

4.0 BRANDING UPDATE

D. Belous and Gravity Partners provided a presentation on the brand logo design. Two options were presented, which included a preferred recommendation for the Scarborough Health Network visual identity.

To reach this creative milestone, consultations were held that included staff, patients, physicians, community members, volunteers and external partners. Through these engagements we were able to grasp an understanding of what is important to those who have a stake in our future name and design.

The logo and colours options reflect the future direction of our health network, as well as the passion many have towards our organization. Alignment with accessibility guidelines and review of cross-sectoral best practices to ensure the creative reflects the equity and inclusivity that will be part of our strategic plan were key.

A go-to-market-plan is being developed, which will guide the roll-out for the new brand. This plan will align with our communications objectives for strategic planning and master planning over the course of the next year and beyond.

5. ITEMS FOR APPROVAL/DECISION

5.1 Strategic Planning Recommendations - Mission, Vision, Values

The Strategic Planning process included consultations with close to 1,000 people, from a wide variety of internal and external stakeholders and agencies, since September 2017. M. James, who has led this work, provided an overview of final outcomes.

Vision: Canada's leading community teaching health network - transforming your health experience.

Mission: Improving lives through exceptional care.

Values: SRH is a diverse organization with a common vision and a shared purpose. We build trust by living our values each day. In all of our actions, we will be:

Compassionate

- We show empathy for our patients, families, and each other. We listen openly and speak respectfully. We provide a compassionate and safe care experience every day.

Inclusive

- We are inspired by the diversity of our community. We make everyone feel welcome, respected, supported, valued and able to fully participate.

Innovative

- We demonstrate excellence by embracing new ways of thinking, acting, leading, and teaching.

Courageous

- We inspire each other to act boldly, to make a difference. We advocate for each other and the needs of our community. We work together to overcome challenges. We take accountability for our actions.

Strategic Directions:

Improve Population Health, Health Equity and System Integration

- Understand the diversity, access and utilization patterns of our patients and community
- Pursue creative partnerships that address social determinants of health to make a difference for our patients , families and broader community
- Foster a healthy, thriving community through involvement in health prevention/promotion initiatives
- Collaborate regionally across the continuum of care to design integrated programs and services that meet the needs of our diverse community

Transform the Patient Experience through Innovation, Education and Research

- Reimagine the role SRH can play with academic partners to create new and innovative educational opportunities and research into education
- Create networks of knowledge sharing and educational opportunities with the community and with patients & families
- Become a leader in applied and population-based research with a specific focus on population health and health equity
- Promote a culture of innovation in our organization
- Leverage new and emerging technology and advanced analytics as enablers

Set a New Standard for Exceptional Quality and Patient Safety

- Engage staff to build a high reliability culture of that is focused on safety, continuous learning and improvement
- Work closely with the community to ensure consistent quality of care across the patient pathway
- Continue initiatives to build SRH's reputation for quality care and safety to foster trust and credibility with the community, patients , families, and potential partners

Build Our Culture to Empower and Inspire Our People

- Create a cohesive culture across SRH as we shape our new organization, while also honouring the uniqueness of each of our sites
- Build a culture that enhances and sustains the highest quality of care at SRH
- Attract, retain and engage the best people that reflects the diversity of the community we serve and ensure our sustainability by recognizing the needs of a changing workforce

Motion: O. Jamal

Seconded By: M. Ainley

THAT the Board of Directors approve the inaugural SRH strategic plan.

CARRIED

5.2 Report from the Finance and Audit Committee

5.2.1 Receive the March 2018 YTD Financial Statements

Moved by: K. Suntharalingam

Seconded by: K. Webb

THAT the Board of Directors receives the March 31, 2018 Preliminary Financial Statements for Scarborough and Rouge Hospital as presented.

CARRIED

5.2.2 Presentation of the External Audited Statements

At the April 16th, 2018 Finance and Audit Committee meeting the members expressed an interest in changing the presentation of the external audited statements to include Board designated funds. This change is a communication tool promoting transparency to the readers demonstrating that the surplus generated in fiscal 2017-18 is earmarked for future capital investments. Management discussed the presentation options with Deloitte (external auditors) and although the auditors are in agreement with the presentation, board approval is required.

Board designated-restriction definition is an action by the nonprofit organization's board of directors to earmark an asset for a specified purpose. The restricted asset is referred to as "Board Designated" and it is still "Unrestricted" in an accounting sense since the board can undesignate it as well. Generally, the asset the organization wants to designate (or restrict) is cash, but not limited too. Currently, for accounting, there are no rules as to how you segregate the asset you want to restrict. In the Net Assets section (equity) of the Statement of Financial Position, the total amount that the organization has restricted or designated is broken out from what is unrestricted. It does not show what the restricted asset is or why its' being restricted. The note to the financials should explain the purpose of the designated asset.

Moved by: K. Suntharalingam

Seconded by: T. McKinnon

THAT the Board of Directors approves that the External Audited Statements include Board Designated Funds of \$11,000,000 in the Net Asset Section of the Statement of Financial Position, to be used for capital related purposes.

CARRIED

5.2.3 Compliance with Laws and Regulations

5.2.3.1 Broader Public Sector Accountability Act (BPSAA) Compliance Attestation

In accordance with the Broader Public Sector Accountability Act (the "Act"), Management Board of Cabinet has released Directives relating to procurement practices, the use of consultants, and expectations for expense and perquisite policies.

Hospitals are required to complete the attestation covering the reporting period April 1 to March 31, submit to the Central East LHIN by June 30 and publicly post the attestation on the hospital website by August 31.

The Hospital's Finance and Purchasing teams follow policies, reviewing and redeveloping procedures if needed, conduct audits and educate Hospital staff on doing business according to the BPSAA.

If there are material exceptions to the Hospital's compliance with the requirements, the attestation must list the exception(s) and provide a rationale/explanation for each incident of non-compliance, and describe what, if any, actions the hospital has taken to address the incidents of non-compliance.

Moved by: K. Suntharalingam **Seconded by:** Y. Bharucha

THAT the Board of Directors approve the Broader Public Sector Accountability Act (BPSAA) Compliance Attestation as presented and authorize the President & CEO and Board Chair to sign Appendix C Compliance Attestation Form.

CARRIED

5.2.3.2 2017/18 M-SAA Compliance Attestation

As per Article 8.1 (c) of the Multi-Sector Service Accountability Agreement (M-SAA), all Health Service Providers (HSPs) are required to sign a Declaration of Compliance declaring that the HSP has complied with the terms of the agreement as well as the Local Health System Integration Act, 2006 (LHSIA), the Public Sector Compensation Restraint to Protect Public Services Act, 2010, and any additional policies, procedures, directives and guidelines set out in Schedule D of the M-SAA.

Using the CE-LHIN compliance checklist, it was determined that SRH has demonstrated compliance to the responsibilities and accountabilities as detailed in the Declaration of Compliance Checklist.

Moved By: K. Suntharalingam **Seconded By:** Y. Bharucha

THAT the Board of Directors approve and authorize the Chair of the Board of Directors to sign Schedule G – Declaration of Compliance issued pursuant to the M-SAA for the period April 1, 2017 to March 31, 2018

CARRIED

5.2.3.3 2018/19 French Language Service (FLS) Compliance Report

SRH receives annual funding of \$192,507 from the Ministry of Children and Youth Services (MCYS) for its outpatient Children's Mental Health Program. MCYS requires that the hospital provides attestation that it is compliant with the French Language Services Act (FLSA) and complete the French Language Services (FLS) compliance report for fiscal year 2018/19. This is a new requirement.

Providers of MCYS services are at different levels of FLS readiness and capacity. All providers are classified as either a FLS referring agency (refers French speaking clients to an FLS agency) or is a FLS service agency.

The ministry encourages agencies within the same sector to work collaboratively to determine how to provide FLS. The French language service system planning will help identify existing FLS capacity and

potential gaps in service delivery. Service system planning will help determine how responsibilities can be shared and the best approach to adopt for the delivery of FLS within each region, sector and organization. For example, agencies with limited or no capacity could sign formal agreements with partner agencies that have FLS capacity in the region and/or sector.

SRH is a referring agency. There is not a large French speaking population in the Scarborough area.

Moved BY: K. Suntharalingam

Seconded By: M. Ainley

THAT the Board of Directors approve the 2018/19 French Language Services (FLS) Compliance Report for the period April 1, 2018 to March 31, 2019.

CARRIED

6.0 Items for Information/Discussion

6.1 Report from the Quality Committee

V. Carter reported that the Quality Committee did not have an official meeting due to a large number of member regrets. A presentation by HIROC was received.

6.2 Report from the Community Advisory Council

O. Jamal provided a verbal update on the Community Advisory Council (CAC), with highlights as follows:

- April formal report included was included with the material, following an verbal update at the April board meeting;
- CAC May meeting focused on Strategic planning and master planning presentations and hospital updates.

6.3 Value Realization Framework - 2018/18 Q4 Report

Under the direction of the Board's Integration Committee, a Value Realization Framework (VRF) was developed that outlines the anticipated value or benefits of the SRH integration. An update on the Q4 report was provided.

- The 2017-18 Q4 and year-end VRF progress report tells a positive story of the post-merger transition period.

Moved by: K. Webb

Seconded By: V. Carter

THAT the Board of Directors accept the 2017/18 Q4 and year-end VRF progress report.

CARRIED

6.4 Report from the Board Chair

No Report

6.5 Report from the President and CEO

E. Buller provide highlights from the written report included with the material, with highlights as follows:

- Update about the Bridletowne Neighbourhood Centre: On May 3, the Minister of Infrastructure announced that Ontario plans to invest \$20.8 million to support the creation of BNC. This commitment was approved when the budget passed on May 8th. The province previously announced a grant to help plan and construct the new, modern chronic kidney disease facility as part of the broader creation of this community hub. One area we will be advocating for with the next government, whoever they may be, will be to follow through on the promise to support the recreational piece of BNC.
- We are two weeks out from the provincial election on June 7. While we remain neutral, we will do everything we can to ensure that the support we have received for many important projects, such as the BNC and Centenary ED redevelopment, will continue with whichever party forms the next government. We will continue to advocate for our hospital's priorities with the new government.
- With regards to our planning, we are continuing to make great progress across all three streams. One thing I'd like to highlight is the consistent message we're hearing from our staff, physicians, and community for our hospital to be bold in our Vision and related goals for the future of health care in Scarborough. It's exciting to know that there is a desire for this sort of change. This desire to be bold has translated into our Mission, Vision and Values.
- Vice President of Planning and Redevelopment, Rick Gowrie, will be leaving us at the end of June to join Southlake Regional Health Centre in Newmarket. Rick's leadership and strategic guidance has been integral in helping us move forward with our hospital's many important infrastructure renewal and redevelopment projects. His departure is a loss for our organization; however, we wish him all the best in his new role.

6.6 Report from the Chief of Staff

Dr. Dick Zoutman presented the MAC report pre-circulated in the materials, with highlights as follows:

- Amazing ride for the first month, everyone very welcoming;
- Theme heard is "it's our time" which resonates with all;
- Undergoing an Obstetrics Program External Review and will have a report at end of June;
- Laboratory Medicine accreditation achieved over 95% compliance;
- SRH has realigned clinical ethics with the University of Toronto Ethics service;
- Key objectives will include a review of the medical leadership model;
- Spoke to ED credentialing process and practice.

5.4 Report from the Foundation

M. Mazza, President and CEO of the SRH Foundation provided an update with highlights of discussion as follows:

- Board and Foundation Chairs and CEO have been meeting and will continue to do so in order to align strategically;
- M. Mazza and E. Buller will be meeting with the four large banks over next few weeks, to go over their corporate responsibility framework, which is how they designate funds.

6.0 Next Meeting

Thursday June 28, 2018 between 4 pm – 5 pm. To be followed by the Annual General Meeting of members.

8.0 Termination

Moved By: O. Jamal

Seconded by: M. Ainley

THAT the SRH Board of Directors Public Meeting is closed.

CARRIED

The meeting terminated at 6:00 pm.