

# OPEN MEETING MINUTES OF THE BOARD OF DIRECTORS

held, Wednesday, February 27, 2019 @ 1500 hours  
in the Victoria Hospital Board Room C3-401

## **Board Members Present:**

L. McBride, R. Robinson (Chair), P. Retty, P. Woods, (xo nv) S. Jaekel, C. Young-Ritchie, A. Lum, K. Ross, , T. Delaire, A. Walby, M. Hodgson, J. Wright, J. Brock, D. Cheng, S. Caplan, K. Haines, P. Wood, B. Bird, A. Hopper, T. Mele, S. Irwin Foulon

## **Board Directors Present by Teleconference:**

## **Healthcare Partner Representatives:**

H. Rundle, G. Kernaghan=R, B. Wilkinson

## **Board Member Regrets:**

K. Ross, J. Wright, M. Wilson

## **Resource:**

T. Eskildsen

\*= teleconference

## **1.0 CALL TO ORDER**

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The meeting was called to order by Mrs. Robinson. There was reference made to the Conflict of Interest Policy and members were asked if they felt that they were in conflict for any item on the agenda, to declare their conflict now or at the time of the item.

### **1.1 Patient Experience**

A video was profiled from Children's Hospital.

## **2.0 REVIEW OF AGENDA**

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

The agenda was APPROVED by GENERAL CONSENT.

## **3.0 PRIORITY AGENDA**

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### **3.1 Children's Hospital Review Report**

Dr. Woods and Mr. Delaire, Chair, Children's Health Foundation provided a preamble on the work undertaken and focus that led the organization to engage CSI to provide a review. The review mandate was primarily focused on providing advice regarding current operations and potential opportunities to improve the future-state operating model for the Children's Hospital, LHSC. Mr. Campbell from Corpus Sanchez International reviewed with the Board the overarching work, the findings from the review and highlighted the following recommendations specifically noting that these are not for approval today:

1. Acknowledge, Appreciate & Communicate Value of a Children's Hospital  
Senior Team & Board agreement of the value of positioning the CH as a distinct element of LHSC and the lost opportunity of not

2. Create CH Governance Structure

A Children's Hospital Committee be established as a Committee of the LHSC Board with 2nd Vice Chair of the LHSC Board appointed Chair of the Children's Hospital Committee

### 3. Establish a Clear Children's Hospital Brand

A renewed branding strategy must be identified as an immediate priority including to confirm future name of the Children's Hospital and communicate internally & externally (e.g. wayfinding/signs across LHSC, releases)

### 4. Establish Children's Hospital Leadership Structure & Supports

A renewed CH Operational Leadership structure be implemented to ensure effective oversight and direction to support implementation of plan A CH Medical Leadership structure be confirmed through appointment of Surgeon-in-Chief, Psychiatrist-in-Chief, Chief of Paed Anaesthesia, etc. A CH Physician Leadership Council be established

### 5. Confirm and Implement a Children's Hospital Transition Plan

Develop, confirm and implement the first 100-day plan comprised of work activities to define the programs and services model for CH, achieve improvements and efficiencies as identified in the Operational Review, and establish financial plans as an immediate priority Resource strategies and allocations confirmed to complete required work

### 6. Position the New CH Within Provincial Structures

Communicate and position the relevance of the CH relative to provincial councils and the MOHLTC

### 7. Complete a Strategic Plan

A strategic and regional plan is developed to guide CH over next 2-3 years

Dr. Woods, Mr. Delaire and Mr. Campbell were thanked for their presentations and the Chair noted that these recommendations would be forwarded to Governance Committee for consideration and further return to the Board for consideration where required. The floor was opened for questions and comments. In summary the questions were future focused around infrastructure projects, funding, branding and governance.

**ACTION: Forwarded to Governance Committee.**

## 3.2 Q3 Balanced Scorecard

The Q3 Balanced Scorecard was submitted into record and the leadership staff presented provided robust highlights on the items within the report which were not tracking to goal. It was highlighted that in the next fiscal term, there will be another evolution to the report to align metrics with the strategic initiatives and the number of indicators will be reduced.

## 4.0 RECOMMENDATION/REPORTS

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### 4.1 Chair's Report

The Chair of the Board acknowledged a recent announcement of Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, announced the Government of Ontario's plan for developing an integrated patient care system. The plan is to focus on the needs of Ontario's patients and families and is intended to improve access to services and the patient experience by:

- seeing local health care providers organize themselves into coordinated teams (i.e. Ontario health teams) to provide services to patients; anticipates there could be 30 to 40 local health teams across the province at maturity,
- providing patients, families, and caregivers with a structure that supports them in navigating entering, during and exiting the patient health care system, 24/7
- providing a central point of accountability and oversight for the health care system through Ontario Health, a single agency that focuses on achieving the integration and providing very specialized provincial health care where beyond capacity of local care delivery moving forward on access to secure digital tools, including online health records and virtual care options for patients.

## 4.2 CEO Report

Dr. Woods submitted his report into record and provided a robust overview of the quarter three Chief Executive Officer goals and the following points were highlighted:

- LHSC is making significant progress in the completion of the 2018/19 Quality Improvement Plan, however it was noted that there continues to be system metrics in which LHSC is making slower progress towards target.
- Lean Transformation is scheduled to begin mid-March and the consultant will be meeting with the Senior Team.

## 4.3 Quality and Performance Monitoring

The Quality and Performance Monitoring Committee has endorsed the leadership due diligence in selecting targets. The indicator recommendation will be consolidated with the performance compensation portion of the Quality Improvement Plan and forwarded to the Board of Directors in March 2019 for their consideration. The narrative section as well as the work plan will also be forwarded for approval in March in a separate recommendation.

The committee has also engaged in a robust review of the patient satisfaction metrics. February's meeting covered the ethno cultural analysis of the inpatient survey responses to four specific questions; shared the methodology used to select and prioritize the survey questions in order to incorporate them in the next fiscal year's (19/20) LHSC Balanced Scorecard and update the committee on the planned next steps for LHSC to advance the management of patient experience data and subsequently enhance patient experience .

## 4.4 Medical Advisory Committee

The next meeting of the Medical Advisory Committee will focus on the annual review of the Professional Staff Bylaws.

4.4.1 *New Appointments to Professional Staff*

4.4.2 *Changes to Professional Staff Appointments*

4.4.3 *Clinical Fellow Appointments*

**The Board of Directors APPROVED by GENERAL CONSENT the following Medical Advisory Committee credentialing recommendations to London Health Sciences Centre:**

**4.4.1 New Appointments to Professional Staff**

**4.4.2 Changes to Professional Staff Appointments**

**4.4.3 New Clinical Fellows Appointments**

## 4.4 Finance and Audit

Ms. Bird noted that the consent agenda Q3 financial reports was not submitted with the prereading materials and will be submitted into record for the March 2019 meeting. LHSC is reporting a deficit of \$15.1M at December 31, 2018 and a negative run rate of \$15M. This is comprised of \$2M unfavourable revenue to budget and \$13M in unfavourable expenses to budget. The Hospital has positive working capital of \$138.6M and a current ratio of 1.79 as at December 31, 2018.

## 4.5 Governance Committee

Ms. Walby provided an update on the continued work of policy review and development, highlighting the initial work ongoing to develop the communication and governance level crisis management policy but more work is required prior to being presented to the Board of Directors.

### 4.5.1 Recruitment statement

Ms. Walby highlighted the work of the Governance Committee to update the Recruitment Statement.

It was highlighted that the first phrase in the statement was confusing as it didn't clarify the type of experience required. Ms. Walby highlighted that this particular statement started out as a closing

remark and has been moved throughout the document during the process. The group engaged in additional dialogue and;

**It was Moved by A. Hopper, Seconded by P. Retty to Amend the Recruitment statement by striking the first phrase from the document.**

**CARRIED**

**It was Moved by A. Hopper, Seconded by B. Bird that the amended Recruitment Statement be APPROVED.**

**CARRIED**

#### 4.5.2 MAC Chair/Vice Chair Selection Committee

**It was Moved by M. Hodgson, Seconded by P. Retty to strike the term Director, Medical Quality of Care and Assistant Director Medical Quality of Care from the recommendation**

**CARRIED**

**It was Moved by M. Hodgson, Seconded by P. Retty that the Board of Directors APPROVE that the Chair/Vice Chair MAC Selection Committee be established to commence in March 2019 to review selection processes of the following positions:**

- **Chair, Medical Advisory Committee current term expires September 30, 2019**
- **Vice Chair, Medical Advisory Committee Medical Care current term expires September 30, 2019**

**It is RECOMMENDED that the Board formally request that the Medical Advisory Committee to poll its membership to provide three volunteers to take part in the committee as addressed in the Terms of Reference.**

**CARRIED**

Ms. Amy Walby highlighted discussion at governance with respect to Indigenous Cultural Safety Learning Program and that volunteers are being requested to take the education and provide feedback on the content to the Governance Committee of the Board.

#### **4.6 People and Culture Committee**

Ms. Jaekel highlighted that People and Culture committee was provided with an update on the communications for the launch of LHSC's Mission, Vision and Values (MVV) and Strategic Plan including measurement for phases 1 to 3 and plans for phase 4. The Corporate Communication Plan will be on the agenda in April 2019 and within this work will be samples of the types of communications that are being shared with the staff to provide a lens to better understand the work ongoing.

The Indicator Quarter report was discussed and the committee was further engaged in discussion around a potential change to the indicators that the Board of Directors Monitors for wellness at the last meeting.

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## **5 HEALTHCARE PARTNERS/BOARD REPORTS**

### **5.1. St. Joseph's Healthcare, London**

Mr. Wilkinson provided remarks for Dr. Rundle who had to leave. It was noted that the St. Joseph's Governance Committee was engaging in a development of a CEO Succession Policy and requested if LHSC could share their policy. Ms. Walby indicated that she would reach out to Dr. Rundle.

### **5.2 Lawson Health Research Institute**

Mr. Wilkinson referred to the materials in the package highlighting the success of Lawson in being awarded 15 grants through the Canadian Institute for Health Information Grant program resulting in

20% versus the national average of 16%. CIHR's Project Grant program is designed to capture ideas with the greatest potential for important advances resulting in the creation of new knowledge and its translation into improved health and health care for Canadians.

The Q2 Financials for Lawson were submitted into record noting that there is no change from previous report and highlighted that an operation review is ongoing.

### **5.3 London Health Sciences Foundation**

Ms. Tranquilli provided an update on the opportunities to give and successes the Foundation could note in most recent initiatives.

### **5.4 Children's Health Foundation**

Mr. T. Delaire highlighted that Children's Health Foundation is tracking well ahead of the budget. Mr. Delaire further highlighted the success of the Radioton (\$174,000).

### **5.5 Professional Staff Organization**

Dr. Pandey highlighted that the Professional staff are focused currently on the Professional Bylaws and the Royal College Accreditation and what those changes will mean to the professional staff. Twelve Physicians, sponsored by PSO were invited to attend a physician leadership conference sponsored by the Royal College of Physicians and Surgeons.

## **6 CONSENT AGENDA**

**The Board of Directors APPROVED by GENERAL CONSENT the Consent Agenda for February 27, 2019 consisting of the following recommendations and reports with the exception of Item 6.3.1 which will be deferred until the March Board of Directors Meeting.**

### **6.3 Board of Directors Minutes January 30, 2018**

**The Board of Directors APPROVED by GENERAL CONSENT the Minutes of January 30, 2018.**

### **6.2 Governance Committee**

*6.2.1 Chief, Oncology Selection Committee Board Appointment*

**The Board of Directors APPOINTED by GENERAL CONSENT the following individual to the Chair/Chief Selection Committee for Oncology: Matthew Wilson**

### **6.3 Finance and Audit Committee**

*6.3.1 Q3 Financial Results*

**This item was deferred until March 2019.**

### **6.4 President and CEO Report**

### **6.5 Lawson Health Research Reports**

*6.5.1 Lawson Fiscal 2019 – Q2 Financial Reports*

### **6.6 Committee Minutes of Meeting**

*6.6.1 Finance and Audit Committee 20190214*

*6.6.2 Medical Advisory Committee 20190213*

*6.6.3 Quality and Performance Monitoring Committee 20190117*

*6.6.4 Governance Committee 20190122*

*6.6.5 People and Culture Committee 20190212*

*6.6.6 Joint Collaboration Committee 20180212*

## 7 OTHER BUSINESS

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There was no other business discussed.

## 8 ADJOURNMENT

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The meeting was ADJOURNED by GENERAL CONSENT.

Recorded by  
Tammy L. Eskildsen

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Ramona Robinson, Chair  
Board of Directors