

**GRAND RIVER HOSPITAL
MINUTES OF A PUBLIC MEETING
OF THE BOARD OF DIRECTORS
HELD ON JUNE 23, 2015
IN THE FREEPORT BOARDROOM**

PRESENT:

Bellew, G.	Janecki, Z.
Bleaney, T.	Maki, P.
Collingwood, B.	Maxwell, M.
Deganis, J.	Olson, K.
Delamere, D.	Sarkaria, G.
Elop, T.	Sharma, A.
Hendrikse, P.	Vrbanovic, B.
	Wells, R.

STAFF:

Cheal, B.	Linton, J.
Hewat, N.	Mah, T.
Higgs, G.	Wren, D.
Karjaluocto, M.	

REGRETS:

Freeman, D.
Hoediono, H.
Rice, K.
Schlegel, J.

GUESTS:

Enns, J.
Walters, A.

Recording Secretary: Karen Taylor

1.0 CALL TO ORDER

The meeting was called to order by T. Elop at 3:00 p.m.

1.1 ACCEPTANCE OF AGENDA

The agenda was accepted as presented.

1.2 DECLARATION OF CONFLICT OF INTEREST

None.

2.0 BOARD CHAIR AND CEO REPORT

2.1 PRESIDENT AND CHIEF EXECUTIVE OFFICER

The report from the President and Chief Executive Officer was included in the Board package.

2.2 BOARD CHAIR

During the verbal report from the Board Chair, N. Hewat was thanked for her leadership of the Grand River Hospital (GRH) Foundation over the past several years. Appreciation was also conveyed to recognize the Youth on Board student, B. Aydar, and to Dr. B. Paun. In June, Dr. G. Sarkaria was appointed President of the Medical Staff Association and he will participate in his first meeting of the GRH Board later in the day.

Plans are underway to organize a community event on September 24 and Board members were invited to put a "hold the date" into their calendars from 4-8 p.m., with details of the event's program and timing to be provided once known.

Board Directors were informed that Dr. A. Sharma has provided the Board Chairs of GRH and St. Mary's General Hospital (SMGH) with a letter regarding an offer of contract extension and as this item related to a human resource matter, the topic will be deferred for discussion to the in-camera session.

3.0 QUALITY

3.1 REPORT BY THE CHAIR OF THE QUALITY AND PATIENT SAFETY COMMITTEE

Highlights from the June 10 meeting of the Quality and Patient Safety (QPS) Committee expanded on the publicly reported metrics and the work by the team in the laboratory to address the rate of lab test cancellations.

4.0 RESOURCES

4.1 REPORT BY THE CHAIR OF THE RESOURCES COMMITTEE

The June meeting of the Resources Committee focused on items including declaration compliance, phase two budget and capital recommendations from management, and the Human Resource plan.

4.1.1 APPROVAL OF 2015/2016 ANNUAL CAPITAL EXPENDITURE (PHASE 2)

Further to the Board's approval in March 2015 to approach 2015/2016 capital expenditures in two phases, \$11.4 M of capital projects were presented for Board approval as part of the phase two capital allocation.

MOTION:

IT WAS MOVED BY J. DEGANIS AND SECONDED BY P. HENDRIKSE THAT THE BOARD OF DIRECTORS APPROVE THE EXPENDITURE OF \$11.4 M FOR THE 2015/16 PHASE TWO CAPITAL ALLOCATION. CARRIED.

4.1.2 HUMAN RESOURCE PLAN

The Human Resource Plan was reviewed by the Resources Committee and once the results of the employee engagement survey are finalized, if there are significant findings, this sector plan may be updated or changed through an addendum. Board members were reminded that the Strategic Plan sits over the Human Resource Plan, and that the Board is not giving authority to management to implement all actions outlined in the plan, only those that align with the strategic operating plan priorities. Management will ensure that Human Resource Plan priorities identified in the operating plan are resourced.

Discussion regarding the alignment of timeline covered by the Strategic Plan (2015-2017) with the Human Resource Plan (2015-2018) resulted in agreement to review the plan prior to the end of the 2016-2017 fiscal year and renew as necessary with detail provided in the next Strategic Plan. The motion was amended to include mention of the expectation of renewal.

MOTION:

IT WAS MOVED BY J. DEGANIS AND SECONDED BY R. WELLS THAT THE GRAND RIVER HOSPITAL BOARD OF DIRECTORS APPROVE THE HUMAN RESOURCES PLAN 2015-2018, WITH A RENEWAL OF THE PLAN PRIOR TO THE END OF FISCAL 2016-2017. CARRIED.

4.1.3 M-SAA DECLARATION OF COMPLIANCE

The submission of a Board resolution regarding an annual Multi-Sector Service Accountability Agreement (M-SAA) declaration of compliance is required for the Waterloo Wellington Local Health Authority (WWLHIN) to continue to flow funds to support GRH's M-SAA activities. The declaration of compliance is specific to the work of the Mental Health and Addictions Program and following review, GRH is compliant.

MOTION:

IT WAS MOVED BY J. DEGANIS AND SECONDED BY D. DELAMERE THAT THE BOARD OF DIRECTORS AUTHORIZES TRACY ELOP TO SIGN SCHEDULE G, FORM OF COMPLIANCE DECLARATION THAT DECLARES TO THE BOARD AS FOLLOWS:

AFTER MAKING INQUIRIES OF THE APPROPRIATE OFFICERS OF THE HEALTH SERVICE PROVIDER (HSP) AND SUBJECT TO ANY EXCEPTIONS IDENTIFIED ON SCHEDULE G, TO THE BEST OF THE BOARD'S KNOWLEDGE AND BELIEF, THE HSP HAS FULFILLED ITS OBLIGATIONS UNDER THE SERVICE ACCOUNTABILITY AGREEMENT (THE M-SAA) IN EFFECT DURING THE APPLICABLE PERIOD (APRIL 1, 2014 TO MARCH 31, 2015).

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, THE HSP HAS COMPLIED WITH:

- I) ARTICLE 4.8 OF THE M-SAA CONCERNING APPLICABLE PROCUREMENT PRACTICES GOVERNED BY THE BROADER PUBLIC SECTOR ACT OF WHICH THE ANNUAL ATTESTATION WILL BE PRESENTED TO THE AUDIT COMMITTEE FOR APPROVAL ON JUNE 15TH OF THIS MONTH;**
- II) THE LOCAL HEALTH SYSTEM INTEGRATION ACT, 2006; AND,**
- III) THE PUBLIC SECTOR COMPENSATION RESTRAINT TO PROTECT PUBLIC SERVICES ACT, 2010.**

CARRIED.

5.0 GOVERNANCE AND OTHER COMMITTEES

5.1 REPORT BY THE GOVERNANCE COMMITTEE

R. Wells provided highlights from the June 8 Governance Committee meeting

and invited Board members to the July 27 orientation session scheduled from 8:30 to Noon in room J589 at the KW campus.

Additionally, Directors were reminded about the October 7 education session to prepare them for the October 19 Accreditation Governance session with the survey team. During the October 7 preparation session Directors will be informed about the upcoming Governance session and given a refresher on key Board policies that guide the work of the Board and its oversight of management.

5.2 REPORT BY THE CHAIR OF THE AUDIT COMMITTEE

During their June 15 meeting it was informed that the Audit Committee reviewed the whistle blowing update from the internal auditor, reviewed GRH's compliance with the Broader Public Sector Accountability Act (BPSAA) and considered a short and long term plan with respect to the internal audit function.

5.2.1 BROADER PUBLIC SECTOR ACCOUNTABILITY ACT ATTESTATION

Management has provided the Audit Committee with details indicating that GRH is compliant with the government regulations and requirements as set out by the Public Hospitals Act and the BPSA.

MOTION:

IT WAS MOVED BY P. HENDRIKSE AND SECONDED BY R. WELLS THAT THE BOARD OF DIRECTORS AUTHORIZES TRACY ELOP TO SIGN THE BPSAA ATTESTATION THAT DECLARES TO THE BOARD THAT THE HOSPITAL ATTESTS TO:

- **THE COMPLETION AND ACCURACY OF REPORTS REQUIRED OF THE HOSPITAL PURSUANT TO SECTION 6 OF THE BPSAA ON THE USE OF CONSULTANTS;**
- **THE HOSPITAL'S COMPLIANCE WITH THE PROHIBITION IN SECTION 4 OF THE BPSAA ON ENGAGING LOBBYIST SERVICES USING PUBLIC FUNDS;**
- **THE HOSPITAL'S COMPLIANCE WITH ANY APPLICABLE EXPENSE CLAIMS DIRECTIVES ISSUED UNDER SECTION 10 OF THE BPSAA BY THE MANAGEMENT BOARD OF CABINET;**
- **THE HOSPITAL'S COMPLIANCE WITH ANY APPLICABLE PERQUISITE DIRECTIVES ISSUED UNDER SECTION 11.1 OF THE BPSAA BY THE MANAGEMENT BOARD OF CABINET;**
- **AND,**
- **THE HOSPITAL'S COMPLIANCE WITH ANY APPLICABLE PROCUREMENT DIRECTIVES ISSUED UNDER SECTION 12 OF THE BPSAA BY THE MANAGEMENT BOARD OF CABINET.**

ANY UNKNOWN EXCEPTIONS TO THE ABOVE ARE DOCUMENTS IN SCHEDULE A AND WILL BE SUBMITTED WITH THE ATTESTATION.

CARRIED.

6.0 OTHER

6.1 2015-2017 STRATEGIC PLAN

The 2015-2017 Strategic Plan was previously reviewed as a draft by the Board at its April 2015 meeting. The time horizon of this plan aligns with the strategic plans of Cambridge Memorial Hospital (CMH) and SMGH.

MOTION:

IT WAS MOVED BY D. DELAMERE AND SECONDED BY Z. JANECKI THAT THE BOARD OF DIRECTORS APPROVE THE 2015-2017 STRATEGIC PLAN. CARRIED.

Upon his arrival at this point in the meeting Dr. G. Sarkaria was welcomed and round table introductions made.

6.2 Q4 BOARD SCORECARD

The scorecard was provided in the Board package and the Directors were provided with explanations for each of the three items that are off track.

6.3 Q4 OPERATING PLAN AND ERMA UPDATE

The Q4 Operating Plan and ERMA update was previously reviewed during the June meetings of several Board Committees.

MOTION:

IT WAS MOVED BY J. DEGANIS AND SECONDED BY B. VRBANOVIC THAT THE BOARD OF DIRECTORS ACCEPTS THE DEFERRAL OF THREE ACTIVITIES OUTLINED BELOW WHICH WERE NOT ACHIEVED IN THE 2014/15 OPERATING PLAN WITHOUT CARRYING THESE FORWARD INTO THE 2015/16 OPERATING PLAN. THE BOARD FURTHER DIRECTS MANAGEMENT TO BRING THESE THREE ITEMS FORWARD FOR REVIEW DURING THE PREPARATION OF THE 2016/17 OPERATING PLAN.

- **WIG 1: STRATEGY 4, WORKFORCE AND CAPACITY PLANNING;**
- **WIG 1: STRATEGY 5, SPACE PLANNING FOR FREEPORT;**
- **PIG 5: REVIEW OF NON-UNION AND MANAGEMENT COMPENSATION STRUCTURE.**

CARRIED.

7.0 EXECUTIVE HIGHLIGHTS

7.1 VICE PRESIDENT CLINICAL SERVICES & CHIEF NURSING EXECUTIVE REPORT

The report from the VP Clinical Services and Chief Nursing Executive was included in the Board package.

7.2 FOUNDATION REPORT

The Foundation report was included in the Board package.

8.0 ITEMS FOR CONSENT

8.1 BOARD MINUTES OF MAY 26, 2015

The public minutes from the April 28, 2015 meeting were provided as an item for consent.

8.2 BOARD MANUAL UPDATES

Following review by the Governance Committee the following documents were included in the Board package as an item for consent:

8.2.1 BOARD QUALITY POLICY

8.2.2 AUDIT COMMITTEE TERMS OF REFERENCE (TOR)

8.2.3 COMPENSATION AND EXECUTIVE RESOURCES COMMITTEE TOR

8.2.4 EXECUTIVE COMMITTEE TOR

8.2.5 GOVERNANCE AND COMMUNITY ENGAGEMENT COMMITTEE TOR

8.2.6 PENSION COMMITTEE TOR

8.2.7 QUALITY AND PATIENT SAFETY COMMITTEE TOR

8.2.8 RESOURCES COMMITTEE TOR

8.2.9 NOMINATING COMMITTEE TOR

8.2.10 PAST CHAIR ROLE DESCRIPTION

MOTION:

IT WAS MOVED BY Z. JANECKI AND SECONDED BY B. COLLINGWOOD THAT THE ITEMS FOR CONSENT BE APPROVED. CARRIED.

9.0 ITEMS FOR INFORMATION

9.1 STRATEGIC PLAN 2015-2017 COMMUNITY PUBLICATION

A draft copy of the community publication to inform of GRH's 2015-2017 Strategic Plan was included as an item for information.

9.2 COMMITTEE ITEMS

9.2.1 MEDICAL ADVISORY COMMITTEE MINUTES

The public Medical Advisory Committee minutes were in the package.

9.2.2 QUALITY AND PATIENT SAFETY COMMITTEE

Items for information from the Quality and Patient Safety Committee:

9.2.2.1 MINUTES

9.2.2.2 SCORECARD

9.2.2.3 PUBLICLY REPORTED INDICATORS

9.2.3 RESOURCES COMMITTEE

Items for information from the Resources Committee:

9.2.3.1 MINUTES

9.2.3.2 UPDATE ON COMMON SYSTEM

9.2.3.3 FINANCIALS

9.2.4 GOVERNANCE COMMITTEE

Governance Committee items for information:

9.2.4.1 MINUTES

9.2.4.2 ACCREDITATION UPDATE

9.2.5 AUDIT COMMITTEE MINUTES

Minutes from the May Audit Committee meeting were an item for information.

9.3 BOARD WORK PLAN

The Board work plan for 2015/16 was included as an item for information.

9.4 BOARD EDUCATION OPPORTUNITIES

A list of current Board education opportunities was included in the Board package.

9.5 JULY AND AUGUST BOARD CALENDARS OF EVENTS

Calendars of events for July and August 2015 appeared in the Board package.

9.6 WWLHIN ITEMS

9.6.1 WWLHIN 2015-2016 ANNUAL BUSINESS PLAN UPDATE

The WWLHIN update on the 2015-2016 business plan was included in the package.

10.0 ADJOURNMENT

**THERE BEING NO FURTHER BUSINESS, IT WAS MOVED BY T. BLEANEY AND
SECONDED BY P. MAKI THAT THE PUBLIC MEETING BE ADJOURNED.
CARRIED.**

The public meeting adjourned at 3:45 p.m.

Malcolm Maxwell,
Secretary

Tracy Elop,
Chair