

harmonization of wages, harmonization of the actual work has not been done in all areas. Policy harmonization, process harmonization and service redesign to optimize our three-site structure and align with our new strategic plan is ongoing.

- The bargaining team is preparing for interest arbitration which will proceed on April 13 and 14, 2019.

3.1.1. Operating Plan

2019/20 Operating Plan and Capital Plan

- 2019/20 planning process builds upon the initial 2018/19 year-end projected surplus of \$8.1M
- Adjustments to the 2018/19 year end projections and updates to revenue/expense information for known changes, the organization projected a budget gap of approximately \$6M - \$9M
- The 2018/19 planning process included a Clinical and Financial Benchmark review of the organization performed by Preyra Solutions Group. While the results demonstrated that, overall SHN is an efficient hospital, there are ample opportunities for improvement.
- Volume assumptions remain at 2018/19 H-SAA performance targets, with the exception of additional activity related to 15 surge beds
- Available funding to support capital planning for 2019/20 fiscal year is \$25M. Net amortization expense is used as a guideline to determine network contribution to capital funding

Moved by: K. Suntharalingam

Seconded by: M. Ainley

THAT the Board of Directors approve the 2019/20 Financial Plan as Presented.

CARRIED

3.2 Report from the Governance Committee

Quality Improvement Plan - Executive Compensation

The Quality Improvement Plan (QIP) executive compensation framework is designed to link the achievement of performance targets established under the annual Quality Improvement Plan (QIP) to executive compensation as an at-risk component, in accordance with the Excellent Care for All Act, 2010 (ECFAA).

The framework includes three of the eight indicators contained in the 2019/20 QIP that reflect different dimensions of quality.

In light of health system transformation and complexity of legislative changes related to executive compensation pay envelopes, the proposed framework maintains the level of at-risk compensation at 1.5% for 2019/20.

Board Evaluation Timelines

The following governance tools will be coming to members over the coming months:

- May: Board Effectiveness: Accreditation Canada Governance Functioning Tool
- June: Committee Effectiveness
- June: Individual Effectiveness: Informanus Governance Peer Review Questionnaire

Annual Intent to Serve Survey

SHN Independent Directors serve one year terms, reelected annually, to a maximum of nine years in accordance with our Bylaws.

In order to determine number of Independent Directors willing to stand for election in the coming term, the Chair of Governance Committee conducts an annual “Intent to Serve” survey via email.

Public Sector Salary Disclosure (PSSD)

The PSSD Act requires that public sector organizations make public the names, position titles, salaries and taxable benefits paid to anyone defined as an employee under the Act who earned \$100,000 or more in the previous calendar year.

This report was submitted to the MOHLTC on March 7, 2019. Management provided the committee an overview of trends compared to last year’s submission.

3.2.1 Corporate Bylaw

In Fall 2016 the Board of Director of Rouge Valley Health System and The Scarborough Hospital worked on the Joint Integration Steering Committee and Integration Governance Committee with KPMG and BLG to effect the Integration Directive of the Minister of Health and Long-Term Care. These Integration Committees drafted Bylaws and Policies required to operationalize “Amalco (SRH)” on December 1, 2016.

Two years have passed, and some of the articles included in the Amalco/SRH Bylaws and policies, specific to integration, are no longer applicable. SHN bylaws require amendments in order to reflect current state and best governance practice.

SRH Bylaws were reviewed in comparison to the **Ontario Hospital Association *Hospital Prototype Corporate By-law***, updated February 2018. Areas of evolving best practice were consulted with Anne Corbett, BLG.

Whereas Bylaw section 18.3 states “A by-law or an amendment to a by-law passed by the Board shall be presented for confirmation at the next annual meeting or to a general meeting of the Members of the Corporation called for that purpose. The notice of such annual meeting or general meeting shall refer to the by-law or amendment to be presented.”

And whereas the Members entitled to vote at the annual meeting or at a general meeting may confirm the by-law as presented or reject or amend it, and if rejected, it thereupon ceases to have effect and if amended, it takes effect as amended.

And whereas In any case of rejection, amendment, or refusal to approve the by-law or part of the by-law in force and effect in accordance with any part of this section, no act done or right acquired under any such by-law is prejudicially affected by any such rejection, amendment or refusal to approve.

Motion: G. McKay

Seconded: M. Ainley

THAT the Board of Directors approve the Amended Bylaws and submit to the Members for approval at the Annual General Meeting in June 2019.

CARRIED - 2 abstentions

3.2.2 Policies

In order to reflect recommended amendments to SHN Bylaw, a number of policy revisions are required in order to correlate the changes and implement best practices.

A summary Briefing note was provided recommending edits or annual approval.

Motion: G. McKay

Seconded: J. Kaufman

THAT the Board of Directors approve the policies, with recommended edits as applicable, as presented.

- Open Board Meetings
- In Camera Board Meetings
- Session of Independent Directors Without Management
- Nomination and Election
- Board Officer Succession
- Duties and Expectations of a Director
- Board Development and Director Education Policy
- Board and Committee Attendance
- Committee Principles Rules and Regulations
- Code of Conduct
- Conflict of Interest
- Annual Declaration and Consent

CARRIED

3.3 Report from the Quality Committee

Quality and Safety Scorecard

The SHN Quality and Safety Scorecard for 2018/19 has been constructed to reflect alignment to the 10 Quality Improvement Plan (QIP) indicators and targets that were submitted to Health Quality Ontario (HQO) in March 2018.

Commentary and QIP change plan updates were provided to outline activities taking place to move or maintain the metric in a positive direction. The change plans to support achievement of targets have been cascaded into program level goals and objectives.

For this reporting period, 3 out of the 10 indicators achieved target. There are 6 indicators that are below the target. Of these, 3 are within 10% and 3 that are below 10% of the performance target.

3.3.1 2019/20 Quality Improvement Plan

The Committee reviewed the second draft of the 2019/20 Quality Improvement Plan. Taking all inputs into consideration, a determination of **eight indicators** with associated targets is presented to inform the SHN 2019-20 QIP. These indicators represent a balanced approach to quality oversight at SHN and include indicators from each of the domains of quality as defined by HQO. Note that three indicators do not have targets or direction for improvement. Two of these indicators are new for 2019-20 and SHN will use the first year to collect baseline information in order to establish and understand current performance. The indicator, *number of workplace violence incidents reported by hospital workers*, appears on the QIP as a mandatory indicator for the second year. SHN places a high importance on the safety of all individuals who are cared for, work in and visit the organization. Recognizing the sensitivities associated with reporting incidents of workplace violence, SHN will use the 2019-20 QIP cycle to continue to advance efforts underway to establish a just culture, monitoring and thematic analysis of incidents reported and establish associated meaningful metrics to track impact of workplace violence on the work force.

As of January 2019, we can report that 87% of our 2018-19 change ideas have been implemented (26 out of 31). The change ideas that are not fully implemented have been reviewed and updated as necessary for incorporation into the 2019-20 QIP.

Three fundamental questions drive the improvement process:

- Aim: what are we trying to accomplish?
- Measure: how do we know that a change is an improvement?
- Change: what changes can we make that will result in the improvements we seek?

Motion: K. Webb

Seconded: O. Jamal

THAT the SHN Board of Directors approve the 2019/20 Health Quality Ontario Quality Improvement Plan, including:

- Progress Report
- Narrative Overview
- 2019-20 Work Plan

CARRIED

3.4 Strategy and Transformation

3.4.1 Patient Declaration of Values (PDoV)

- ECFAA requires all hospitals to have a patient declaration of values in place that has

been developed in consultation with the public and is accessible to the public.

- The process of developing the Patient Declaration of Values for SHN encompassed three phases: (1) preliminary scan, (2) engagement, and (3) thematic analysis.
- It is noteworthy that the Minister of Health and Long-Term Care has recently published a provincial Patient Declaration of Values that will complement SHN's PDoV.

Motion: O. Jamal

Seconded: L. Jeffs

THAT the Board of Directors approve the Patient Declaration of Values.

CARRIED

4. ITEMS FOR INFORMATION / DISCUSSION

4.1 Report from the Community Advisory Council

O. Jamal provided an update on behalf of the committee, with highlights of discussion as follows:

- Committee listened to a presentation by Hong Fook Mental Health Association
- Master Planning and Bridletown presentations

4.2 Report from the Board Chair

No report.

4.3 Report from the President and CEO

E. Buller spoke to the written report provided in the materials, with highlights as follows:

- The Government of Ontario has disbanded LHIN Boards of Directors. The Government has also appointed a new Board of Directors for the Ontario Health Agency. Of note, Andrea Barrack who served on the SHN Board of Directors has been appointed to the new agency.
- The Ministry of Health and Long-Term Care (MOHLTC) has noted that they intend to begin an intake process for expressions of interests of entities who would like to lead Ontario Health Teams. No details have been provided yet on the application and review process.
- We continue to work with our CELHIN partner hospitals on CIS.
- Cardiovascular Rehabilitation leadership met with MOHLTC's Secretariat to Premiers Council on improving Healthcare, Frederick Scarth, to present its regional delivery system as an exemplary model that can be adopted across the province to provide cost effective care.
- Four task forces have been convened to implement specific components of the Women's and Children's redesign process. Over 100 task force members volunteered to participate in this phase of program transformation. Members include frontline staff- nurses, midwives, physicians, and interprofessional staff. When complete, this program re-design will enable us to set a new standard for high-quality care and patient safety, and deliver exceptional services for women and children in Scarborough.

<ul style="list-style-type: none"> • Patient Family Advisors are now represented on 19 hospital committees focused on improving quality of care, patient safety and overall patient experience.
<p>4.4 Report from the Chief of Staff</p> <p>Dr. D. Zoutman spoke to the written report provided in the materials.</p>
<p>4.5 SHN Foundation Report</p> <p>Directors were reminder that they can sign up for the electronic “Foundation Update” by emailing M. Mazza to be added to the distribution group.</p>
<p>5.0 OTHER BUSINESS AS REQUIRED</p> <p>None.</p>
<p>6.0 NEXT MEETING</p> <p>Thursday April 25, 2019 4:00 - 8:00 General Hospital - Lee Family Auditorium</p>
<p>7.0 TERMINATION</p> <p>T. McKinnon declared the meeting terminated at 5:15p.m.</p>