

# MEETING MINUTES OF THE BOARD OF DIRECTORS

Held, Wednesday, November 27 @ 1500 hours  
in the University Hospital Board Room C3-170 or  
by teleconference: 1-866-542-9023 passcode 6858262#

## **Board Members Present:**

Mr. J. Brock, Mr. L. McBride, Ms. P. Retty, Ms. R. Robinson, Mr. K. Ross, Ms. A. Walby (Chair), Dr. S. Pandey, Mr. B. Woods, Dr. P. Woods, Ms. C. Young-Ritchie, Dr. S. McKay, Mr. J. Wright, Ms. R. Choja, Mr. T. Marcus, Mr. M. Wilson, Ms. S. Jaekel

**Board Directors Present by Teleconference:** K. Haines

**Board Member Regrets:** M. Hodgson, B. Bird, S. Pandey

## **Healthcare Partner Representatives:**

J. Batch, G. Kernaghan=**R**, B. Wilkinson, D. Cheng=**R**, R. Mikula=**R**, E. Johnson

## **Resource:**

T. Eskildsen

R- Regrets

## **1.0 CALL TO ORDER**

---

The November meeting was called to order by Ms. Walby.

Ms. Walby reviewed the Ethical Decision Making Framework on the back of the agenda and highlighted its use by the Board of Directors at their meetings. The Conflict of Interest policy was highlighted and Directors were reminded that if they feel that they or another Director are in conflict to declare it either at the beginning of the meeting or at the time of item.

## **2.0 REVIEW OF FULL AGENDA**

---

### **2.1 Approval of the Agenda**

The floor was opened for feedback on the agenda and there were no requests for amendments noted. **The Agenda was APPROVED by GENERAL CONSENT.**

## **3.0 PRIORITY AGENDA**

---

### **3.1 Digital Evolution Plan**

Mr. Glen Kearns provided an overview of the Digital Evolution Plan for the next five years. The five main areas of focus for the presentation including, advancing patient-centred care, optimizing clinical support, enabling population health, continuing to build infrastructure resilience and innovate for our patients and the strategic plan alignment for all areas of focus as well as the outcomes, opportunities and risks for patients, physicians and staff with this ongoing work.

Mr. Kearns highlighted the project timelines associated with project initiatives with many of them extending into the 2023 timeframe.

The floor was opened for questions and comments and the Board highlighted the importance of a five-year plan from a project perspective to allow for a robust model to support financial expenditures and projections. Further questions and discussion were raised on the training for all end users and information technology security needs and testing.

## 4.0 RECOMMENDATIONS/REPORTS

---

### 4.1 Chair's Report

Ms. Walby provided a brief report on the items that occurred since the Board last met or upcoming events and the following items were noted:

- Country Classic Auction attendance and event.
- Service Awards for Staff and Volunteers was well done and recognition was extended to the organizers.
- Reminder about the upcoming President Awards, scheduled for December 13th
- Reminder about the Recognition Event scheduled January 21, 2020 recognizing retiring Board Directors.

### 4.2 CEO Report

Dr. Woods submitted his report into record, offered to answer questions on any item and the following points were highlighted:

- The work to finalize the development of the Surgery Centre is ending and Dr. Woods has offered an opportunity to tour the facility before the facility is fully operational.
- College of Physicians and Surgeons of Ontario have institute changes in policy which has made it mandatory that physicians complete their discharge summaries within 48 hours.
- Lawson has maintained its standing as 8<sup>th</sup> in the ranking of the top 40 hospital research institutions in Canada.

### 4.3 Quality & Performance Monitoring Committee

Mr. McBride highlighted the work of the last Quality and Performance Monitoring highlighting that conversation was focused on 'never events' and led the committee to a deep dive on pressure ulcers. It was highlighted that a joint Quality and Finance meeting has been booked to connect the quality and financial discussions as the Operating and Capital Budgets begin Board level discussion early in 2020.

### 4.4 People and Culture

Mr. Woods highlighted the work of the People and Culture committee meeting highlighting the year over year quarterly increase in sick time and overtime and highlighted the findings of the root cause analysis. Preparedness of the organization in crisis communication was reviewed annually in November as per work plan and the committee was satisfied with the work of the Communication department in this area.

The Accessibility for Ontarians with Disabilities Act has been deferred until February 2020. This particular piece of legislation now falls within the portfolio of Mr. Rob Sibbald within the most recent organizational restructure.

### 4.5 Medical Advisory Committee

Mr. McKay presented his recommendations for approval. Minutes are included in your package.

#### **4.5.1 New Appointments to Professional Staff**

**The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff New Appointments to the London Health Sciences Centre for the month of November.**

#### **4.5.2 Changes to Professional Staff Appointments**

**The Board of Directors APPROVED by GENERAL CONSENT the Professional Staff appointment changes to the London Health Sciences Centre for the month of November.**

#### **4.5.3 Clinical Fellow Appointments**

The Board of Directors **APPROVED** by **GENERAL CONSENT** the New Clinical Fellow appointments to the London Health Sciences Centre for the month of November.

#### **4.5.4 Chair/Chief Paediatrics**

The Board of Directors **APPROVED** by **GENERAL CONSENT**, upon receipt of a signed letter of offer, the continuation of the appointment of Dr. John Yoo as the Interim city-wide Chief of Paediatrics, effective January 1, 2020 to June 30, 2020 or until a new city-wide Chief is appointed.

#### 4.6 Finance and Audit Committee

Mr. Terry Marcus highlighted the work of the committee in November on Mike Hodgson's behalf.

##### **4.6.1 Q2 Financial Report**

Mr. Marcus highlighted the Q2 financial results of the organization highlighting the following points:

- Reporting a slight deficit of \$0.1M. This is due to a net overall deficit in Patient Care (including Mental Health) and Support areas, and surpluses in Corporate.
- As of September 30, we are forecasting an overall deficit at year-end of \$17.8M.
- At the same time the organization has \$123M cash on hand which represents a ratio of 1.73.

Mr. Marcus further updated the Board of Directors on cashflow and the results currently projecting on the three year outward looking including current year and two future years highlighting some of the committed expenditures on the books and noting the status of LHSC's cash position as these expenditures are expensed and the continued discussions on alignment of expenditures with the organization's priorities.

##### **4.6.2 Stem Cell Transplant and LRCP Level 2 Redevelopment MoHLTC Capital Planning Stage 1 & 2 Submission**

Mr. Marcus highlighted that the Stem Cell Transplant and LRCP redevelopment capital planning had returned to Finance and Audit for re-approval. In 2016 there was plans with Ministry support to redevelop areas of the cancer centre to expand the organization's capacity to conduct Stem Cell Transplants to align with LHSC's demographic requirements to conduct approximately 150 stem cell transplants a year. The submitted cost for the Stem Cell Expansion project is currently estimated at \$65,624,406. LHSC would be responsible for 10% of the cost through local share commitments and any equipment infrastructure to support the clinical care. The Strategic Capital Committee has identified these requirements within LHSC's longer term capital investment plan and, in addition, the LHSF Case for support for Cancer, approved by the LHS/LHSF Governing Council includes a case for support for capital investment in the cancer program.

LHSC's Board of Directors approved the Pre-capital submission to the Ministry of Health on October 26, 2016. This pre-capital submission was subsequently approved by the Ministry of Health and announced as an approved project by the government. On May 17, 2018 MOHLTC requested that LHSC submit a revised preliminary Combined Stage 1 & 2 package which reflected changes in cost and scope required to accommodate the full program as identified in the functional programming.

A review process then commenced with MOHLTC Capital Branch following the election stand down period. On June 5, 2019 MOHLTC Capital Branch approval was received to proceed to final, separate submissions of the Stage 1 & 2 Packages for Stem Cell and LRCP Level 2 Redevelopment.

It was highlighted that the Finance and Audit Committee did have a number of concerns how the organization would fund the \$26 million own funds requirement of the two projects. It was highlighted that LHSC would be required to pay \$6,562,441 plus any equipment infrastructure to support the clinical care. The available funds were reviewed and it was identified that the organization would have a gap of approximately \$10 million after reviewing the available and restricted monies that could be utilized to support the own funds portion of the expense.

The Board of Directors APPROVED by GENERAL CONSENT the Stem Cell Transplant and LRCP Level 2 Redevelopment MOHLTC Capital Planning Stage 1 & 2 Submissions.

#### 4.6.3 LRCP Level 2 Redevelopment MOHLTC Capital Planning Stage 1& 2 Submission

The submitted cost for the Chemotherapy, Day Unit and Central Intake is estimated at \$16,099,803. This is the own funds portion of the redevelopment that LHSC will be 100% responsible for funding. This project has been submitted to MOH concurrently for review and approval as there are synergies between the projects requiring a joint review and approval of both projects.

This submission is part of a five-step approval process under the MOHLTC Joint Review Framework for Capital Projects. Approval was granted for a combined Stage 1 & Stage 2 fast track submission. Submission of these packages will allow LHSC to proceed directly to Stage 3 & 4 submission once approval is received with final Stage 5 being implementation and construction. There was an understanding that if the Ministry of Health and Long-Term Care approved to Stage 3 & 4, that this project will return again to the table.

The Board of Directors APPROVED by GENERAL CONSENT the LRCP Level 2 Redevelopment MOHLTC Capital Planning Stage 1 & 2 Submissions.

#### 4.6.4 Expedited Medical Imaging Fleet Replacement

Over the past two quarters, the downtime on all modalities has increased resulting in a change from monthly cancellation of patients to weekly cancellation of patients. This situation has escalated to the point that patients are not able to access required inpatient or emergency medical imaging services at the hospital where they are receiving care. The request is to accelerate the timing of the investment from five years to three years to ensure patients have access to the care required. The finance and audit committee members provided further detail on the committee's due diligence work. It was highlighted that the financing options are to return to Finance and Audit for approval in January 2020.

The Board of Directors APPROVED by GENERAL CONSENT Option I, the full acceleration of CT/MR/IR Fleet Replacement from five-years to three-years, advancing the timing of \$17,972,608 of capital spend.

#### 4.7 Governance Committee

Ms. Retty provided a brief overview of the Governance Committee's work and highlighted the following:

- Received a report on Conflict of Interest and safe reporting policy development
- Offered that an opportunity will be provided to the Board and Community members on education on the Board's Role in Patient safety.

## 5.0 HEALTHCARE PARTNERS.

---

### 5.1 St. Joseph's Health Care, London

Mr. Batch provided an update on the St. Joseph's Board of Directors including:

- Reviewed the progress of the organization on the Q2 Corporate Scorecard
- Q2 financial discussion reviewing budget and tracking to plan

The Board of Directors also received a presentation from their Foundation on recent successes.

### 5.2 Lawson Health Research Institute

Mr. Wilkinson provided a brief overview of the materials in your package highlighting the achievement of Lawson and the achievements of the researchers noted. Mr. Wilkinson further highlighted the recent Café Scientifique sessions and encouraged all to attend.

### 5.3 London Health Sciences Foundation

There was no update available.

### 5.4 Children's Health Foundation

Ms. Johnson reported that the Children's Health Foundation recent outreach efforts have been successful and has experienced very positive media uptake. The granting approvals of Grants to Children's Hospital is going well. The global group meetings continue who discuss and work to obtain major gifts. The financial progress of the Foundation is ahead of projected plan. Ms. Johnson further updated on upcoming events, highlighting that the magical winter ball sold out in 23 hours.

### 5.5 Professional Staff Organization

There was no update available.

### 5.6 Western University

Dr. Davy Cheng provided updated on recent Western University activities including:

- PGME Accreditation: This week is the Schulich School of Medicine & Dentistry accreditation review and survey of our PGME Programs by the Royal College of Physicians & Surgeons and the College of Family Medicine of Canada.
- 2. Paediatrics Chair/Chief: All three shortlisted candidates have been interviewed. The final decision will be made in December by the CEOs and the Dean for recommendation to the Hospitals' Board and the University after all the references have been checked.
- 3. Obstetrics and Gynaecology Chair/Chief: This was a failed search as the selected candidate has decided not to accept our offer to come to London. The Dean and CEOs will decide on the next step in consultation with the Department.
- 4. Oncology Department External Review: This has been completed and the advertisement for the search for Chair/Chief is posted.

## 6.0 CONSENT AGENDA

---

The chair opened the floor for any Director to consider any of the approvals under a separate item. There were no requests to move an item to open session noted.

**The Board of Directors APPROVED by GENERAL CONSENT the recommendations and minutes of the last Board meeting within the consent agenda.**

## 7.0 WRITTEN UPDATES

---

There was no discussion noted on written updates.

## 8.0 ADJOURNMENT

---

**The meeting was ADJOURNED by GENERAL CONSENT.**

Recorded by  
Tammy Eskildsen