

Meeting of the Board of Directors
Wednesday, March 6, 2019
3:00pm to 6:30pm
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	NA			
S. Martyn	✓	✓	✓	✓	✓	✓			
D. Hennessey	✓	✓	✓	✓	✓	✓			
P. van der Westen	✓	✓	✓	✓	✓	✓			
D. Ross	✓	✓	✓	✓	NA	✓			
C. Auger	-	✓	✓	NA	✓	✓			
K. Cook-Noble	NA	✓	NA	✓	NA	NA			
D. Harvey	-	-	-	-	-	✓			
Dr. Chehadi	✓	✓	✓	✓	NA	✓			
Dr. Mills	✓	✓	NA	NA	NA	✓			
Dr. P. Andros	NA	NA	✓	✓	✓	✓			
R. Biron	✓	✓	✓	✓	✓	✓			
K. Davies	✓	✓	✓	✓	✓	✓			

1. Call to Order

Cathy Crane called the meeting to order at 3:01pm.

2. Approval of Agenda

MOTION

MOVED by Deborah-Anne Hennessey, SECONDED by Cathie Auger, that the Board of Directors approve the agenda as presented.

CARRIED

3. Lean Huddle / Board Scorecard

Cathy Crane led the discussion in reviewing the Board Scorecard for January 2019, as well as reviewing the status of the completed and outstanding improvement tickets. A total of 14 improvement tickets have now been completed. The huddle then moved to the Tier 3 - Executive Huddle Board. Tonya Sheldon led a discussion relating to the strategic priority of Financial Stewardship under the True North statement of Zero Waste. The discussion focused on the objective of '*Working within the approved financial budget & capital budget*'. It was noted that meeting this target of spending no more than 100% of our budget continues to be a challenge and that this can be attributed in part to the increased pressures in the Emergency Department and Acute Medicine units. Diagnostic Imaging is also experiencing financial impacts, partially attributed to the downstream effects from the increase in Emergency Department visits. Additional revenues have been secured, and overall, the operating budget remains balanced. The executive team has commenced to advocate with the ministry for PCOP (Post Construction Operating Plan) funding to be updated to reflect the additional volumes.

4. Education – Health & Safety for Board Members

Karen Riddell provided an overview of Health & Safety for Board Directors. Hard copies of the presentation were circulated; and a copy will be posted on the Board web portal, under Education. Some key points were:

- A successful Risk Management Strategy requires all factors be quantified and prioritized.
- Everyone in the organization, including Managers, supervisors and workers play an active role in identifying and mitigating workplace hazards.
- The Board of Directors must demonstrate due diligence by ensuring the organization has systems in place to properly oversee and manage all foreseeable health and safety risks.
- The Board plays an important role in setting the norms for corporate risk culture and health and safety risk oversight.
- STEGH makes health and safety a priority by ensuring that all staff receive appropriate training and that STEGH has qualified, competent supervisors and managers.

5. Declaration of Conflicts of Interest

None declared.

6. Approval of Draft Minutes of Prior Meetings:

6.1 February 6, 2019 Board of Directors Draft Meeting Minutes

The February 6, 2019 Board of Directors Draft Meeting Minutes were pre-circulated with the Board package for review.

MOTION

MOVED by Deborah-Anne Hennessey, SECONDED by Amy Dale, that the Board of Directors approve the draft minutes of the February 6, 2019 Board of Directors Meeting.

CARRIED

7. Committee Reports

7.1 Finance & Audit Committee

7.1.1 Finance & Audit Committee Draft Meeting Minutes (February 21, 2019)

The Finance & Audit Committee draft Meeting Minutes from February 21, 2019, were pre-circulated with the Board package for information purposes.

7.1.2 Third Quarter Financial Report & HSAA Indicator Review

The Third Quarter Financial Report & HSAA Indicator Review document was pre-circulated with the Board meeting package. Peter van der Westen summarized the key financial results in his verbal report. At end of Q3 (December 31, 2018) the hospital is running an operational surplus of \$518,000 on an expected operational surplus of \$631,000.

At December 31, 2018, the hospital was operating at a positive variance in revenues due in part to receiving a Ministry funding increase of \$1,200,000 and a marginal increase in our PCOP funding of \$150,000 to fund additional training and transitional costs.

MOTION

MOVED by Peter van der Westen, SECONDED by Amy Dale, that the Board of Directors receive the Third Quarter Financial Report & HSAA Indicator Review as presented.

CARRIED

7.1.3 Review & Recommendation of 2019/2020 Annual Operating & Capital Plan

The 2019/2020 Annual Operating & Capital Plan document was pre-circulated with the Board meeting package. Peter van der Westen summarized the key highlights in his verbal report. For purposes of the Hospital Services Accountability Agreement (HSAA) the operating budget is balanced with a small surplus. When building activities are included, the total operating budget is projected at a deficit of \$1,288,000.

MOTION

MOVED by Peter van der Westen, SECONDED by David Harvey, that the Board of Directors approve the 2019/2020 Annual Operating & Capital Plan as recommended by the Finance & Audit Committee.

CARRIED

7.2 Governance Committee

7.2.1 Governance Committee Draft Meeting Minutes (February 21, 2019)

The Governance Committee Meeting draft Minutes from February 21, 2019, were pre-circulated with the Board package for information purposes. Peter van der Westen noted in his verbal report that an additional item was added to the Governance Committee agenda for the February 21, 2019 meeting relating to the Board receiving reports of insurance claims status. The Governance Committee agreed that this report will be provided to the Finance & Audit Committee and if material issues were identified then the Finance & Audit Committee would provide a report to the full Board.

7.2.2 Committee Composition Recommendation

– Quality & Safety Committee – David Harvey

MOTION

MOVED by Peter van der Westen, SECONDED by Sally Martyn, that the Board of Directors approve David Harvey to be a member of the Quality & Safety Committee as recommended by the Governance Committee.

CARRIED

7.2.3 Accreditation Governance Action Plan

Peter van der Westen provided a verbal update on the Accreditation Governance Standards that were assigned to the Governance Committee. Mr. van der Westen noted that the Standards fall into three separate areas: *Board Self-Assessment, CEO Succession Planning, and Clients as Board Members*. All items/areas for potential improvement are met by way of regular Self-Assessments and/or by means of the policies set out in the Governance Policy Manual. For reference, the Board self-assessment tools were circulated as part of the meeting package.

7.3 Quality & Safety Committee

7.3.1 Quality & Safety Committee Draft Meeting Minutes (February 27, 2019)

The Quality & Safety Committee draft Meeting Minutes from February 27, 2019, were pre-circulated with the Board package for information purposes.

Sally Martyn summarized the key items from the February 2019 meeting in her verbal report. Key items included a presentation relating to Lean – Strategic Alignment & the Improvement System highlighting the new Tiered Huddle Board system; and, an overview of ethics and the Ethics Framework used at STEGH.

7.3.2 2019/2020 Quality Improvement Plan

Sally Martyn referred to the 2019/2020 Quality Improvement Plan (QIP) Briefing Note that was pre-circulated in the meeting package. Karen Davies explained each of the metrics that are proposed in the plan.

MOTION

MOVED by Sally Martyn, SECONDED by Amy Dale, that the Board of Directors approve the 2019/2020 Quality Improvement Plan as recommended by the Quality and Safety Committee.

CARRIED

7.3.3 Accreditation Governance Action Plan

Sally Martyn provided a verbal update on the Accreditation Governance Standards that were assigned to the Quality & Safety Committee. Ms. Martyn noted that the Standards fall into three separate areas: *Driving Improvements in Patient Safety, Patient & Family Experiences – Quality & Safety Incidents, and Reports of Client & Family Complaints.*

The item for potential improvement within *Driving Improvements in Patient Safety* is met by way of regular reviews of Board Scorecard, QIP targets, and Patient Safety Indicators.

For potential improvement within *Patient & Family Experiences – Quality & Safety Incidents*, this is met by way of incorporating patient stories into the monthly Board meetings and by generative discussion and dialogue amongst the members at the committee meetings.

For potential improvement within *Reports of Client & Family Complaints* this is met by way of our patient experience surveys, summary reports to the Quality & Safety Committee on patient complaints, the Patient Relations department and staff who follow-up on complaints, and related policies to support those activities.

7.4 Human Resources Committee

7.4.1 Human Resources Committee Draft Meeting Minutes (February 28, 2019)

The Human Resources Committee draft Meeting Minutes from February 28, 2019, were pre-circulated with the Board package for information purposes.

7.4.2 Accreditation Governance Action Plan

Deborah-Anne Hennessey provided a verbal update on the Accreditation Governance Standards that were assigned to the Human Resources Committee. Ms. Hennessey noted that the Standards fall into one area:

The item for potential improvement within *Overview of Talent Management* has been delegated to the CEO through the By-law and board policies. The Board oversees the professional development of the CEO and Chief of Staff. The CEO demonstrates that a comprehensive Human Resource Plan is in place for the organization. A formal Human Resources Plan, including talent management, for STEGH is currently in the development stages as a supporting plan to the new Strategic Plan.

8. Other Business

8.1 None.

9. Officer Reports

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

MOTION

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

CARRIED

10. Correspondence / Information

Copies of the following correspondence/letters were pre-circulated with the Board meeting package for information purposes.

10.1 SW LHIN– Magnetic Resonance Imaging (MRI) Endorsement

10.2 SW LHIN Report to Board of Directors – Magnetic Resonance Imaging Application

10.3 The Echo – Hospital Could Get New MRI Machine

10.4 Ontario Government Announces New Long-Term Health Care Plan

11. Draft Strategic Plan: Imagine 2023

Robert Biron reviewed a presentation on the draft Strategic Plan that was pre-circulated in the Board package. Areas of highlight included:

- Both Internal and External Stakeholder feedback was very useful to help identify opportunities for improvement, patient service gaps and general suggestions. The top three themes for services that those in community felt STEGH needed were 1) MRI machine, 2) Mental Health Crisis Supports/ Services and 3) Hospice Care.
- Values Project consisted of 2 Phases: Identifying our new core value; and, defining the core values.
- Regarding the Shared Vision statement, '*Together, creating health care excellence for our community.*' The word "excellence" was chosen vs. the word "world-class", as better describing the exceptional care for those we serve.
- Mr. Biron highlighted the four Strategic Directions and reviewed each of the Strategic Goals needed to achieve them as detailed in the pre-circulated presentation. Mr. Biron noted that the Strategic Goals are long-range, multi-year initiatives that will allow us to achieve the Strategic Directions.
- Finally, Mr. Biron touched on the risks to achieving the Strategic Plan, as well as the supporting mitigating strategies.

MOTION

Whereas, the Board of Directors approved the hospital's new core values of Compassion, Accountability, Respect, Innovation and Collaboration in December 2018;

Whereas, the Values Ambassadors have completed extensive staff consultations to define the new core Values that reflect the hospital's culture and expected behaviours;

MOVED by Dan Ross, SECONDED by Cathie Auger, *BE IT RESOLVED that the Board of Directors approve the core Values definitions created by the Values Ambassadors as presented in the draft Strategic Plan.*

CARRIED

12. In-Camera Meeting

12.1 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.

13. Termination of Meeting

MOTION

MOVED by David Harvey, SECONDED by Deborah-Anne Hennessey, that the Board of Directors terminate the meeting.

CARRIED