

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)  
BOARD OF DIRECTORS MEETING MINUTES  
Wednesday March 24, 2021 5:30 – 8:30 pm  
By Zoom**

**Present:** Kathryn Hengl (Chair), William McClounie (Vice Chair), Jackie Dent (Treasurer), Clara Howitt (Secretary), Robert Fetherston, Helen Bolton, Ken Stewart, Camille Armour

**Staff:** Rita Taillefer (ED), Sheraz Thomas (Director Data Management & Corporate Services)

**Guest:** John Blanken, Grant Thornton

**Recorder:** Lynn Thomson, Executive Assistant, Recorder

Quorum was achieved. Eight (8) of eight (8) Board Members were present.

- K. Hengl called the meeting to order at 5:35 p.m. and asked members to identify any conflict of interests at this time. None were declared.
- There were no requests made to “unstar” any items therefore the ‘starred’ (\*) items were deemed approved or received.

- \* **Approval of the March 24, 2021 Agenda as presented.**
- \* **Approval of the January 27, 2021 Board Meeting Minutes as circulated.**
- \* **Approval of the March 12, 2021 E-Vote for MSAA 2019-20 Compliance Certificate G**

**1. Presentation – J. Blanken, Grant Thornton**

- **Financial Statements:** In follow up to a request made on the most recent Annual Board Survey, an education session was provided to the Board to provide oversight on the role of the Board (overall management of risk and financial fiduciary). There are quarterly reports provided to the Finance Committee, who report upwards to the Board. In addition there is an annual year end financial audit/review to ensure compliance with the funding agreements and ministry requirements. There have been no deficits identified in the reporting of the organization. The 2019-20 Financial Statements were reviewed and explanation provided.

**2. President’s Report (Reported by K. Hengl)**

- **Accreditation:** Thanks were expressed to the Board for their participation in the recent Accreditation (March 9-11). The initial feedback from the wrap up meeting was very positive. The letter from CCA will be received within the next week (14 days from the wrap up meeting) and will identify any areas of improvement required.
- **Officers and Board Committees** – Deferred to the May meeting following recruitment interviews.

**3. Board Liaison Report (Reported by H. Bolton)**

- H. Bolton attended the Alliance Vaccine Webinar. Information of the slides are available upon request.

**4. Executive Director’s Report (Reported by R. Taillefer)**

- **MSAA 2020-2021 Compliance Certificate G** – this will be brought to the May Board Meeting, following year end completion. An overview of the MSAA was provided to outline what the MSAA is and what the organization needs to do to be in compliance and accountability for this Agreement.

- **COVID Updates / Vaccination Clinics**

- All staff who wanted to be vaccinated, have received the vaccination (at least the first dose).
- Vaccination Clinics (Moderna) have started for clients those over 80+ at the Sandwich and Leamington sites in partnership with the Health Unit.
- Vaccination Clinics will start next week for the next stage of 75-79 years.
- The staff are doing a tremendous job in running the clinics.
- The organization continues to follow the direction of the Health Unit and works in close partnership (second vaccination 16 weeks out).
- The first Vaccine Hesitancy Webinar was well attended by over 90 attendees. There is a second webinar on March 26.

- **Strategic Operational Work Plan 2020-2023**

The Operational Work Plan was reviewed and discussed. The four priorities are on or ahead of target as identified in the Work Plan. The Leadership Team reviews/updates this quarterly. This will next be presented at the May Board meeting as the Leadership Team will be completing the quarterly review in April.

- **Guest / Migrant Workers**

A meeting to place today with respect to supporting this population. W. McClounie identified a potential perceived conflict of interest as he is participating in these conversations. Until there is a decision required, no conflict of interest is identified as this is a collaborative partnership. If there is a vote required by the Board, a Conflict of Interest will be declared.

- **Financial Approval Required from the Board**

Approval for items over Executive Director threshold (\$25k) is required to be approved by the Board. These items are necessary and are accounted for in the operational budget.

**Alliance for Healthier Communities – IMS Fees \$73-76k Twice a Year 2021-22**

**Motion:** A Motion was made to approve the purchase order for IMS Fees for Alliance for Healthier Communities.

**Moved:** W. McClounie      **Seconded:** C. Howitt      No Discussion      Carried

**Invoice from 1659447 Ontario Ltd - Development of primary care plan to agricultural. This will be utilized as year end surplus funding as a contract position.**

**Motion:** A Motion was made to approve the purchase order for a contract position for one year to develop primary care plan/pathway program for agricultural workers.

**Moved:** H. Bolton      **Seconded:** B. Fetherston      No Discussion      Carried

**HIROC Fees for 2021 – 22 were approved at the 27 January 2021 Board Meeting**

- **Site Updates:**

- **Street Health:** The updates/upgrades are nearing completion.

**Motion:** A Motion was made to receive the Executive Director's Report as presented.

**Moved:** K. Stewart      **Seconded:** J. Dent      No Discussion      Carried

## 5. Committee Reports

**Finance Committee (Reported by J. Dent, Chair)**

## Q3 Variance Report

WECHC Program Budget Variance Report For Period: Dec, 2020				
Program	Annual Budget	Year to Date		Variance
		Budget	Actual	
<b>CHC Core (LHIN/MOHLTC)</b>				
<b>Restricted</b>				
Physicians	2,551,721	1,927,743	1,953,327	(30,172)
Approved LHIN Reallocation (NP)	-	-	-	-
Non-Insured/Sessional	10,000	7,500	-	7,500
Paymaster SOAHAC	173,750	130,313	130,313	(1)
	2,735,471	2,065,555	2,083,640	(22,672)
<b>Unrestricted</b>				
<b>Operating</b>				
	8,156,490	6,117,368	6,003,733	113,635
	8,156,490	6,117,368	6,003,733	113,635
<b>Total</b>	<b>10,891,961</b>	<b>8,182,923</b>	<b>8,087,373</b>	<b>90,963</b>
<b>Dedicated Funding</b>				
<b>MOHLTC</b>				
Nurse Practitioner-Eating Disorders	202,682	152,012	151,701	311
Harm Reduction SAP	269,200	201,900	181,256	20,644
Diabetes Wellness	2,417,107	1,812,830	1,687,509	125,321
Chronic Disease Management	1,332,982	999,737	965,604	34,133
Hepatitis C Virus Team	477,465	358,099	356,505	1,594
Ontario Diabetes Strategy	263,400	197,550	139,969	57,581
	4,962,836	3,722,127	3,482,544	239,583
<b>Other Funding</b>				
<b>Substance Abuse (MCYS)</b>				
Maryvale	183,379	137,534	137,560	(26)
	86,114	64,586	64,976	(391)
	269,493	202,120	202,536	(416)

Unrestricted Surpluses	280,588
Adjustments to Operating Surplus	
Other Sources of Fund Type 2 Revenue	107,106
YTD Surplus/Deficit	387,694

## Q3 Staff Report

### Core Funding

**Physician Salaries:** As of December 31, 2020, physician compensation has a projected deficit of \$30,172. This position is due to Physicians being unable to take their usually scheduled vacations due to COVID-19. A plan is in place to minimize this deficit and end in a balanced budget position.

**Non-insured Funding:** This funding is for diagnostic testing for clients who, for various reasons, do not have access to OHIP. These funds of \$7,500 have been requested for reallocation with LHIN approval by year-end.

**Core Operating Expenses:** At December 31, 2020 there is a \$113,635 surplus in our General Operating funding. This is a comfortable position at the end of Q3 as we project several COVID-19 related expenses as the fiscal year progresses. Savings are mainly due to the Mobile Unit not operating, unpaid leaves due to COVID-19, and a reduction in staff travel and professional development costs.

### Designated Funding

**Nurse Practitioner - Eating Disorders:** This program is on budget.

**Harm Reduction Substance Abuse Program** has a Q3 surplus of \$20,644 due to a reduction in operation expense, particularly professional development, and travel costs.

**Diabetes Wellness** has a Q3 surplus of \$125,321 due to a staff retirement not replaced, and unpaid leaves of absence within the program due to COVID-19. We have requested reallocation of these fund from the LHIN and are awaiting approval.

**Chronic Disease Management** has a Q3 surplus of \$34,133 and is functioning within it's funding parameters.

**Hepatitis C Team** This program is on budget at the end of Q3.

**Ontario Diabetes Strategy:** has a Q3 surplus of \$57,581 due to savings primarily from not incurring normal venue costs for classes and presentations, as these have transition to virtual offering. We have requested reallocation of these funds from the LHIN and are awaiting approval.

### Summary

At the end of Q3 we are at an overall surplus of \$387,694 with plans to ensure utilization by year end, particularly via programs and actions that support our COVID-19 response and vaccination initiatives.

**Motion: A Motion was made to receive the Finance Committee Report as presented.**

**Moved:** W. McClounie

**Seconded:** C. Armour

No Discussion

Carried

## **6. Governance Committee (Reported by B. Fetherston, Chair)**

- The Committee met February 17, 2021 and will next meet on April 21, 2021. The minutes from the February 17, 2021 meeting were included in the Agenda package.
- **Discussion Topics:**
  - **Unconscious Bias / Cultural Diversity Training:** This will be booked between May-July for staff and the Board.
  - **Skills Matrix:** The updated Matrix was updated and presented.
  - **Succession Planning for Board:** Two vacancies for Board Members recently advertised. An additional third, possibly fourth person will be selected to initially join the QUR Committee to be brought onto the Board once a vacancy arises.
  - **Board Recruitment Committee:**
    - The Board Recruitment Committee will comprise of the Governance Committee and others ad hoc. There is a vacancy on the QUR Committee for a community member. There will also be two Board positions to fill from June. The candidates will be reviewed at the April Board meeting.
    - Discussion took place around the importance of recruiting for diversity and inclusion. The advert does reflect the organization seeking diversity to represent the population we serve.
    - C. Armour will be added to the Recruitment Interview Panel to support the diversity reflection of the Board.
  - Annual Board Committee Survey Results for 2020 – no areas for recommendations made at this time.
  - All Board Policies are currently up to date.

## **7. Quality Utilization and Risk Committee (Reported by H. Bolton, Chair)**

- The Committee last met on February 21, 2021 and will next meet on April 28, 2021.
- The minutes and reports from the February 21, 2021 meeting were included in the Agenda package.
- A new Mental Health and Addiction Support Manager has been onboarded to focus on a supervision model.
- The Q3 Incident Report Summary was reviewed – all incidents were appropriately dealt with.

- The Q3 Compliments & Complaints Summary was reviewed – no concerns identified.
- The 2020 Community Needs Assessment Results were reviewed. There will be reviews done quarterly to ensure concerns raised are addressed.
- The yearly Privacy submission was submitted to the Privacy Commissioner as required.

**8. In-camera – HR/Personnel/Finance Issues**

There were no in camera items.

**9. Adjournment**

**Motion:** A Motion was made to adjourn the meeting at 7:30 pm.

**Moved:** W. McClounie

**Seconded:** B. Fetherston

No discussion

Carried

**The next Board Meeting will take place on Wednesday May 19, 2021 (by Zoom).**

*Respectfully Submitted by Lynn Thomson*

**Approved May 19, 2021**

**Electronically signed – meeting via Zoom**

*Kathryn Hengl*

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Kathryn Hengl, Chair

*Clara Howitt*

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Clara Howitt, Secretary

*Lynn Thomson*

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Lynn Thomson, Recorder