London Health Sciences Centre

The minutes of February 24, 2016 were amended to address housekeeping, language amendments as noted at March 30, 2016 meeting, in sections 2.4 and 2.7.1

OPEN MEETING MINUTES
BOARD OF DIRECTORS
Held, Wednesday, February 24, 2016
at 1500 hours
in Victoria Hospital Board Room C3-401

Board Members Present:
B. Bird(t), S. Caplan, R. Conyngham, M. Glendining, K. Haines, S. Jaekel, J. Wright, R. Robinson, A. Walby, P. Retty, K. Ross, L. McBride, D. Woodward, Sharon Irwin-Foulon, M. Strong, A. Hopper, M. MacLeod, R. Sifton, T. Gergely, V. Fantillo, S. Carlyle

Board Member Regrets:
V. Burkoski, K. Church

Guests:
G. Kernaghan **=R,** M. Kellow**=R**, H. Rundle,

Resource:
T. Eskildsen

1.0 CALL TO ORDER/REVIEW OF AGENDA/CONSENT AGENDA

Mr. Gergely called the meeting and reminded the Board of the Conflict of Interest Policy and encouraged those members who may feel they have conflict or perceives 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 111 were APPROVED by GENERAL CONSENT:

1.1 Minutes of Regular Meeting 2014/01/27

1.2 Committee Minutes

1.2.1 Finance and Audit Committee 20160211
1.2.2 Governance Committee 20160118
1.2.3 Human Resources Committee 20160204
1.2.4 Joint Collaboration and Integration Committee 20160118
1.2.5 Medical Advisory Committee 20160210
1.2.6 Quality and Performance Monitoring 20150121

2.0 NEW BUSINESS/INFORMATION/APPROVALS

2.1 Transitional Strategic Plan Overview

Mr. Johnson provided an overview of the requirement to create a transitional strategic plan in an accelerated format. The transitional plan is part of an organizational work effort that will strengthen LHSC's sustainability, effectiveness, improve its management processes and will guide the organization for the next two years April 1, 2016 to March 31, 2016. As an expedited process, it has not followed the more traditional preparatory work that would go into mapping our current state. Consultations have occurred with our partners and stakeholders as noted below:

- External consultations include, South West Local Health Integration Network, South West Community Care Access Centre, Schulich School and Medicine and Dentistry and St Joseph's Health Care London

- Internal consultations include Chiefs of Service, Senior Medical Directors, Vice Presidents, Clinical Directors, Directors Council, Professional Practice Managers, Board and Senior Leadership team

The Board of Directors engaged in a small focus group/feedback session and the following questions were asked:
Based on your review of the current state,

- Where does LHSC excel in terms of achieving its mission?
- Where do we need to improve?
- What opportunities exist in regards to the realities of the external environment and drivers of change?
- What threats exist in regards to the external environment and drivers of change?
- What are the top strategic issues affecting your committee that could impact the success of the entire hospital?
- Are there any other facts, trends or considerations that should be considered in the strategic plan either to contribute to LHSC's success or to be considered as an element of risk?

There was considerable feedback and the following high level points were summarized:

- LHSC has been successful with building its engagement with their community partnerships, innovation and LHSC's brand is very strong nationally. The work of the organization and this process itself speaks to the cohesion of the team and once organizational management processes are set, it would be a predictor of success for the organization in the future.
- The importance of care within the organization is significant; not specifically a physician or a nurse, but a care team. It is clear that the care of the patients 'matters to them'
- LHSC could improve in consistent service delivery across the organization. In the form of innovation, the infrastructure and older mechanisms may lead to the inability to be dynamic.
- There is a conviction in the leadership and a willingness to assume risk and have a degree of self-awareness to the issues, legacy structures, areas of opportunity.
- The Patient's First Ministry of Health Action Plan has required the hospitals to consider new ways of delivering care but also to understand the costs to the organization to provide care that could drive from the action plan changes.
- A driver of change could be to implement mechanisms to assist patients to help other patients or themselves more, help break down silos.
- Inconsistency in engagement with staff and physicians could be a threat if not managed carefully.
- Over the course of time there could be benefit to business solutions development. Risks in the organization continue to evolve. It is a particularly unique challenge with physicians not being employees. There could be a threat if compensation of physicians is affected; leading to resistance to change. Is there the courage to address this?
- It is a massive organization; like any massive organization in this new environment, enterprise risk can end up being the focus.
- LHSC has source of pride and ethos here with the tremendous innovation in our community. However it is translated in daily practices in other jurisdictions and other locations as opposed to within LHSC. This indicates a requirement to build ourselves in an academic centre.
- Value is a strategy map where academic scholarly leadership stays as part of the mission.
- Fully informed decision making including physicians will be part of the solution. There is a need to enhance a shared program management approach to fundamentally change the way the organization is structured.
- Major drivers for the future will include competency based training medical training that extends to the undergraduate in medical fields.
- Other strategic issues identified included Quality Monitoring and Performance work we do, and timely relevant data to affect and monitor. Sometimes LHSC is not as outcome oriented as we

need to be, alignment Board to the SLT could be improved. The people value proposition direct links/correlation to the change to be accomplished.

- Another concern noted, was that this is a two year plan, but there is a need to understand where the leadership think this organization will be in 2025 (10 years from now). Some of the government changes/implementations will be long lasting changes.
- A ten year look is an important point, and one of those goals should be for the organization to be truly aspirational and, when the time is correct, plan for a longer term with candid assessment of local and regional systems. However for now, LHSC requires focus over the next two years to get the pillars in place for program management. It will also should be considered in a mult-year format of planning that this should also extend to budgeting as well.

2.2 Chair's Remarks

Mr. Gergely highlighted an upcoming foundation event. The Tastings event is scheduled for May 10, 2016. It will be back at the London Hunt and Country Club this year and it is one of the signature events of the London Health Sciences Foundation.

2.3 CEO Report

Mr. Glendining submitted his report into record, highlighted aspects within the report and indicated he would be pleased to answer questions. The following items were updated as part of the CEO Report.

2.3.1 *Fiscal Recovery and Sustainability Plan update*

Murray reviewed that the three phase process is underway. Ms. Jackie Schleifer-Taylor is leading the Operational Management Processes and this work is underway. More information will come forward about these processes in the month of March.

2.3.2 *FIPPA Delegation of Authority Overview*

Ms. Nickle, Legal Counsel introduced Ms. Kim Planques, LHSC's Chief Privacy Officer. Ms. Planques reviewed at a high level the roles that the Board delegate to the Chief Privacy Officer, an overview of the purpose of FIPPA and reviewed the process the organization undergoes once a request for information has been received.

The purposes of the Freedom of Information and Protection of Privacy Act are:
(a) to provide a right of access to information under the control of institutions in accordance with the principles that,
• Information should be available to the public,
• Necessary exemptions from the right of access should be limited and specific,
• Decisions on the disclosure of information should be reviewed independently of the institution controlling the information; and
(b) To protect the privacy of individuals with respect to personal information about themselves held by institutions and to provide individuals with a right of access to that information.

2.3.3 *Q3 CEO Goals and Quarterly x-matrix report*

The Quarter 3 CEO Goals report was submitted into record. Mr. Glendining highlighted that a couple of items are trending red. Reds are traditionally defined as behind schedule in the x-matrix. However, in reference to the staffing and scheduling project, it was noted that the project was abandoned as there is currently no software developed to meet the desired end state needs of the organization at this time. The program management deliverable was recommended to be sunsetted temporarily but work will pick up in the near future noting that the two largest departments have recently appointed new Chiefs of Departments and that the projected time line is greater than three years. The importance of having the operational structure in place prior to moving forward with program management was discussed.

2.3.4 *Information Technology Audit Update*
There was no update provided on this item.

2.4 Lawson Health Research Institute Report

Dr. Rundle submitted the February report and the Strategic Update into record and highlighted recent advocacy work ongoing to address the continued need for research funding.

2.5 St. Joseph's Health Care London Update

There was no update presented.

2.6 Medical Advisory Committee Recommendations

2.6.1 *New Appointments to Professional Staff Feb*
2.6.2 *Changes to Professional Staff Appointments Feb*
2.6.3 *Appointments to the Clinical Fellows Feb*

Mr. Gergely sought objection to laying the first three recommendations as one approval before the Board. No objection was noted.

The Board of Directors APPROVED by GENERAL CONSENT the following recommendation as submitted by the Medical Advisory Committee:
3.5.1 New Appointments to Professional Staff Feb
3.5.2 Changes to Professional Staff Appointments Feb
3.5.3 Appointments to the Clinical Fellows Feb

2.7 Finance and Audit Committee

Ms. Walby presented the quarterly results in Ms. Bird's absence.

2.7.1 LHSC 2015/16 Financial Results Q3

As of December 31, 2015 LHSC is forecasting an overall deficit at fiscal year-end (2016/03/31) of $29.1M. LHSC is reporting a deficit of $21.4M as at December 31, 2015 and an unfavourable run rate of $14.5M. This is comprised of $6.5M favourable revenue to budget and $21.0M in unfavourable expenses to budget. The hospital has positive working capital of $124.4M million and a current ratio of 1.75 as at December 31, 2015. It was noted that considerable work is ongoing by the organization to address fiscal recovery initiatives.

2.8 Human Resources Committee

2.8.1 LHSC 2015/16 Q3 Results HR Indicators

Ms. Robinson reviewed that the focus of the last meeting was to flag the top three indicators for the Board's review. The committee had flagged sick time, staff safety and overtime hours. It was noted that in reviewing the February Board package that there is overlap in presenting the sick time data at two committees (Finance and HR).

In response to a question on the different reporting structures that provide opposite positions on performance, Mr. Gilhuly indicated that the focus, despite the current financial reporting mechanism remains on the continued reduction of average days across the organization through wellness initiatives and positive reinforcement. The 'sick days' indicator has a provincial comparator indicator that provides for the organizations to compare against. Provinicially the organization is doing well against peers in average sick days. Mr. Glendining indicated that he would take this feedback to the leadership team to find a way to better present the overall picture of sick time from a financial perspective in the organization.

3.0 ADJOURNMENT

The Board of Directors ADJOURNED the MEETING by GENERAL CONSENT. The next meeting of the Board of Directors is currently scheduled for March 30, 2016.

Recorded by:
Tammy L. Eskildsen

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Tom Gergely, Chair
Board of Directors