

NORTHUMBERLAND HILLS HOSPITAL BOARD OF DIRECTORS

March 8, 2018
Boardroom
MINUTES

Present: B. Selby, Chair; M. McAllister, T. McLean, J. Russell, D. Slater, S. Olsen, C. Tozer, L. Kay, P. Page Hoisak, T. Hathway, C. Gilmer, P. Went, S. Walsh, L. Davis, M. Bhargava

K. Liu, B. Nixon, B. Gutteridge, A. Logan, D. Morrison

Regrets: D. Mann, M. Vaughan, A. Stratford, B. Carman

Staff: J. Gillard, J. Wright, E. Vosburgh

1. **CALL TO ORDER**

B. Selby called the meeting to order at 5:00 pm.

2. **CONFLICT OF INTEREST**

None declared.

3. **EDUCATION PRESENTATION**

L. Davis and M. Bhargava provided an overview of the Northumberland sub-Region planning table activities to date. There are 7 separate sub-regions in the CE LHIN (same geographic boundaries at the original Health Links tables in the LHIN). The members of the committee are looking to focus on mapping the patient journey to better determine the key issues that should be addressed by the group such as ALC, acute, etc. Group trying to be more action oriented.

The Board queried on the use of the PATH patient stories to assist. L. Davis noted that these stories have been brought forward and may be used in the future.

4. **CONSENT AGENDA**

It was Moved by M. McAllister and Seconded by L. Kay to approve the Consent Agenda matters as circulated. Carried.

5. **ITEMS FOR DISCUSSION / INFORMATION**

5.1 **Report from the Board Chair**

B. Selby noted that the Coldest Night of the Year walk in Port Hope was a great success with good representation from the NHH Board. Thanks were extended to the NHH Values Ambassadors and to J. Gillard for organizing the NHH family skate event at the Cobourg Community Centre.

J. Russell was congratulated on the birth of his new granddaughter.

NHH Senior team held all staff lunch and learn sessions for the new safety planning procedures with participation by Cobourg Police and G4S Security.

5.2 Report from the Senior Staff

L. Davis highlighted the safety planning security changes that have been completed, including full review of emergency policies with assistance from the Cobourg Police Services.

Volumes continue to be high with ALC being a major contributor to those volumes.

Community Mental Health program initiatives have been very successful including the walk-in clinic which has significantly reduced their wait list. The newly announced MHEART Program was highlighted with an overview by Chief Kai Liu.

5.3 Report from the Nominating Committee

C. Gilmer provided the report of the Nominating Committee. An annual refresh of the Board's skills matrix is required. All members will receive a copy of the current matrix and are requested to provide any updates to S. Connell within one week.

5.4 Report from the Quality and Safety Committee

L. Kay provided the report of the Governance Committee.

The Committee received the draft 2018-2019 Quality Improvement Plan for review. NHH draft plan has been developed and reviewed by Senior Management to align with the strategic plan. Program Directors have provided initiatives and process measures for each indicator. The plan is based on quality improvements driven by patient and staff satisfaction goals.

The detailed narrative is in final draft. Once reviewed and signed by the Chair, Quality and Safety Committee it will be submitted to Health Quality Ontario along with the metrics reviewed by the Board as the full Quality Improvement Plan for 2018-19.

On a Motion by L. Kay, Seconded by S. Olsen, the Board of Directors approved the 2018-2019 Quality Improvement Plan as presented. Carried.

5.5 Report from the Finance and Audit Committee

M. McAllister provided the report of the Governance Committee.

The Committee received the third quarter Hospital Working Funds Initiative (HWFI) report. L. Davis noted that NHH has achieved a zero balance adjusted working funds deficit through successful completion of the program.

On a Motion by M. McAllister, Seconded by D. Slater, the Board of Directors approved the Hospital Working Funding Initiative Q3 submission as presented. Carried.

The Committee reviewed the draft 2018-2019 Capital Plan which was developed with input from across the organization including management and physician leadership. The plan includes equipment purchases totaling \$2.4 million and contingency fund of \$411,647. L. Davis highlighted some of the

large capital purchases on the draft plan including the nurse call system and various IT projects.

On a Motion by M. McAllister, Seconded by S. Olsen, the Board of Directors approved the 2018-2019 Capital Plan as presented. Carried.

The Board queried on the amount chosen for contingency. L. Davis outlined that the minimum amount of contingency, as agreed to by Senior Management, is \$300,000 annually. The Foundation had noted additional funds available after the capital process prioritization was complete and some of these funds were allocated to the contingency budget. L. Davis further noted, in response to a question, that a special campaign may be required by the Foundation to address the \$13 million required for diagnostic imaging equipment in the future.

The Committee received the Audit Planning Report and Annual Engagement Letter from KPMG for the 2017-2018 year-end audit. There are no significant changes in the audit approach from the prior year. The engagement letter outlines the auditor and management responsibilities, deliverables and related annual fees.

On a Motion by M. McAllister, Seconded by J. Russell, the Board of Directors approved the signing of the Auditor's annual Engagement Letter, including fees, for year ending March 31, 2018. Carried.

5.6 Report from the Governance Committee

P. Went provided the report of the Governance Committee.

A working group has completed an annual review of all Board policies. Most changes are of the housekeeping variety. L. Davis noted that the Foundation policy in relation to donor naming levels is in review by the Foundation and may be coming back to the Board with revisions. The Board extended their gratitude to the working group for completing this review process.

On a Motion by P. Went, Seconded by S. Olsen, the Board of Directors approved the revised Board policies as circulated. Carried.

5.7 Report from the NHH Auxiliary

P. Page Hoisak provided the report of the NHH Auxiliary.

The Auxiliary Board has completed a gap analysis of the auxiliary services. Some new services will be implemented including night coverage in the ED and patient/family support on 2B. Beginning early in the next fiscal year, Volunteers will be assisting in real-time patient satisfaction surveys in the hospital. P. Page Hoisak extended her thanks to NHH for being open to broadening the services of the volunteers.

5.8 Report of the NHH Foundation

T. Hathway provided the report of the NHH Foundation.

The Foundation held their 2nd annual NHH staff appreciation event. Staff were invited to drop by the bistro to visit the famous candy bar. The event had a great response with estimated participation from 250 staff members. Members of the Foundation Board were on hand to help out as well as Beth and Linda who also took shifts. In the evening, Linda and Rhonda took candy bags to the staff working nights.

The Foundation has issued a Request for Proposal for the development of a 5-year strategic plan with the hope to have a facilitator hired by end of April.

The Foundation set a goal to raise \$2,280,000 by March 31, 2017. As at February 28, 2018 they have raised \$2,551,242.

<p>It was Moved by J. Russell and Seconded by M. McAllister to receive all reports. Carried.</p>

6. IN CAMERA

On a motion from T. McLean and Seconded by D. Slater, the meeting moved to In-camera. The in-camera meeting addressed matters related to medical human resources and partnership activities.

7. NEXT MEETING

Thursday, April 5, 2018.

8. TERMINATION

The meeting was terminated at 7:00 pm on a motion by M. McAllister.