

## **Board Chair Report, March 2019 (aligned with our 5 strategic plan priorities)**

**Quality- “As a Centre of Excellence in Primary Health Care we will continue to provide high quality, equitable, and timely services.”**

This past month Coletta and I worked together to support the “Niagara Community Health Centre Collaborative” (NCHCC). This group includes Quest, Bridges in Port Colborne, Centre de Santé in Welland and Niagara Community Health Centre in Niagara Falls. I facilitated the meeting which was held at the Niagara Falls Community Health Centre. Coletta and I proposed to the group that we create a “strategy meeting “as a partnership of the NCHCC that would include all Board Members, Executive Directors and an additional staff person from each member agency. We recommended 2 government relations consultants for the NCHCC to consider, Jason Greir from SANTIS or Jamie Watt from NAVIGATOR. The Committee agreed to go with Jamie Watt firm Navigator. A budget for the event was created and by consensus the cost of the event will be shared equally by the member agencies. It was agreed to hold the event ( ) at the Centre de Santé CHC in Welland due to the offer of a free and large meeting space, Questions to be explored include;

- How do we want to be positioned as 4 community health centres with respect to the emergence of the proposed Ontario Health Teams?
- Should we be an *early adopter* in the proposed Ontario Health Teams? -it is possible that the hospital (Niagara Health Systems) or the Niagara Mental Health and Addictions Anchor Table will submit proposals, what should our role be?
- The Niagara region has a high percentage of seniors, and community health centre play a significant role in providing primary health care to people who have complex needs. How can we leverage our role to help promote health equity and community accountability?
- Is there anything that we are missing?

The group continues to work on projects that address how we can provide equitable and timely services in a cooperative manner. As a follow up to the request of the HNHB LHIN Board, we invited their Board to send a representative to our next meeting. However we were given official notification that the LHIN Board has been dissolved,

Our group has been meeting every month for 2 hours, it is likely that in the near future we will move to a schedule where we meet 6 times per year, with all of the Chairs and EDs in attendance.

**Telling our Story** – nothing to report

**Leadership-** “We will foster a culture of learning, leadership and growth”.

The Executive and Coletta met to discuss the presentation led by Gail of information to the Board regarding the proposed changes for the Ontario Health System and the creation of the new Ontario Health agency.

The Executive also met to discuss the our follow up to the performance review process for the Executive Director and the process for awarding scholarships to attend the Alliance Conference in June in Ottawa

Met in person with Coletta to discuss the agenda for March Board meeting.

Reviewed Board meeting attendance report with Trudy, to be presented at our March Board meeting. It appears that all Board members are actively involved in Committee work and the Board is very busy Our

Board has members who have very busy day jobs, yet a lot of work is being done. Not everyone is able to make every Board meeting, but achieving quorum has not been an issue and all Board members have sent regrets as appropriate and have been absent for very valid reasons. The evaluations of our Board meetings continue to be strong and lack of attendance has not been identified as an issue. Met with the Executive to discuss our work together and our ongoing role in fulfillment of the strategic plan.

Checked in with 4 Board members as part of keeping in touch with newer Board members

**Resources-** nothing to report.

**Partnerships** – participated in the first program committee meeting for the Rainbow Health Ontario Conference.