

Unionville Home Society

GOVERNANCE AND NOMINATING COMMITTEE MEETING

AGENDA

MONDAY, JANUARY 7, 2019

6:00 – 7:30pm

Union Villa Conference Room

4300 Highway 7

Unionville, ON

Committee Members:	Julie Chapman, Paul Cousens, Glenn Crosby, Dan Horchik (Chair), Christine Joe, Ted Madden, Gayle Whittamore
New UHS Staff:	Julie Horne (Interim CEO), Marianna Mallen (Executive Assistant)

#	Agenda Item	Encl.	Lead	Time
1.	Roll Call and Appointment of Committee Meeting Chair and Recording Secretary		Dan Horchik	6:00 – 6:05pm
2.	Confirmation of Quorum Present			
3.	Confirmation of Proper Notice Given			
4.	Declaration of Conflicts of Interest			
5.	Approval of the Agenda	√		
6.	Approval of Minutes – November 12, 2018	√		
7.	Business Arising			6:05 – 6:10pm
	7.1 Work Plan Review	√	Committee	6:10 – 6:15pm
	7.2 Criminal Record Check/Vulnerable Sector P & P Update	√		6:15 – 6:20pm
	7.3 Risk Management P & P – to be presented at the meeting			6:20 – 6:35pm
8.	New Business			
	8.1 Policy and Procedure Review 8.1.1 Confidentiality 8.1.2 Oath of Office and Confidentiality Agreement 8.1.3 Whistleblower (2)	√	Committee	6:35 – 7:15pm
	8.2 Notice to Boards to Appoint Representative for Nominating Task Force			7:15 – 7:20pm
	8.3 Board Evaluation of November 2018 - Results	√		7:20 – 7:30pm
10.	Adjournment/ Date and Time of Next meeting Monday, February 11, 2019 6:00 - 7:30pm			7:30pm

New Unionville Home Society

GOVERNANCE AND NOMINATING COMMITTEE

MINUTES

MONDAY, NOVEMBER 12, 2018

6:00 – 7:30 pm

The Union Villa Conference Room

4300 Highway 7

Unionville, ON

Committee Members Present:	Julie Chapman, Paul Cousens, Glenn Crosby, Dan Horchik (Chair), Christine Joe, Ted Madden
New UHS Staff:	Julie Horne (Interim CEO), Marieanna Mallen (EA)
Regrets:	Gayle Whittamore

1. Call to Order

Dan Horchik, Committee Chair, called the meeting to order at 6:01 pm.

2. Roll Call and Appointments of Meeting Chair and Recording Secretary

A roll call was completed. Dan Horchik and Marieanna Mallen were appointed meeting Chair and Recording Secretary, respectively.

3. Confirmation of Quorum Present

It was declared that a quorum of the Directors was present.

4. Confirmation of Proper Notice Given

All of the Directors having been given proper notice of the meeting and being present or having waived notice, the meeting was declared to be regularly constituted in accordance with the by-laws of the Corporation.

5. Declaration of Conflicts of Interest

No conflicts of interest were declared.

6. Agenda

The Agenda was approved as presented.

7. Approval of Minutes, October 1, 2018

MOTION to approve the Minutes of October 1, 2018 as presented.

Carried

8. Business Arising

8.1 Work Plan Review

The Committee reviewed the updated Work Plan.

MOTION to receive the 2018/2019 Work Plan as presented.

Carried

8.2 Board Education

Julie Horne presented proposed Board education topics to the Committee. After discussion, the Committee narrowed the list down to 6 topics to be included in the Board Education initiative over the following two years:

- Health and Safety for Board Members
- LTCH Envelopes – funding model and eligible expenditures
- Pension Plan – review of administration
- CARF Accreditation – overview and process (late 2019)
- Performance Reports – determining metrics and evaluation methods
- LTCH Public reporting (Quality Improvement Plan (LTC)/Health Quality Ontario)

MOTION to include the agreed-upon topics on the appropriate Board agendas over the next two years.

Carried

8.3 Risk Management P& P Update

Julie Horne noted that the HIROC responded in regards to the Risk Assessment Checklist that was completed though additional time is required to prepare a draft Risk Management Policy and Procedure. An update will be provided in January, 2019.

MOTION to receive the Risk Management P&P update.

Carried

8.4 Health Quality Ontario Quality Improvement Plan

The Committee reviewed the 2018/19 HQO QIP that was included in the Committee package. Julie Horne advised that the Director of Care and/or Administrator are

responsible for ensuring that all process measures are worked on by staff to ensure that the targets are met. The Committee requested that the Measures/Indicators that are represented in the QIP be flagged in the Performance Reports provided to the Boards as a reference. The Committee agreed that it would be beneficial in the future to have the Senior Leadership Team prioritize the indicators and bring forward the issues to be discussed to both the UHS and the NUHS Boards.

8.5 Succession Planning

Glenn Crosby reported that the Search Committee interviewed five candidates for the role of CEO and has narrowed the list down to two individuals. The Committee hopes to come to a decision this week for presentation to the NUHS Board on November 21, 2018.

MOTION to receive the update on the CEO recruitment effort.

Carried

9. New Business

9.1 Policy and Procedure Review

9.1.1 Criminal Reference Checks – Policy Number 2009

The Committee reviewed the Criminal Reference Checks Policy and Procedure. An update of the terminology within the Policy will be completed and the Policy brought back the Committee for review in January, 2018.

Marieanna Mallen will perform an audit of the Criminal Reference Checks/Vulnerable Sector Certificates for all Board members and follow up accordingly to ensure 100% compliance.

The Committee agreed that going forward the required annual declarations can be completed via Survey Monkey.

MOTION to refer the Criminal Reference Checks Policy and Procedure back to staff for amendments and to be brought back to the Committee for review in January, 2019.

Carried

9.1.2 Role of the Board Chair – Policy Number 2002

The Role of the Board Chair Policy and Procedure was approved by the Committee with no changes.

MOTION to approve the Role of the Board Chair Policy and Procedure as presented.

Carried

9.1.3 Performance Appraisal – Chief Executive Officer – Policy Number 2021

The Committee reviewed the CEO Performance Appraisal and agreed to specify that the Board of Directors referred to in the first sentence be the “New Unionville Home Society” Board of Directors.

MOTION to approve the Performance Appraisal – Chief Executive Officer – Policy and Procedure with the above-noted amendment.

Carried

9.1.4 Corporate Management Fee Revenue – Policy Number 2030

The Committee reviewed the Corporate Management Fee Revenue Policy and Procedure and made the following changes:

- (1) The title of the policy will now be: Administrative Services Cost Recovery.
- (2) Under “Procedure”, the second sentence of the last paragraph will now read, “The credited surpluses will be returned to the affiliate corporations the following fiscal year”.

MOTION to approve the Corporate Management Fee Revenue Policy and Procedure with the above-noted amendments.

Carried

9.2 Board Evaluation of October 2018

The Committee reviewed the participation rates, results and comments of the Board Evaluations for October, 2018. The Committee concurred that Board Evaluation be added to each Agenda and the Board Chairs are to remind the Directors to complete the survey. The participation results will also be shared with the Board Chairs for individual follow-up.


10. Adjournment/Date and Time of Next Meeting

The Committee meeting was terminated at 7:36pm.

The next meeting will be held on Monday, January 7, 2018 at 6:00pm.

Governance and Nominating Committee - Work Plan 2018-2019

SEPTEMBER Activity / Project	Status / Notes
• Review previous year activities	<i>DONE</i>
• Discuss priorities for work plan	<i>DONE</i>
• Determine 2018/2019 meeting schedule	<i>DONE</i>
• Policy and Procedure – Review List – Annual	<i>DONE</i>
• Review Risk Management P & P	<i>DONE</i>
• Board Giving: Discussion (as per Nov 2017 mtg)	<i>DONE</i>
• Strategic Planning	<i>DONE</i>
• Quality Improvement Planning (as per March 18, 2017 mins)	<i>MOVED TO OCTOBER MTNG</i>
OCTOBER - Activity / Project	
• Work Plan Review	<i>DONE</i>
• Quality Improvement Planning (as per Sep 10, 2018 mtng)	<i>DONE</i>
• Policy and Procedure Review - Biennial	<i>DONE</i>
November – Activity /Project	
• Succession Planning	<i>DONE</i>
• Policy and Procedure Review List – Triennial	<i>DONE</i>
• Review Results of Board Evaluations	<i>DONE</i>
• Risk Management P&P – Update	<i>DONE</i>
JANUARY - Activity / Project	
• Review Results of Board Evaluations	
• Notice to Boards to appoint rep for Nominating Task Force	
• Risk Management P&P – Review	
• Criminal Reference Check/Vulnerable Sector P&P Follow Up	
• Whistleblower Policy Review (2)	
• Policy Review – Triennial (cont.)	
FEBRUARY - Activity / Project	Status / Notes
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MARCH - Activity / Project	Status / Notes
• Appoint Nominating Task Force	
•	
APRIL - Activity / Project	Status / Notes
• Nominating Task Force Report	
•	
MAY - Activity / Project	Status / Notes
• Nominating Task Force Report for Board approval	
•	
JUNE - Activity / Project	Status / Notes
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 <p>NEW UNIONVILLE HOME SOCIETY</p>	POLICY AND PROCEDURE MANUAL
Subject: Police Record Check (Vulnerable Sector Check)	Policy No.: 2009 Last Reviewed: November 12, 2018
Section: 2000 – Governance	First Approved: November 24, 2009
Approved by: Board of Directors (Motion #BD/10/03/06)	Total Pages: 4
External References: <i>Long Term Care Homes Act, 2007, Section 75 (LTCHA, Nov.1, 2018)</i> <i>Long Term Care Homes Act, 2007, O.Reg. 79/10, Section 215 (Dec. 14, 2018)</i> <i>Police Records Checks Reform Act, 2015 (Nov. 1, 2018)</i>	

POLICY:

It is the policy of the Board of Directors of the New Unionville Home Society and its affiliated corporations (the ‘organization’) that all employees, volunteers and Board members over the age of 18 years shall provide a police record check from the the Royal Canadian Mounted Police and/or other relevant police agency prior to their commencement of employment or service. This policy is consistent with the requirements of all long-term care homes as per the *Long Term Care Homes Act, 2007*.

The police record check must be conducted by a police record check provider within the meaning of the *Police Records Checks Reform Act, 2015* and must be conducted within six months before the person is hired or accepted as a volunteer or Board member.

The police record check must be a vulnerable sector check and be conducted to determine the person’s suitability to be an employee, volunteer or Board member of the organization and to protect the residents/clients served from abuse and neglect.

An employee, volunteer or Board member shall promptly provide to the organization a signed declaration disclosing criminal offenses with which the individual has been charged with respect to the period since the date the person’s last police record check was conducted.

PURPOSE:

To protect the residents and tenants within the jurisdiction of the New Unionville Home Society and its affiliated corporations.

Principles

- The organization has an obligation to its resident/tenants to take all reasonable steps to ensure that employees and volunteers who are either entrusted with their care or have access to residents/tenants in any way by virtue of their employment or service will not

Subject: Police Record Check (Vulnerable Sector Check)	Policy No.: 2009
	Last Reviewed: November 12, 2018

pose a risk of danger to residents/tenants.

- The organization also has an obligation to ensure, to the extent reasonably possible, that persons hired by the Board or accepted as volunteers can be entrusted with the duties and responsibilities which they are given.

SCOPE AND RESPONSIBILITIES:

This policy applies to New Unionville Home Society and its affiliate corporations.

The Chief Executive Officer (CEO) shall ensure that administrative procedures to implement and administer this policy are established.

The CEO shall be responsible for implementing and monitoring this policy and its attendant administrative procedures.

Human Resources and Volunteer Services shall administer this policy and ensure all applicants, employees, volunteers and Board members are advised of the stipulated police record checks and subsequent disclosures.

DEFINITIONS:

Police record check means a document concerning an individual that:

- a) was prepared by a police force or service from national data on the Canadian Police Information Centre (CPIC) database and local police databases, and
- b) contains information concerning the individual's personal criminal history, obtained in order to screen the individual for determining their suitability for employment or volunteer work.

Criminal offence means an offence under the Criminal Code (Canada), the Controlled Drugs and Substances Act (Canada), or any other law of Canada.

Vulnerable sector check means a document concerning an individual which:

- a) was prepared by a police force or service from national data on the Canadian Police Information Centre (CPIC) database and local police databases, and
- b) provides information concerning the individual's police record including:
 - i. Summary convictions for five years;
 - ii. Outstanding entries, such as warrants and charges, judicial orders, peace bonds, prohibition orders;
 - iii. Absolute and conditional discharges;
 - iv. Every criminal offence of which an individual has been charged that resulted in a finding of Not Criminal Responsible on account of mental disorder;

Subject: Police Record Check (Vulnerable Sector Check)	Policy No.: 2009
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- v. A conviction which a pardon has been granted, only if the disclosure is authorized under the *Criminal Records Act*; and
- vi. Any non-conviction information authorized for exceptional disclosure under the authority of the *Police Record Checks Reform Act, 2015*.

Vulnerable person means a person who, because of age, disability or other circumstances, whether temporary or permanent, are:

- a) in a position of dependence on others; or
- b) otherwise at greater risk than the general population of being harmed by persons in a position of authority or trust relative to them.

PROCEDURE:

1. All applicants for employment or volunteer service with the organization shall be advised that it is a condition of the offer of employment/service that the applicant provide a vulnerable sector check dated within the last six (6) months. The applicant shall be advised that the vulnerable sector check will be used to screen the individual for determining their suitability for employment or volunteer work with the organization. The cost of obtaining the vulnerable sector check shall be borne by the applicant.

All offers of employment/service with the organization shall be conditional upon the applicants supplying verification of the information provided in respect of their police record.

2. The applicants shall provide the original document issued by the Royal Canadian Mounted Police and/or other relevant police agency to Human Resources/Volunteer Services. A true copy of the document will be retained in each respective applicant’s personnel/volunteer file (witness to original document to initial and date the true copy).

If, contrary to information provided by the applicant, the applicant:

- has an outstanding charge(s) or prior convictions;
- has made a false declaration in their application;
- has declined to provide a verification of police record as required by this policy; then the Chief Executive Officer or designate is authorized to withdraw the offer of employment or the offer of volunteerism, or, if the applicant has commenced working, to initiate the dismissal of the employee or volunteer for cause.


Normally, persons shall not commence employment or volunteering with the organization until verification of their police record check has been supplied and is deemed satisfactory. Only in an exceptional case will a person be permitted to commence employment or volunteering before the verification has been received. A binding agreement (e.g., offer letter

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and employment contract) shall be entered into between the employee/volunteer and the organization ensuring that the verification be provided without delay. This agreement will preserve the organization's power to revoke the offer of employment or volunteer service, and dismiss the employee/volunteer, should the information provided by the employee/volunteer prove to be false or misleading in any respect.

3. An employee or volunteer shall provide a signed declaration disclosing the following (subject to the Table "Authorized Disclosure" from the *Police Record Checks Reform Act, 2015*) with respect to the period since the date the person's last police record check was conducted:
 - i. Every offence with which the person has been charged under the *Cannabis Act* (Canada), the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), or the *Food and Drugs Act* (Canada) and the outcome of the charge.
 - ii. Every order of a judge or justice of the peace made against the person in respect to an offence under the *Cannabis Act* (Canada), the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), or the *Food and Drugs Act* (Canada), including a peace bond, probation order, prohibition order or warrant to arrest.
 - iii. Every offence of which the person has been convicted under the *Cannabis Act* (Canada), the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada), or the *Food and Drugs Act* (Canada).

Such disclosure shall be provided promptly after the person has been made aware that they have been charged or an order has been made and after the person has been convicted or a charge is otherwise disposed of.

 <p>NEW UNIONVILLE HOME SOCIETY</p>	POLICY AND PROCEDURE MANUAL
Subject: Confidentiality	Policy No.: 2011 Last Reviewed: October 18, 2013
Section: 2000 – Governance	First Approved: June 29, 2010
Approved by: Board of Directors	Total Pages: 2
External References: <i>Guide to Good Governance</i> , Governor Centre of Excellence, Ontario Hospital Association, November 2005 <i>Personal Health Information Protection Act, 2004</i>	

POLICY

The directors owe the corporations a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the corporation received in their capacity as directors unless otherwise authorized by the Board.

Every director shall ensure that no statement unless authorized by the Board(s) is made by him or her to the press or public.

PURPOSE

New Unionville Home Society (NUHS) and its affiliated corporations, and accordingly, the directors, have a duty to ensure that confidential matters are not disclosed until disclosure is authorized by the Board of Directors.

SCOPE

This policy applies to all board members and members at large.

DEFINITIONS

No policy on confidentiality can be established which will fit all circumstances. It should be stressed that the maintenance of confidentiality requires tact, common sense and an appreciation of privacy. ***Confidentiality*** extends to all information not readily available to the public or which would expose New Unionville Home Society and/or its affiliate corporations to charges of breach of trust including information regarding residents/clients, employees, volunteers and the business affairs of the organization.

Subject: Confidentiality	Policy No.: 2011
	Last Reviewed: October 18, 2013

Description of Confidential Matters:


- All business, legal, or other affairs that are the subject of the Board(s) are considered confidential unless authorized.
- All business, legal or other affairs that are before a committee or task force of the Board are confidential unless they have been determined not to be confidential by the chair of the relevant committee or task force.
- All information that is considered *personal health information* under the Personal Health Information Protection Act, 2004 related to residents/clients of NUHS and its affiliated corporations shall be held confidential. Wherever possible, matters discussed by the Board or a Board committee/task force relating to residents/clients should not include information that could reasonably be used to identify the *individual*.

For greater certainty, these obligations of confidentiality shall not apply to confidential information which (a) was known by the director prior to disclosure, (b) was lawfully in the public domain prior to its disclosure, or becomes publicly available other than through a breach of the director’s confidentiality obligations hereunder, (c) was disclosed to the director by a third party provided such third party or any other party from whom such third party receives such information is not in breach of any confidentiality obligation in respect of such information, or (d) is disclosed when such disclosure is compelled pursuant to a legal, judicial, or administrative proceeding, or otherwise required by law, subject to the director giving all reasonable prior notice to the corporation to allow it to seek protective or other court orders.

PROCEDURE

All members of the Boards of Directors and its committees shall sign an agreement of confidentiality. The agreement provides that all members shall:

- Not disclose or cause to be disclosed to anyone outside of the organization, its committees, or staff any confidential information related to the operations, initiatives, or projects of the corporations or any information relating disciplinary actions taken against staff, officers, volunteers, or directors. This obligation shall apply at all times and in any circumstance, unless otherwise directed by the organization or required by law, and shall survive after the individual’s term expires.
- Keep all such confidential information in his/her possession in a safe and secure place, and will take all reasonable steps to protect against inadvertent disclosure or theft of the information.
- Abide by the terms and conditions of the Communications and Designated Spokesperson policy and procedure (Policy #2010).


 <p>NEW UNIONVILLE HOME SOCIETY</p>	POLICY AND PROCEDURE MANUAL
Subject: Oath of Office and Confidentiality Agreement	Policy No.: 2020 Last Reviewed: October 10, 2017
Section: 2000 – Governance	First Approved: June 29, 2010
Approved by: Board of Directors	Total Pages: 1
External References:	

I, _____, a director of the Board of Directors of _____, declare that, in carrying out my duties as a director, I will:

1. Exercise the powers of my office and fulfill my responsibilities in good faith and in the best interests of the Corporation.
2. Exercise these responsibilities, at all times, with due diligence, care and skill in a reasonable and prudent manner.
3. Respect and support the Corporation’s by-laws, Code of Conduct, and decisions of the Board and membership.
4. Comply with all Board policies including the confidentiality of information and any other matters specifically determined by board motion to be matters of confidence including matters dealt with during in-camera meetings of the Board.
5. Conduct myself in a spirit of collegiality and respect for the collective decisions of the Board and subordinate my personal interests to the best interests of the Corporation.
6. Immediately declare any personal conflict of interest that may come to my attention.
7. Immediately resign my position as director of the Corporation in the event that I, or my colleagues on the Board, have concluded that I have breached my ‘Oath of Office’.

Signature: _____

Date: _____

	POLICY AND PROCEDURE MANUAL
Subject: Whistleblower Protection	Policy No.: 2025 Last Reviewed: February 12, 2018
Section: 2000 - Governance	First Approved: February 17, 2016 BD#16/02/05
Approved by: Board of Directors	Total Pages: 1
External Whistleblower Policy + Procedure HRM – G-07 References: Resident Abuse/Neglect Policy + Procedure HRM G-03	

Policy:

If any employee reasonably believes that some policy, practice, or activity of the Corporation is in violation of law, a complaint must be filed by that employee with their supervisor/manager, Director, CEO or the Board Chairman.


It is the intent of Corporation to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization’s goal of legal compliance. The support of all employees is necessary to achieving compliance with various laws and regulations. Employees are expected to bring any alleged unlawful activity, policy, or practice to the attention of Corporation and provide management with a reasonable opportunity to investigate and correct the alleged unlawful activity. The Corporation shall, upon being made aware, initiate an investigation of the allegations.

The Corporation will not retaliate against an employee who in good faith, has made a protest or raised a complaint against some practice of the Corporation, or of another individual or entity with whom the Corporation has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

The Corporation will not retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of Corporation that the employee reasonably believes is in violation of a law, or of accounting irregularities, or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

Procedure:

Employees shall comply with the procedures outlined in the Human Resource Policy and Procedure Whistleblower HRM – G-07 and Resident Abuse/Neglect HRM – G-03.

	HUMAN RESOURCES POLICY MANUAL
Subject: WHISTLE BLOWER	Policy Number: 6607
Section: RESPECT IN THE WORK PLACE	Pages: 8
Date First Approved: Jan 2013	Dates Reviewed: May 2014, Jun 2015, May 2017
Approved by: Chief Executive Officer	Revised Date(s): June 2015
References:	

PREAMBLE:

This policy is part of the Organization’s ongoing efforts to identify and respond to any conduct that may pose a risk of harm to residents or staff, or to the operation of the Organization. This policy reflects the strong whistle-blowing protections in the *Long-Term Care Organizations Act, 2007* (the “LTCHA”), and reporting under this policy will assist the Organization in meeting the requirements of the LTCHA in this and other areas.

Section 26 of the LTCHA forbids retaliation or threats of retaliation against a person for disclosing anything to an inspector or the Ministry of Health and Long-Term Care Director, or for giving evidence in a proceeding under the LTCHA or during a coroner’s inquest. Under section 26, staff members, officers, and directors cannot discourage these disclosures.

PURPOSE:

- To encourage and enable reporting within the Organization relating to breaches or suspected breaches of the Organization’s policies, procedures or standards, and legislation that applies to the Organization;
- To ensure that there is no retaliation against those who make reports in good faith under this policy; and
- To ensure compliance with the reporting and whistle-blowing provisions of the LTCHA.
- To ensure compliance with the Organization’s Code of Conduct above.

Subject: WHISTLE BLOWER	Policy Number: 6607
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POLICY:

It is the policy of the Organization that any staff member, volunteer or board member who is aware of or suspects any of the following must report it as soon as possible in accordance with the reporting procedures in this policy:

- Improper or incompetent treatment or care of a resident; or unlawful conduct that affects or may affect a resident
- Abuse of a resident by anyone, or neglect of a resident by a staff member, volunteer or board member of the Organization. This includes misuse or misappropriation of resident property
- Verbal complaints concerning resident care or operation of the Organization
- Breach of the Organization’s policies, standards, procedures or by-laws.

DEFINITIONS:

Wrongdoing

A wrongdoing occurs if there is:

- Gross mismanagement*;
- An act or an omission that creates a substantial and specific danger to the life, health or safety of a person;
- The taking of a reprisal/retaliation against an employee;
- A willful deliberate violation of any government legislative act or regulation;
- A significant deliberate violation of any Organization policy.

**Gross mismanagement is defined as a deliberate act or an omission showing a reckless or willful disregard for the efficient management of significant Organization resources.*

Retaliation: Encompasses direct actions, omissions and threats.

- Evicting a resident;
- Subjecting a resident to discriminatory treatment;
- Imposing a penalty on any person;
- Intimidating, coercing or harassing any person.

Reprisal: Reprisal action taken against an employee/person who has made a disclosure of wrongdoing in good faith includes:

- A disciplinary measure such as staff dismissal, discipline and suspensions;
- Intimidating, coercing or harassing a person;

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- Demotion of the employee;
- Any measure that adversely affects the employment or working conditions of the employee, or;
- A threat to take any of the previously identified measures

Staff Reporting and Mandatory/Immediate Reporting under the LTCHA

Staff shall be aware that section 24(1) of the LTCHA requires certain persons to make immediate reports to the MOHLTC Director where there is a reasonable suspicion that certain conduct or events occurred or may occur. (Section 24(1) is set out in the Appendix to this policy and for clarification about who must report see section 105 of the LTCHA regulation, which is included in the Appendix). Staff should immediately report through this policy any conduct or events that may lead to a mandatory/immediate report under section 24(1). Staff should also understand that it is an offence under the LTCHA to discourage or suppress a section 24(1) report.

No Retaliation or Discouragement of Reports

The Organization will protect staff members, volunteers and board members from harassment, coercion, penalty or discipline in the context of the following:

- Reports in good faith under this policy, and
- Disclosure of anything to an inspector or the MOHLTC Director, or giving evidence in a proceeding under the LTCHA or during a coroner's inquest.

The Organization will protect a resident (and his or her family members, Substitute Decision Maker (SDM), and persons of importance) against any threats or discrimination in connection with the resident's disclosure of anything to an inspector or the MOHLTC Director, or his or her giving evidence in a proceeding under the LTCHA or during a coroner's inquest.

A resident will not be discharged from a long-term care home, threatened with discharge, or in any way be subjected to discriminatory treatment (i.e. any change or discontinuation of any service to or care of a resident or the threat of any such change or discontinuation), even if the resident or another person acted maliciously or in bad faith, and no family member of a resident, substitute decision-maker of a resident, or person of importance to a resident shall be threatened with the possibility of any of those being done to the resident.

Staff members, volunteers and board members must not do anything to discourage any of the following:

1. Reports under this policy,
2. Mandatory/immediate reports under the LTCHA, and

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3. Disclosures to an inspector or the MOHLTC Director, or the giving of evidence in a proceeding under the LTCHA or during a coroner's inquest.

A staff member, volunteer or board member who retaliates, threatens a resident, or discourages a report in breach of this policy shall be subject to disciplinary action, which may include termination or removal.

Reporting in Good Faith

In making a report under this policy, a person must not act maliciously or in bad faith. A person who makes a report maliciously or in bad faith may be subject to disciplinary action up to and including termination of employment, termination of placement or removal from his/her position.

Any staff members, volunteers, students, board members and any other party who reasonably believes that they are being asked to commit a wrongdoing, or who reasonably believes that a wrongdoing has been committed or is about to be committed, may disclose the matter immediately to their supervisor/manager, Director, CEO and/or the Human Resources Department.

No person, knowing that a document or object is likely to be relevant to an investigation under this policy, shall:

- destroy, mutilate or alter the document or object;
- falsify the document or make a false document;
- conceal the document or object;
- direct, counsel or cause any person to do anything mentioned above in any manner;
- purpose to any person that they do anything mentioned in the above clauses in any manner.

In making a report under this policy, a person must not act maliciously or in bad faith. A person who makes a report maliciously or in bad faith may be subject to disciplinary action, which may include termination or removal.

PROCEDURE:

A. Reporting

All disclosures must be made in written form (see Appendix A), unless there is imminent and serious danger.

The Home will process and respond to verbal and written complaints through its complaints policy/procedures.

Subject: WHISTLE BLOWER	Policy Number: 6607
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All reports under this policy should be to a staff member's immediate supervisor or manager. Where an immediate supervisor is implicated, or where a staff member is uncomfortable reporting to their supervisor, the report should go to the next level of leadership (Senior Management), the Human Resources Department and/or CEO.

Board members should report to the Chief Executive Officer and/or the Chair or President/Vice Present of the Board, where appropriate.

Reports concerning management staff members should be to the Chief Executive Officer (CEO); or if the report implicates the CEO, to the Board Chair.

Reports concerning conduct of professional staff or service providers (physicians and medical students, dentists, nurses in the extended class, Director of Care, supervisors) should be to the CEO.

A staff member, volunteer or board member who experiences any form of retaliation/reprisal before or after submitting a report should immediately inform their supervisor or a member of the management team; or in the case of a board member, the CEO, President/Vice Present of the Board.

B. Investigation

The person receiving the report will forward it for investigation to the Human Resources (HR) Services. The HR will investigate and resolve the subject matter of the report. Where necessary, they will advise or involve members of senior management and/or the CEO.

Responsibility for investigation and resolution may be referred to senior management or the CEO if the complaint is regarding a member of Human Resources Services.

Staff members are expected to cooperate during any investigation.

If feasible and appropriate, the Home will inform the individual who made the report about the results of an investigation and the steps taken to address the conduct in question within 10 days.

The CEO will be informed of the results of the investigation and will report on the matter to the Board if an infraction of this policy has occurred.

Subject: WHISTLE BLOWER	Policy Number: 6607
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C. Confidentiality

The Organization will accept reports under this policy on an anonymous or confidential basis. The Organization's normal procedure will be to keep all reports confidential to the extent possible, subject to the need to conduct an effective investigation or to take action to comply with the LTCHA or other law. The Organization will not tolerate any attempt by a person or group to identify a person who submits a report in good faith on an anonymous or confidential basis.

D. Staff Orientation and Training

Staff members will receive orientation and annual re-training on the reporting obligations under the LTCHA, the Organization's internal procedures for reporting, and the whistle-blowing protections in the LTCHA.

Subject: WHISTLE BLOWER	Policy Number: 6607
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APPENDIX A
LTCHA MANDATORY/IMMEDIATE REPORTS

The first excerpt sets out the matters that must be immediately reported to the MOHLTC Director - section 24(1). The second excerpt sets out certain staff to which this requirement does not apply – section 105 of the regulation and the definition of “staff” from the LTCHA.

Reporting certain matters to Director

- 24. (1)** A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.
 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident.
 3. Unlawful conduct that resulted in harm or a risk of harm to a resident.
 4. Misuse or misappropriation of a resident’s money.
 5. Misuse or misappropriation of funding provided to a licensee under this Act or the *Local Health System Integration Act, 2006*. 2007, c. 8, ss. 24 (1), 195 (2).

Non-application re certain staff


- 105.** Paragraph 4 of subsection 24 (5) of the Act does not apply to a staff member who,
- (a) falls under clause (b) or (c) of the definition of “staff” in subsection 2 (1) of the Act;
 - (b) only provides occasional maintenance or repair services to the Organization; and
 - (c) does not provide direct care to residents. O. Reg. 79/10, s. 105.
- “staff”, in relation to a long-term care Organization, means persons who work at the Organization,
- (a) as employees of the licensee,
 - (b) pursuant to a contract or agreement with the licensee, or
 - (c) pursuant to a contract or agreement between the licensee and an employment agency or other third party; (“personnel

Subject: WHISTLE BLOWER	Policy Number: 6607
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APPENDIX B
TABLE: MANDATORY REPORT


Types of Incidents that must be reported to immediate supervisor/manager and/or the Ministry of Health and Long Term Care:

Type of Incident	Reporting Time Frame
Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident	Immediately upon becoming aware of the incident
Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm or a risk of harm to the resident	Immediately upon becoming aware of the incident
Unlawful conduct that resulted in harm or a risk of harm to a resident	Immediately upon becoming aware of the incident
Misuse or misappropriation of a resident's money	Immediately upon becoming aware of the incident
Misuse or misappropriation of funding provided to a licensee under the LTCHA or the <i>Local Health System Integration Act, 2006</i> .	Immediately upon becoming aware of the incident



Board Evaluation Results for 2018/2019 Q2 Meetings (November, 2018)


Prepared for the Governance and
Nominating Committee
Monday, January 7, 2019



Response Rate

NUHS	15 MEMBERS	11 members in attendance 7 responses	63%	■
UHS	6 MEMBERS	5 members in attendance 5 responses	100%	●
FDN	8 MEMBERS	6 members in attendance 3 responses	50%	■
WG	5 MEMBERS	4 members in attendance 3 responses	75%	▲

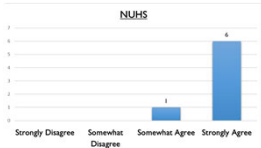
Goal: 100%
● = 100%
▲ = 70 – 99%
■ = < 70%



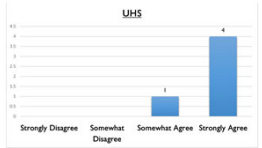
Results - Focus

- Q1: The board focused on the important issues

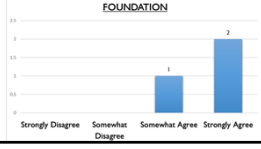
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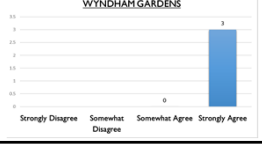
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FOUNDATION



WYNDHAM GARDENS

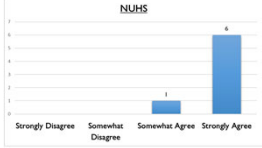




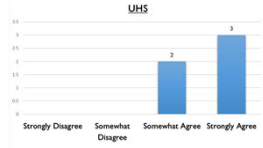
Results – Focus (Cont.)

- Q2: The time spent at the meeting was of value

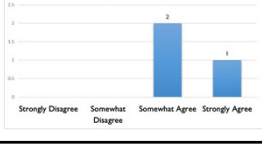
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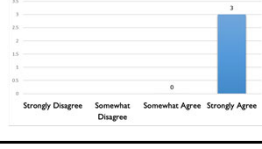
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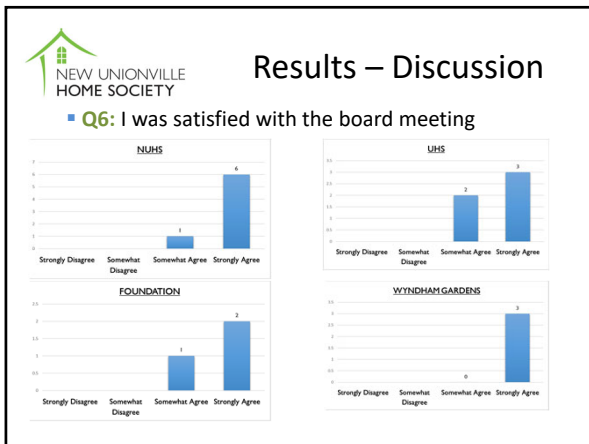
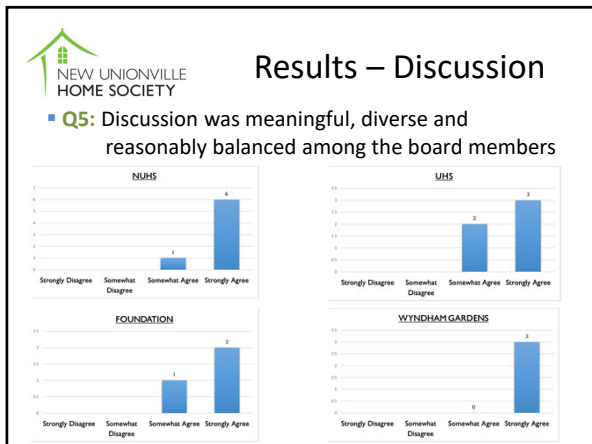
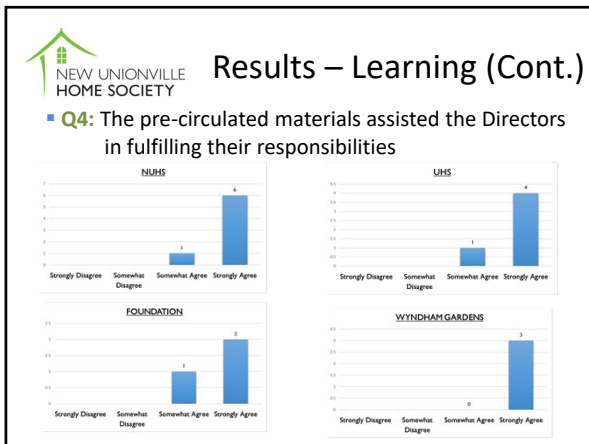
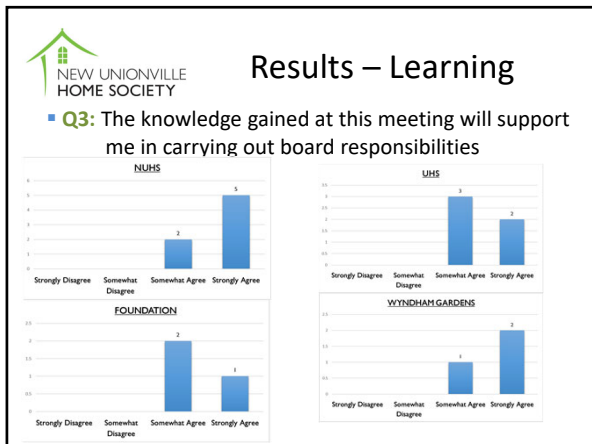



FOUNDATION



WYNDHAM GARDENS









Comments - NUHS

- For those of us that are new to the board, it would have been helpful to have a roundtable introduction. Since there are no name cards/tags, I find myself guessing who everyone is. Also, I have no idea who is on what committee.
- Very thorough and useful documentation
- Excellent meeting with good, wide-ranging discussions.



Comments - UHS

- Very thorough and useful support documentation
- Despite the 14 page administrator report I am pleased that Roxanne did not speak to the entire report that was pre read by all.
- Thank you to everyone for their contributions, insight, and willingness to share their time and expertise and thank you to our leadership team for their work before the meetings even commence.



Comments – Wyndham Gardens

- An earlier distribution of the Agenda would be helpful.
- A well balanced meeting - key issues addressed thoroughly, and members kept informed of future issues, like ongoing collaboration between York Region, UHS & Minto