

Present: Jacques Pelletier (Board Chair), Liz Snider, Ian Donald, Bob Long, Janet Cosier, Michèle Le Blanc, Terry Lee, Phi Fortier, Terry Gilhen, Deb McGuire, Kenna McCall,(via teleconference), Peter McKenna (Executive Director), Kelly Robinson (Director, Primary Care), Onalee Randell (Director, Community Services), Anne Caron (Director, Corporate & Administration Services) Jane Page-Brown (recorder)		
1.	Welcome, regrets & absences	Board Chair, Jacques Pelletier called the Board meeting to order at 5:30pm Regrets: none The Chair introduced and welcomed two guests to the meeting: <ul style="list-style-type: none"> - Cheryl Teeter – is the author of the Rideau Tay Residential Hospice discussion document, which will be the focus of the strategic discussion part of the meeting. - Anne Janssen – is a community member and local community hospice activist/supporter.
2.	Approval of Agenda	The Chair requested a slight change to the order of the agenda items as the Executive Director has to leave the meeting by 6:45pm to travel to Toronto. Therefore, item #9 Strategic Discussion – Residential Hospice will now become item #7 MOTION: that the agenda be approved Moved by Janet Cosier, seconded by Deb McGuire , Carried.
3.	Declaration of Conflict of Interest	None declared
4.	Approval of Board minutes	MOTION: That the September 26th Board meeting minutes be approved, (done via email) Moved by Ian Donald, seconded by Terry Gilhen Carried.
5.	Remarks from Board Chair	The Chair referenced the rich discussion on harm reduction that took place at the September Board meeting, and suggested that while there is no imminent need for a decision or a motion, it is important that a follow up discussion be scheduled. He proposed the January meeting and indicated that Kenna McCall is willing to assist with this important discussion. Kenna shared that she has worked her whole career in harm reduction at various levels including service delivery, policy development etc., as a student, practitioner and teacher. She is very familiar with the concept and how it applies across many disciplines and is willing to help facilitate another discussion on this topic. In the meantime, the Chair suggested that the members do some more reading on the topic to further develop their understanding and background knowledge on this topic. Secondly, regard the Nominating Committee, the Chair will be proposing some potential meeting dates towards the end of October or beginning of November. It is anticipated that a Committee Chair will be selected and the Committee can develop a work plan towards ongoing Board recruitment.
6.	Consent Agenda	MOTION: that the consent agenda be approved as presented. Moved by Michèle Le Blanc, seconded by Bob Long Carried.
	a. Executive Committee	Minutes included in Board package
	b. Finance Committee	September minutes included in the Board package Terry Lee, Committee Chair, reported that Bob Long and Terry Gilhen have agreed to join, and been appointed, to the Finance Committee.

	c.	Community Engagement Committee	No report
	d.	Executive Director report	<p>In follow up to his written report the Executive Director noted the following:</p> <ul style="list-style-type: none"> - Volunteers are needed for the CP Holiday Train event taking place on Monday November 27th (4:30pm). Bob Long and his wife are helping out again this year. Any other Board members who are interesting in participating are invited to contact Peter or Onalee Randell for more information. - In regards to the proposed response to the opioid crisis from the SE LHIN, as outlined in the Executive Committee minutes, there is nothing new to report. The LHIN is still consulting with regional partners on this initiative which involves the development of three Addiction Rapid Response Medical Teams for the SE LHIN region. - A short presentation will be delivered later in this meeting by Jane Page-Brown (Coordinator, Quality and Strategic Projects) which will provide an overview of the accreditation process and specifically the role of Board members in RCHS' accreditation review scheduled for April 2018. - A letter to RCHS last week confirmed that the Ontario Nurses Association (ONA) and the Ontario Public Services Employees Union (OPSEU) have withdrawn their case presented to the Ontario Labour Relations Board, which sought to unionize nurses working at Rideau Valley Diabetes Services. Thus, this case is closed. - The letter confirming \$192,800 in annualized funding to be used for employee compensation has been received from the SE LHIN. Up until the modest increase received last year, RCHS staff had been without any salary increases for about 7 years. A report is due to the MOHLTC by December 31st which details how the funds are allocated. This latest funding is part of a four year plan to support team-based primary care models with recruitment and retention challenges.
	e.	Board Chair report	Included in Board package
7.		Strategic Discussion	Topic: Residential Hospice
			<p>The Chair and Executive Director began the discussion, which was introduced in both of their written reports. Background reading, the Rideau Tay Residential Hospice discussion document was circulated prior to the Board meeting.</p> <p>The conversation began with the acknowledgement that while there has not been a lot of public consultation, some background work has started including discussions with the SE LHIN and some key community partners (e.g. Perth Smiths Falls District Hospital (PSFDH), SE Regional Palliative Care Network), and research leading to the draft discussion document. At this juncture, the Executive Director requires direction in regards to moving forward with the development of a business plan.</p> <p>The discussion generated the following questions, comments and observations:</p>

		<ul style="list-style-type: none"> - A formal business plan will need to involve more than RCHS; it will need to have representation and input from key partners including SE LHIN, PSFDH, Community Support Lanark County, SE Regional Palliative Care Network and others... - If a facility is to be open by March 2019 – RCHS is considered to be in the best position of all potential partners to lead this initiative - RCHS has support from partners and funders; and it is a good fit with the vision and mission of RCHS - Acknowledgement that this is a large ('huge') community development and fund raising initiative; and very complex - The Executive Director reminded the Board that there is a "how-to" manual which includes all standards, requirements, funds needed etc. for the development of a residential hospice - Emphasis that this would be a community residential hospice to serve the seven municipalities between here and Perth - Goal is not an "RCHS-owned" initiative – it would be to develop in 'partnership' with lay citizens, service clubs, along with other partners and the communities would have a great sense of ownership of the Hospice. - Cheryl Teeter (author of the Rideau Tay Residential Hospice discussion document), has worked on similar projects within the Champlain LHIN and expressed that no two communities are the same. Therefore, while some ideas work well in one place, they may or may not be transferrable to another community. It is important to recognize this in planning. The discussion document is intended to be a starting point for the development of a formal business plan and as such was modelled on the SE LHIN business plan template. - Anne Janssen, introduced herself as an interested community member. She has prior experience as a May Court Hospice volunteer as well as lived experience with a family member. She has engaged in a lot of informal networking in the area of palliative care. She suggested distinguishing between the terms 'palliative care' vs 'end of life care' - It was agreed that the residential hospice has an end of life focus. - Need to consider the link to the other big project – Smiths Falls Community Hub - Lots of support has been voiced– need to tap into volunteers - Fund raising is a huge requirement (e.g. \$200,000 - \$300,000 per year is anticipated) - A formal budget has not been prepared yet - Based on 24/7 staffing – some estimates for a budget could be \$1 million, more or less. Considerable volunteer/staff work force to be managed - Therefore, need to recognize the crucial role of fund raising - This is a new endeavor for our organization – a very different business from what RCHS is in now - Need to understand the complexity and be prepared in order to do it well (cannot fail) - Areas of liability and risk (e.g. reputation) must be explored and addressed – to really understand what RCHS is getting into - Staff must be highly trained and it is expected a solid core of 30 to 50 volunteers to manage as well - While a great opportunity – it requires a sophisticated structure (e.g. steering committee) - Needs a strategic approach that involves RCHS Board, staff, and community partners
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	<ul style="list-style-type: none"> - Another key element as noted in the discussion paper is a Project Manager (may need to be sourced externally) - Project structure needs to be confirmed early on - Another area of risk noted was in regards to establishing and following timelines - RHCS timelines may be subject to the timelines of others (e.g. funders) - Recommendation that RCHS must be proactive and anticipate this risk (e.g. recognize decisions and actions may be subject to timelines beyond control of RCHS). - Also, how does the fundraising obligation impact other RCHS fundraising endeavours (e.g. oral health program) - While philosophically easy to support hospice initiative – must also recognize how it may impact other priorities - Alternatively, can the fundraising activities be used as leverage from one initiative to another? - Concern that in any fundraising there is a risk of competing with other initiatives and/or resulting in donor fatigue - Executive Director has been in contact with a fundraising professional from Amnesty International Canada who offered some advice <ul style="list-style-type: none"> - First two years are most difficult to establish base funding - Need to get a person on the Board to act as fundraising champion - Amnesty Int. contact will be visiting RCHS later in November to offer some guidance (and practical advice) - More emphasis noted re: RCHS must understand the risks of the initiative and challenge of ensuring that the project exceeds expectations - Also suggested that fundraising – at least initially, must be exclusively for this project - Suggestion that the seven municipalities are key to year-to-year fundraising - Also important are service clubs, churches etc. - Opinion that funding can be obtained with a good plan - Question raised re: funding formula - The Executive Director explained that there is a provincial funding formula which is applied consistently depending on the size of the hospice - Observation that new issues keep coming forward to the RCHS Board - Seem to be either taking advantage of opportunities or reacting - Example – oral health has been identified as a priority - Now are we switching gears – as a result of a new priority / opportunity? - Do programs like oral health get sidelined? - Question re: what our true priorities should be? - Also need to consider RCHS brand, focus, and capacity of staff - Does this initiative involve creating a separate corporation? If yes, what is RCHS role? - Acknowledged that oral health is not the funder's priority but hospice is - There are three strategic and high profile initiatives to consider – oral health, residential hospice, and the community hub
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- How do we plan for these with existing resources? (e.g. small management team)
- Was noted that RCHS recently received \$60,000 in funding for oral health
- The Board has also been talking about the pros and cons of a fundraising foundation for discretionary services
- Need to plan for the future but also provide and maintain existing services

- It is not just about fundraising but community consultation and engagement which also requires resources and planning

- Reference to the recent connection with Tamarack re: the community hub and partnership engagement
- Can this be built on re: the other projects?

- How is the community hub linked to the hospice project? Is the hub project in danger if the hospice does not proceed?

- Agreement that there is a need to consider all three projects and find a way to link them together if possible?
- At least need to define each project and determine – what is the transformation that needs to happen?
- Can we assess the readiness of RCHS to take on the hospice project?
- Is RCHS to be an incubator for this project? Or will it always be managed/associated by RCHS?
- Agreement that there is a need to start somewhere – but it (hospice) may spin off – to have its own Board etc.
- Also potential for growth (4 beds SF now – add beds in Perth (in a few years)

- What are the next steps?
- Need a motion for the Executive Director to:
 - continue to move forward
 - engage with partners and other community advocates
 - define how these projects integrate into the fabric of RCHS
 - work to develop a business case for the SE LHIN
 - ensure that planning reflects the voices of those with lived experience

- Board and staff need to review the “how to” manual referred to earlier in the discussion and reflect on what is needed in order to develop and manage a residential hospice
- Consider the development of a project management framework to guide the process
- Continue to monitor in case issues arise and RCHS must consider withdrawing or changing course

- Motion: That the Executive Director, with support from the Board will move forward on the development of a business plan for the residential hospice.**

- Moved by Phil Fortier, seconded by Liz Snider** **Carried.**

- The Executive Director left the Board meeting at 7:45pm
- Addendum:

		<p>It was suggested by Terry Lee that a small committee of the Board is needed to review the three initiatives; oral health, community hub, and residential hospice to examine how these complex initiatives are related, define the project management needs, as well as identify how the Board can best support and provide oversight. Janet Cosier suggested the committee be named the “Strategic Transformation Committee”</p> <p>Members will include: Bob Long (Chair), Janet Cosier, Michèle Le Blanc, Terry Lee, Ian Donald, Jacques Pelletier (ex-officio) and Peter McKenna</p>
8.	New Business	
	a. Policies	<p>GOV 10 Annual General Meeting APP A Director Declaration GOV 70 Executive Committee Terms of Reference GOV 210 CHC Model of Health and Wellbeing</p> <p>MOTION: That the above policies be accepted as reviewed. Moved by Liz Snider, seconded by Terry Gilhen, Carried.</p>
	b. Approval of 2nd Quarter Financials	<p>Terry Lee, Chair of the Finance Committee reported that since the Board package was circulated there were two areas noted by staff that required very minor adjustments. Anne Caron spoke to the required adjustments which were the result of formula errors. The resulting changes were just under \$1,000 and related to the benefit line and balance sheet. Asked in general to provide a snapshot of RCHS’ financial status, Terry Lee reported that while some financial pressures remain, overall the organization is in good shape.</p> <p>A question was raised regarding the current year surplus and conditions for reallocation vs returning funds. Terry Lee explained that there are instances where surplus dollars can be re-allocated but permission from the SE LHIN is required. Yet, in other cases, such as the physician salary surplus, reallocation is not permitted. Another anomaly is in regards to such items as the one-time funding held by RCHS for the Rotman Advanced Leadership Program. While it appears as a surplus, these dollars will be gone by the end of the year as the program runs from April 2017 – March 2018.</p> <p>MOTION: That the 2nd Q financials be accepted as amended. Moved by Terry Lee, seconded by Michèle Le Blanc Carried.</p>
	c. Accreditation Overview	<p>RCHS’ next accreditation review is scheduled for April 24 – 27’ 2018. Jane Page- Brown presented an overview of the accreditation framework, the preparations currently underway, and the key expectations and role of the Board over the next few months. Board documentation is strong and provides the evidence to meet the required standards. The policy work that has been on-going is one of the key preparation activities. The Board was reminded that they will be receiving a survey directly from the Canadian Centre for Accreditation (CCA) in early January. Another reminder will be provided to watch for this. The goal is for an 80% response rate.</p> <p>Jane will post the presentation slides on the Board intranet site alongside the Board package.</p>

9.	Collaborative Governance	No report
10.	Meeting Evaluation	<p>Ian Donald reported on the evaluation results for the September 26th Board meeting:</p> <ul style="list-style-type: none"> - 60% return - Members are pleased with the documentation (timing and format) - Liked the generative discussion - Would like more opportunity for open dialogue - Would like more focused discussions in some areas (e.g. policies, operational plan oversight) <p>A suggestion from the Executive Committee based on the feedback is to find ways for all Board members to have input into Board agendas. This idea will be explored further.</p> <p>An evaluation form for tonight's Board meeting will follow by email tomorrow. Members are asked to complete the form and return it to Ian Donald</p>
11.	Meeting Adjournment	<p>MOTION: That the meeting be adjourned at 7:25pm Moved by Phil Fortier Carried.</p>
12.	Next Board Meeting	<p>Tuesday November 28, 2017 Brockville Office (2479 Parkedale Avenue, Brockville) Location: 5:00 Dinner 5:30 Meeting</p>

Approved by: _____
 Chair

_____ Secretary