

OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, May 31, 2017 @ 1600 hours
in the Victoria Hospital Board Room C3-401

Board Members Present:

K. Haines, L. McBride, R. Robinson, P. Retty, M. Glendining (xo-NV), S. Jaekel, A. Hopper, M. Hodgson, J. Wright, A. Walby, T. Gergely (Chair), S. Caplan, K. Church, D. Steven, T. Warner, D. Woodward, C. Young-Ritchie M. Strong, B. Bird, A. Lum, S. Irwin Foulon

Healthcare Partner Representatives:

G. Kernaghan, M. Kellow

Board Member Regrets:

M. Wilson, K. Ross

Resource:

T. Eskildsen

1.0 CALL TO ORDER/REVIEW OF AGENDA/CONSENT AGENDA

Mr. Gergely called the meeting to order and reminded the Board Directors of the Ethical Decision Making Framework and Conflict of Interest Policy that the Board adheres to and encouraged those members who may feel they have conflict or perceive someone else's conflict to bring it forward, either now or at the time of the item.

After seeking concerns or objections to the items within the consent agenda, the items listed in Appendix 1 and as noted below and starting on page 405 were APPROVED by UNANIMOUS CONSENT:

1.1 Minutes of Regular Meeting 20170329, 20170426 □

1.2 Committees of the Board- Minutes □

1.2.1 People and Culture, 20170502

1.2.2 Medical Advisory Committee 20170412, 20170510

1.2.3 Quality and Performance Monitoring 20170326, 20170420

1.2.4 Finance and Audit Committee 20170413, 20170524

1.2.5 Joint Collaboration Committee 20170508

1.2.6 Governance Committee 20170420, 20170515, 20170526

1.3 Finance and Audit

1.3.1 2016/17 GFT Professor, GFT Secretary Salaries & Benefits Annual Funding

1.3.2 2016/17 Ministry of Children & Youth Services (MCYS) Annual Reconciliation

2.0 NEW BUSINESS/INFORMATION/RECOMMENDATIONS

2.1 Chair's Remarks

Mr. Gergely highlighted the following items from the previous month:

- Donor of Distinction event occurred last Thursday and a record number of attendees were at the event (274). It was a very inspirational event of some of the firsts and other accomplishments that happen within LHSC walls.
- Executive Compensation Committee process has stalled. The government has not heeded the advocacy of the OHA. There is an urgent teleconference called for tomorrow by Ontario Hospital Association to update the Chairs of the Board and Chief Executive Officers on the government's decisions on the way forward for healthcare institutions.
- The Board continues to be updated and involved in the strategic planning process. The next retreat is currently planned for June 17 and Mr. Gergely encouraged every Board Director to attend.

2.2 PRESENTATION- People Survey

Ms. Nickle introduced Rebecca Parkes, Director Talent Strategy, noting that Ms. Parkes' team took the lead on the survey work for 2017. A deep dive of this work occurred at the People and Culture Committee of the Board at their May meeting and the committee had asked that this item be presented to the Board of Directors to inform their work.

Ms. Parkes highlighted the process the organization underwent to distribute and collate the results. The organization used a new platform for the survey and it was administered in the month of January. Through the process some areas to improve were identified to repair for the next formal cycle in 2019 (ie accidental overlap with Western survey). Over 5000 surveys were returned and this represented an overall average of 62% of staff and physicians. It was noted that the unions were engaged in this process and were supportive of the transparent approach that the organization took to take them along on the journey and share the results with the unions.

The engagement scores were reviewed and it was noted that the high response rate brought a balanced perspective to the final results. The floor was opened for questions and additional commentary and the following points were noted:

- The heat map demonstrates that the least engaged individuals fall into the family groups of nursing and professional staff.
- There will be an action plan for every department and every leader will be involved in its development. In response to a question on monitoring, it is expected that the capability to complete pulse survey will be available at the appropriate time midsurvey schedule to be utilized in a thoughtful and deliberate way to evaluate improvement progress prior to the next survey in 2019.
- In response to a question on the lack of baseline it was noted that this new tool is a more nimble tool and the baseline will come in future years.
- In response to a question about work complete to correlate or reconcile our employee engagement with patient satisfaction, it was noted that the organization is currently aligning the survey results of the patient safety culture survey results and action plans will take those results into consideration.
- Next steps include: VP accountability for strategic oversight of the design and execution of People Engagement Action Plans for all departments in the portfolio; All Leaders accountable to share results, develop action plans at the local-level, execute and track progress through eperformance objectives; TS&D identify "hotspots" for pulse surveys

2.3 CEO Report

Mr. Glendining submitted his report into record, invited the Board to ask questions and highlighted the following items:

- CCAC and the LHIN have formally merged.

- Challenge remains for LHSC with the Mental Health patient population being restricted from being able to move through the continuum of care appropriately. It was noted that this is not just a London issue but province wide issue. LHSC continues to work with community partners to find solutions or help develop solutions to help patients that do not need acute care. The CMHA announced earlier today that the CEO is leaving the organization and that organization has been a key player in reaching out to the community. The work ongoing with this organization could potentially pause while the organization undergoes a CEO selection process.
- Cyber security is a concern province wide, however LHSC is well served in their IT approach. Patches for systems have been completed and that leaves very few patient systems unpatched at the current time. In response to a question about cloud storage it was noted that it is secure and organizations are less vulnerable than if you were hosting the system on your own servers. .

2.3.1. Strategic Planning Process Update/Discussion

A brief review was provided on process ongoing organization wide. The CSI consultants highlighted some of the themes they have heard so far and an overview was provided on the expectations of the next retreat.

Themes heard through this work include:

- A focus on developing a better understanding what it means to be a fully integrated academic health organization versus just being a teaching hospital that is part of a network of competitive, players all pursuing their own priorities.
- A focus on population health mandate (what services do you want to be in)
- Considerations for vision in a clinical mandate of balance of community hospital tertiary/quaternary roles.
- Advancing the teaching and research mandate and how should LHSC's research role through Lawson be differentiated from its other academic partners.
- operational issues were raised. Sometimes they cluster together to make a strategic issue, however they are being flagged to the CEO at the present time.
- Due to funding pressures, the organization has lost its nimbleness

The floor was opened for comments and questions and the following points were noted.

- Concerns were expressed that through the themes that patient centred has not been mentioned. It was noted that there are some givens (delivery of quality patient care, being one) that cross or underpin all the themes that the consultants reviewed today.
- In response to a question on what the biggest challenge was for the organization, it was noted that culture and the ability of the organization to focus on execution work to achieve gains and address perceptions that may standing the way of moving forward.

2.3.2 CEO Goals Quarter 4 Report/Transitional Plan Q4 Update

Mr. Glendining highlighted the report in the package and offered an opportunity to the Board members to ask questions. No questions were noted.

2.4 Lawson Health Research Institute Report

Mr. Ross was absent from the meeting and the Chair identified that should there be questions about this report, then to please send to your questions to Mr. Tom Gergely and he will forward them on appropriately to be answered.

2.5 St. Joseph's Health Care London date

Ms. Kellow reported that St. Joseph's is a year behind LHSC in the Strategic Planning process and indicated that St. Joseph's will be watching the LHSC process as it unfolds.

Dr. Kernaghan reported that from the OHA Board perspective that there is indication that there will be a requirement of approval by the Ministry of Health prior to frameworks being posted to the public to review whether organizations are using unreasonable comparators in their process.

2.6. Quality and Performance Monitoring

Mr. Larry McBride provided an overview of the gemba walk that the committee and other members of Board undertook to review both Epilepsy and the journey of a stroke patient.

2.6.1 2017/18 Quality Improvement Plan Indicators Q4

Mr. McBride highlighted that the yearend results reviewed that 37 of the 47 indicators have shown improvements and that clinical risk profile is next evolution to the reporting of indicators and will be seen more consistently as part of the regular reporting for the 2017/18 fiscal period.

Mr. McBride was pleased to report that LHSC will be moving to further reduce indicators for the 2017/18 reporting periods. It was noted that LHSC originally started with 200 indicators and through diligent work of the organization it has been reduced to 40. For 2017/18 it will be further reduced to 16 focus areas. Appreciation was expressed to the quality team for the work completed to continuously evolve this report.

A discussion ensued, highlighting the cancer wait times in the future and clarification was sought on the adult occupancy measurement.

2.6.2 Quality of Care Committee Update.

Mr. Hopper provided a brief overview of the development of this new committee with respect to legislation. The decision to invoke QCIPA protections for an investigation into a serious safety event will be made by the Quality of Care of LHSC. Under legislation the QOC Committee, is different than the Quality Committee of the Board (i.e. QPMC). The QOC Committee is a body of one or more individuals, established for the purpose of studying, assessing or evaluating the provision of health care to improve or maintain the quality of healthcare, and critical incident reviews. The membership is not prescribed in regulation however it is recommended to include:

- Senior leaders (e.g. Chiefs, Vice Presidents)
- Quality and Patient Safety Leaders (Chief Quality and Patient Safety Officer, Director
- Patient Relations)
- Person representing the patient and family voice (e.g. patient/family advisor)

Other members may be required as the committee evolves.

It was identified due to the Board's role in Board Hearings that it would be inappropriate for them to be members of the committee but that a clear understanding of the process the organization undergoes to develop the reports for the Board will be important and will be a factor in committee orientation this fall.

2.7 Joint Collaboration Committee

2.7.1 Mental Health Feasibility Study Update

Ms. Trpkovski provided an overview of the progress on this collaborative effort with St. Joseph's and the community partners.

It was noted that the vision of proactive management of length of stay for inpatients so as to facilitate access and flow to bedded care will require the focus in several areas including:

- Utilize evidence based discharge planning metrics and strategies
- Cross hospital Transition Team
- Cross- sectoral table with community partners and

- Joint advocacy to the LHIN

The organization is well down the road on a number of initiatives to address the areas of focus including: that standardized discharge tools and care planning are currently being developed, planning is underway to develop a cross-sectoral table for long stay inpatients and an HR process is underway with respect to launch a transition team.

Another recommendation is that the Geriatric Clients will access care through a single coordinated intake, with integrated assessment, streaming, and care pathways. Work is well underway Design for an enhanced MH portion of the Specialized Geriatric Services (SGS) intake process finalized and initiation of an SGS review

Adult clients access care through a single coordinated intake, with integrated assessment, streaming and care pathways standardized across LHSC, St Joseph's and CMHA with clear gateways to Addiction Services of Thames Valley and others

Ms. Trpkovski reported briefly on the creation of a London based Community Youth HUB enabling youth to access care and services in the community. The hospitals to embed and align services with community partners in a client friendly fashion in order to meet needs of Transitional Age Youth (TAY) more efficiently with a goal of reducing ED and inpatient visits. It was noted that this is a difficult to serve population and the feasibility study gave the hospitals the platform to provide collaboration to bring the systems of service together.

2.7.2 Strategic Direction for Supply Chain Management

The LHSC Board of Directors ENDORSED by GENERAL CONSENT, in principle, the proposal for HMMS to further study its role as a regional service provider which includes revisiting the governance model, the revenue philosophy, and the target market to ultimately develop a proposal to play a larger role provincially.

2.7.3 *Strategic Direction for Electronic Health systems*

The Board of Directors APPROVED by GENERAL CONSENT, in principle, the strategic direction for LHSC & St. Joseph's to work with the MOH/LTC and other stakeholders (hospitals, MOH/LTC, LHIN leadership and vendors) to support the creation of a formalized HUB/Cluster for Southwestern Ontario, and that this recommendation be forwarded to the Board of Directors at LHSC and St. Joseph's for approval.

2.8 Medical Advisory Committee

Dr. Lum provided a brief overview of the city wide process that the Medical Advisory Committee undergoes to assess individual professional staff members for appointments or changes to their appointments, highlighting specifically the delineations from the diagnostic imaging merger.

2.8.1 New Appointments to Professional Staff – May

2.8.2 Changes to Professional Staff Appointments – May

2.8.3 Clinical Fellow Appointments – May

The Board of Directors APPROVED by GENERAL CONSENT the new appointment, changes to appointments and clinical fellow appointments in the following reports.

2.8.1 New Appointments to Professional Staff – May

2.8.2 Changes to Professional Staff Appointments – May

2.8.3 Clinical Fellow Appointments – May

2.8.4 Chair/Chief Recommendation Clinical Neurosciences

The Board of Directors APPROVED by GENERAL CONSENT upon receipt of a signed letter of offer, the continuation of the appointment of Dr. Paul Cooper as the city-wide chief of clinical Neurological Sciences, effective October 1, 2017 to September 30, 2018, or until such times as a permanent chief is appointed whichever comes first.

In response to a question on a 'vice appointment', that some departments have invested in site chiefs to assist, but the University and hospital does not contribute to paying for those types of roles. As well it was noted that the accountability for the role completions falls within the duties of the Chair/Chief.

In response to a question on succession planning, it was noted that there are often many internal candidates and they do get hired. However, the University does have an advanced talent program that is unique in Canada and will be presenting their approaches to assessing and advancing talent at a Canadian conference later this year.

2.8.5 Compliance with Learning Module completion and Reappointment Recommendations

Dr. Lum reviewed that there will be a list of reappointment deferrals that will be moving forward this June due to the noncompliance with the learning modules.

When both organizations went live in 2014 with their Learning Management system (ILearn at LHSC and LearningEdge at St Joseph's) Medical Affairs introduced a parallel system, MyEducation (ME). Through ME various learning modules are now delivered. Initially, compliance with module completion rates was low. As part of the Professional Staff reapplication process for 2016 a question asking Professional Staff (PS) reapplying to confirm that they have completed all of their learning modules was added; most answered yes.

As of May 29 there are currently 48 physicians outstanding. To complete the education is not a small task as there are 393 modules. Each received a letter on May 23 noting they would not be reappointed, the deadline for completion to enable reappointment will be June 6.

2.9 People and Culture Committee

Ms. Retty reported that a robust discussion occurred with respect to the alignment work and talent development work at LHSC with the Physicians and Medical Affairs partnering with People and Culture.

2.9.1 People and Culture Indicators Q4

One of the focus areas of discussion for this month was turnover and really understanding the causes of voluntary exits of the leaders so that the organization is able to respond by improving the leaders' experience of working at LHSC.

2.10 Governance Committee

2.10.1 Officer Appointment Recommendation

The 2016/17 Board of Directors APPROVED BY GENERAL CONSENT and NOMINATED Mr. Adam Hopper for the position of Second Vice Chair for the 2017/18 Board Term.

2.10.2 Elected Director Renewal Appointments

The Board of Directors APPROVED by GENERAL CONSENT and RECOMMENDED to the Corporation the nomination for re-appointment of the following individuals for terms to the Board of Directors of London Health Sciences as listed below:

Ms. Ramona Robinson -3 years

Mr. Matt Wilson -3 years
Ms. Amy Walby -3 years
Ms. Brenda Bird -3 years

2.10.3 Freedom of Information Delegation of Authority Recommendation

Due to the Privacy portfolio aligning with the Risk portfolio a change of delegation of authority is required.

The Board of Directors APPROVED by GENERAL CONSENT the delegation of the powers and duties under the provisions of the Freedom of Information and Protection of Privacy Act be delegated to the following as detailed in Appendix A:
Chief Privacy and FOI Officer, (Officer A);
FIPPA Lead, (Officer B)

2.10.4 Chair/Chief Selection Committee Appointment Recommendation

The Board of Directors APPROVED by GENERAL CONSENT APPOINTING Ms. Amy Walby as the LHSC Board of Directors representative on the Chief, Anesthesia & Perioperative Medicine Selection Committee and;

The Board of Directors APPROVED by GENERAL CONSENT APPOINTING Mr. Kevin Ross as the LHSC Board of Directors representative on the Chief, Midwifery Selection Committee.

2.10.5 Credentialed Professional Staff By-Law Amendments

The Board of Directors APPROVED by GENERAL CONSENT and RECOMMENDED to the Members of the Corporation to APPROVE a resolution to amend the Credentialed Professional Staff By-Law amendments as noted.

2.10.6 Administrative By-Law Amendments

The Board of Directors APPROVED by GENERAL CONSENT and RECOMMENDED to the Members of the Corporation to APPROVE a resolution to amend the Administrative by-law for the following amendments.

Item 4.03 e) Remuneration is allowed for non-voting members of the Board of Directors who hold other positions besides 'Director'

6.02 (c) The Chief Executive Officer shall ensure there are appropriate procedures in place for the appointment of the Chief Nursing Executive.

ARTICLE 10. OTHER MATTERS REQUIRED BY THE PUBLIC HOSPITALS ACT

Clause 10.01 Retention of Written Statements

Clause 10.02 Occupational Health and Safety Program

Clause 10.03 Health Surveillance Program

Clause 10.04 Organ Donation

2.11. Finance and Audit

2.11.1 2014/17 Multi-Sector Service Accountability Agreement (M-SAA) – Schedule G

After making inquiries of the President and CEO, Murray Glendining and other appropriate officers of the hospital, and subject to any exceptions identified on Schedule G, The Board of Directors REVIEWED and APPROVED by GENERAL CONSENT the execution by the Chair of the Board "Schedule G", Declaration of Compliance wherein the hospital has fulfilled its obligations under the service accountability agreement (the "M-SAA") in effect during April 1, 2016 to March 31, 2017.

Without limiting the generality of the foregoing, the hospital has complied with:

(i) Article 4.8 of the M-SAA concerning applicable procurement practices;

(ii) the Local Health System Integration Act, 2006; and

(iii) the Public Sector Compensation Restraint to Protect Public Services Act, 2010.

2.11.2 Broader Public Sector Accountability Act- Schedule G recommendation

The Board of Directors APPROVED by GENERAL CONSENT the BPSAA Attestation Statement that has been signed by the CEO and prepared in accordance with section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA)

2.11.3 Fund Manager Performance Recommendation

The Board of Directors APPROVED by GENERAL CONSENT the Fund Manager Selection for 2017/18, Jon Seabrook, CIBC Wood Gundy.

2.11.4 4th Quarter Results Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, the Year End Financial Results for the fiscal year ending March 31, 2017.

2.11.5 2017/03/31 External Audit --Draft Financial Statements

The Board of Directors APPROVED by GENERAL CONSENT, the draft Audited Financial Statements for the fiscal year ending March 31, 2017.

2.11.6 Assessment of External Audit Services in Accordance with the Retention and Selection of Professional Services Policy

The Board of Directors APPROVED by GENERAL CONSENT the Retention of External Audit Services based on the assessment completed in accordance with the criteria set out in the Retention and Selection of Professional Services Policy.

2.11.7 2017/18 External Auditor Recommendation

the Board of Directors APPROVED by GENERAL CONSENT, the reappointment of Ernst & Young as auditors for London Health Sciences Centre for the fiscal year 2017/18, subject to receiving fee estimates within the engagement letter in the Fall of 2017.

3.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by:
Tammy Eskildsen

Tom Gergely, Chair
Board of Directors