

Meeting of the Board of Directors
February 6, 2019
3:00pm to 5:30pm
Hospital Board Room

2018-2019	Sep 5	Oct 3	Nov 7	Dec 5	Feb 6	Mar 6	Apr 3	May 1	Jun 5
C. Crane (Chair)	✓	✓	✓	✓	✓				
A. Dale	✓	✓	✓	✓	✓				
R. Robertson	✓	✓	NA	NA	NA				
S. Martyn	✓	✓	✓	✓	✓				
D. Hennessey	✓	✓	✓	✓	✓				
P. van der Westen	✓	✓	✓	✓	✓				
D. Ross	✓	✓	✓	✓	NA				
C. Auger	NA	✓	✓	NA	✓				
K. Cook	NA	✓	NA	✓	NA				
Dr. Chehadi	✓	✓	✓	✓	NA				
Dr. Mills	✓	✓	NA	NA	NA				
Dr. P. Andros	NA	NA	✓	✓	✓				
R. Biron	✓	✓	✓	✓	✓				
K. Davies	✓	✓	✓	✓	✓				

1. Call to Order

C. Crane called the meeting to order at 3:07pm.

2. Approval of Agenda

MOTION

MOVED by Sally Martyn, SECONDED by Amy Dale, that the Board of Directors approve the agenda as presented.

CARRIED

3. Lean Huddle / Board Scorecard

Peter van der Westen led the discussion in reviewing the Board Scorecard for December 2018 and it was noted that the *Ambulance Offload Time* target was not met for the first time this fiscal year. Karen Davies pointed out that this is mainly due to an increase in volumes of patients arriving by ambulance in the month of December 2018.

Mr. van der Westen then reviewed the status of the improvement tickets. The following tickets are currently -in progress: *filling vacancies on the Board of Directors*, for which advertisements are scheduled for the weeks of February 4th and 11th; and *assigning new Board members a 'mentor'* as a resource for questions etc. The following ticket has been completed: *better Wi-Fi connection in the Boardroom*, with the IT department conducting a thorough test of connectivity levels.

Mr. van der Westen stated that unit huddles have been well attended with 4 members attending huddles in January. Board members are reminded that the target is for each voting member to attend 2 huddles throughout the hospital by June 2019.

Mr. van der Westen expressed thanks to Mary Stewart for all her work with the Board surrounding LEAN education.

4. Patient Experience Story – Stroke Unit – Presented by Sandi Pincombe

Sandi Pincombe, Integrated Stroke Unit (ISU) Manager, shared a patient story relating to care received in the Integrated Stroke Unit, which resulted in positive outcomes for the patient.

5. Declaration of Conflicts of Interest

None declared.

6. Approval of Minutes of Prior Meetings:

6.1 December 5, 2018 Board of Directors Meeting

December 5, 2018 Board of Directors Meeting Minutes, were pre-circulated with the Board package for review.

MOTION

MOVED by Deborah-Anne Hennessey, SECONDED by Sally Martyn, that the Board of Directors approve the minutes of the December 5, 2018 Board of Directors Meeting.

CARRIED

6.2 December 13, 2018 Tele-Conference Meeting Minutes

December 13, 2018 Tele-Conference Meeting Minutes were pre-circulated with the Board package for review.

MOTION

MOVED by Amy Dale, SECONDED by Cathie Auger, that the Board of Directors approve the minutes of the December 13, 2018 Tele-Conference Meeting.

CARRIED

7. Committee Reports

7.1 Finance & Audit Committee

7.1.1 Finance & Audit Committee Draft Meeting Minutes (January 22, 2019)

The Finance & Audit Committee draft Meeting Minutes from January 22, 2019, were pre-circulated with the Board package for information purposes.

Peter van der Westen summarized the key items from the January 2019 meeting in his verbal report. He highlighted that STEGH Emergency Department has seen an increase in visits of 9.2% and that Middlesex County patients presenting to Emergency Department continues to climb with the majority of the Middlesex County patients residing in London.

Mr. van der Westen went on to state that a formal request has been submitted to the Ministry of Health and Long-Term Care (MOHLTC) to reopen the Post Construction Operating Plan (PCOP) funding agreement. With regard to the initial draft Hospital Annual Planning Submission (HAPS) operating plan for 2019-2020 submitted to the South West LHIN, management has projected an operating deficit of 3.5% (assuming zero funding increase from the MOHLTC). Presently the hospital is waiting for the Ontario government to release their budget and public sector funding decisions in March or April 2019.

7.1.2 Insurance Coverage Requirements

The insurance overview presentation was pre-circulated with the Board meeting package. Mr. van der Westen reviewed the recommendations for Insurance coverage and highlighted that the review of our current policies resulted in the recommendation to increase the

Coverage Limits for Cyber policy to 5 million dollars due to Cybercrime becoming more of an increased risk.

MOTION

MOVED by Peter van der Westen, SECONDED by Amy Dale, that the Board of Directors approve the recommendation by the Finance & Audit Committee, of the insurance coverage as presented with an additional increase to the dollar amount of Cyber Insurance Coverage to 5 million dollars.

CARRIED

7.2 Governance Committee

7.2.1 Governance Committee Draft Meeting Minutes (November 19, 2018)

The Governance Committee Meeting draft Minutes from November 19, 2018, were pre-circulated with the Board package for information purposes.

7.2.2 Professional Staff By-Law Working Group

It is planned that the Professional Staff By-Law will be updated at the next Annual General Meeting (AGM) in June 2019. It is recommended that a working group be established to draft the revisions, with the group to complete its work in April and May. Dan Ross had previously agreed to assist on this working group as a voting member of the Board.

MOTION

MOVED by Deborah-Anne Hennessey, SECONDED by Deborah-Anne Hennessey, that the Board of Directors approve the establishment of a Professional Staff By-Law Working Group composed of the following members: the Board Chair, one voting Board Director, CEO, Chief of Staff, and the President and Vice President of the Professional Staff Association for the purposes of updating the Professional Staff By-law.

CARRIED

7.2.3 New Director Application– David Harvey

The Governance Committee received two Director Applications for review. Peter van der Westen noted that the Governance Committee had decided to decline interviewing one candidate as their skills sets were already covered by existing Board Directors.

Three members of the Governance committee conducted an interview with Mr. David Harvey and noted that he is knowledgeable in patient engagement, stakeholder relations, government relations and policy, and geriatric care. His skill set fits well with the current needs of the Board.

MOTION

MOVED by Peter van der Westen, SECONDED by Sally Martyn, that the Board of Directors approve the appointment of David Harvey to serve as a member on the Board of Directors, to complete a vacancy term to the next Annual General Meeting of the Members.

CARRIED

Peter van der Westen volunteered to be Mr. Harvey's mentor for the Board. Administration will commence the onboarding process, including an orientation session, which all Directors will be invited to if they wish to attend.

7.3 Quality & Safety Committee

7.3.1 Quality & Safety Committee Draft Meeting Minutes (January 23, 2019)

The Quality & Safety Committee draft Meeting Minutes from January 23, 2019, were pre-circulated with the Board package for information purposes. Key items that were discussed and reviewed included, a new Board Strategic Plan Scorecard, which is currently in development and a separate Quality and Safety Scorecard. Also, included were Draft Quality Improvement Plan indicators, which highlighted Health Quality Ontario's directions to simplify the reporting and number of initiatives. In addition, the Committee received presentations relating to STEGHs Wound Care Management, Incident Reporting, and Privacy Report.

8. Other Business

8.1 Accreditation – Governance Roadmap

Robert Biron referred to the Accreditation – Governance Standards Roadmap Briefing Note that was pre-circulated with the Board package. Mr. Biron highlighted that the surveys are intended to assist the Board to prepare for the June 2019 Accreditation process and that the results of the survey would help identify areas that require additional work and/or education about our current governance practices.

Survey results show that 10 out of a possible 14 members completed surveys. Mr. Biron's Briefing note provided a Draft Action Plan to address the 13 areas for improvement opportunities. Each item was assigned a Board Committee or person to address the item, which was supported by the Board. Mr. Biron's Briefing Note also suggested that a mock Accreditation interview be arranged in May 2019 to allow the Board members an opportunity to familiarize themselves and ensure readiness, which the Board supported moving forward with. The Briefing Note also highlighted that it is important to remember that the Accreditation Standards are written to apply to a wide range of organizations and that the governance model be taken into account when assessing the standard.

8.2 Strategic Plan Update

Robert Biron began his presentation of the Strategic Plan by highlighting that this is a "work in progress" and is being continually updated as the plan evolves. Mr. Biron then stated that the purpose of the update was to allow the Board members to provide their input on the definitions of the new Core Values, provide their input on the draft options for Mission and Vision statements, to confirm the draft Strategic Directions and to receive the initial rough draft of the Strategic Goals.

Two of the Value Ambassadors, Lee-Anne Hofland and Wendy Farmer, attended this portion of the Strategic Plan update to introduce the Value Definition postcards that were created and circulated throughout the hospital for input. The Value Ambassadors also mentioned that they held a "Let's Imagine" forum to allow staff to come and answer 3 main questions surrounding the new Core Values; 1) How do we define the values?, 2) How should we display the new Values?, 3) How can we put the new Values into practice day-to-day?

Mr. Biron then went on to provide a description on the purpose of a Mission statement and provided an opportunity to review three draft variations and allowed the members to choose which one they felt most appropriate for STEGH or alternatively provide their own statement or suggestions. Mr. Biron then facilitated the same process with the draft Shared Vision statements.

Mr. Biron then went on to discuss the Strategic Directions and provide updates to the members of how the directions have evolved. He then asked for feedback pertaining to the directions presented and the members provided the following comments:

- 1. Partnering with patients** to enhance their care experiences.
We will engage patients and caregivers in a meaningful way to enhance their experiences, enable self-care, and improve quality and safety of care.
Suggestions included: change the word enable to “educate” or “facilitate” to show patients how to properly care for themselves
- 2. Creating collaborative networks** to connect patients to the services they need.
We will collaborate with other service providers to co-design accessible and coordinated services for our patients.
Suggestions included: consider adding the word “deliver” to the statement with co-design i.e. “We will collaborate with other service providers to co-design and deliver accessible and coordinated services for our patients.”
- 3. Empowering our team** to reach their full potential.
We will ensure a safe and healthy workplace and invest in our team’s development in order to effectively respond to the evolving needs of our patients and community.
Suggestions included: consider replacing the words respond to with the word “meet” i.e. “We will ensure a safe and healthy workplace and invest in our team’s development to meet the evolving needs of our patients and community.”
- 4. Achieving operational excellence** to ensure quality and sustainability.
We will deliver quality care and sustainable services by designing and adopting evidence-based practices and innovative solutions.
Suggestions included: Consider changing the wording sustainability to another word choice, as sustainability is commonly understood to relate to environmental sustainability, or rewrite to make reference to the sustainability of the broader health care system.

The Strategic Goals were drafted by the Executive Team taking into account the feedback arising from internal and external stakeholder engagement activities. Detailed worksheets outline the Imperatives of Action and Expected Outcomes from pursuing the Strategic Directions and Goals.

Mr. Biron requested a slight change in approval process for the final Strategic Plan, which was supported by the Board. The Board will review the near final draft of the Strategic Plan at the March 6, 2019 Board meeting, and subsequent final review and approval at the April 3, 2019 Board meeting. This will provide the Board Directors additional time to consider and provide any feedback before final approval. The Clinical Services Plan will be presented for information at either the April or May Board meeting. A public announcement of the new Strategic Plan will be announced in April or May 2019.

9. Officer Reports

The Officer reports for the Board Chair, CEO and Chief of Staff were pre-circulated as information.

MOTION

MOVED by Deborah-Anne Hennessey, SECONDED by Sally Martyn, that the Board of Directors receive the Officer Reports as presented.

CARRIED

10. Correspondence / Information

10.1 OHA – Pre-Budget Submission – A Balanced Approach

The 2019 Ontario Pre-Budget Submission Report from the Ontario Hospital Association was pre-circulated with the Board meeting package.

11. In-Camera Meeting

11.1 Move to In-Camera

MOTION

MOVED by Sally Martyn, SECONDED by Deborah-Anne Hennessey, that the meeting of the Board of Directors move to the in-camera portion of the meeting.

CARRIED

Having completed the In-Camera meeting, the meeting resumed in the open session.

12. Termination of Meeting

With all items on the agenda having been covered, it was motioned to terminate the meeting.

MOTION

MOVED by Deborah-Anne Hennessey, SECONDED by Peter van der Westen, that the Board of Directors terminate the meeting.

CARRIED