While the Patient Ombudsman’s office does have the ability to monitor where challenges exist geographically, they do not collect data related to race or socioeconomics. This is something that will be explored through the development of their next Strategic Plan.

Craig Thompson excused himself at 2:05pm.

1. **Patient Story**

The CEO introduced this month’s video which was an overview of OHTs intended to support HCCSS staff understanding of OHTs. The video is currently for internal use but could be leveraged externally, as required.

The CEO advised the Board that there is no current awareness of patients and caregivers asking questions related to OHTs. Leadership has committed to providing leaders with key messages to support their teams and messaging outside the organization.

1. **Approval of Consent Agenda**

**D.1 Approval of Consent Agenda**

It was moved by Joe Parker / Carol Annett

That the Consent Agenda of January 25, 2024 be adopted, as circulated.

This motion was put to a vote and

CARRIED.

Items on the Consent Agenda included:

* Approval of Meeting Minutes of November 15, 2023
* Status Update Regarding Board Action Items from Open Board Meetings
* Board Overall Work Plan 2023/24 Status Update
* 2023/24 Budget Refresh
* 2023-24 Board-Governed Agency Attestation Certificate of Assurance (CoA) Delegation of Approval
* HCCSS BPSAA Attestations – FY2023-24 Q3
* Service Model Design and Change Management Support

**E. Reports from Committees**

**E.1 Governance Committee**

There were no items for update during the open meeting.

**E.2 Finance, Audit and Information Committee**

The Committee Chair confirmed the Board’s delegation of authority to the Finance, Audit and Information Committee for the review and approval of the Board Governed Agency Attestation Certificate of Assurance for submission to the Ministry of Health in February. The final documents will be shared with the Board as part of the meeting package for March.

**E.3 Human Resources, Diversity, Equity and Communications Committee**

The Committee Chair acknowledged efforts related to the People Strategy and the positive impacts that it is having as illustrated by the metrics.

**E.4 Patient Services, Quality and Risk Committee**

The Committee Chair provided an update regarding the development of the 2024/25 Annual Business Plan (ABP) narrative and the discussions at the recent Committee meeting. Given the upcoming transition, the ABP carries over many existing initiatives and introduces a couple of new initiatives such as increasing capacity under Family Managed Home Care (FMHC) and a focused approach for service delivery.

The Committee is expecting to see metrics for the initiatives articulated in the final draft coming to the Committee in March. There was also discussion related to being able to understand if a particular strategy was meeting needs. The Committee also recommended staff incorporate some language related to transition and risks, while also maintaining patient care.

Finally, the language of the ABP in conjunction with the timing of external communications related to transition and modernization was also discussed. Staff will be liaising with the Ministry of Health regarding external messaging.

The Quarterly Strategic Initiatives Report was also highlighted, noting there’s been significant work undertaken to produce and improve the report for the Board. The Committee did inquire about leading practices and how they would be evaluated, scaled and spread going forward.

**F. New Business**

**F.1 CEO Report**

The CEO Report was shared in the meeting materials for awareness.

The CEO provided an update regarding Medical Equipment and Supplies (MES), particularly in relation to northern geographies in absence of a vendor. At this time, Ontario Health has reengaged with vendors and it is believed there may be some movement towards resolution.

The Board inquired about patient and caregiver feedback regarding the clinic first approach. There are some patients who appreciate the clinic setting as it allows time management, instead of waiting for someone to arrive at their home; while others would prefer their care to be delivered at home. HCCSS encounters challenges when patients are told they will receive care in the home when it may not be the most appropriate setting. Staff are provided with messaging to help support communications regarding the clinic first approach. The Board expressed interest in seeing if patient outcomes are improved based upon this model.

The CEO provided a brief update regarding IT capacity and ongoing discussions with Ontario Health (OH) related to the stability of the Client Health Related Information System (CHRIS). The ultimate plan is to move CHRIS to the cloud which will provide more security and updated software that is compatible with the cloud.

Safety in the workplace, for HCCSS and service provider organization (SPO) staff was highlighted as a theme from recent discussions. An increase in safety incidents has been noted and leadership is exploring tools and options that can be provided to HCCSS staff and SPOs to support them in challenging situations.

A brief update regarding the Above and Beyond Caregiver event was provided. The event is planned for April 2nd, to coincide with National Caregiver Day. Just over one hundred submissions have been received to date and the plan is to coordinate the event from one HCCSS office serving as the hub. Staff is working through the process and will reach out to the Board with additional details.

**Action: Staff to provide the Board with an update regarding staff uptake receiving the flu shot.**

**G. Closed Session**

It was moved by Joe Parker / Glenna Raymond

That the Board of Directors to the 14 LHINs move to a closed session to discuss matters of legal, personnel and public interest at 2:45pm.

This motion was put to a vote and

CARRIED.

1. **Adjournment**

After moving back to open session at 5:20pm, it was moved by Joe Parker / Glenna Raymond

That the meeting be adjourned.

This motion was put to a vote and

CARRIED.

There being no further items, the HCCSS Board Meeting adjourned at 5:21pm.

Original signed by

March 20, 2024

Joe Parker, Board Chair Date

Original signed by

March 20, 2024

Cynthia Martineau, Corporate Secretary Date