

MEETING MINUTES OF THE BOARD OF DIRECTORS

Held, Wednesday, October 28, 2020 @ 1500 hours
By videoconference and teleconference

Board Members Present by Teleconference:

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

Board Member Regrets:

Healthcare Partners: R. Mikula, E. Johnson, J. Batch, G. Kernaghan(R), Dr. Yoo

Resource: T. Eskildsen

R- Regrets

1.0 CALL TO ORDER

The meeting was called to order at 3:00 p.m.

The Chair brought the group's attention to the conflict of Interest policy and reviewed that if members felt that they or someone else was in conflict to raise it at the start of the meeting or at the time of the item. The values-based decision-making tool is on every agenda and is meant to assist as the Board deliberates on decisions.

1.1 Patient Experience

A video was shown and the Board expressed appreciation for the opportunity to level set to the purpose of meeting focus.

2.0 REVIEW OF AGENDA

2.1 Review of Agenda

The agenda was review and APPROVED by GENERAL CONSENT.

3.0 PRIORITY AGENDA

3.1 2021-2023 Strategic Plan

Ms. Walby provided an overview of the Board's role in strategic planning and highlighted that there is an opportunity before the plan content is presented for the Board to engage in discussion about the approach to the future of the organization and provide feedback if any on the Mission, Vision, Values being reconfirmed as the directional avenues. The Board does not set the strategy, the Board sets the mission and vision in which Paul with his leadership team will create a strategy to meet those large dot goals. Ms. Walby opened the floor for the group's input and thinking on the long term such that the mission sets the organization on the correct path and does the vision encapsulate the long-term values that speak to the Board.

Dr. Woods provided a brief overview of the current strategic plan, highlighting that some of the items within the plan were operational, but it was what was required for the organization to achieve and build from a level platform, including a new management system.

This new management system and philosophy is underpinned by a variety of key items. These include:

- A definition of True North (a picture of the destination of the organization) and associated high level metrics
- A new way of codifying work within the organization, all aligned with True North
 - o Strategic Initiatives – “Must Do Can't Fail” strategic programs of work – 2-3 years
 - o Breakthrough initiatives – Annual operational improvement goals cascaded across the organization driven by the frontline
 - o Corporate Projects - Key projects that require executive oversight and involves multiple areas of the organization (Variable timelines)

In response to a question on the True North with six objectives and the importance of connecting tactics, it was reported that it is important to align the tactics to achieve the objective by discussing where the organization wants to be, how the organization will get there and how LHSC will go about its work. This connects the True North and presents enterprise metrics that will demonstrate LHSC's success.

It was noted that references to process improvement and lean are positive improvements. At a very high level it was noted that it has not been sufficiently highlighted that process improvement and lean should result in improving financial return. It was accepted that financial return was present in the True North but that there was perhaps a disconnect that the improvements were not from lean existential discussion.

In the next two years LHSC will advance four strategic initiatives with the ultimate goal of advancing our progress towards the True North. Each initiative is sponsored by a member of the Executive Leadership Team. The initiatives are developed with lean thinking with a problem definition, strong work plan, measurements and countermeasures. These initiatives are of a “must do/can't fail” priority for our organization.

Our Connected Care System addresses the problem of LHSC's ability to achieve the Quintuple Aim through lack of sufficient integration within our local health ecosystem, disparate health information systems and dated models of care. The goal will be to facilitate system change through measurable improvements in population level health outcomes, patient and caregiver experiences, provider experiences, health equity and fiscal accountability across our local health ecosystem through investment in better system integration. Success will be measured by a population level reduction on conservable hospital days.

The Continuous Improvement of Care (CIC) is a multi-year initiative committed to improving patient care by developing our people to solve problems and improve performance.

There are four components

- Improvement Initiatives - large-scale improvement projects;
- Continuous Improvement Team & Capability Building -a dedicated improvement team to support, coach and train on continuous improvement;
- Daily Management System –enabling continuous improvement and sustainability at the unit level; and
- Executive Management System –to establish organizational focus, alignment and priorities including corporate projects and breakthrough objectives.

Success was deemed to be utilizing standardized approaches and tools across the organization incorporating LEAN methodology and continuous quality improvement.

The past lack of a comprehensive People strategy has led to adhoc programs with variable degrees of success and higher-than-desired staff and leadership turnover rates.

The goal is to be an employer of choice in the region, where staff, physicians and leaders choose to spend their entire careers. The People Strategy will bring focused attention to: strategic, proactive workforce planning; increased retention of staff, physicians, and leaders; improved employee satisfaction scores, and a focus on culture through the creation and implementation of a comprehensive Equity, Diversity, Inclusion and Belonging (EDIB) program.

Success will be measured by increased engagement and satisfaction scores, and reduced regrettable turnover of staff, physicians and leaders at all levels of the organization.

Capacity Optimization and Management focuses on patient access to care across all clinical programs and services, which have been challenges for our organization related primarily to the flow of patients and capacity issues. It was noted that the delays in access to service has led to less than optimal patient experiences, financial strain, inefficiencies and population health impacts.

Success will be measured in four key foci including creating real time clinical operations data analysis to enable achievement of clinical accountabilities and expectations. Development of an approach for balancing core versus scheduled/unscheduled critical care capacity, reduction of variability across services and programs to improve flow and coordination. As well, improved responsiveness and transparency of capacity management is sought.

A brief discussion occurred on research and where research will fit within this strategic plan. Currently plans for research are not strategic but more tactical at this point. A strategic metric is in development and there has been working ongoing to imbed the research and teaching into tangible items this fiscal year.

There was discussion on breakthrough initiatives and the focus on improvement opportunities in select areas. These particular areas will work to make breakthrough improvements in their areas. A summary of Never Events including critical incident falls and Injury prevention and wellness was provided.

An area of discussion was corporate projects and how the Board would have visibility into this. Past understanding was that when corporate projects moved through phases on the physical board this would be noted so the Board could be aware of progress.

Appreciation was extended to the leaders for the presentation and if there were any questions, to please contact Amy or Tammy and they will be sent off to the appropriate leader for answers. This item will be back for final discussion and decision on November Board of Directors meeting.

4.0 RECOMMENDATIONS/REPORTS

4.1 Chair's Report

Ms. Walby highlighted that the virtual Country Classic Auction is scheduled for November 5, 2020 and the Service Awards have also moved to a virtual format. Electronic invitations have been sent and everyone was invited and encouraged to attend.

4.2 CEO Report

Dr. Woods submitted his report into record and highlighted the following items:

- The gratitude campaign was developed as an opportunity for our community to join LHSC in sharing our gratitude for each other and all we have accomplished together throughout 2020.
- As a result of the ongoing uncertainty caused by the COVID-19 pandemic, the President's Award Program will be temporarily paused for 2020. As part of the rolling nomination period, nomination packages can be submitted at any time, but will be held for review until the program resumes in 2021.
- Resuming pre-pandemic surgical volumes is an important step in moving through the cases delayed by the pandemic as well as addressing new cases that are presenting. The evolving work of the Ambulatory Surgery Centre was discussed as potentially being able to support the resumption of volumes.
- Leading with care initiative has been launched for our employees to ensure that they know where to find resources and support for mental health and improving the channel of communication.

4.3 Finance and Audit Committee

Mr. Hodgson provided an overview of the Finance and Audit Committee meeting items, highlighting the fundraising update, Ambulatory Surgery Centre and an update from G. Kearns on the digitization of patient records. It was highlighted that PaLM were looking to increase their testing to 3400 per day while still maintaining 12-17 hours turn around for testing.

4.4 Children's Hospital Committee

Mr. Ross submitted the Chair's report into recorded and highlighted the work ongoing to submit an unsolicited OHT application, the review of the children's Patient Safety plan and the Q1 critical incident report.

4.4.1 Ontario health Team Supporting Paediatric Regional Integration Model Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, the development of an additional unsolicited Ontario Health Team (OHT) application supporting a Maternal Paediatric Regional Integration Model.

4.5 Medical Advisory Committee

Dr. Scott McKay provided a brief overview of the work ongoing for Medical Advisory Committee highlighting the discussions at the last meeting including next steps for influenza vaccination requirements and the MAC awards for professional staff with outstanding contributions.

- Dr. Michael Payne & Dr. Michael Silverman - the Joint MAC Award
- Dr. Ashraf Fayad - the Joint MAC Chairs' Award
- Dr. Wael Haddara - the LHSC MAC Award
- Dr. Michael Silverman - the St Joseph's MAC Award

4.5.1 New Appointments to Professional Staff

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

4.5.2 Changes to Professional Staff Appointments

The Board of Directors APPROVED by GENERAL CONSENT the Changes to the Professional Staff appointments for the month of October.

4.5.3 Clinical Fellow Appointments

The Board of Directors APPROVED by GENERAL CONSENT the new Clinical Fellow Appointments.

4.6 People and Culture Committee

Ms. Robinson provided an overview of the People and Culture committee including the ethics framework orientation and the preamble to the strategic communication plan that will be coming forward to the committee in November. Ms. Robinson expressed appreciation to Dr. Woods for his further overview of True North to level set for the committee their focus moving into the November meeting.

Patient Safety Culture process was reviewed and results are expected in the new year.

4.7 Governance Committee

Ms. Retty provided an overview of the Governance Committee work highlighting the discussion on the Directors and Officers Insurance and exemptions that insurers are inserting into their policies. The Committee continues to look at indemnification clauses and amendments to the bylaw have been suggested. Ms. Retty highlighted that the government has introduced new legislation that would provide some protection for organizations under COVID19 but it has yet to receive Royal Assent.

4.7.1 Family and Patient Advisor, Recommendation

The Board of DIRECTORS APPROVED by GENERAL CONSENT that Kathleen Anderson be appointed as Family and Patient advisor for Finance and Audit.

Kathleen is a retired controller for Magna and currently is supporting her mother as a renal patient. Kathleen is also involved in the Metis Council.

4.7.2 Board Policy Amendment

The Board of Directors APPROVED by GENERAL CONSENT the amendments to the following policy:

- **Conflict of Interest**

4.7.3. Role Document Amendments

The Board of Directors APPROVED by GENERAL CONSENT the amendments to the following role documents:

- **Board of Directors Roles and Responsibilities to amend language within strategic planning to reflect current approaches.**
- **Individual Director Role document to make a housekeeping amendment to grammar/language**

4.8 Quality and Performance Monitoring Committee

Mr. McBride highlighted the components of the QPMC meeting and noted that the committee received a quality improvement 'gemba' via the webex environment presented by staff from the Children's Emergency Department. Tom McHugh and Carol Young Ritchie provided updates on QCIPAs and progress towards completion on resulting recommendations.

HEALTHCARE PARTNERS/BOARD REPORTS

5.1 Professional Staff Organization

There was no report.

5.2 Western University

Dr. Yoo provided highlights on recent updates by the Medical Council of Canada on qualifying examinations. The Council are no longer able to administer the MCCQE Part II in October 2020. All options regarding future MCCQE Part II sessions are currently under review. With the support of the MCC Council, our team is already in the process of pivoting to the option of virtual delivery of the Objective Structured Clinical Examinations, including the MCCQE Part II.

We are pleased to announce that Dr. Laura Foxcroft has been appointed as the Assistant Dean, Faculty Wellbeing, at the Schulich School of Medicine & Dentistry, Western University effective October 1, 2020 to September 30, 2025.

5.3 St. Joseph's Health Care, London

Mr. Batch provided an update to the Board on the work of St. Joseph's and the work of the St. Joseph's Quality Committee.

5.4 Lawson Health Research Institute

Dr. Wright provided an update on the focus of the most recent meeting of October 21, 2020 including the outcome of the structure change and how Mr. Campbell plans to move forward with the Operational Review implementation phase. The Board reviewed financial health and it was noted that the market health remains strong and the cash flow position is still strong. There is a plan to postpone revising the budget until the new structure is in place.

5.5 London Health Sciences Foundation

Mr. Mikula expressed appreciation for the strategic planning presentation. Mr. Mikula provided an overview of the cancelled events and the new virtual events. Everyone was encouraged to sign up to support the virtual Country Classic Auction. The lottery has been doing very well and the support from the community is recognized.

5.6 Children's Health Foundation

Ms. Johnson also expressed appreciation for the strategic planning presentation. Ms. Johnson provided outcome revenues from recent campaigns. It was highlighted that the stand by me initiative has been very successful.

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 items within the consent agenda as noted:

6.1 Board of Directors Minutes – September 30, 2020

6.2 Governance Committee

6.2.1 Committee Terms of Reference

- Governance
- People and Culture
- Finance and Audit
- Quality and Performance Monitoring
- Children's Hospital
- Joint Collaboration

6.2.2 Board Committee Workplan 2020/21

- Medical Advisory Committee
- Governance
- People and culture
- Finance and Audit
- Quality and Performance Monitoring
- Children's Hospital
- Joint Collaboration

6.2.3 Conflict of Interest Disclosure and Confidentiality Waiver Recommendation

7.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by
T. Eskildsen

A. Walby, Chair
Board of Directors