

DRAFT**Board Members Present:**

B. Bird, M. Glendining, S. Jaekel, R. Robinson, A. Walby, P. Retty, K. Ross, A. Lum, T. Gergely (Chr), S. Caplan, L. McBride, A. Hopper, D. Woodward, T. Warner, D. Steven, K. Church, M. Wilson, M. Hodgson, C. Young-Ritchie, S. Irwin-Foulon

Board Member Regrets:

J. Wright, M. Strong, K. Haines

Guests:

G. Kernaghan, M. Kellow

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 83 were APPROVED by UNANIMOUS CONSENT:

1.1 *Minutes of Regular Meeting 2016/10/26***1.2 *Governance Committee***

1.2.1 [*Board Priorities and Committee Work plans Amendments Approval*](#)

1.3 *Finance and Audit Committee*

1.3.1 [*LHSC Investment Subcommittee*](#)

1.3.1.1 *Statement of Investment Policy and Procedures*

1.3.1.2 *Terms of Reference*

1.3.1.3 *Workplan*

1.4 *Committees of the Board- Minutes*

1.4.1 [*Human Resources 20161103*](#)

1.4.2 [*Governance Committee 20161121*](#)

1.4.3 [*Medical Advisory Committee 20161109*](#)

1.4.4 [*Quality and Performance Monitoring 20161020*](#)

1.4.5 [*Investment Sub-Committee Minutes*](#)

2.0 NEW BUSINESS/INFORMATION/ RECOMMENDATIONS

2.1 *Chair's Remarks*

Mr. Gergely highlighted the following items:

- LHSF celebration anniversary. It was a great event and the foundation announced that \$177 out of 200 million raised.
- Long service awards also occurred this month, it was incredible to see 30 to 45 year recipients and hear their experiences from their time at LHSC.

- Anthony Dale, from the Ontario Hospital Association is currently traveling the province on a fact finding mission. He will be here at LHSC on March 8, 2017. OHA is also interested in chatting with Board Directors. More information will be coming out in the near future.
- Executive Compensation Committee has been struck to create a framework for executive compensation. This is a highly involved process and the group will be working quite hard on this in the coming months.
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2.2 CEO Report

2.2.1 CEO Quarterly Report –Q2

Mr. Glendining submitted his report for information and highlighted the following items:

- Congratulations was extended to HMMS for being chosen for the 2016 award for Healthcare Supply Chain Department of the Year. Each year Supply Chain Week recognizes the teamwork, leadership and value that supply chain brings to the healthcare field. In August 2016, HSCN encouraged Shared Service and Group Purchasing Organizations as well as Hospital Purchasing Departments to send in their submission to support why they should be chosen as the Canadian Healthcare Supply Chain Department of the Year. Organizations were to demonstrate their value relative to specific criteria – teamwork, innovation, customer service, patient care and comprehensive strategic planning. Evaluators evaluated the submissions to determine the organization that demonstrated the highest level of readiness to successfully lead initiatives that will advance the healthcare value chain.
- CIHI release of data occurred. Typically this report does not receive a lot of attention in the media. LHSC had positive news in all three indicators posted.
- Highlighted Bill 41 and the work ongoing with respect to the merger of the CCACs into the LHIN environment. Planning is ongoing to ensure that the LHIN is able to proceed successfully for April 1, 2017. Mr. Glendining briefly discussed the tables of collaboration organized by the LHIN, and indicated that he will provide an update to the Board of Directors later as it becomes clear which table that LHSC will be at.

2.3 Lawson Health Research Institute Report

Mr. Ross reported that the Lawson report had been submitted into the package. He further noted that there was nothing new to report.

2.4 St. Joseph's Health Care London Update

Dr. Kernaghan reported the following highlights:

- K. Velji will be leaving the St. Joseph's Health Care, London and returning to Ontario Shores in January 2017.
- St. Joseph's Health Care Foundation and Western University announced *two research chairs* that are a critical step toward new approaches in imaging research and patient care in London and around the world. The combined value of both innovative new research chairs is \$6.5M, which will be endowed in perpetuity to advance imaging research at Western University and Lawson Health Research Institute

2.5 Quality and Performance Monitoring

2.5.1 Quality Improvement Plan Process Plan 2017/18

The Quality Improvement Plan process was reviewed. Mr. McBride highlighted that QIP is a regular agenda item as the work moves towards Board of Directors approval in 2017. To assist organizations in setting the direction for their QIP development, LHIN's cross sector QIP performance is tracked and reported. The SWLHIN current regional performance measures and q1 (2016/17) hospital based performance results are attached. Additionally, key preliminary observations for the SWLHIN related to 2015/16 to 2016/17 QIP performance are also available to provide some directional development guidance.

2.6 Medical Advisory Committee Recommendations

2.6.1 New Appointments to Professional Staff

2.6.2 Changes to Professional Staff Appointments

2.6.3 Clinical Fellow Appointments

Dr. Andrea Lum identified that there were no contentious issues either brought to her attention or discussed at MAC in reference to the regular credentialing recommendations within the package and asked to bring the first three recommendations together as one.

2.6.1 New Appointments to Professional Staff

2.6.2 Changes to Professional Staff Appointments

2.6.3 New Clinical Fellow

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

The Board of Directors APPROVED by GENERAL CONSENT the following recommendations as submitted by the Medical Advisory Committee:

2.6.1 New Appointments to Professional Staff

2.6.2 Changes to Professional Staff Appointments

2.6.3 Appointments to the Clinical Fellows

Dr. Lum declared a conflict for item 2.6.4 and recused herself from the room due to conflict of interest and left the room.

2.6.4 Chief of Medical Imaging Recommendation

The Board Of Directors APPROVED by GENERAL CONSENT that upon receipt of a signed letter of offer, the continuation of the appointment of Dr. Andrea Lum As The City-Wide Chief of Medical Imaging, effective January 1, 2017 To June 30, 2017, or until such time as a permanent chief is appointed, whichever comes first.

Dr. Lum was invited to return to the Board meeting.

2.6.5 Chief of Obstetrics & Gynecology Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, upon receipt of a signed letter of offer, the continuation of the appointment of Dr. Maggie Rebel as the city-wide Chief of Obstetrics and Gynecology, effective February 1, 2017 to January 31, 2018, or until such time as a permanent chief is appointed, whichever comes first.

2.6.6 Chief of Ophthalmology Recommendation

The Board of Directors APPROVED by GENERAL CONSENT, upon receipt of a signed letter of offer, the appointment of Dr. Michael Motolko as the city-wide Chief of Ophthalmology, effective December 1, 2016 to November 30, 2021.

2.6.7 Chief of Psychiatry Recommendation

The Board Of Directors APPROVED by GENERAL CONSENT, the appointment of Dr. Jeffrey Reiss as the Interim City-Wide Chief Of Psychiatry effective January 1, 2017 To December 30, 2017, or until such time as a permanent chief is appointed, whichever comes first.

2.7 Governance Committee

2.7.1 MAC Chair and Vice Chair Evaluation Process

The Chair and Vice Chair of MAC have a different appointment term Oct-Sept, and therefore the evaluation itself will need to be delayed to accommodate the term timing. There was a request to confirm that the Vice Chair actually falls within the auspices of the Board of Directors in the Corporation's Testamentary.

ACTION: Governance Committee was asked to confirm that the Vice Chair accountability falls within the Corporation's testamentary and report back to the Board of Directors.

The Board of Directors APPROVED by GENERAL CONSENT a delay in the Evaluation of the Chair, MAC role until late fall 2017 and;

The Board of Directors APPROVED by GENERAL CONSENT the development of an evaluation plan for the Vice Chair, MAC role.

2.7.2 CEO Goals Process and Recommendation

It was noted that this is before the Board as there was concern raised from the previous year that the process to select and approve the CEO Goals was not as clear to the Board as it should be. The Governance Committee developed a document that outlines the process and have submitted for Board of Directors information, review and support.

The Board of Directors APPROVED by GENERAL CONSENT the Goal Development Process.

2.7.3 Nominating Process

The Nominating process is another piece of information for Board of Directors on the work that the Governance Committee undertakes to bring forward recommendations to the Board. Ms. Robinson reviewed the skill matrix and encouraged the Board to bring names forward for the evergreen list.

2.8 Finance and Audit

2.8.1 LHSC Q2 Financial Results

LHSC is reporting a deficit of \$2.4M at September 30, 2016 and a favourable overall run rate of \$1.2M. This is comprised of \$0.4M favourable revenue to budget and \$0.8M favourable expenses to budget.

The Hospital has positive working capital of \$146.7M and a current ratio of 2.1 as at September 30, 2016. This is a strong financial position, however, we continue to monitor our liquidity closely as funding impacts and committed project costs will erode this position.

The Board of Directors APPROVED by GENERAL CONSENT the financial results for the quarter ending September 30, 2016.

2.8.2 Summary of Funds Held in Trust

The Board of Directors APPROVED by GENERAL CONSENT investing \$46M as follows: \$18M into 1 year GICs (cashable in 30 days); \$16.75M into 1 year GICs; \$11.25M into 2 year GICs.

2.8.3 Joint Venture PaLM Lab Amending Agreement

The Board of Directors APPROVED by GENERAL CONSENT the Pathology and Laboratory Medicine Joint Venture Amending Agreement.

3.0 ADJOURNMENT

The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by
Tammy Eskildsen

Tom Gergely, Chair
Board of Directors