

Members: Brian Scott, Lori Ker, Sandy Kang-Gill, Tandra Acharjee, Jennifer Graham, Justyn Mahanger, Arun Navaratnasingam, Shafqat Suri, Krista Collinson, Alysha Racktoo

Staff: Lesley Nagoda, Sharon Fernandes, Thomas DiCarlo

Regrets: Justyn Mahanger

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## **1.0 OPENING ITEMS**

### 1.1 Call to Order and Welcoming Remarks

- The Chair welcomed board members and staff and called the meeting to order at 6:03 pm. Sharon Fernandes was Recording Secretary

### 1.2 Disclosure of Conflict of Interest

- No changes

### 1.3 Land acknowledgement

- The Chair opened the meeting with a land acknowledgement.

### 1.4 Chairs remarks

- No remarks.

### 1.5 Board Action Log

- IT – incident response plan was created by the IT Director – Thomas will share more at the next meeting
- Complaints process – remove from action log

### 1.6 CEO Compliance Statement: Statutory Reporting

- The CEO stated that during this period there are no identifiable risks or claims for the organization at this time. All submissions have been reported to the Ministry promptly and we comply with legislation, insurance coverage, rules and regulations as set down by our funders.

## **2.0 CONSENT AGENDA**

2.1 Approval of Agenda

2.2 Approval of the Board Meeting Minutes March 19, 2024

2.3 Receipt of draft Quality Committee Meeting minutes April 12, 2024

2.4 Receipt of draft Governance Committee Meeting minutes April 9, 2024

2.5 Receipt of draft Governance Committee Meeting minutes May 14, 2024

2.6 Receipt of draft Finance Committee Meeting minutes May 8, 2024

2.7 Receipt of draft Health System Transformation Meeting minutes April 2, 2024

**Board of Directors Meeting**  
**Tuesday May 21, 2024 (6:00 to 8:00 pm)**  
**SHIP In Person Meeting**  
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**MOTION: Brian moved to approve the amended meeting agenda with item 3.3 moved to the top of the agenda as well as all items listed under item 2.0 the consent agenda. Seconded by Alysha. CARRIED**

### **3.0 BUSINESS OF THE MEETING**

#### **3.1 CEO Report**

- This report covers activities and developments at SHIP between March 14th and May 15th, 2024.
- The CEO highlighted the following from the report:
  - 236 First Street: Preparation for project completion, an open house, and ribbon cutting. Significant progress with renting units and ongoing collaboration with CMHC and the Ministry of Health regarding the Loan Agreement.
    - CMHC is saying that the risk profile is high.
    - MOH can't assign the rent supplement but they are going to nuance our TPA
    - Thomas has reached out to other private lenders in the event that CMHC doesn't work out
  - 273 Main Street: Discussion on property use for revenue generation, with plans to draft a Request for Proposal (RFP). Four out of ten rooms currently have tenants.
  - Funder Updates: SHIP received enhanced funding from the Ministry of Health for rent supplements.
  - Board Information: Meeting held with Global Affairs Canada to explore potential partnerships supporting vulnerable consular clients returning to Canada.
  - SHIP in the News: Noteworthy stories including the launch of a strategic plan by a local health team, transitional housing initiatives, and efforts to address anti-Black racism.
  - Growth Strategy: Commencement of work with consultants to develop a growth strategy to meet current and future demands.
  - Town Hall Meetings: Updates on accessibility, department introductions, policies, learning, recognitions, and more.
  - Engagement Meetings: Meetings held with various stakeholders including representatives from Global Affairs Canada, local counselors, and political figures to foster engagement and collaboration.
  - The report reflects SHIP's continued efforts in community engagement, strategic planning, and collaboration with stakeholders to address housing and mental health needs.

#### **3.2 Operations Q4 Report**

- The CEO walked through highlights of the report and took questions from the Board.
- Staff engagements occur twice a year and a summary of the themes from the team discussions was provided.
- Staff polls at Town Hall – statistics have improved with the exception of staff wellness
- ERGs are a fundamental support in the organization and are providing good feedback and generating good ideas to make the workplace more inclusive.

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### 3.3 Board Training – Internal Quality Audits

- The privacy officer provided an overview of internal quality audits, outlining their purpose, process, and importance. Emphasizing that the audit process assists with keeping staff prepared for when the Accreditation cycle will commence.
- The presentation explained that audits are systematic checks of policies, processes, and data to ensure accuracy and compliance with standards and regulations.
- Internal audits focus on non-financial systems and procedures and external audits, identify risks, and improve efficiency.
- The audit process involves planning, documentation, audit checklists and issuing corrective actions when necessary.

### 3.4 Finance Committee Report

#### **2023/2024 Preliminary Year End Financial Results**

- Surplus kept below 2% for the fiscal year, standing at 1.78% of revenue.
- Achieved through strategic measures implemented in the latter half of the year.
- Final audit pending, minor adjustments possible.
- Organization-wide surplus at year-end approximately \$945,400, down from \$1,468,000.
- Surplus in specific programs deferred to the next fiscal year, with unspent funds carried forward.
- Ontario Health funded services: \$90,100 surplus, down from \$320,000 at Q3.
- Ministry of Health rent supplement programs: \$576,100 surplus, up from \$283,000 at Q3.
- Ministry of Health community homes for opportunity program: \$120,700 surplus, up from \$100,000 at Q3.
- Region of Waterloo shelter program: \$146,300 surplus, down from \$204,000 at Q3.
- Preliminary surplus of approximately \$1,418,500, exceeding budget by \$237,000.
- Mainly due to higher revenue from property tax rebate and salaries under budget.
- Surplus contributed to SHIP reserve funds, with additional earnings from investments and bank accounts.
- Fiscal year 2024 surplus managed effectively, within target range.
- Management to ensure surplus management plans in place for the next fiscal year.

**MOTION: Lori moved that the Board of Directors approve the preliminary fiscal 2023/2024 Q4 financial report. Seconded by Tandra. CARRIED**

#### **Semi Annual Investment Report**

- Positive returns of 5% on investments for fiscal year ending March 31st, 2024.
- Higher returns on cash holdings and GICs due to elevated interest rates.
- Equity and bond markets both had positive returns, exceeding investment policy requirement.
- Lower risk levels tailored by CIBC, resulting in smaller fluctuations compared to market.
- Overall return on investments exceeded policy requirement of 2.5%.
- Overall income net of investment management fees for the year was \$640,557 on approximately \$17,794,000 of investable funds.
- Allocation of reserves based on needs, with surplus funds repayable to funders to remain in interest-earning bank accounts.

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- Last Month's Rent Deposits of \$100,000.00 fully invested in GICs.
  - Operating and Capital Reserves invested based on liquidity needs and long-term return goals. Current mix to be maintained until funding for property investments is received.
  - Review of investments with Environmental, Social and Governance (ESG) scores suggested by Finance and Risk Committee.
  - Focus on mutual funds with higher ESG ratings when investing additional funds. Thomas to meet with an advisor in the summer.
  - Finance and Risk Committee recommends approving amended Investment Policy by Board of Directors.
  - Investment management fees were included with details on determination highlighted in the investment policy

**MOTION: Sandy moved that the board of directors approve the investment asset mix and that no additional funds be invested until the second half of the fiscal year and that the board of directors approve the investment policy as amended. Seconded by Alysha. CARRIED**

#### **2024/25 Risk Registry Update**

- SHIP's risk registry reviewed by Finance and Risk committee as part of enterprise risk policy.
- 2024/25 risk register approved at previous meeting with 7 identified risks.
- Mitigation strategies, action plans, and evaluation measures developed for each risk.
- Strategies and plans developed by risk leads and reviewed by Enterprise Risk Committee.
- Finance and Risk Committee recommends approving mitigation strategies and action items for risks reported to them.
- Mitigation strategies and action plans for risks reported to Quality Committee to be approved at next Quality Committee meeting.
- Update and monitoring process involves informing relevant committees of assigned risks and presenting status updates at future meetings.
- Monitoring of risks at subsequent Finance and Risk Committee and Quality Committee meetings, including update on completion status, timing, and trends in risk levels.

**MOTION: Tandra moved that the Board of Directors approve the mitigation strategies and action items identified in the 2024/25 risk register for the Finance and Risk Committee risks identified. Seconded by Jenn. CARRIED**

#### **3.5 Quality Committee Report**

##### **Quality Dashboard Oversight:**

- Review of client-related incidents and recommendations for improvement.
- Ongoing concerns regarding client interactions and documentation.
- Challenges include wait times for housing access and managing work absences.

##### **Risk Management Oversight:**

- Endorsement of 2023/2024 Risk Register by Board.

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- Updates on Landlord & Tenant Relationships and Staff Wellness risks.

**YE Quality Improvement Plan:**

- Analysis of the 23/24 seven identified quality improvement areas was provided.
- Overall, there was progress made in all 7 QIPs.
- Lessons learned and plan for upcoming year was approved.

**Quality Education: Quality Audits:**

- Presentation on internal and external audits.
- Purpose, planning, execution, and documentation of audits outlined.
- Importance of audits for compliance, efficiency, and risk management discussed.

**Revised Quality Framework:**

- The Quality and Safety Plan was provided.
- The plan aims for high-performing culture through continuous improvement with two broad goals of 1. Positively influencing one or more of the quality dimensions so as to improve the client experience, improve the staff experience, improve health, reduce costs and advance health equity; and to positively respond to client harm situations so as to avoid secondary harm, limit impact on staff, learn and improve and reduce the likelihood of future occurrences
- Three main directions include driving improvement and safety through data, evolving internal structures, and enhancing planning and resource use.

**MOTION: Sandy moved that the Board of Directors approve the quality framework as presented. Seconded by Alysha. CARRIED**

3.6 Governance Committee Report

**Board Recruitment Update**

- An ad hoc meeting held in May to assess recruitment priorities.
- A discussion was had on the validity of the previous skills matrix.
- A plan is in place to update matrix before new Board Member recruitment.
- Focus areas: Housing, Social Services, Client Voice, Mental Health. There will be an emphasis on diversity in race and geography and it is being proposed to involve community participants in board committees.
- The committee conducted a review of 6 applicants; deadline for applications was extended to May 17th.
- Consistent interview questions are planned, including one on EDI training.
- The next meeting will discuss committee preferences for next board year.

**Draft In Camera Meeting Policy of the Board**

The Committee drafted an In-camera meeting policy outlining circumstances for limiting non-director presence. The policy specifies:

- The need to have an appointed secretary
- No detailed minutes need to be recorded, only decisions.

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- Work continues regarding document storage. Target is a secure folder on SharePoint.

The finalized policy was shared with the Board for approval

**MOTION: Lori moved that the Board of Directors approve the In Camera Policy as recommended by the Governance Committee. Seconded by Arun. CARRIED**

### **Governance Functioning Tool**

- SHIP's board has conducted annual Accreditation Canada Governance Functioning Tool (GFT) board self-assessment surveys since 2020.
- The aim is to measure governance improvements and enhance organizational performance.
- Previous priorities included individual director effectiveness assessments and monitoring board member impact on safety and quality of care.
- The Governance Committee proposed end-of-term committee and member evaluation in October 2023, approved by the Board.
- SHIP Director Self-Assessment and SHIP Committee Evaluation forms are now available for reference.
- The three surveys, GFT, Director Self Assessment and Committee Evaluation, will be distributed over the next two weeks to gather feedback.

**MOTION: Lori moved that the Board supports conducting the Accreditation Canada GFT survey, the SHIP Director Self-Assessment survey and the SHIP Committee Assessment survey in May 2024. Seconded by Arun. CARRIED**

### **Strategic Plan: 23-24 End of Year Update**

- 94 % of the 23/24 annual strategic business plan activities have been achieved
- Website work is underway
- Lean Training was put aside because the focus was on Accreditation
- It was reported that there was excellent progress made on the 2023/2024 Annual Strategic Business Plan and that any lessons learned would be built into the execution of the 2024/2025 Strategic Business Plan.

### **Strategic Plan: Annual Business Plan 24-25**

- We have an operating plan
- We have 13 priorities under Adapt, 14 under Build and 18 under Create
- Non bargaining staff have scorecards are in alignment with the new strategic plan
- The 2024/2025 Annual Strategic Business Plan is appropriate to support overall strategic focus and goal progress.

## **4.0 OTHER BUSINESS**

- No additional business was discussed

## **5.0 INFORMATION ITEMS**

### **5.1 Board Education**

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- Internal Quality Audits Presentation

**5.2 Next Town Hall**

- Monday May 27, 2024 – Brian will provide an overview of what the Board does

**5.3 Next Meeting**

- The date of the next Board Meeting will be in-person and is on June 18, 2024

**6.0 IN CAMERA**

**MOTION: Alysha moved to enter into the in-camera portion of the meeting. Seconded by Tandra. CARRIED**

**MOTION: Alysha moved to close the in-camera portion of the meeting. Seconded by Tandra. CARRIED**

**7.0 ADJOURNMENT**

There being no further business brought before the Board, the meeting was adjourned at 7:45 pm.


**MOTION: Jenn moved to adjourn the meeting. Seconded by Tandra. CARRIED**

**8.0 MEETING WITHOUT MANAGEMENT**

n/a

  
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Brian Scott  
Board Chair

and / or

  
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Lesley Nagoda  
Board Secretary