

South West Local Health Integration Network
Board of Directors' Meeting
Tuesday November 20, 2018, 1:30 pm to 4:00 pm
South West LHIN, 201 Queens Ave, Suite 700, London – Main Boardroom

AGENDA				
Item	Agenda Item	Lead	Expected Outcome	Time
1.0 COVENING THE MEETING				
1.0	Call to Order, Recognition of Quorum	Chair		1:30
1.1	Approval of Agenda	Chair	Decision	1:30-1:32
1.2	Declaration of Conflict of Interest			
2.0 APPROVAL OF MINUTES				
	2.1 October 16, 2018 – South West LHIN Board of Directors Meeting	Chair	Decision	1:32-1:35
	2.2 October 22, 2018 – South West LHIN Special Meeting of the Board of Directors	Chair	Decision	
	2.3 October 26, 2018 – South West LHIN Special Meeting of the Board of Directors	Chair	Decision	
3.0 /PATIENT STORY/PRESENTATION				
	3.1 Self-Management Program	Sally Boyle	Information	1:35-1:55
4.0 APPROVAL of CONSENT AGENDA				
	Approval of Consent Agenda			1:55-2:00
	4.1 September 28, 2018 Governance Committee Minutes	Committee Chair	Information	
	4.2 Hospice Palliative Care Update	S McCutcheon	Information	
	4.3 2019-2022 Strategic Plan and 2019-2020 Annual Business Plan	S McCutcheon	Information	
	4.4 Board Committee Reports	Committee Chairs	Information	
	4.5 Board Director Reports	Directors	Information	
5.0 DECISION ITEMS				
	5.1 September 2018, Quarter 2 Financial Update	H Anderson	Decision	2:00-2:30
	5.2 Small and Rural Hospital Transformation Fund	M Brintnell	Decision	
	5.3 Governance Policy Harmonization	Committee Chair	Decision	
	5.4 Terms of Reference, Finance, Audit & Risk Committee	Committee Chair	Decision	
	5.5 South West LHIN Board Committee Composition	Committee Chair	Decision	
6.0 INFORMATION ITEMS				
	6.1 Home & Community Care Health Human Resource Challenges	D Nancekivell/D Brennan	Information	2:30-3:00
	6.2 Home and Community Care Review Update	D Ladouceur	Information	
BREAK				
				3:00 -3:10
7.0 CLOSED SESSION				
	7.1 Closed Session	Chair	Decision	3:10-4:00
8.0 FUTURE MEETINGS/EVENTS				
	South West LHIN Board of Directors Meeting, Tuesday December 18, 2018 - London Office – 201 Queens Ave, Suite 700, London, Main Boardroom			
9.0	Adjournment	Chair	Decision	4:00

South West LHIN Board of Directors' Meeting

Tuesday October 16, 2018

1415 First Ave West, Suite 3009, Owen Sound – Georgian Room North and South

Minutes

- Present:** Andrew Chunilall, Vice Chair, Acting Board Chair
Linda Ballantyne, Vice Chair, Board Director
Myrna Fisk, Board Director
Glenn Forrest, Board Director
Allan MacKay, Board Director
Wilf Riecker, Board Director
Jim Sheppard, Board Director
Leslie Showers, Board Director
Cynthia St. John, Board Director
- Regrets:** Jean–Marc Boisvenue, Board Director
Lori Van Opstal, Board Chair
- Staff:** Ron Sapsford, Interim CEO
Stacey Griffin, Executive Office Coordinator (Recorder)
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1.0 Call to Order – Welcome and Introductions

The Chair called the meeting to order at 1:00 pm. There was quorum and 2 members of the public, which included health service providers, were in attendance for parts of the meeting.

1.1 Approval of Agenda

MOVED BY: Cynthia St. John
SECONDED BY: Allan MacKay

***THAT the Board of Directors' meeting agenda for October 16, 2018, be approved as presented with the addition of an Update on Sub-Regions.
A closed session will be held***

CARRIED

1.2 Declaration of Conflict of Interest

No conflicts were declared

2.0 Approval of Minutes

2.1 September 25, 2018 South West LHIN Board of Directors Meeting

MOVED BY: Jim Sheppard
SECONDED BY: Allan MacKay

THAT the September 25, 2018 South West LHIN Board of Directors' meeting minutes be approved as presented.

CARRIED

3.0 Presentation

3.1 South West LHIN Occupational Wellness Program

Susan Rosato, South West LHIN Occupational Wellness Program Lead provided a brief overview of the South West LHIN Wellness program and led the board in a light stretching exercise.

4.0 Approval of Consent Agenda

MOVED BY: Glenn Forrest

SECONDED BY: Myrna Fisk

THAT the consent agenda items be received and approved as circulated in the agenda package.

CARRIED

5.0 Decision Items

5.1 Board Committee Appointments

MOVED BY: Cynthia St. John

SECONDED BY: Wilf Riecker

THAT the South West LHIN Board of Directors appoint Board Director Allan Mackay to the Audit Committee and the Quality Committee effective immediately through December 31, 2018 as recommended by the Governance & Nominations Committee.

AND..

THAT the South West LHIN Board of Directors appoint Board Director Leslie Showers to the CEO Performance Task Force effective immediately through December 31, 2018 as recommended by the Governance & Nominations Committee.

CARRIED

6.0 Information Items

6.1 DRAFT 2019-2022 Integrated Health Services Plan

The Board received an update from staff on the draft South West LHIN Integrated Health Service Plan (IHSP) 2019-2022. The draft IHSP is due to the ministry for comment by the end of October. The ministry will review the draft IHSP and provide feedback where appropriate. Following the incorporation of any required feedback, the Final IHSP will come back to the LHIN Board for approval. Each LHIN will publicly release its LHIN Board of Directors approved IHSP in both English and French by April 1, 2019.

There are six strategic priorities that have been approved across the LHINs.

- Priority #1: Improve the Patient Experience
- Priority #2: Address Health Inequities by Focusing on Population Health
- Priority #3: Reduce the Burden of Disease and Chronic Illness
- Priority #4: Build and Foster Healthy Communities Through Integrated Care Closer to Home
- Priority #5: Drive Innovation Through Sustainable New Models of Care and Digital Solutions
- Priority #6: Drive Efficiency and Effectiveness

IHSP survey responses showed 466 external participants completed the survey – 2.4 % of respondents responded in French and 166 internal staff completed the survey.

In parallel, the LHIN is working on its Strategic Plan and information will come forward at future board meetings.

Comments and discussion from the Board included:

- Board member commended staff on clear and concise format, easy to read – fast facts
- Sub regions will generate the most discussion - bold discussion and clear vision around decentralization and local decision making and accountability.
- Representation is needed from the South West LHIN Board on each Sub region reference group. A recommendation will come forward at a future Board meeting.
- Will need strong commitment – delegate authority out to sub-regions
- Will need to note that there will be differing levels of maturity in each sub-region
- Priorities groups of focus - need to note as examples as there are more than 3 groups to be defined under health inequities
- Engagement has been done through the Indigenous Health Committee, and continue to engage and understand how to best amplify the Indigenous voice.
- Sub regions - The concept is that the LHIN currently has sufficient resources to support local discussions and assumes that the resources also exist in health agencies and that providers are prepared to manage.

6.2 July/August 2018 Financial update

The Board received the written report and were provided with a summary of significant changes to the 2018/19 projections and actuals as at LE05 (August 31, 2018). The projected surplus for 2018-19 is \$1.7M as at LE05 (August 31, 2018). An update on the initiatives approved at the September Board meeting will be provided at the November Board meeting. It was noted that the majority of the surplus is related to Home & Community Care but some operations due to the Hiring and Spending Expenditure freeze.

6.3 South West LHIN Report on Performance Scorecard - 2018/19 Q1

The Board received the written report on the 2018/19 first quarter results monitored as part of interim performance reporting for the South West LHIN. The Report on Performance scorecard tracks progress on four high-level or “Big Dot” measures (focused on longer-term improvement), and associated indicators selected to demonstrate how we are doing against our Integrated Health Service Plan (IHSP) 2016-19 objectives, Ministry-LHIN Accountability Agreement (MLAA) performance obligations, and additional priorities and goals. Staff highlighted primary health care and the good improvement in metrics and gave kudos to the primary care providers and the primary care alliance. It was noted that a larger organization can skew the numbers and staff could provide a standalone report on a specific organization.

6.4 Home and Community Care (HCC) Review

The Board heard from Donna Ladouceur that to date as part of the Home Care review and has engaged over 200 people. The general theme from engagement is that they want to engage and share thoughts and see actuals coming out of the recommendations, they want to see the LHIN be bold and aggressive and assertive moving forward. Feedback received from patients, families and caregivers on capacity issues and not getting the appropriate care needed, and the growing trend of quality of care and needing to go to Emergency Room as we cannot provide the care, and the feeling of too many assessments but not enough care and they are feeling fatigued.

Service provider Contract Model is not working and need to do something with the existing contracts as they are not meeting the needs of the community sector. Patients are commenting on multiple service providers in the home and find it very confusing and wanting to have one agency to provide care in the home.

Primary Care Physicians – want to know if patients are admitted to HCC, when are they admitted, what services are they getting, if there is a change in status what is it and if discharged, do we meet their care needs and do not want it in a Fax, they want pushed into the electronic medical record (EMR) and pushed to them – need to use technology better. Can we look at virtual care to support patients differently?

New models of care, are there other models to do things differently – ex. Community Paramedicine. Care Coordination – want broader system navigation for care coordination for all resources in the community.

Need to engage with Indigenous communities.

Communities Health Centres - need to look at how they can play a role in care coordination.

6.5 Accreditation Status Update

The Board received the written report. A Steering Committee is in place and is overseeing the Accreditation process. The South West LHIN has scheduled the Primer Survey, which will take place December 3rd through December 6th 2018. The Governance Functioning Tool results and draft action plan and areas of improvement will discussed at the October 31, 2018 Governance meeting to facilitate conversation and receive feedback which will come forward to the November Board Meeting. Surveyors will have a session with the Board in December to look at opportunities and areas for improvement. The Surveyors will want to know that the LHIN Board has gone through an evaluation as a governing Board and that the Board has identified any gaps or opportunities, and a plan in place to resolve.

6.6 Sub Region Board Governance

Representation is needed from the South West LHIN Board on each Sub region reference group. A recommendation will come forward at a future Board meeting.

7.0 Break

The Board took a short break from 2:39 pm to 2.55 pm

8.0 Closed Session

MOVED BY: Glenn Forrest
SECONDED BY: Cynthia St. John

THAT the Board of Directors move into a closed session at 2:39 pm pursuant to s. 9(5)(a)(g)(h) of the Local Health System Integration Act, 2006

CARRIED

**LHIN Staff member Stacey Griffin departed the meeting at 2:56 pm*

MOVED BY: Allan Mackay
SECONDED BY: Wilf Riecker

THAT the South West LHIN Board of Directors rise from closed session at 4:42 pm and returned to open session.

CARRIED

8.1 Report of the Chair on Closed Session

The Chair reported that the Board received an update from the Interim CEO, the Board Chair provided an update on the LHIN Board Chairs Council and engagement with ministry partners. The Governance Chair Cynthia St. John reported on the Acting Board Chair role. The Board approved a motion in relation to a recommendation from the CEO Search Committee.

9.0 Dates and Location of Next Meeting

The next regular meeting of the South West LHIN Board of Directors Meeting will be held on Tuesday November 20, 2018 at the South West LHIN office, located at 201 Queens Avenue, Suite 700, London – Main Boardroom.

10. Adjournment

MOVED BY: Myrna Fisk
SECONDED BY: Jim Sheppard

THAT the South West LHIN Board of Directors adjourned the meeting at 4:45 pm

APPROVED: _____
Andrew Chunilall, Acting Board Chair

Date: _____

South West LHIN Special Meeting of the Board of Directors

Monday October 22, 2018
4:00 to 5:00 pm Teleconference

Minutes

Present: Andrew Chunilall, Vice Chair, Acting Board Chair
Linda Ballantyne, Vice Chair, Board Director
Jean-Marc Boisvenue, Board Director
Myrna Fisk, Board Director
Glenn Forrest, Board Director
Allan MacKay, Board Director
Wilf Riecker, Board Director
Jim Sheppard, Board Director
Leslie Showers, Board Director
Cynthia St. John, Board Director

Regrets: Lori Van Opstal, Board Chair

Staff: Stacey Griffin, Executive Office Coordinator (Recorder)

1.0 Call to Order – Welcome and Introductions

The Acting Chair called the meeting to order at 4:00 pm. There was quorum and no members of the public were in attendance.

1.1. Approval of Agenda

MOVED BY: Leslie Showers
SECONDED BY: Glenn Forrest

THAT the Special meeting of the Board of Directors' agenda for October 22, 2018, be approved as presented. A closed session will be held

CARRIED

1.2 Declaration of Conflict of Interest

No conflicts were declared

2.0 Closed Session

MOVED BY: Myrna Fisk
SECONDED BY: Wilf Riecker

THAT the Board of Directors move into a closed session at 4:02pm pursuant to s. 9(5)(a)(g)(h) of the Local Health System Integration Act, 2006

CARRIED

* L^HI^N staff member Stacey Griffin left the meeting at 4:03 pm.

3.0 Move out of Closed Session

MOVED BY: Cynthia St John

SECONDED BY: Leslie Showers

THAT the South West L^HI^N Board of Directors rise from closed session at 4:50 pm and returned to open session.

CARRIED

3.1 Report out in Open Session

The Acting Board Chair reported that the Board was provided with an update from the Acting Board Chair on the CEO Search process and approved a motion related to next steps of the CEO search.

4.0 Dates and Location of Next Meeting

The next regular meeting of the South West L^HI^N Board of Directors Meeting will be held on Tuesday November 20, 2018 at the South West L^HI^N, located at 201 Queens Ave, Suite 700, London, Main Boardroom.

5.0 Adjournment

MOVED BY: Leslie Showers

SECONDED BY: Wilf Riecker

THAT the South West L^HI^N Special Meeting of the Board of Directors meeting adjourn at 4:51 pm.

APPROVED: _____
Andrew Chunilall, Acting Board Chair

Date: _____

South West LHIN Special Meeting of the Board of Directors

Friday October 26, 2018
8:00 to 9:00 am Teleconference

Minutes

Present: Andrew Chunilall, Vice Chair, Acting Board Chair
Linda Ballantyne, Vice Chair, Board Director
Jean-Marc Boisvenue, Board Director
Myrna Fisk, Board Director
Glenn Forrest, Board Director
Allan MacKay, Board Director
Wilf Riecker, Board Director
Jim Sheppard, Board Director
Leslie Showers, Board Director
Cynthia St. John, Board Director

Regrets: Lori Van Opstal, Board Chair

Staff: Stacey Griffin, Executive Office Coordinator (Recorder)

1.0 Call to Order – Welcome and Introductions

The Acting Chair called the meeting to order at 8:02 am. There was quorum and no members of the public were in attendance.

1.1. Approval of Agenda

MOVED BY: Jean-Marc Boisvenue
SECONDED BY: Myrna Fisk

THAT the Special meeting of the Board of Directors' agenda for October 26, 2018, be approved as presented. A closed session will be held

CARRIED

1.2 Declaration of Conflict of Interest

No conflicts were declared

2.0 Closed Session

MOVED BY: Allan Sheppard
SECONDED BY: Cynthia St. John

THAT the Board of Directors move into a closed session at 8:02 am pursuant to s. 9(5)(a)(g)(h) of the Local Health System Integration Act, 2006

CARRIED

3.0 Move out of Closed Session

MOVED BY: Wilf Riecker
SECONDED BY: Allan MacKay

THAT the South West LHIN Board of Directors rise from closed session at 8:52 am and returned to open session.

CARRIED

3.1 Report out in Open Session

The Acting Board Chair reported that the Board approved past meeting minutes and the Board was provided with an update from the Acting Board Chair on the CEO Search process and the Board passed a motion in closed related to the CEO Selection.

4.0 Dates and Location of Next Meeting

The next regular meeting of the South West LHIN Board of Directors Meeting will be held on Tuesday November 20, 2018, South West LHIN, 201 Queens Ave, Suite 700, London, Main Boardroom,

5.0 Adjournment

MOVED BY: Glenn Forrest
SECONDED BY: Leslie Showers

THAT the South West LHIN Special Meeting of the Board of Directors meeting adjourn at 8:55 am.

APPROVED: _____
Andrew Chunilall, Acting Board Chair

Date: _____

**South West LHIN
Governance & Nominations Committee
Friday, September 28, 2018**

Minutes

Approved by committee on October 31, 2018

Present: Cynthia St. John, Committee Co-Chair and Board Director
Aniko Varpalotai, Committee Co-Chair and Board Director
Jean-Marc Boisvenue, Board Director
Wilf Riecker, Board Director
Leslie Showers, Board Director

Guests: Allan Mackay, Board Director

Regrets: Andrew Chunilall, Acting Board Chair

Staff: Ron Sapsford, Interim CEO
Mark Brintnell, Vice President, Quality, Performance and Accountability
Stacey Griffin, Executive Office Coordinator
Marilyn Robbins, Executive Office Assistant (*Recorder*)

1. Preamble & Call to Order

Minutes of a meeting of the South West LHIN Governance & Nominations Committee held in the Main Boardroom at the LHIN's Downtown Office at 9 am on Friday, September 28, 2018.

Committee Co-Chair, Aniko Varpalotai called the meeting to order at 9:00 am. There was quorum. No members of the public were in attendance.

2. Declaration of Conflict of Interest

There was no declaration of conflict of interest.

3. Approval of Agenda

MOVED BY: Leslie Showers
SECONDED BY: Jean-Marc Boisvenue

TO adopt the agenda for the September 28, 2018 meeting of the Governance & Nominations Committee.

CARRIED

4. Approval of Minutes

MOVED BY: Wilf Riecker
SECONDED BY: Cynthia St. John

THAT the minutes of the June 28, 2018 meeting of the South West LHIN Governance & Nominations Committee be approved as circulated.

CARRIED

5. Governance Quality Improvement

Accreditation – Governance Functioning Tool

Mark Brintnell, Vice President, Quality, Performance & Accountability provided an introduction to the results of the recent Governance Functioning Tool. The results will be used to develop a Governance Quality Improvement Action Plan as part of the South West LHIN's Accreditation process though the results are expected to support governance quality improvement beyond the December Accreditation Survey.

The committee discussed the results. Some of the questions could be interpreted in different ways. It was suggested that how the questions are interpreted may become more consistent over time. It was also noted that how the flags get issued (yellow, red, green) need to be consistent as well.

ACTION: Quality staff to refine results so that percentages are consistent with the flags issued.

It was agreed to focus on those items with a red flag and with a view to developing the Action Plan.

Item 3. Subcommittees need better defined roles and responsibilities.

Proposed for action plan: Committee Terms of Reference and related governance policies to be reviewed on an annual basis by the board.

The committee discussed how to address non-adherence to committee roles and responsibilities.

Item 5. Disagreements are viewed as a search for solutions rather than a “win/lose”.

Proposed for action plan: Use regular meeting evaluations to measure over time. Plan a board retreat to focus on board relationship building, candour and consensus building, and the board dynamic in public meetings.

Item 9. Our governance processes need to better ensure that everyone participates in decision making.

Proposed for action plan: Use regular monthly meeting evaluation survey to better understand and address this issue.

Item 16. We benchmark our performance against other similar organizations and/or national standards.

ACTION: Staff to report back on good comparative organizations for benchmarking.

Item 17. Contributions of individual members are reviewed regularly.

Item 19. There is a process for improving individual effectiveness when non-performance is an issue.

Item 21. As individual members, we need better feedback about our contribution to the governing body.

The committee considered current policy and practice.

ACTION: Staff to explore options for the evaluation process taking into account the work being conducted by the pan-LHIN Chairs Council.

Item 32. We have a process to elect or appoint our chair.

It was suggested that this is an anomaly as there is a government process that involves appointing the chair but Board members may not like the process as they don't own the process. Board orientation and training was briefly discussed.

Item 33. Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to Patient Safety.

Item 34. Overall, what is your assessment of the governing body's impact over the past 12 months, in terms of driving improvements to Quality of Care.

It was suggested that these items reflect the LHIN's new, expanded mandate and the board and organization do not yet have all of the mechanisms in place to fully understand and own these items.

ACTION: Quality staff to draft a Governance Quality Improvement Action Plan based on the above items (red flags) for the committee's review in October, and the board's review in November.

Board Meeting Evaluation Process

Quality staff have created an electronic meeting evaluation survey to be issued after each regular board and committee meeting. The questions proposed were informed by the results of the Governance Functioning Tool and identified as items the board might want to measure for trending purposes over time.

The committee considered the proposed survey questions and their role in reviewing the results with staff at regular meetings of the Governance & Nominations Committee.

ACTION: Meeting survey to launch at the October 16 meeting of the board.

6. Policy Review & Recommendations

Aniko Varpalotai, Governance & Nominations Committee Co-Chair provided a brief overview of the policy work presented for the committee's consideration.

Cynthia St. John, Governance & Nominations Committee Co-Chair led the review of each item.

A-6 Code of Conduct

AGREEMENT: That *Governance Policy A-6 Code of Conduct* be amended as proposed in the meeting materials. Also, include that the policy applies to all members of the Board and Committees and that the Board shall request that the Governance & Nominations Committee address any failure on the part of the Board Chair, and that failure may result in the recommendation to remove the member from either or both of the board and committee as appropriate.

A-7 Conflict of Interest

AGREEMENT: That *Governance Policy A-7 Conflict of Interest* be amended as proposed in the meeting materials and also include that the Board shall request that the Governance & Nominations Committee address any failure on the part of the Board Chair, and that failure may result in the recommendation to remove the member from either or both of the board and committee as appropriate.

A-8 Confidentiality

AGREEMENT: That *Governance Policy A-8 Confidentiality* be amended to remove the sentence "The board is aware of the need to balance conducting its business in an open and accountable manner...in the course of doing business in way." It was also agreed to replace the term "HSPs" with "traditional and non traditional health system partners" and that an Oath of Confidentiality be drafted for annual review and sign-off by all board members.

C-1 CEO/Board Relationship

It was suggested to include a reference to the Terms of Reference for the CEO Search Committee and to consider whether those apply to a search for an Interim CEO.

The committee discussed the CEO Succession part of the policy and whether or not the first point should be more prescriptive.

ACTION: Staff to draft an amendment for the committee's consideration borrowing language from the legacy CCAC's internal succession plan policy as a means to better instruct the CEO of the board's expectations for assurance around emergency succession planning.

Terms of Reference: CEO Performance Task Force

In reviewing the content it was noted that the Task Force is to meet at least three times each year but that they are to conduct a progress review with the CEO on a quarterly basis. The committee discussed adherence to the Terms of Reference, accountability, the role of the Board Chair, and who should chair the Task Force.

ACTION: Staff to draft an amended Terms of Reference for the CEO Performance Task Force that sees the same process applied to any Interim or Acting CEO, that would have the Task Force Chair chosen by the members of the Task Force, and stipulates a requirement for quarterly meetings at minimum. The amended draft is to be supplied to the current CEO Performance Task Force for review as soon as possible.

It was noted that the Task Force is currently one member short.

NEW: Leave of Absence

The committee debated the need for a Leave of Absence policy for board members based upon the outcomes of the June retreat with Richard and Lyn. The following was suggested...

- The existing policy on board meeting attendance may be already sufficient.
- Make clear that there are not two board chairs.
- Include a process to identify an Acting Board Chair in the event of a leave of absence.
- If the Chair is Minister appointed, is it appropriate that leave is granted at the board level?
- What is the board's expectation if a member is in breach of the attendance policy?
- Make clear what you can and can't do on leave.

Staff exited the meeting. Staff returned to the meeting.

ACTION: Staff to develop draft policy options for the committee's consideration – a stand-alone leave of absence policy and an amended attendance policy.

NEW: Board Committee Participation

The committee debated the board's current practice that committee meetings are open to be attended by any interested member of the board and especially by new board members for orientation purposes. This discussion was related to the discussions held at the June Board retreat.

MOVED BY: Wilf Riecker
SECONDED BY: Jean-Marc Boisvenue

TO recommend to the South West LHIN Board of Directors that non-committee members of the board may attend to observe committee meetings only at the invitation of the respective committee chair for orientation purposes.

CARRIED

7. Indigenous Work Group Update

Aniko Varpalotai, Governance & Nominations Committee Co-Chair referred members to the minutes of the August 23 meeting of the Indigenous Work Group reporting that Jean-Marc Boisvenue will chair the group going forward and that a new member is sought to complete the membership as Aniko's board appointment ends effective October 2, 2018.

ACTION: Staff to invite all board members to submit their interest to participate on the Indigenous Work Group.

Ron Sapsford, Interim CEO reported that Indigenous Cultural Safety (ICS) training will be on the December agenda of the Hospital CEOs' meeting. Ron spoke recently with Glenn Forrest, LHIN Board Member, about how the LHIN should engage with the nations. They also discussed SOAHAC and recruitment for the Indigenous Health Lead position.

ACTION: Ron Sapsford, Interim CEO will follow-up with Glenn Forrest on whether the Tri-Council meetings of the three Chiefs in the southern part of the South West LHIN is an engagement opportunity to be pursued.

The committee is supportive of focusing initial engagement on the three southern nations emphasizing that listening will be the focus of any meeting achieved.

8. Board Committees

2018 Appointments

MOVED BY: Leslie Showers

SECONDED BY: Wilf Riecker

TO recommend to the South West LHIN Board of Directors the appointment of Allan Mackay to the Audit Committee and Quality Committee effective immediately.

CARRIED

MOVED BY: Wilf Riecker

SECONDED BY: Jean-Marc Boisvenue

TO recommend to the South West LHIN Board of Directors the appointment of Leslie Showers to the CEO Performance Task Force effective immediately.

CARRIED

2019 Committees

A draft memo was included in the meeting materials for committee review. It is usually sent to all board members in the fall so that the committee membership slates for the next calendar year can be formulated for board approval in December.

The committee briefly discussed the composition of committee membership noting the number of members indicated is generally a minimum required.

Sub-region Board-to-Board Reference Groups

ACTION: Staff to add the option of the Sub-region Board-to-Board Reference Groups in each of Huron Perth and London Middlesex to the committee memo for the board.

ACTION: Cynthia St. John and Leslie Showers will bring a recommendation on board appointees to the 2018 Sub-region Groups to the October 16 meeting of the Board.

9. Nominations

Ron Sapsford, Interim CEO reported that the LHIN Chairs Council had included the appointment process on their list of issues to discuss with the Minister of Health and Long-Term Care at a meeting which was subsequently cancelled. There has been no further instruction or information.

The committee discussed the status of the Board Chair's leave of absence.

ACTION: Cynthia St. John, Governance & Nominations Committee Co-Chair to meet with the Acting Board Chair to discuss leadership transition plans.

10. Recognition

Cynthia St. John, Governance & Nominations Committee Co-Chair led the committee in expressing their thanks and appreciation to Aniko Varpalotai for her leadership of the Governance & Nominations Committee for the last six years.

11. Adjournment

A meeting will be scheduled for October to review the Governance Quality Improvement Action Plan and discuss board leadership transition plans.

A meeting of the committee is currently scheduled for Thursday, November 22 at 9 am to develop a 2019 committee membership recommendation and further governance policy work.

The meeting adjourned at 12:20 pm.

APPROVED: _____

**Cynthia St. John, Chair
Governance & Nominations Committee**

DATE: _____

Report to the Board of Directors Hospice Palliative Care Update

Meeting Date: November 20, 2018

Submitted By: Nicole Steward, Hospice Palliative Care Network Lead
Jennifer Row, Director Home and Community Care
Sue McCutcheon, Interim Vice President Strategy System Design and Integration

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Purpose

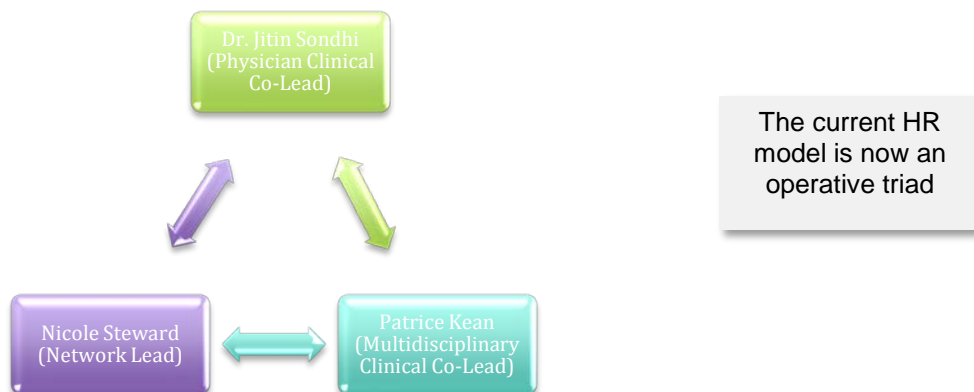
The purpose of this briefing is to provide an overview of the leadership structure to support hospice palliative care in the South West LHIN and to update to the Board on the status of implementation work occurring this fiscal.

Hospice Palliative Care Vision

The vision, developed by the South West Hospice Palliative Care Network, is to 'put people with life-limiting illnesses and their families at the centre of hospice palliative care to optimize their quality of life by improving equitable access to coordinated, effective, efficient quality services and supports'.

Changes in Human Resources

Prior to the spring of 2018, the roles of Hospice Palliative Care (HPC) Network Lead and HPC Clinical Co-lead, were held by one person in South West LHIN (*the Ontario Palliative Care Network (OPCN) suggests these should be separate positions*). The position became vacant in the spring of 2018, and after a review of workload, it was determined that two positions would be preferable and would increase the likelihood of achieving regional objectives in palliative care. Recruitment was paused during the change in government, but did resume in the summer and both positions were filled in the fall of 2018.



A Review of Governance for Palliative Care Services in Ontario

In 2016, the Ontario Palliative Care Network (OPCN) was formed. The OPCN is a partnership among Cancer Care Ontario, Ontario’s Local Health Integration Networks, Health Quality Ontario and other partners, including health service providers and health systems planners responsible for the development of a coordinated, standardized approach to the delivery of hospice palliative care services in Ontario. There are 14 regional Palliative Care Networks across the province.

Within the South West, there are five collaborative planning tables that make up the foundational structure of the South West HPC Network. These table are distributed among the five sub regions (*Grey Bruce, Oxford, Huron Perth, London Middlesex and Elgin*). Representation is expected from all major sectors involved in the delivery of palliative care.

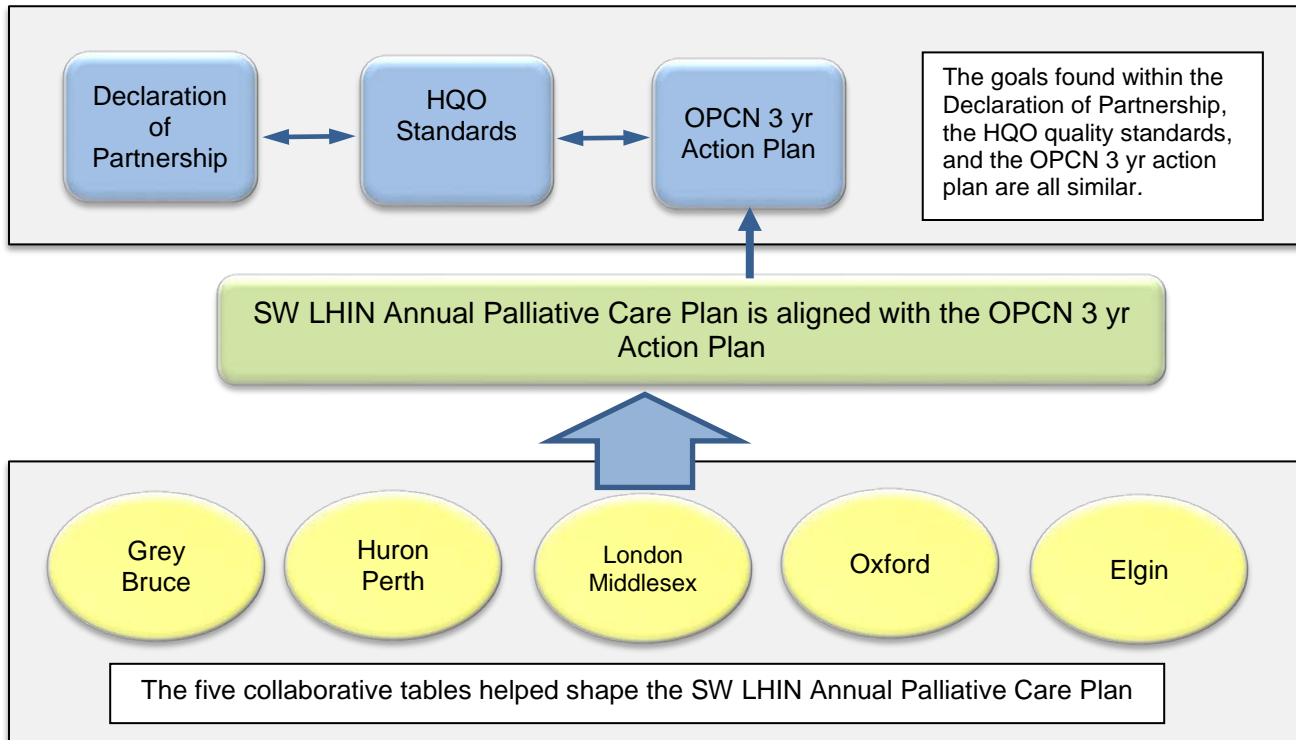
These five collaborative tables are accountable to a leadership committee, which is comprised of sub regional representatives from the South West LHIN, the South West Regional Cancer Program, representatives from across the continuum of hospice palliative care sectors, including but not limited to: hospitals, long-term care, mental health & addictions, and community agencies such as hospice volunteer programs, residential hospice and those serving individuals with advanced chronic disease. The leadership committee is responsible for providing approval and oversight into the South West annual palliative care work plan.

Activity of the Five Sub-Region HPC Collaborative Planning Tables

Most collaborative tables paused their meetings over the last few months and reconvened in September of 2018. The subsequent monthly meetings have focused on the re-engagement of members and the recalibration of the terms of reference. The intention is to generate greater clarity regarding: the purpose of the planning tables, roles and responsibilities of members, and to support renewed enthusiasm for action.

Overview of the OPCN Three Year Action Plan: 2017-2020

The OPCN has a three year plan that is intended to guide how the partners within the network will work together to improve availability of, and ease of access to, equitable, high quality, sustainable palliative care services for all Ontarians. It outlines 38 ambitious actions, in seven areas, aligned with the goals of the *Declaration for Partnership and Commitment to Action, December 2011*, and the Health Quality Ontario (HQO) standards for palliative care. The South West LHIN annual plan for palliative care aligns directly with the action areas of the OPCN three year plan, and ultimately with HQO standards and the Declaration of Partnership.



Highlights from the OPCN three year action plan include:

- Enhancing patient and caregiver engagement in HPC
- Aligning the planning for HPC across the province
- Enabling early identification of patients who would benefit from HPC
- Establishing palliative models of care to increase access and enable adoption of the quality standard
- Identifying and connecting HPC providers
- Building provider competencies in HPC
- Measuring and reporting on progress

Highlights from the current South West annual plan include:

- Evaluate, sustain and spread INTEGRATE early identification project within hospital and primary care settings.
- Participate in IDEAS project enabling early identification in the long-term care home sector
- Develop a full regional inventory of all patient and caregiver facing education materials and develop sustainability mechanisms to ensure sustainability and relevance.
- Development & implement palliative care outreach teams for in home and ambulatory care needs

Residential Hospice Update

Hospice Care Avon Maitland in Huron Perth

- The Huron hospice site operates 4 beds and has been caring for patients since May 2018 with 22 patients served as of September 30, 2018

- The Perth hospice site in Stratford will be 8 beds. The ground breaking occurred on July 2nd, 2018, estimated construction completion date is March 2019 with the goal of being able to serve the first patient by the end of March 2019
- South West LHIN Home and Community Care staff provide operational support to Huron Community hospice staff to implement eligibility determination, referrals, waitlist management
- Ministry of Health and Long-term Care (MOHLTC) has provided operational funding for the 4 beds in Huron and 6 beds in Perth, with the South West LHIN providing base funding for 2 additional beds in Perth.
- Once open, these beds will satisfy the current capacity needs in the Huron Perth sub-region.

Residential Hospice Grey Bruce

- Business Plan for new build in Southern Bruce County was to go to Residential Hospice Grey Bruce Board of Directors late October 2018 with the plan to operate this new site as a satellite site from Chapman House in Owen Sound
- MOHLTC funds 8 beds at Chapman House in Owen Sound and has committed funding for 4 beds at a satellite site, with the LHIN having committed to base funding for 2 additional beds at the satellite site
- The Residential Hospice Grey Bruce Board of Directors is considering opening in a temporary location in a vacant wing of Hanover Hospital while new build takes place

Elgin Residential Hospice Proposal

- Proposal from Elgin Residential Hospice committee received by the HPC Leadership Committee in Fall 2017, as per the capacity planning recommendations
- Consultant engaged by St. Joseph's Healthcare Society for business and fundraising plans
- LHIN board supported implementation of the plan pending MOHLTC funding approvals and correspondence sent to the MOHLTC
- Ministry indicated no new residential hospice beds were being considered for approval at this time
- Ongoing concern from St. Joseph's Healthcare Society and the community related to this pause in planning approvals from the MOHLTC

Palliative Care Outreach Team (PCOT) Update

The South West LHIN currently funds 3 Palliative Care Outreach teams (PCOT) spanning the four sub-regions of Grey/Bruce, Huron/Perth, Oxford, and Elgin. The final team (London/Middlesex) is set to be launched in December 2018. The London Middlesex sub-region will operate with a cluster of PCOT teams in order to cover the geographic area but will be modelled in the same fashion as PCOT teams in the other sub-regions. The London Middlesex PCOT will be supported by two managers, both who started November 5th, 2018 with a targeted date of December 1st, 2018 to begin accepting patients.

The South West LHIN PCOT team model was profiled at the October 2018 Health Quality Ontario Health Transformation conference as an innovative model within Ontario. The multi-disciplinary team model provides wrap around support, consultation, and both primary and secondary level support to the patient's and their care teams, and yield excellent results with respect to death in place of choice within a community setting. PCOT teams continue to grow and develop throughout the LHIN, providing support to many patients.

Total Referrals per Quarter

PCOT Team	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19
Grey Bruce PCOT	71	51	66	70	72	66
Huron Perth PCOT	77	76	77	61	50	67
Oxford PCOT	54	61	72	83	48	67
Elgin PCOT	38	35	55	50	32	51

The PCOT teams provide annual educational forums within the community, to build capacity with community health partners, patients and caregivers.

- The Oxford/Elgin PCOT team hosted a spring education forum in Ingersoll on May 17, 2018, with a focus on ‘Serious Illness Conversations’ and ‘Courageous Caregiving’, and had 125 registrants.
- The Huron Perth PCOT team hosted a fall forum in Stratford on November 8th, 2018. The focus is on ‘Understanding Palliative Care Options for Patients’ and had 145 registrants.
- The Grey/Bruce PCOT team has provided smaller group educational inservices to community service providers throughout the last year.

Hospice Volunteer Investment Update

Visiting Hospice Volunteer services provide emotional, social or spiritual support to those who are living with a life-threatening or terminal illness and their families. Services are offered individually or in a group setting.

The South West LHIN currently funds eight Health Service Provider organizations across the LHIN to recruit volunteers, match them with clients and their families, and coordinate service delivery.

In 2018/19, the South West LHIN received \$207,000 in base funding from the Ministry to enhance Visiting Hospice Volunteer services. This new funding has been invested in three sub-regions: London Middlesex, Oxford and Grey Bruce. Investing new funding in the three proportionately lower-funded sub-regions reduces funding inequities between sub-regions and better aligns funded capacity with expected deaths across the South West.

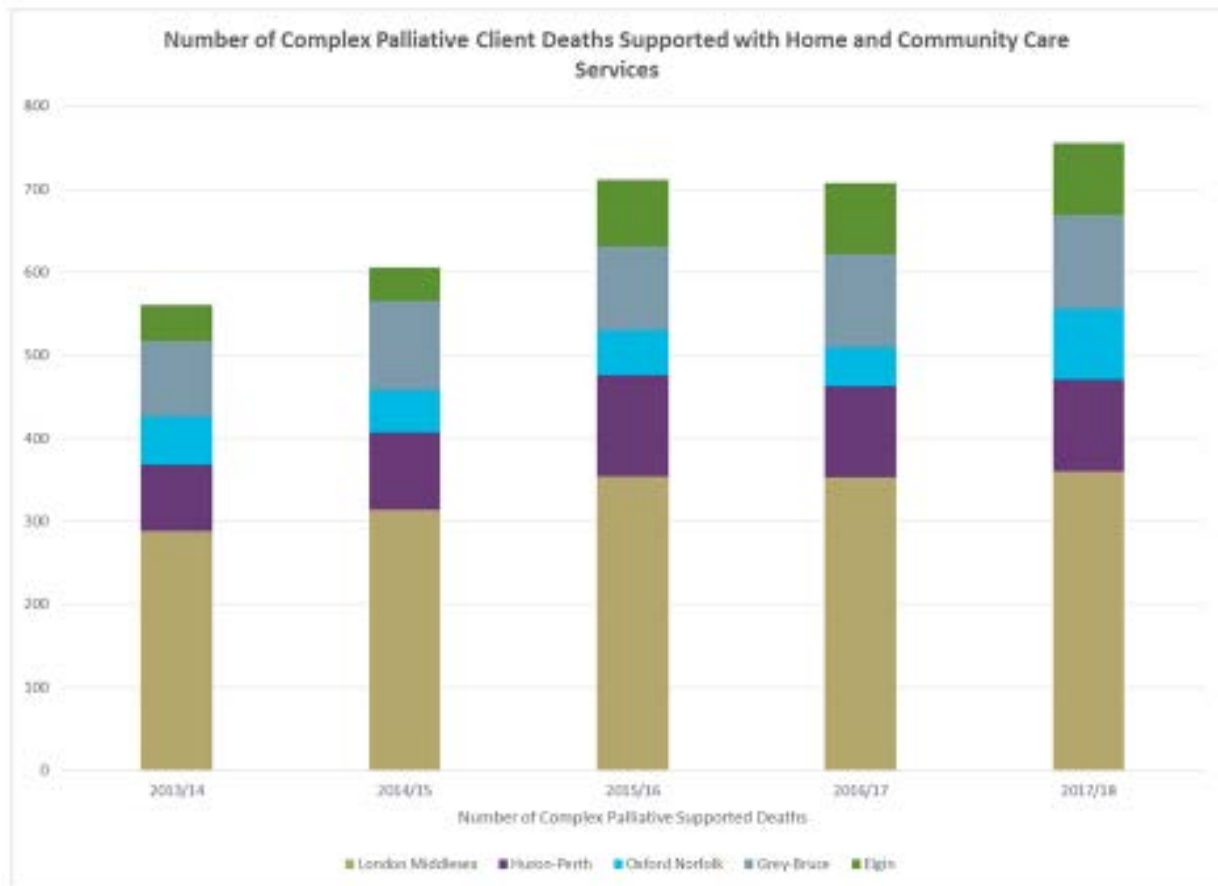
Medical Assistance in Dying (MAID) Update

MAID requests for information and assessments continue to increase. In August 2018 there were 22 requests, in September there were 31 requests and in October there were 37 requests. In this same three month period there were 6, 5 and 11 MAID community deaths respectively. Since the Board of Directors decision on September 25, 2018 to support the MAID policy allowing South West LHIN employed Nurse Practitioners (NPs) to provide MAID, there have been two NPs who have met all criteria outlined in the policy and have participated in provision of MAID. Ongoing work continues in community engagement and internal processes to support MAID.

Measuring our Progress: Key Indicators for Palliative Care

- Four out of every five palliative care patients identified in the South West LHIN are being discharged from hospital to home-based settings with supportive care in place Q4 2017/2018
- Discharges from hospital to home with palliative support declined slightly in Q4 17/18
- In Q4 17/18, the average occupancy in residential hospices was over 90% at two of three sites

- In Q1 17/18, 89% of palliative patients died in their place of choice with the majority of deaths occurring in home and residential hospice
- The number of complex palliative client deaths supported with home and community care services has been trending upward over the past five fiscal years. Volumes per sub-region remain relatively constant, with slight proportional increases in Grey Bruce and Oxford County. London Middlesex holds the greatest volumes overall for the South West Region.



Next Steps:

- South West LHIN staff and partners to continue to
 - support the sub-region Collaboratives to contribute to accomplishing the goals in the annual palliative care plan and
 - implement residential hospice spaces as approved.

Report to the Board of Directors
2019-2022 Strategic Plan and 2019-2020 Annual Business Plan

Meeting Date: November 20, 2018

Submitted By: Sue McCutcheon, Vice President Strategy, System Design and Integration (Interim)
Kristy McQueen, Director System Design, Integration and Digital Health

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Purpose:

To update the Board of Directors on the timelines for the draft South West LHIN Strategic Plan 2019-2022 and the draft 2019-2020 Annual Business Plan.

Draft Strategic Plan and Annual Business Plan

The Strategic Plan 2019-2022 and 2019-2020 Annual Business Plan are currently in development. The South West LHIN internal Strategic Plan serves as a roadmap for the internal actions and priorities for LHIN staff in their work. It enables the LHIN to focus and direct resources to help achieve the Integrated Health Service Plan (IHSP) strategic objectives and is aligned with the same three year cycle. The Annual Business Plan is our operational plan that clearly outlines how we will deliver on annual Ministry Priorities while continuing to deliver on priorities outlined in the IHSP and Strategic Plan and must be prepared every year.

Timelines

- At the December board meeting a finalized draft of the 2019-2022 Strategic Plan will be brought to the board for approval. The draft 2019-2020 Annual Business Plan will also be shared with the Board prior to submission to the Ministry at the end of December.
- In November or December we will receive the Ministry feedback to the Integrated Health Service Plan and will make the necessary revisions.
- The draft Annual Business Plan will be submitted to the Ministry for December 31, 2018.
- Feedback from the Ministry on the Annual Business Plan will be received by January 31, 2019.

- A final draft of the Integrated Health Service Plan brought to the January 2019 Board meeting for approval, pending feedback from the Ministry.
- A final draft of the Annual Business Plan to be approved at the February 2019 board meeting and then submitted to the Ministry for March 1, 2019
- Publishing of the Integrated Health Service Plan, Strategic Plan and Annual Business plan in both official languages and Accessibility for Ontarians with Disabilities Act compliant will happen within 30 days of April 1, 2019.

Report to the Board of Directors Board Committee Reports

Meeting Date: November 20, 2018

Submitted To: Board of Directors

Purpose: Information Only

Audit Committee

The Audit Committee met on November 12. The agenda included Terms of Reference, Work Plan, Quarter 2 Financial Statements, Quarter 2 Privacy Report, Enterprise Risk Management and a review of finance related governance policies. The minutes and resulting recommendations will follow at a future meeting of the board.

Board-to-Board Reference Group(s)

The inaugural meeting of the London Middlesex sub-region Board-to-Board Reference Group is scheduled for the evening of November 13 with Leslie Showers and Cynthia St. John to host. The Huron Perth meeting is scheduled for the afternoon of November 27. The agenda includes time for members to introduce themselves and to share their motivation for participating. Staff will present on sub-region background, work underway, and the vision for sub-regions going forward. The groups will be challenged to identify activities they want to do together to make health care work better for patients and families in their respective sub-region communities.

A meeting of the South West LHIN Board-to-Board Reference Group is being planned for January to review the results of the November meetings and to confirm recruitment communications for the remaining sub-regions.

Governance & Nominations Committee

The Governance & Nominations Committee met on October 31. The committee reviewed the draft Governance Quality Improvement Action Plan that will be shared and reviewed with the board in a session immediately prior to the board meeting on November 20. The committee reviewed the first results from the new board and committee meeting evaluation tool with some minor tweaks suggested and a call for all members to please participate in these surveys.

A number of proposed policy amendments were considered along with a committee membership slate for 2019. The resulting recommendations to the board are part of the November 20 board meeting agenda.

Quality Committee

The Quality Committee met on Thursday, November 1. The agenda included updates on Accreditation, Health Human Resources Capacity, Clinical Quality Table, Patient Relations Framework, and the Pan-LHIN Quality Committee Chairs Work Group. Minutes to follow as available.

Regarding the Accreditation Schedule, the board is scheduled to meet with the surveyor(s) the morning of December 5. Board members are also invited to attend the all-staff debrief and celebration at the LHIN office most convenient to them on Thursday, December 6 at 11 am to 12:30 pm.

The Pan-LHIN Quality Committee Chairs Work Group is holding a webinar on November 29 from 8 to 9:30 am. All board members have been invited to register for this session on *The Evolution of LHIN Quality Committees; Are We on the Right Track?* Issues to be addressed include: membership, agenda setting, scope and methods of bringing a quality lens to the Committee and the Board. The webinar will be co-chaired by Dr. Ross Baker, Professor in the Institute of Health Policy, Management and Evaluation at the University of Toronto and Program Lead in Quality Improvement and Patient Safety, and Lee Fairclough, Vice President Quality Improvement, Health Quality Ontario.

Report to the Board of Directors
Board Director Reports

Meeting Date: November 20, 2018

Submitted To: Board of Directors

Purpose: Information Only

South West LHIN Board Directors reported attending the following events.

Wilf Riecker

- October 10, 2018 – South West LHIN CEO Search Committee T-Con
- October 12, 2018 – South West LHIN CEO Search Committee T-Con
- October 22, 2018 - South West LHIN Board of Directors special board meeting
- October 31, 2018 – Governance Committee meeting
- November 12, 2018 – Audit Committee meeting

Cynthia St. John

This past month has been busy with meetings in the areas of Governance & Nominations Committee, CEO Search Committee, and Board to Board Sub Region meeting planning.

Report to the Board of Directors
September 2018/Quarter 2 Financial Update

Meeting Date: November 20, 2018

Submitted By: Hilary Anderson, Vice President Corporate Services and Human Resources
Ron Hoogkamp, Director Finance and Health Records

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Suggested Motion

THAT the South West LHIN Board of Directors provide the senior leadership team approval through the CEO to initiate and complete, in this fiscal year, initiatives in the table (Appendix E) utilizing the priority setting tool for all initiatives. The leadership team will ensure that the LHIN is not put into a deficit position.

Purpose

The South West LHIN finance team is accountable for accurate, timely and transparent financial reporting and for evaluating the impact of changing assumptions on projected financial results. The purpose of this report is to provide a summary of financial results year to date and significant changes to the 2018-19 projections as at LE06 (September 30, 2018).

The report consists of:

- Financial Narrative Report (below)
- Financial Report (Appendix A)
- Referrals, Admissions & Discharges Chart (Appendix B)\
- Purchased Service by Population Charts – YTD Dollars Spent in total and by population for both In-Home and School (Appendix C)
 - One of our largest Service Provider Organizations has experienced cyber-security issues from August 27, 2018 which are largely resolved and full functionality is expected to be restored early November 2018.
 - Total Dollars Spent for In-Home includes an estimate of the missing amounts, however there is no estimate included for the Dollars Spent by population.
 - The amounts have been accrued for financial reporting and everything is expected to be resolved for the October reporting.
- Home and Community Care Funding and Surplus Costing Update (Appendix D)
- Additional Initiatives to be funded from the Home and Community Care Surplus (Appendix E)

LE06 Actuals

Refer to the Statement of Operations – Year to Date (Appendix A) for Actuals and Budget LE YTD as of the end of September (LE06). Revenues include Transfer Payment Revenue, Ministry of Health and Long Term Care (MoHLTC) funding (base and one-time), and Other Income. Expenses are separated in to two categories – External Health Service Provider Expenses and Operational Expenses. External Health Service Provider Expenses includes all payments made to external Health Service Providers and contracted Home and Community Care services, medical supplies and medical equipment rental. Operational Expenses includes all South West LHIN operational activities, including planning and integration, quality and performance, administration and front line patient service delivery activities such as care coordination, mental health nurses, rapid response nurses, and palliative care outreach teams.

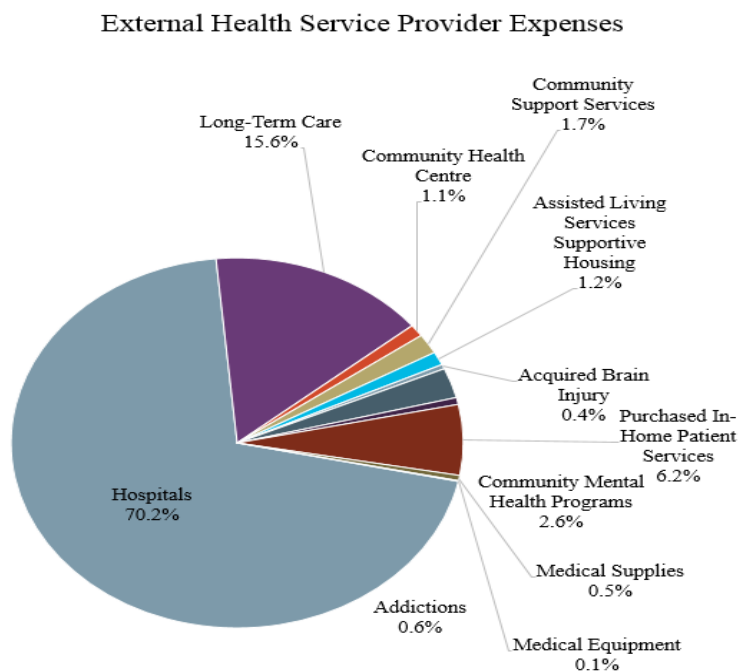
Surplus to LE06 is \$10.4M or 0.9% as a percentage of total revenues and 8.3% as a total of operational funding (MoHLTC Funding and Other Income). This is mainly due to new funding of \$11.5M for Home Care/LHIN delivered services that was partially recognized year to date. Related expenses are starting to be realized and will continue to ramp up throughout fall 2018 and continue for the remainder of the fiscal year. Overall the surplus is expected to align with the full year LE by year end.

MoHLTC Funding

Actual MoHLTC funding is over the Budget LE YTD due to timing and actuals are expected to align to the full year LE by year end.

External Health Service Provider Expenses

Below is a chart showing each transfer category as a percentage of the total:



Transfer Payments

Transfer payments paid to health service providers are shown below. The table below compares Annualized Commitments, Fiscal Commitments, and YTD Actuals. Also below is a chart showing the fiscal percentage of dollars by sector. In total, transfer payments represent approximately 90% of the Ministry dollars administered by the South West LHIN. Annualized commitments (i.e. 12 months base) is the amount payable to health service providers as per the MLAA and SAA as at September 30, 2018. Fiscal allocations are actual funds payable to health service providers in 2018-19 fiscal year, and includes both base and one-time funding. YTD actuals are the funds allocated to health service providers as on the statement date.

	ANNUALIZED COMMITMENTS	FISCAL ALLOCATIONS	YTD ACTUALS
Hospitals	\$ 1,633,579,452	\$ 1,644,416,553	\$ 826,622,170
Long-Term Care	361,250,313	364,812,313	181,450,656
Community Health Centre	24,498,363	24,838,363	12,589,219
Community Support Services	40,322,553	40,773,653	20,224,440
Assisted Living Services Supportive Housing	27,287,497	27,287,497	13,380,688
Acquired Brain Injury	9,248,188	9,248,188	4,534,406
Community Mental Health Programs	61,459,182	61,450,475	31,053,875
Addictions	13,090,531	14,090,531	7,545,395
TOTAL	\$ 2,170,736,079	\$ 2,186,917,573	\$ 1,097,400,849

Purchased Services

Actual YTD purchased services is under Budget LE YTD. Purchased Services includes In-Home, School, and Hospice care.

In-Home Purchased Service spending has been impacted by ongoing human resource shortages in PSW and Nursing in the community service provider workforce. A number of projects have been approved to address this surplus and to ensure that the South West LHIN continues to provide necessary services to patients. Implementation of these projects has now started and it is expected that actuals will align with the LE over the remainder of the fiscal year. To see how In-Home Purchased Services is projected to trend over the fiscal year refer to the Total Dollars Spent chart in Appendix C - YTD In-Home Dollars Spent by Population.

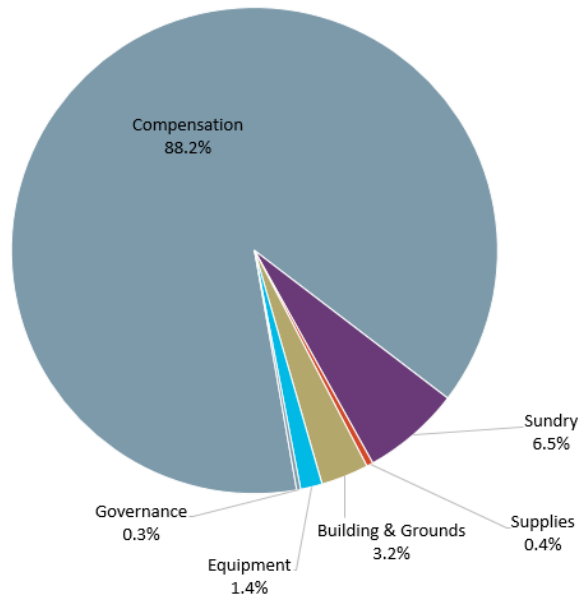
School spending is in line with the LE. The Ministry of Children and Youth Services has confirmed that the Special Needs Strategy (SNS) program will be assumed by the Thames Valley Children's Treatment Centre on January 1, 2019 (originally reported to be December 1, 2018).

Hospice spending is in line with the LE. New Hospice beds in Stratford are coming on-line near the end of this Fiscal Year (March 2019).

Operational Expenses

Below is a chart showing each expense line, excluding transfer payments, as a percentage of the total.

Total Operational Expenses



Compensation

Compensation expenses are below budget. Higher than average vacancies have been experienced to date, offset in part by increased casual and overtime usage. This trend is largely due to the hiring freeze currently in place.

Other Lines

Sundry and Supplies expenses are trending lower than budget in part due to timing and in part due to imposed spending and travel restrictions (discretionary spending freeze).

Building and Grounds expenses are in line with budgeted amounts.

Equipment expenses are trending as expected. Historically the majority of spending in this line will occur in the last quarter of the fiscal year, and will align with budget by year end.

Governance expenses are less than budgeted due to timing and are expected to align at year end.

LE06 Year End Projection

In this section, we will detail the changes to the full year 2018-19 projection as at LE06 when compared with the last reported projection at LE05. The projected surplus for 2018-19 is \$6.2M as at LE06, an increase compared to a \$1.7M surplus at LE05. This is primarily resulting from adjustments to the allocation of the \$13.6M in new initiative spending (as approved at the last board meeting), as trends and plans were below what had previously been expected in LE05 and a continued decline in Purchased Services.

Projected Revenue

\$8.6M increase in Revenue due to the following:

- \$3.3M increase in Transfer Payment revenues to Health Service Providers.
- \$4.8M increase in MoHLTC Funding revenue.
 - \$4.3M increase as a result of the reversal of the reallocation of a portion of the Home and Community Care funding and surplus. Instead of a reduction in revenue and a payment through transfer payments, the funding will remain with the South West LHIN and flow through expenses for this year only. The significant allocation adjustments are:
 - \$1.6M to reduce the Assisted Living waitlist. Related expenses are Purchased Services.
 - \$669K for additional residential beds at Participation House. Related expenses are Purchased Services.
 - \$658K for additional Adult Daycare Program capacity. Related expenses are Purchased Services.
 - \$1.3M for one-time project expenses at Service Provider Organizations (SPOs). Related expenses are Sundry.
 - These adjustments are offset by increases in expenditures as noted below.
 - \$586K increase due to the delay in transferring the Special Needs Strategy (SNS) program. The Ministry of Children and Youth Services has confirmed that the SNS program will be assumed by the Thames Valley Children's Treatment Centre on January 1, 2019.
- \$400K increase in Other Income due to increase in estimate of interest income for the year.

Projected Purchased Services

\$774K decrease in Purchased Services due to the following:

- \$2.9M increase due to reallocation of MoHLTC Funding revenue to Purchased Services that was recorded as a reduction in revenue in LE05.
 - \$1.6M to reduce the Assisted Living waitlist through directly funding Assisted Living providers.
 - \$669K for additional residential beds at Participation House.
 - \$658K for additional Adult Daycare Program capacity in the community and increase respite.
- \$2.7M decrease due to changes in estimate – refer to Appendix D for details.
 - \$1.9M decrease to provide PSW, Nursing, and Therapies wage and service guidelines enhancements.
 - \$203K decrease to expenses related to reducing the Assisted Living waitlist.

- \$100K decrease to expenses related to the DSW Pilot Expansion at Participation House.
- \$440K decrease to expenses related to Participation House residential beds.
- \$94K decrease to expenses related to the additional Adult Day Program spaces.
- \$147K decrease to expenses related to the Flex Clinic rate increase.
- \$138K decrease to expenses for Indwell-Oxford
- \$354K increase to expenses for Indwell-Middlesex
- \$405K increase due to the delay in transferring the SNS program. This has been delayed to January 1, 2019 from December 1, 2018.
- \$1.5M decline in current purchased service trend.

Projected Medical Supplies and Equipment

There has been no change to the projections.

Projected Compensation

There have been no significant changes to compensation projections. A detailed review of compensation expense will be undertaken before the end of Q3.

Projected Sundry

\$1.5M increase in Sundry projection due to the following:

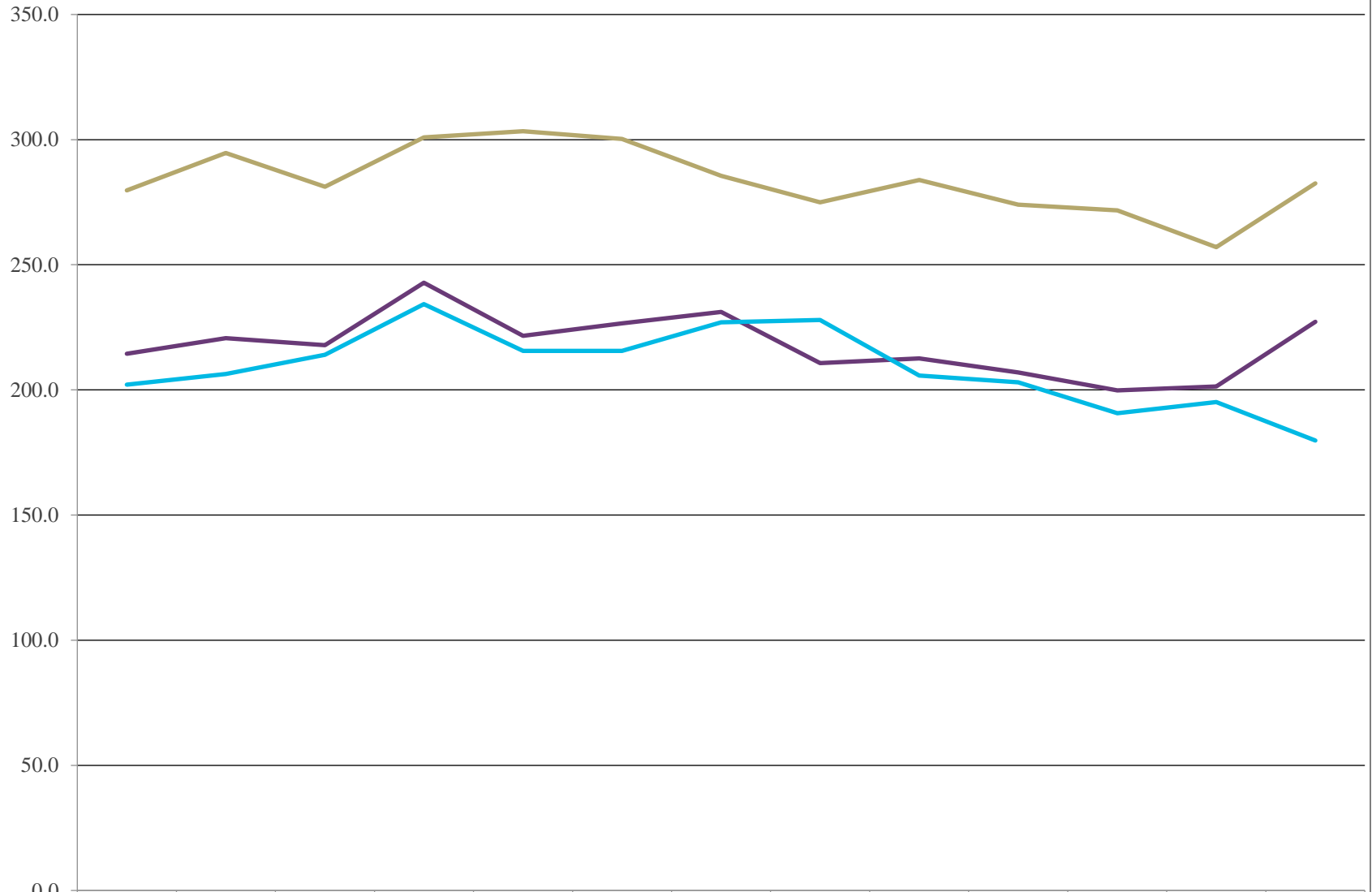
- \$1.3M increase due to reallocation of MoHLTC Funding revenue to Purchased Services that was recorded as a reduction in revenue in LE05.
 - \$1.3M SPO Project Funding
- \$18K increase due to changes in estimate – refer to Appendix D for details.
 - \$200K decrease HHR Recruitment and Education
 - \$218K increase SPO Project Funding
- \$100K increase due to active directory Microsoft licensing costs that may be coming to us. We are not sure of the exact amount as discussions are ongoing with HSSOntario but we wanted to ensure we had accounted for this in our calculations.

Additional Surplus Initiatives

As noted earlier in this report, we are now projecting with a \$6.2M dollar surplus. We are asking the Board to direct the Senior Leader Team to review each of the initiatives in the table below to determine which ones are most appropriate to initiate and complete in this fiscal year. We will use the same priority setting tool we used for the previously approved initiatives and will ensure that we do not spend more than is available (we will not put the LHIN a deficit position).

2018-2019 SEPTEMBER (LE06) FINANCIAL REPORT

STATEMENT OF OPERATIONS - YEAR TO DATE					LE vs LE - TOTAL YEAR			
	Budget LE YTD	Actuals YTD	Variance	% Variance	LE05	LE06	Variance	% Variance
	(A)	(B)			(C)	(D)		
Transfer Payment Revenue	\$ 1,097,400,849	\$ 1,097,400,849	-	0%	\$ 2,183,593,222	\$ 2,186,917,573	3,324,351	0%
MoHLTC Funding	123,880,623	124,362,188	481,565	0%	243,837,471	248,685,453	4,847,982	2%
Other Income	669,996	778,312	108,316	16%	939,893	1,339,893	400,000	43%
Total Revenues	\$ 1,221,951,468	\$ 1,222,541,349	\$ 589,881		\$ 2,428,370,586	\$ 2,436,942,919	\$ 8,572,333	
Transfer Payment Expenses	\$ 1,097,400,849	\$ 1,097,400,849	-	0%	\$ 2,183,593,222	\$ 2,186,917,573	(3,324,351)	0%
Purchased Services	71,537,579	68,797,658	2,739,921	4%	145,090,434	144,316,075	774,359	1%
Medical Supplies	5,268,805	5,213,189	55,616	1%	10,726,204	10,726,204	-	0%
Medical Equipment	821,357	755,055	66,302	8%	1,434,347	1,434,347	-	0%
Total External Health Service Provider Expenses	\$ 1,175,028,590	\$ 1,172,166,752	\$ 2,861,839		\$ 2,340,844,207	\$ 2,343,394,199	\$ (2,549,992)	
Compensation	36,396,463	35,220,303	1,176,160	3%	73,437,081	73,502,763	(65,681)	0%
Sundry	4,499,387	2,608,435	1,890,953	42%	7,516,422	9,004,035	(1,487,613)	-20%
Supplies	323,753	174,261	149,492	46%	647,505	647,505	-	0%
Building & Grounds	1,255,909	1,263,940	(8,031)	-1%	2,511,818	2,511,818	-	0%
Equipment	678,478	576,314	102,165	15%	1,349,872	1,351,797	(1,925)	0%
Governance	170,719	104,995	65,724	38%	341,437	341,437	-	0%
Total Operational Expenses	\$ 43,324,709	\$ 39,948,247	\$ 3,376,462		\$ 85,804,135	\$ 87,359,355	\$ (1,555,219)	
Surplus / (Deficit)	\$ 3,598,168	\$ 10,426,350	\$ 6,828,182	190%	\$ 1,722,244	\$ 6,189,365	\$ 4,467,122	259%



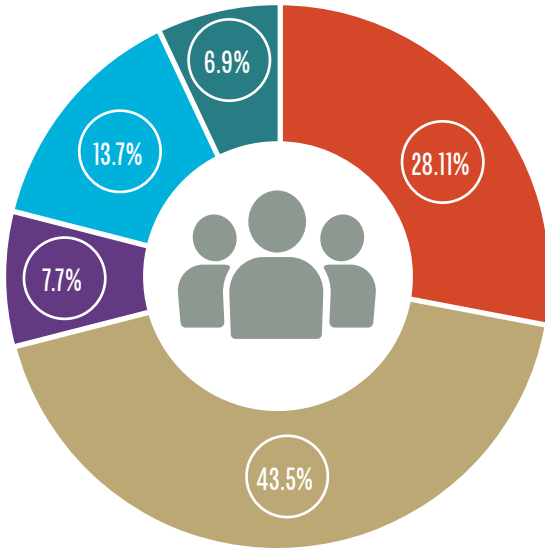
	Sep, 2017-18	Oct, 2017-18	Nov, 2017-18	Dec, 2017-18	Jan, 2017-18	Feb, 2017-18	Mar, 2017-18	Apr, 2018-19	May, 2018-19	Jun, 2018-19	Jul, 2018-19	Aug, 2018-19	Sep, 2018-19
Avg Admit/Work Day	214.4	220.7	217.9	242.8	221.6	226.6	231.2	210.7	212.6	207.0	199.8	201.4	227.2
Avg Discharges/Work Day	202.1	206.3	214.0	234.3	215.5	215.6	227.0	227.9	205.8	203.0	190.7	195.1	179.8
Avg Referrals/Work Day	279.8	294.6	281.2	300.9	303.4	300.3	285.5	275.0	283.9	274.0	271.8	257.0	282.5

YTD IN-HOME DOLLARS SPENT BY POPULATION

September 2018

Fiscal 18/19 - April 2018 to September 2018

Dollars by Population



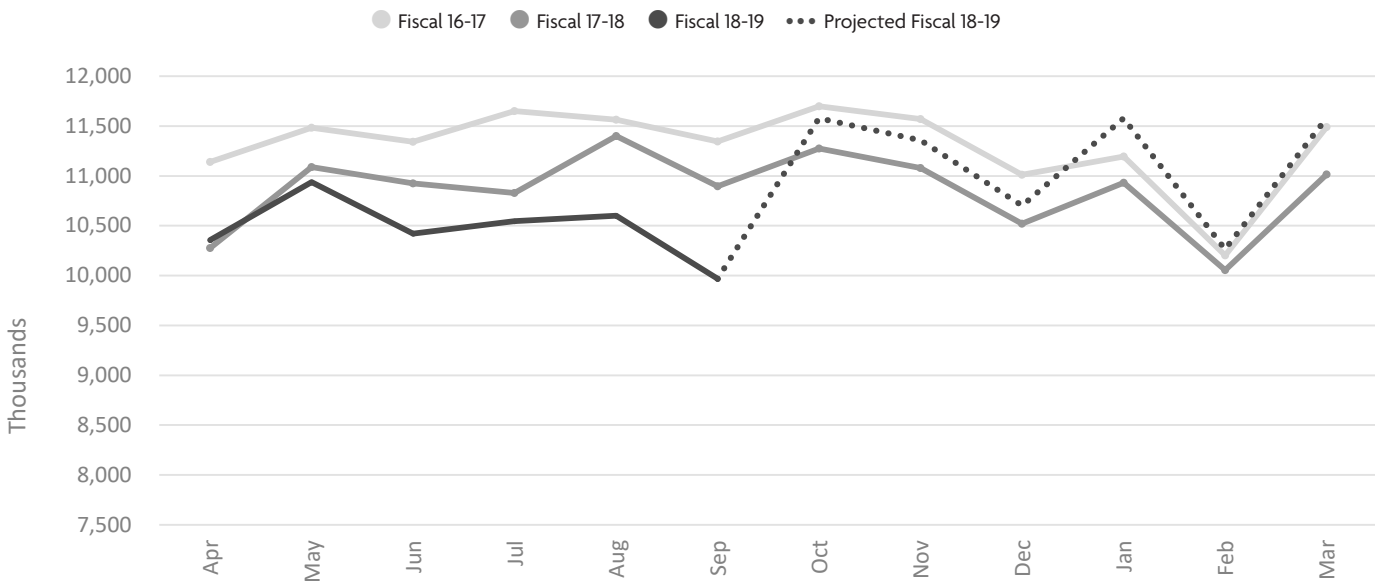
● Complex ● Chronic ● Community Independence
● Short Stay ● Children & Other

Dollars Spent Change

YTD September 2017 vs YTD September 2018

Complex	-8.64%
Chronic	-0.33%
Community Independence	18.95%
Short Stay	-24.46%
Children & Other	-6.34%
Total	-6.09%

Total Dollars Spent

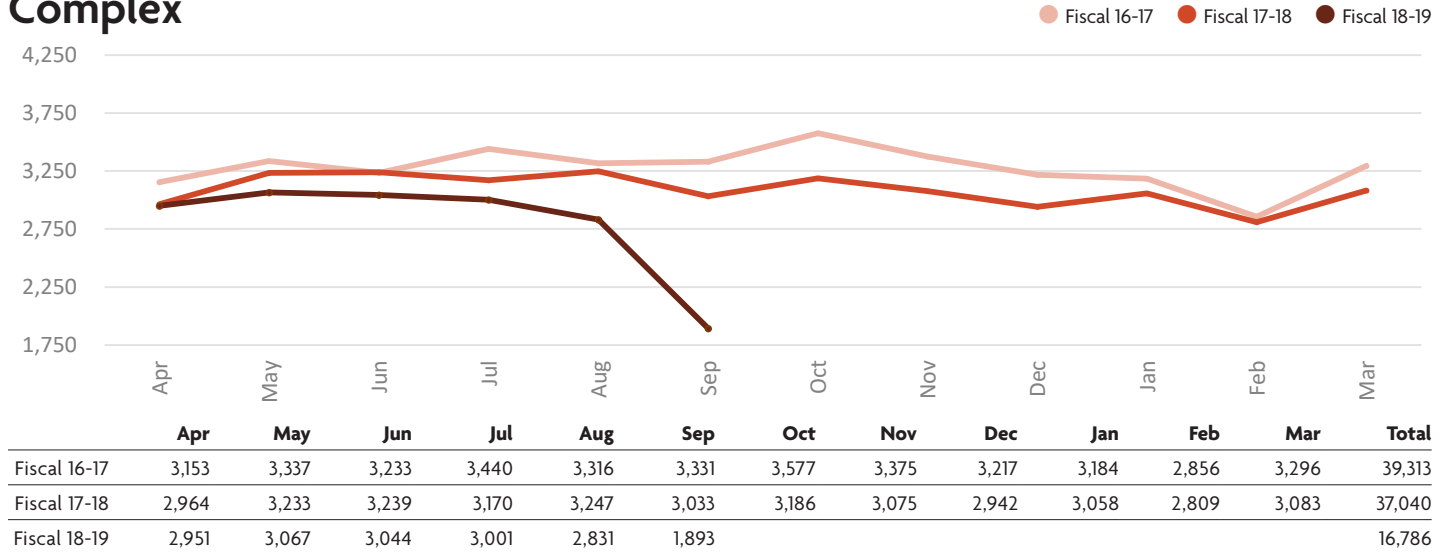


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 16-17	11,139	11,482	11,342	11,650	11,563	11,346	11,699	11,570	11,011	11,193	10,203	11,490	135,687
Fiscal 17-18	10,277	11,088	10,925	10,828	11,400	10,895	11,274	11,078	10,520	10,932	10,054	11,016	130,288
Fiscal 18-19	10,357	10,937	10,421	10,546	10,602	9,968	11,576	11,358	10,703	11,576	10,266	11,576	129,887

Dollars In Thousands
Projected numbers

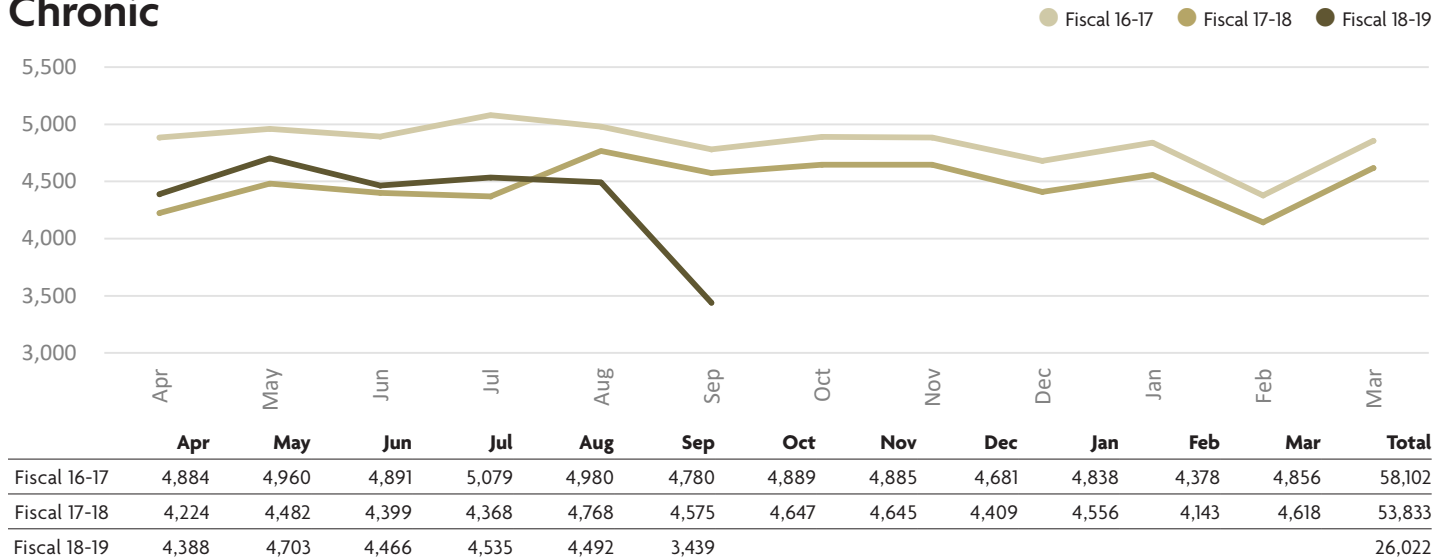
YEAR TO YEAR IN-HOME DOLLARS SPENT BY POPULATION

Complex



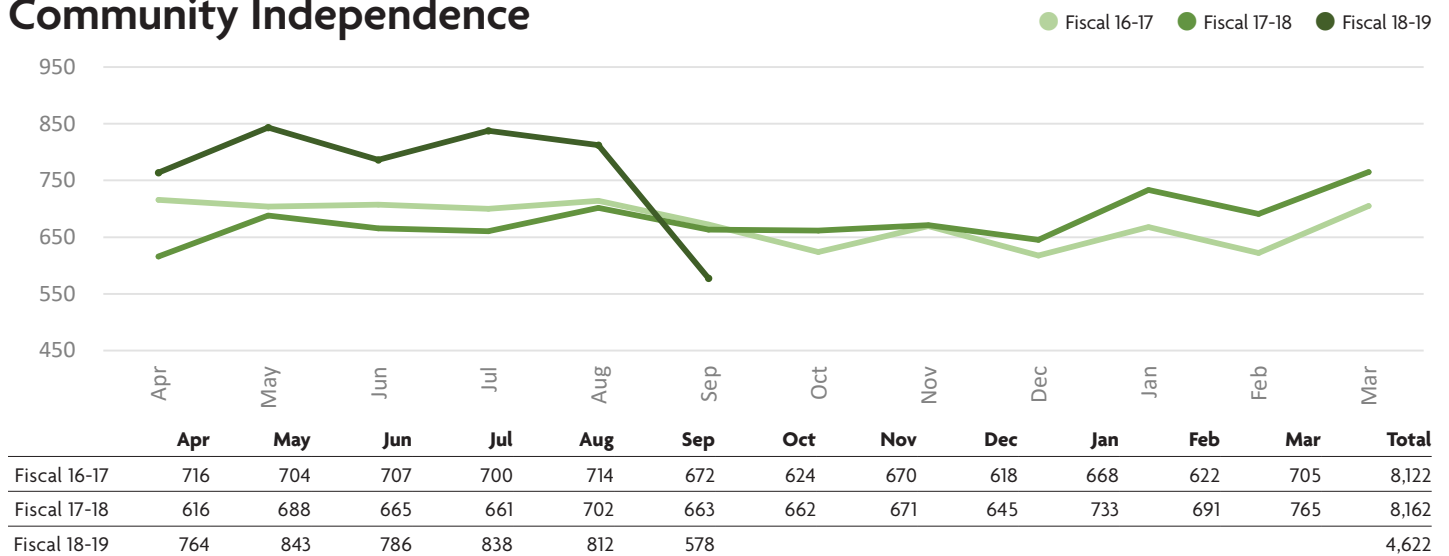
Dollars In Thousands

Chronic



Dollars In Thousands

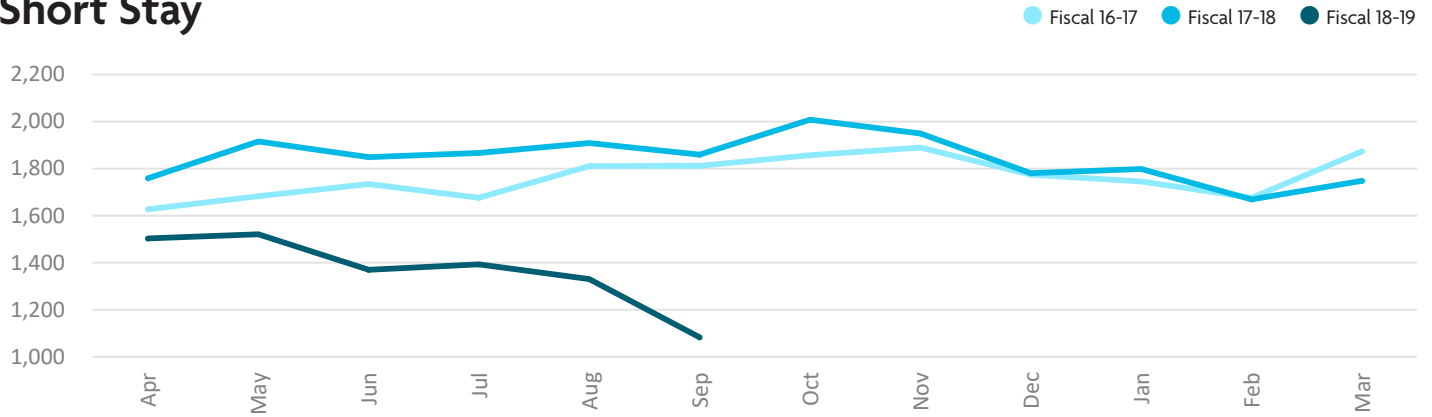
Community Independence



Dollars In Thousands

YEAR TO YEAR IN-HOME DOLLARS SPENT BY POPULATION

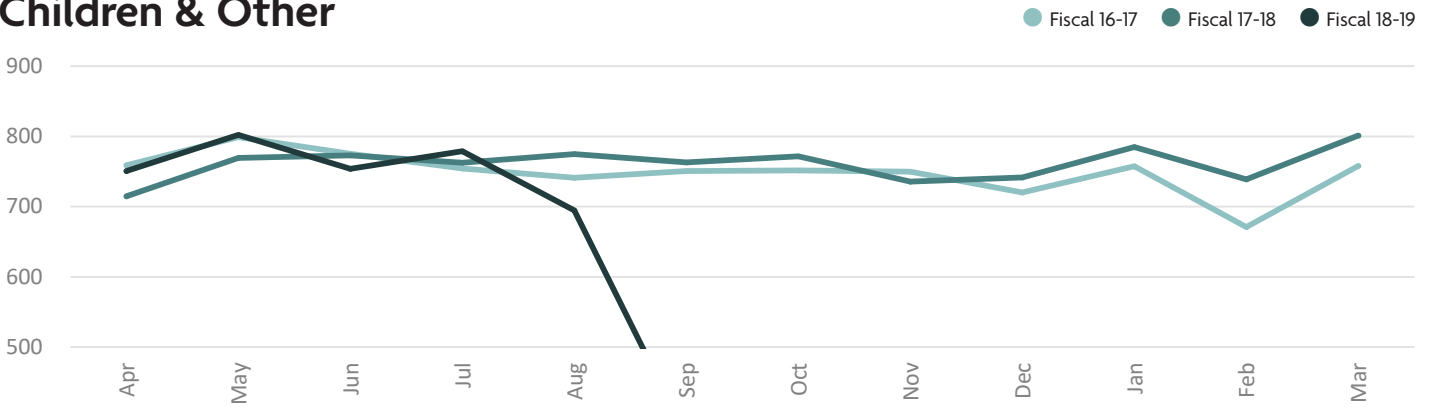
Short Stay



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 16-17	1,627	1,683	1,734	1,676	1,811	1,813	1,858	1,890	1,775	1,745	1,676	1,874	21,163
Fiscal 17-18	1,759	1,915	1,849	1,868	1,909	1,861	2,008	1,951	1,782	1,799	1,670	1,748	22,118
Fiscal 18-19	1,504	1,522	1,371	1,393	1,332	1,084							8,204

Dollars In Thousands

Children & Other



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 16-17	759	799	775	754	741	751	752	750	720	757	671	758	8,987
Fiscal 17-18	715	770	773	763	775	763	772	736	742	785	739	801	9,132
Fiscal 18-19	751	802	754	779	695	374							4,155

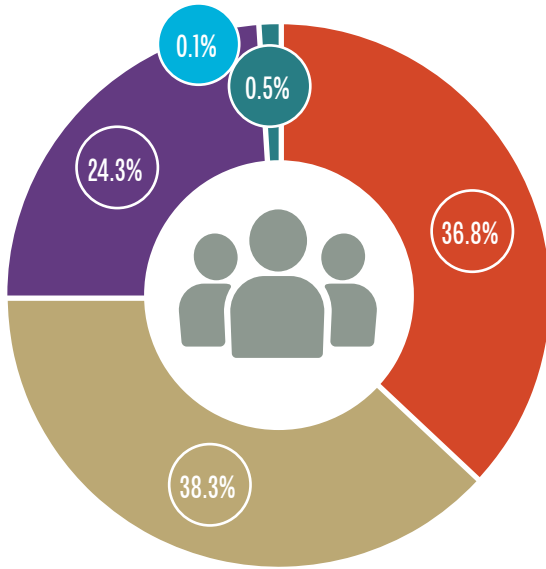
Dollars In Thousands

YTD SCHOOL DOLLARS SPENT

September 2018

Fiscal 18/19 - April 2018 to September 2018

Dollars by Population



- Complex
- Chronic
- Community Independence
- Short Stay
- Child - Other

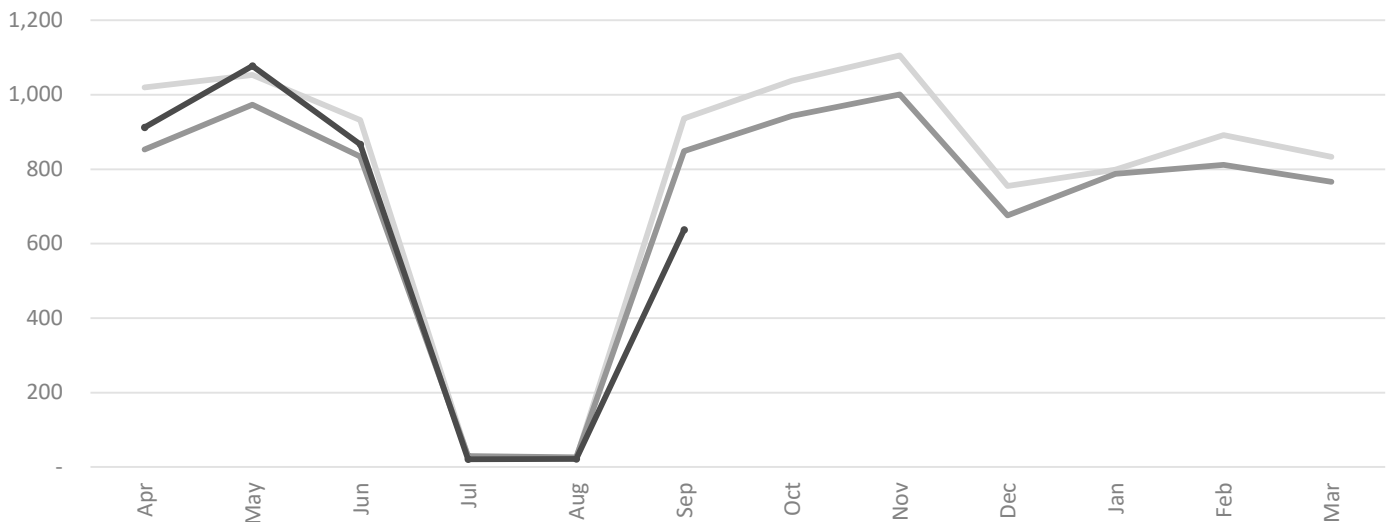
Dollars Spent Change

YTD September 2017 vs YTD September 2018

Complex	4.11%
Chronic	-3.98%
Community Independence	-2.86%
Short Stay	45.04%
Child - Other	-21.66%
Total	-0.93%

School Dollars

● Fiscal 16-17 ● Fiscal 17-18 ● Fiscal 18-19

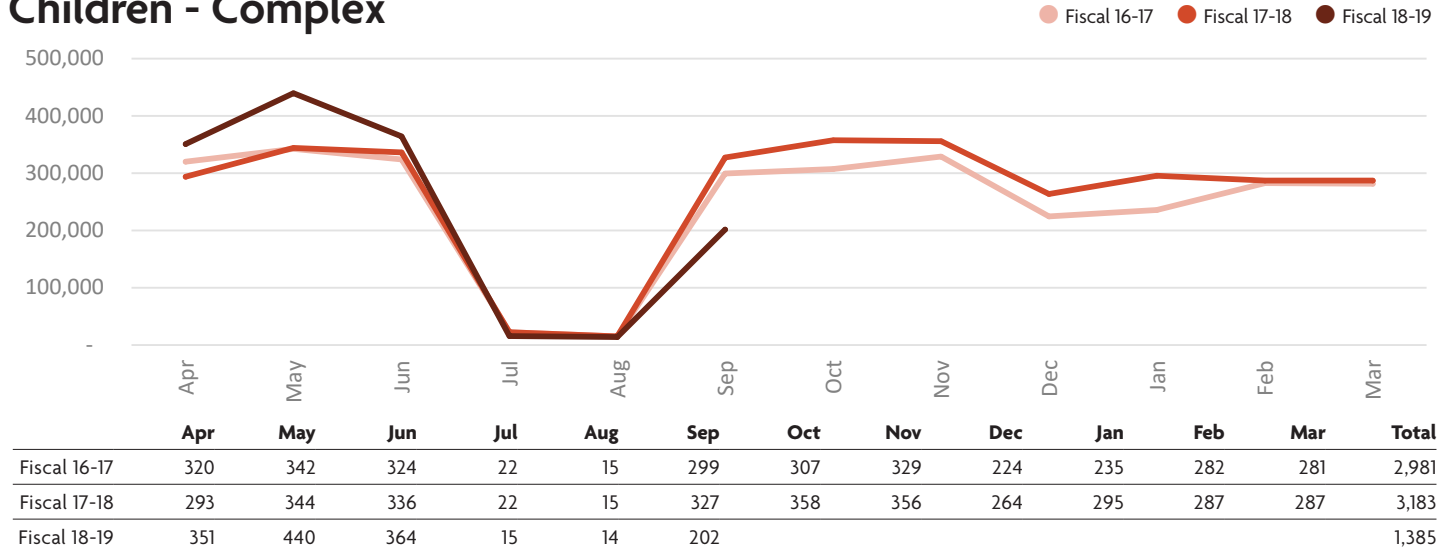


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fiscal 16-17	1,020	1,053	932	27	24	936	1,038	1,105	755	799	892	834	9,414
Fiscal 17-18	853	974	834	30	26	849	943	1,001	676	787	812	766	8,550
Fiscal 18-19	912	1,078	867	21	22	637							3,537

Dollars In Thousands

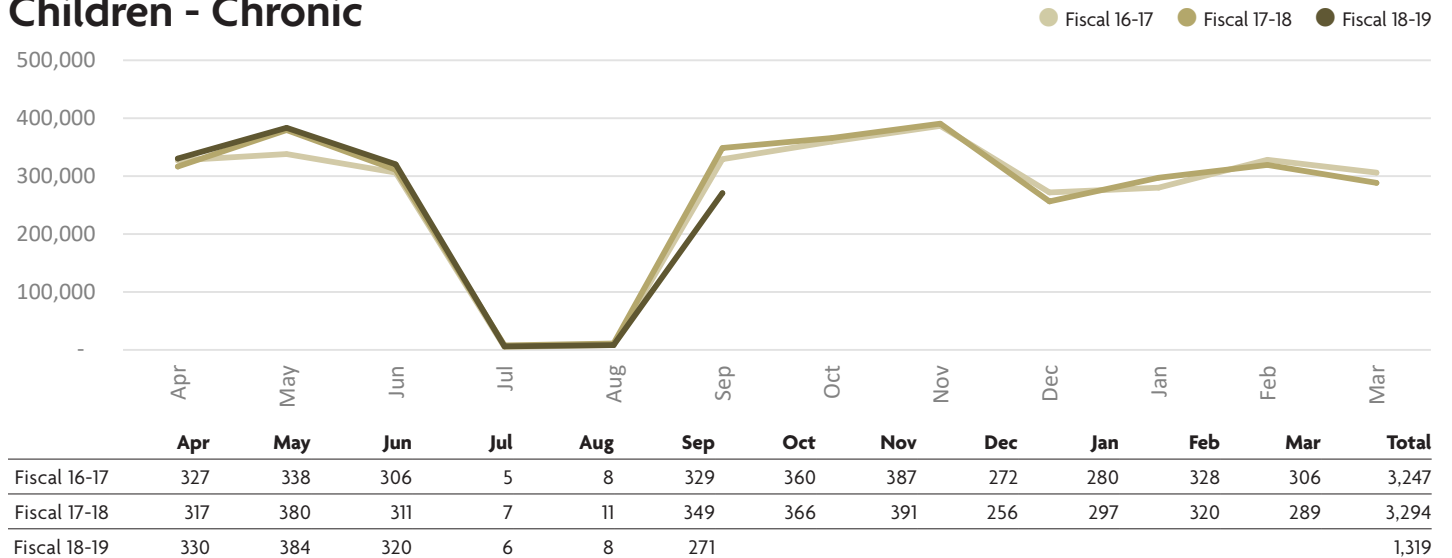
YEAR TO YEAR SCHOOL DOLLARS SPENT BY POPULATION

Children - Complex



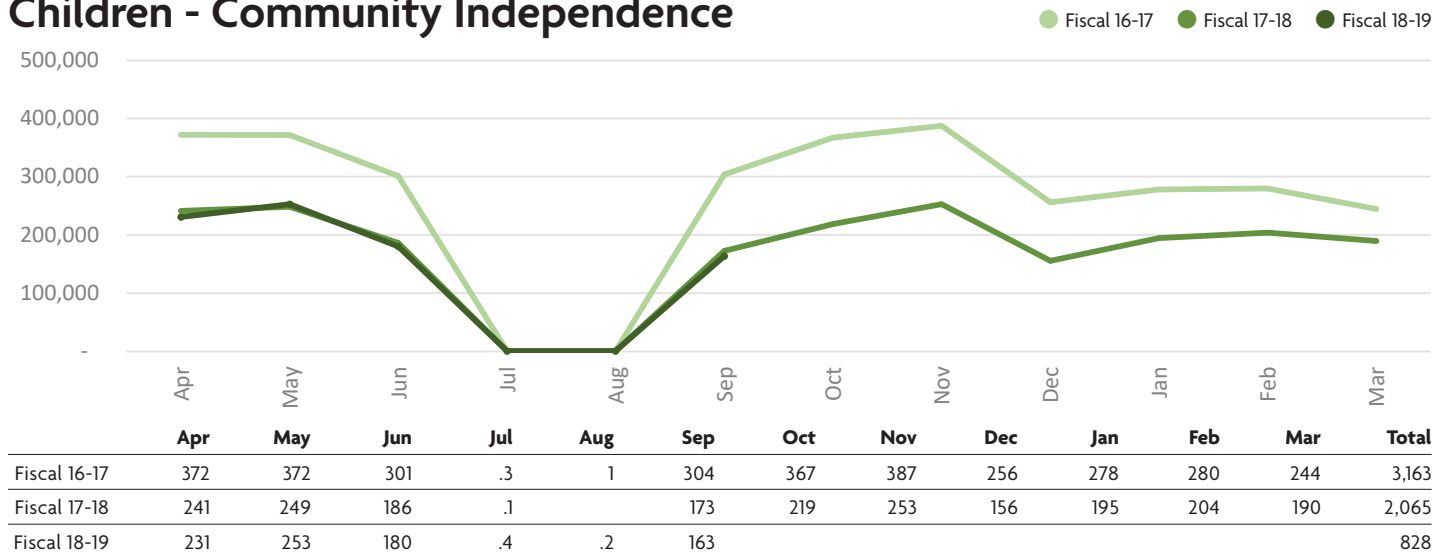
Dollars In Thousands

Children - Chronic



Dollars In Thousands

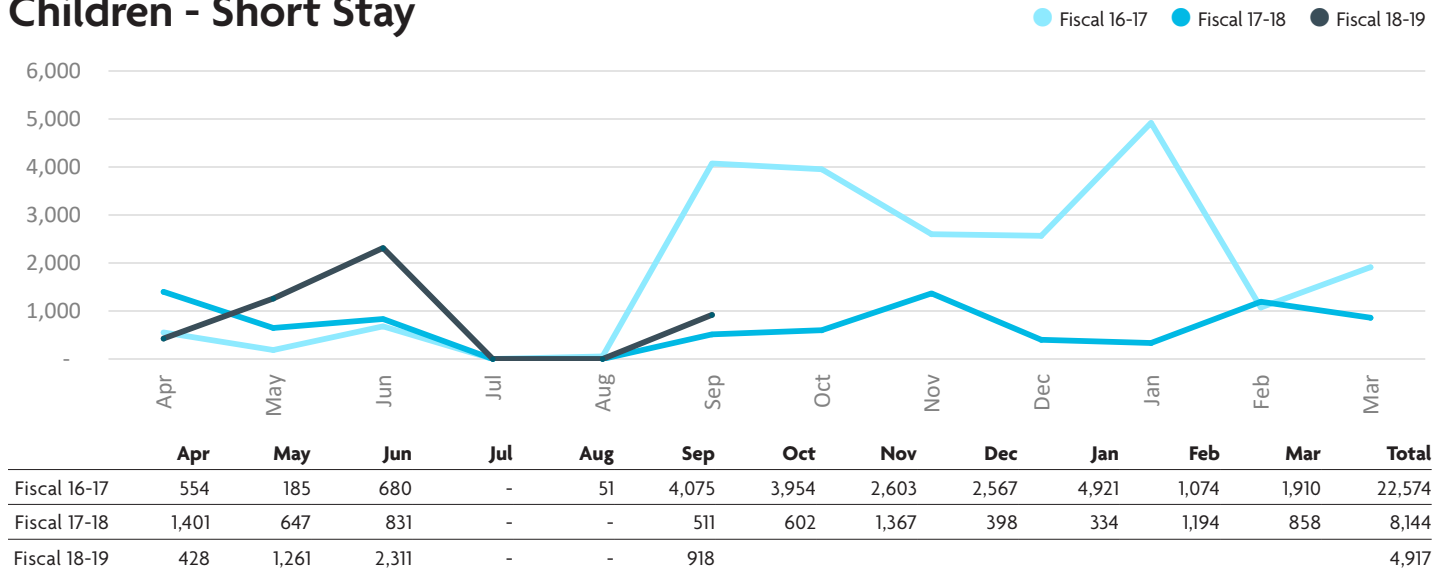
Children - Community Independence



Dollars In Thousands

YEAR TO YEAR SCHOOL DOLLARS SPENT BY POPULATION

Children - Short Stay



2018-2019 SEPTEMBER (LE06)

Home and Community Care Funding and Surplus Strategy Costing Update

#	Item	Population served	Line Item	Original Budget	LE06 Adjustments	New Budget	Adjustment Notes
	Wage Enhancement - PSW, Nursing, and Therapies Provide individual PSW's, Nurse's, and Therapists with a wage enhancement. Further analysis to be done on implementation model (hourly increase, retention/recruitment bonus, etc.). <i>Note: This would be in addition to (or in replacement of) the MOHLTC funding, currently on hold.</i>	Home care patients, Complex, Chronic, Short Stay, Community Independence	Purchased Services	4,249,000	-	4,249,000	Work has started. The item was announced to IALP and a small working group created with volunteers from the providers. Currently working on implementation strategy that will achieve the desired outcome. Then intent is to get money into the hands of SPO employees as soon as possible. This work is still in the early stages but will be retroactive to April 1, 2018.
	Service Guideline Enhancements - PSW, Nursing, and Therapies Increase the amount of PSW, Nursing, and Therapy services provided to existing and new patients.	Home care patients, Complex, Chronic, Short Stay, Community Independence	Purchased Services	3,109,000	(1,912,000)	1,197,000	There has been limited increase in actuals as a result of guideline enhancements at this time. The budget was decreased to account for an expected delay in the timing of the impact (from October to December) and the amount of the impact. The overriding factor here is the ongoing labour shortages in the community. We will continue to monitor the uptake of these changes.
6	Reduce Assisted Living Waitlist – Directly fund AL providers to reduce waitlist. These patients are on LHIN HCC services, and would be more appropriate to receive AL services.	Home care patients, Complex, Chronic, Short Stay, Community Independence	Purchased Services	1,284,000	(203,298)	1,080,702	The project start is delayed until November and therefore October budget has been released. It is anticipated the project will begin soon, but there may be further budget to release at that time due to length of time it may take to bring some spaces on-line. There was a further release in budget for the Indwell related items, which have now been included as separate items in this document.
7	Participation DSW Pilot Expansion – Expand the LHIN's current DSW Pilot for medically complex children	Adults with complex needs	Purchased Services	297,000	(100,000)	197,000	The budget was originally 10 patients coming on in October at 120 hours/month at \$41.29/hour. Adjusted budget is onboarding 2 patients a month and maxing at the 10 originally budgeted. Further budget may be released if onboarding is not as scheduled or the hours of service is less than anticipated.

#	Item	Population served	Line Item	Original Budget	LE06 Adjustments	New Budget	Adjustment Notes
8	Participation House Residential Beds – Investigate the potential of funding additional PH residential beds. 2 beds per home.	Adults with complex needs	Purchased Services	669,000	(440,000)	229,000	It was confirmed that 4 patients would be enrolled in the program, down from the 9 originally budgeted. The project start is delayed until November and therefore October budget has been released. It is anticipated the project will begin soon, but there may be further budget to release at that time. There is considerable work required by Participation House to bring a new residence on-line (identification, purchase, renovation etc.) even though this has been initiated this year, the beds may not come on line until next fiscal year.
9	Community Para-Medicine – Invest in Community Para-Medicine programs in the community.	Home care patients, Complex, Chronic, Short Stay, Community Independence	Purchased Services	396,000	-	396,000	This is to replace and enhance the existing community paramedicine program as the funding for the existing program is ending. The intent is to move this into the Home and Community Care arena. This will be the responsibility of the seconded Lead to implement. We do anticipate this will start this year, likely in early 2019.
9a	Community Paramedicine lead (secondment)	Home care patients, Complex, Chronic, Short Stay, Community Independence	Compensation	-	43,750	43,750	Project Lead will oversee expansion and roll out of this program across the LHIN. The job description is being finalized and posting will go up shortly and anticipated to start in December.
10	Additional ADP Spaces – Fund additional ADP capacity in the community to increase respite for HCC patients.	Seniors	Purchased Services	658,000	(94,000)	564,000	The project start is delayed until November and therefore October budget has been released. It is anticipated the project will begin in November, but there may be further budget to release at that time due to the lead time some agencies may need to bring additional spaces on-line. There was a further release in budget for the Indwell related items, which have been separated out.
11	CVAA Certification for Home & Community Care Nursing Providers – Fund LHIN SPOs with CVAA certification, which promotes excellence and best practices for vascular access care and infusion therapy.	Complex seniors	Sundry	26,000	-	26,000	Spending is on track as budgeted. Some invoice have come in from service Providers
12	HHR Recruitment Strategy – Direct funding to support recruitment and education of Health Human Resources in the community. May include job fairs, advertising, etc. plus work directly with colleges to develop a program aimed at providing information and incentive for PSWs to work in the community setting.		Sundry	300,000	(200,000)	100,000	We reached out to both Georgian and Fanshawe Colleges to see if we could come to speak about the value of working in the Community. Both Colleges responded very quickly and we are in the process of getting times set up to get to PSW classrooms. One session has been scheduled for early December. With the support of the Communications team, we are working on a tool kit that will allow us to get to high schools across the South West as well. Another meeting with the HR representatives from our SPO organizations is set up for late November. We will be brainstorming other initiatives at that time.

#	Item	Population served	Line Item	Original Budget	LE06 Adjustments	New Budget	Adjustment Notes
13	Wound Care Education – Additional Wound Care Education for LHIN SPOs and CCAC Care Coordinators.	Chronic and complex homecare patients	Sundry	120,000	-	120,000	Planning and development is still early stages but on track to spend the amount budgeted. The framework being developed will involve 4 levels of education, novice to proficient, to build the wound care champion network in the South West LHIN. There will be online eLearning and hands on workshop components to the program.
14	SPO Project Funding – Provide SPOs with the opportunity for one-time project funding (in progress).	Chronic and complex homecare patients	Sundry	1,250,000	217,523	1,467,523	7 projects approved, Service Provider Organizations have been notified, and work has started on implementation. Where additional LHIN Patient Care resources are needed the plans are being created. We have seconded a Patient Care Manager to help with project management for these initiatives.
15	Huron Perth PSW Strategy (HPHA) – Aligned with the Huron Perth SRIT, partner to develop pilot to support more effective use of PSWs in the community. Partnership between LHIN, HPHA, OneCare and LTC.	Home care patients, Complex, Chronic, Short Stay, Community Independence	Sundry	125,000	-	125,000	Development of this project is still in planning, and therefore no update to the budget at this time.
16	Mental Health Training – Develop a program for LHIN Care Coordinators, PCAs and Managers on appropriately dealing with patients with mental health issues (including suicide, etc.).	Mental Health	Sundry	50,000	-	50,000	Home and Community Care is working with Human Resources to implement internal front line Mental Health and Addictions training for patient care. This is on track to be completed as budgeted by the end of March 31, 2019.
17	LTCH videos - update 74 and create 4 new LTCH videos to support patients and families with their decision making.	Chronic and complex homecare patients	Sundry	80,000	-	80,000	Spending is on track as budgeted. Work is underway updating videos
18	Flex Clinic Rate Increase (10% increase in Flex Clinic Rate)	Home care patients, Complex, Chronic, Short Stay, Community Independence	Purchased Services	244,000	(147,000)	97,000	This project is still in the early stages. Significant work has been undertaken to update clinic standards. We are working through the logistics of this rate increase in conjunction with implementation of standards.
19	Palliative Care Outreach	Palliative children, adults and seniors	Compensation/Sundry	471,000	(163,335)	307,665	Adjustments due to timing of filling positions. Positions have been hired and will start over the coming months. This will impact the timing of some employment related expenses (equipment etc.)
20	Flex Fund- time limited resources available to CSS to meet unexpected needs.	Chronic and complex patients	Purchased Services	75,000	-	75,000	The Community Support Service Agency managing the funds has received funding letter and we are preparing to release the funds to them.
21	Peoplecare Oakcrossing - PSW pilot Project Pilot project in Retirement Home - PSW, based on 30+15 patients at 2 hours per day, current utilization 60K annually has been deducted, estimate revised based on current, should be no incremental cost.	Chronic and complex patients	N/A	-	-	-	Planning meetings are ongoing, we are waiting for receipt of the updates SPO contract from Legal. Once that is in place we can proceed with implementation, the intent is this will be cost neutral, replacement of service from a Service Provider Organization to the Retirement Home

#	Item	Population served	Line Item	Original Budget	LE06 Adjustments	New Budget	Adjustment Notes
22	Indwell - Oxford - Blossom Park redevelopment.	Mental Health	Purchased Services	325,000	(137,500)	187,500	November 2018-March 2019 budget This was pulled out of the "Reduce Assisted Living Waitlist" item above and represents funding for the Blossom Park building in Woodstock.
23	Indwell - Middlesex	Mental Health	Purchased Services	-	354,167	354,167	November 2018-March 2019 budget This represents new funding requested by Indwell for a new apartment building in London. It would offer 66 apartments with a focus on individuals requiring a substantive level of support, in a similar model to Blossom Park.
	Total			13,728,000	(2,781,693)	10,946,307	

Additional Initiatives to be Funded from the Home and Community Care Surplus

#	Item	Status	Population Served	Annualized Amount	Fiscal Amount	One time Included in fiscal	Priority	Base / One-Time	Comments
1	Hutton House	under consideration	Chronic and Complex patients	\$285,776 to \$356,366	\$71,444 to \$89,092	\$ 38,250.00	2	Base and One-time	includes \$38,250 one-time, range is from just Mon to Fri and Mon to Sat, 40 spaces, 10-15 individuals
2	CSRT Resource (2 FTE RT)	under consideration	Chronic patients	\$140,000.00	\$35,000.00		2	Base	1 FTE Respiratory Therapist to augment LM CSRT plus 1 FTE for Perth Huron/Grey Bruce, facilitate referrals and care planning. This is a necessary resource to implement the two planned stroke days in London and Middlesex
3	Expansion of Dale Brain Injury Services - New Group home	under consideration	Chronic and Complex patients	\$559,444.00	\$139,861.00		2	Base	New group home, serve 4 to 5 individuals
4	Expansion of Dale Brain Injury Services - Transitional Outreach Staff	under consideration	Chronic and Complex patients	\$137,030	\$34,257.00		2	Base	2 FTE for Transitional Outreach Staff – able to support anywhere in LHIN, Support successful transitions to and from hospital, community and/or LTC
5	ARGI and COPD	under consideration	Chronic and Complex patients	\$2,000,000	\$1,000,000		2	Base	ARGI and COPD, details to follow
6	Elgin EMS - 2 programs, either VISIT or CPIPO (mutually exclusive)	under consideration	Chronic and Complex patients	\$20,100 to \$313,061	\$5,025 to 78,265		2	Base	VISIT program - compliance to medication regimes; identification of safety risks, CPIPO Improving Patient Outcomes - more comprehensive primary care to a broad range of patient populations
7	South West LHIN Respiratory Equipment Needs – Regional	under consideration	Chronic patients	TBD	TBD		2	Base and One-time	Non-Invasive Ventilation (NIV) and cough assist equipment, as well as the staffing capacity within each organization and ability to operate and maintain this equipment
8	Surge Bed	under consideration	Home care patients, Complex, Chronic, Short Stay, Community Independence	\$0	\$1,000,000.00	\$ 1,000,000.00		One-time	the amount is dependant on ministry funding shortfall and whether we choose to fund beyond the level we initially asked for to support hospitals
9	Sub-region Primary Care Alliances	under consideration		\$0	\$41,200	\$ 41,200.00	2	One-time	creation of a cohesive primary care sector over the next two years including the establishment of the primary care alliances within each sub-region and mini sites to develop an online presences for these groups. Previously funded through UPF, recommendation is to fund through HCC surplus
10	TVCC - Transition funding (this would be the maximum it is up to)	under consideration	Children	\$0	\$1,000,000	\$ 1,000,000.00	1	One-Time	January 2019 - transition funding to cover start-up costs and patient services for school transition and short term underfunding
11	Peoplecare Oakcrossing - PSW pilot Project	under consideration	Chronic and Complex patients	\$0.0	\$100,000.00	\$ 100,000.00	2	Base	Pilot project in Retirement Home - PSW, based on 30+15 patients at 2 hours per day, current utilization 60K annually has been deducted, estimate revised based on current, should be no incremental cost
12	Additional SPO Project Funding	under consideration	TBD	\$0	TBD	TBD	TBD	One-Time	Provide SPOs with the opportunity for 1-time project funding. We approved \$1.5M earlier there were a number of requests, we could revisit those to see if any additional ones should be considered.

#	Item	Status	Population Served	Annualized Amount	Fiscal Amount	One time Included in fiscal	Priority	Base / One-Time	Comments
13	Support for Stroke patients to get to ADP Programs	under consideration	Chronic patients	TBD	\$140,000		TBD	Base	2 FTE to support and refer stroke patients to Adult Day Programs
14	Community sector health service providers one time funding for minor infrastructure improvements	under consideration	TBD	\$0	TBD	TBD	TBD	One-time	We did do this last fiscal. The South West LHIN has run this program successfully over the past years, so we know we can get this moving efficiently once approval has been received. Community Sector HSPs (with M-SAAs) are eligible as they have a need given the reality that they donot have sufficient flex within existing resources to address these types of needs

Report to the Board of Directors
Small and Rural Hospital Transformation Fund

Meeting Date: November 20, 2018

Submitted By: Mark Brintnell, Vice President, Quality, Performance and Accountability

Submitted To: Board of Directors Board Committee

Purpose: Information Decision

Suggested Motion

THAT the South West Local Health Integration Network Board of Directors approves the allocation of \$4,311,900 in one-time funding in 2018/19 to support Small and Rural Hospital Transformation Fund projects.

Purpose

This report provides a summary of the process that will be used to determine Small and Rural Hospital Transformation Fund (referred to as the “Transformation Fund”) project investments.

Background

The objective of the Transformation Fund is to improve collaboration between small and rural hospitals and community partners to enhance care for patients and advance transformation of their organizations. Ideally, transformation will:

- Ensure patient access to core acute services, including emergency, surgical, medical and obstetrical care;
- Provide for collaboration with community services, including family health care, home care, mental health and addiction services, and community support services;
- Respond to community needs for post-acute and palliative services, as appropriate; and
- Improve the quality and safety of services for patients, and ensure good value for money.

This program has been running since 2012/13. The 2018/19 allocation of Transformation Fund dollars should be considered as bridge funding until the new small hospital funding model is implemented. The Ministry, LHINs and the Ontario Hospital Association have committed to work together to develop a revised funding approach that aligns with the goals of Health System Funding Reform (quality, patient-centred care with better system integration) while recognizing the unique characteristics of small hospitals. Once the small hospital funding model is complete, Transformation Fund dollars will be allocated to this new model on an ongoing basis.

Eligibility for the Transformation Fund requires sites to be both:

- Small, defined as having fewer than 2,700 acute inpatient/day surgery actual weighted cases in any two of the past three years; and
- Rural, defined as being in a community with 30,000 or fewer in population and located more than a 30-minute drive time, at posted speeds, from a community with a population greater than 30,000.

Similar to the past six years, the South West LHIN will include Tillsonburg District Memorial Hospital (TDMH) in the planning for the Transformation Fund. TDMH is not one of the 17 qualifying sites as it does not meet the rural definition, but since the hospital is so close to satisfying the definition we continue to believe it is reasonable to include the hospital and the eligible sites have concurred.

South West LHIN Eligible Small Hospital Sites:

- Alexandra Marine and General Hospital (Goderich)
- Four Counties Health Services Corporation (Newbury)
- Grey Bruce Health Services – Lion's Head, Markdale, Meaford, Southampton, Wiarton
- Hanover and District Hospital
- Huron Perth Healthcare Alliance – Clinton, Seaforth
- Listowel Memorial Hospital
- South Bruce Grey Health Centre – Chesley, Durham, Kincardine, Walkerton
- South Huron Hospital Association (Exeter)
- Wingham and District Hospital
- Tillsonburg District Memorial Hospital (LHIN decision to include)

Eligible Transformation Fund projects can fall into one of five categories:

- Technology
- Health human resources and training
- Integration, collaboration and care coordination
- Clinical improvements and standards
- Knowledge exchange and translation

Project Submissions

This year confirmation of the funding for this initiative was delayed until late October. The window for hospitals to submit project proposals was abbreviated to November 5 so that projects could be selected and started as soon as possible; project work must be completed by March 31, 2019. The total estimated cost of the project proposals submitted is \$7,248,282. Similar to previous years, most of submissions were aimed at improving digital health/e-health systems, ranging from maintaining or upgrading key information systems to establishing new channels to community health and primary care system partners. Projects to provide best practice and leadership training, collaboration and integration were also submitted.

Sample project titles from each category include:

- e-health
 - PATH "Providers Advancing Technology in Healthcare"
 - Expansion of Outpatient Registration Technology
 - Regional Cyber risk/Cybersecurity Program
- Training
 - MOREOB Clinician Training (obstetrical team training)
 - Regional Talent Management & Leadership Development Strategy

- Collaboration and Integration
 - Rural Health & Wellness Hubs
 - Developing an Integration Pathway for Two Small, Rural Hospitals

Given the need to complete an adequate project review while still aiming to select funded projects before December (or earlier) staff are asking the LHIN Board enable staff to confirm final project selections using the project selection criteria listed in the next section. Pending Board approval of this approach, a list of all projects (funded and not funded) will be provided to the Board when complete.

Project Selection

The South West LHIN staff team are reviewing the proposals taking the following criteria into consideration:

- The project is a continuation or extension of a successful, previously-funded Transformation Fund project.
 - The project must have already demonstrated improvements in the quality and safety of health services or access to care, according to LHIN-approved performance indicators.
- The project supports the development of an integrated model of care (e.g. rural health hub) in the community in at least one of the following ways:
 - Supports the development of integrated governance structures or formal relationships between hospitals and other health care organizations under an integrated model of care;
 - Supports the development of leadership capacity under an integrated model of care;
 - Supports development or implementation of project management, decision support, or other mechanisms or processes to connect hospitals and other health care organizations under an integrated model of care; and/or
 - Supports the adoption of digital health technologies, including telemedicine and other virtual care delivery channels and shared IT/health analytics and data systems to improve quality under an integrated model of care, in alignment with provincial digital health priorities and the recommendations of the Hospital Information System (HIS) Renewal Advisory Panel.
- The project addresses an operational pressure created by the implementation of a successful, previously-funded Transformation Fund project.
 - Project must have already demonstrated improvements in the quality and safety of health services or access to care, according to LHIN-approved performance indicators.
 - The hospital must develop and submit a plan for addressing the pressure.
- The project aligns to Integrated Health Service Plan (IHSP) strategic directions.

Providing some funding to each eligible site will also be a consideration, along with an attempt to balance funding between regions (based on the number of eligible sites within the region).

Next steps

LHIN staff will work to define the list of funded projects; the list will be shared with hospitals by late November (or earlier) so that project work can begin.

End.

Report to the Board of Directors
Governance Policy Harmonization

Meeting Date: November 20, 2018

Submitted By: Governance & Nominations Committee Chair

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Suggested Motion:

THAT the South West LHIN Board of Directors amend governance policies A-6 Code of Conduct, A-7 Conflict of Interest, A-8 Confidentiality, C-1 CEO/Board Relationship, B-1 Board Meetings/Attendance, and A-9 Committee Structure & Responsibilities as recommended by the Governance and Nominations Committee.

Background:

Marked-up versions of the policies to be considered are attached. Additional/new wording is shown in italics.

Title: Directors' Code of Conduct	Policy Number: A-6
Approved: January 25, 2012 Approved: October 21, 2014 Pending approval: November 20, 2018	Revised: November 2011 Revised: July 15, 2014 Reviewed: April 19, 2016 Revised: October 31, 2018

As a member of the South West LHIN board of directors, members must agree to follow the Local Health System Integration Act (LHSIA), 2006, the organizational By-laws and the policies set out in the South West LHIN Governance Manual. LHSIA supersedes the By-laws, and the By-laws supersede the Governance Manual.

The board expects of itself and its committee members ethical and businesslike conduct. Failure to do so may result in the recommendation for removal of the member from the board of directors *and/or committees as appropriate*.

In January of each year, the Recording Secretary will circulate to each board member and the board chair a copy of the Code of Conduct items as below from By-law No. 2, Section 10.6 for review and sign-off. The purpose being to reinforce the guidelines for the ethical behaviour of all members of the Board and Committees, to enhance public confidence that the Board's appointed members adhere to a high standard of ethical behaviour in all aspects of their conduct at all times. Furthermore, where there has been a failure on the part of a Board member to comply with the Code of Conduct, unless the failure is the result of a bona fide error in judgement as determined by the Board, the Board shall request that the Chair:

- *Issue a verbal reprimand; or*
- *Issue a written reprimand; or*
- *Request that the Board member resign; or*
- *Seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.*

Where there has been a failure on the part of the Board Chair to comply with the Code of Conduct, unless the failure is the result of a bona fide error in judgement as determined by the Board, the Board shall request that the Governance & Nominations Committee:

- *Issue a verbal reprimand; or*
- *Issue a written reprimand; or*
- *Request that the Board Chair resign; or*
- *Seek dismissal of the Board Chair based on regulations relevant as to how the Board Chair was appointed.*

*By-law No. 2 - 10.6 **Code of Conduct.** – Board Members will*

(i) conduct themselves professionally and in a manner consistent with all applicable law, codes of conduct, guidelines and directives;

(ii) come to Board Meetings prepared and having read all materials provided in advance;

(iii) confine their remarks to the motion or other question, will not use any indecorous or offensive language and shall avoid personal comments or observations;

(iv) be, and be seen to be, impartial and objective during Board Meetings;

(v) participate fully in Board Meetings;

(vi) not disclose the content of confidential proceedings or materials;

(vii) understand the board's role in policy-making and its separation from the daily conduct of Corporation administration and management;

(viii) recognize that authority resides with the board as a whole and not with individual Board Members; and

(ix) recognize that the Chair is the primary spokesperson for the board and that the Chair and the CEO are the primary spokespersons for the Corporation. Board Members will direct requests from third parties for information or participation in external events, to the Chair or the Secretary.

Title: Conflict of Interest	Policy Number: A-7
Approved: January 25, 2012 Approved: October 21, 2014 Pending approval: November 20, 2018	Revised: November 2011 Revised: September 16, 2014 Reviewed: April 19, 2016 Revised: October 31, 2018

The Conflict of Interest Policy for LHIN board of directors and employees promotes a standard of conduct that will establish the integrity, objectivity, impartiality of the affairs and decision-making process of the LHIN. It enables the Minister, the LHIN and its Directors to recognize and to avoid, mitigate or manage conflict of interest situations and ensure such situations if not avoided are resolved in the public interest.

Actual conflict of interest: a situation where a board member has a private or personal interest that is sufficiently connected to his or her duties and responsibilities as a Board member that it influences the exercise of these duties and responsibilities.

Perceived conflict of interest: a situation where reasonable well-informed persons could have a reasonable belief that a Board member may have an actual conflict even where that is not the case in fact.

In January of each year, the Recording Secretary will circulate to each board member and the board chair a copy of the LHIN Conflict of Interest Rules for review and sign-off. The purpose being to reinforce the guidelines for the ethical behaviour of all members of the Board and, to enhance public confidence that the Board's appointed members adhere to a high standard of ethical behaviour in all aspects of their conduct at all times. Furthermore, where there has been a failure on the part of a Board member to comply with the Conflict of Interest Rules, unless the failure is the result of a bona fide error in judgement as determined by the Board, the Board shall request that the Chair:

- Issue a verbal reprimand; or*
- Issue a written reprimand; or*
- Request that the Board member resign; or*
- Seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.*

Where there has been a failure on the part of the Board Chair to comply with the Conflict of Interest Rules, unless the failure is the result of a bona fide error in judgement as determined by the Board, the Board shall request that the Governance & Nominations Committee:

- Issue a verbal reprimand; or*
- Issue a written reprimand; or*

- *Request that the Board member resign; or*
- *Seek dismissal of the Board member based on regulations relevant as to how the Board member was appointed.*

Attached: The LHIN Conflict of Interest Rules confirmed effective July 25, 2014.

Title: Confidentiality	Policy Number: A-8
Approved: January 25, 2012 Approved: February 16, 2016 Pending approval: November 20, 2018	Revised: November 2011 Reviewed: July 15, 2014 Revised: January 19, 2016 Revised: October 31, 2018

Members of the South West LHIN board of directors are committed to maintaining the confidentiality of information to which they become aware in the course of conducting its business and by which it is required by its Code of Conduct to protect. ~~The board is aware of the need to balance conducting its business in an open and accountable manner with the need to avoid negative impacts on health service providers (HSP) and their personnel in the course of doing business in this way.~~

The board is committed to its requirement to open discussion and accountability, acknowledges its ability to go into closed session as set out in the By-laws and is mindful of its obligation to deal fairly and confidentially with ~~HSPs~~ *traditional and non traditional health system partners* through its business interactions.

In January of each year, the Recording Secretary will circulate to each board member and the board chair an Oath of Confidentiality for review and sign-off. The purpose of this being to reinforce the guidelines for the ethical behavior of all members of the Board and, to enhance public confidence that the Board's appointed members adhere to a high standard of ethical behavior in all aspects of their conduct at all times.

Title: CEO/Board Relationship	Policy Number: C-1
Approved: January 25, 2012 Approved: April 21, 2015 Approved: March 20, 2018 Pending approval: November 20, 2018	Revised: November 2011 Revised: March 17, 2015 Revised: February 27, 2018 Revised: October 31, 2018

As the sole employee of the South West LHIN board of directors, the Chief Executive Officer (CEO) is charged with ensuring the administrative and organizational integrity of the organization. No single board member or committee has authority over the CEO as this responsibility rests with the entire board. Through its role in advising and supporting the CEO, the board ensures the implementation of all board policies. The CEO is not required to seek prior approval for initiating action that involves the day to day operations of South West LHIN.

In delegating the administrative and organizational integrity of the organization to the CEO, the board is recognizing that all other employees of the organization are employees of the CEO and, as such, receive their direction from the CEO. This direction ranges from hiring to firing and is only brought to the attention of the board if deemed necessary by the Chair and the CEO.

The board must ensure that the CEO discharges her/his delegated responsibilities in a manner consistent with the Vision, Mission, Values and Strategic Directions of the organization.

The Board Chair will communicate with the CEO around issues of provincial matters and government direction.

The CEO and Chair should have regular and ongoing meetings.

The CEO will act in accordance with the “Delegation of Authority Policy”. The CEO is authorized to establish all further policies, make all decisions, take all actions and develop all activities as long as they are in keeping with the board’s policies.

CEO Communication and Counsel to the Board

The South West LHIN Chief Executive Officer (CEO) is responsible for providing information and counsel to the South West LHIN board of directors, in a timely fashion. The CEO provides assurances to the board of directors of the LHIN’s compliance with legislative acts, standards and codes. The CEO provides information to the board on

risks and potential risks which affect either the short or long term operations or viability of the LHIN.

Relevant information to the board may include:

- Impact on governance and the organization;
- Relevant trends;
- Anticipated media coverage;
- Changes in the assumptions of policies previously established;
- Potential integration opportunities;
- Provincial Directives and Responsibilities
- Provincial Priorities
- Health Service Provider Performance Reporting
- Home and Community Care Performance Reporting
- Annual and quarterly financial reporting.

While it is not common practice for the CEO to discuss all issues pertaining to the operations of LHIN with the board, in instances where situations may negatively impact the public's perception of the LHIN, the CEO will take the following course of action:

- Discuss the situation and the appropriate level of disclosure with the Board Chair.
- If deemed necessary by the Chair, discuss appropriate details at a meeting of the board.

The South West LHIN board, through its CEO, utilizes a number of tools to monitor and measure it's performance in delivering high quality home and community patient care as well as the performance of those Health Service Provider organizations funded by the South West LHIN. The monitoring mechanisms are designed to ensure timely reporting, opportunity for improvement and appropriate follow-up.

CEO Performance Appraisal

As the South West LHIN board's sole employee, the Chief Executive Officer (CEO) is accountable to the board for the performance of the organization. In addition, the CEO ensures the integrity of board documents.

In undertaking her/his duties, the CEO must ensure that all board policies are implemented and that all internal policies developed are consistent with the board's Vision, Mission, Values and Strategic Directions for the organization. Furthermore, it is the responsibility of the CEO to assure the board that all activities of the organization are undertaken in a manner that operates within the boundaries of acceptable risk and ethics.

It is the responsibility of the board of directors to conduct an annual review of the CEO's performance as per the CEO's employment contract. The board will delegate completion of the review to a sub-committee comprised of at least the Chair of the Board, the Vice-Chair and at least one board member. Initiating the review process is the responsibility of the Chair.

See the Terms of Reference for the CEO Performance Task Force.

CEO Succession

In order to protect the South West LHIN board from the consequence of the sudden loss of the services of the Chief Executive Officer (CEO), the CEO will ensure that the Senior Team is familiar with board and CEO issues. *Furthermore, the CEO will at the beginning of each fiscal year report to the board on emergency succession planning identifying which Vice President is recommended to fill the role of interim Chief Executive Officer, if a temporary vacancy of the CEO position occurs. This annual reporting may also include any activities undertaken throughout the year to promote leadership development and succession planning including activities undertaken to keep one or more Vice Presidents informed of over-all operational activities.*

Should it become necessary to replace the CEO on short notice, the board will appoint an interim CEO as soon as possible.

Communication to board members, staff, key stakeholders and the public will be the responsibility of the Board Chair.

The South West LHIN board (or a designated CEO Search Committee) will then determine the process and parameters for an executive search, including the decision to involve outside consultants.

Title: Board Meetings/Attendance	Policy Number: B-1
Approved: January 25, 2012 Approved: May 20, 2014 Approved: July 19, 2016 Pending approval: November 20, 2018	Revised: November 2011 Revised: April 15, 2014 Revised: June 21, 2016 Revised: October 31, 2018

The South West LHIN board of directors will meet as often as necessary to transact the business of the board, but not less than four times per year.

The South West LHIN boards of directors' meetings are open to the public. As per the *Local Health Integration Act (LHSIA), 2006*, the LHIN may exclude the public from any part of a meeting after a vote is held on a motion to exclude the public that clearly states the nature of the matter to be considered at the closed meeting and the general reasons why the public is being excluded.

Reasons for exclusion of the public from South West LHIN meetings (per LHSIA legislation) are when:

- a) Financial, personal or other matters may be disclosed of such a nature that the desirability of avoiding public disclosure of them in the interest of any person affected or in the public of affected or in the public interest outweighs the desirability of adhering to the principle that meetings be open to the public;
- b) Matters of public security will be discussed;
- c) The security of the members or property of the network will be discussed;
- d) Personal health information, as defined in section 4 of the Personal Health Information Protection Act, 2004, will be discussed;
- e) A person involved in a civil or criminal proceeding may be prejudiced;
- f) The safety of a person may be jeopardized;
- g) Personnel matters involving an identifiable individual, including an employee of the network, will be discussed;
- h) Negotiations or anticipated negotiations between the network and a person, bargaining agent or party to a proceeding or an anticipated proceeding relating to labour relations or a person's employment by the network will be discussed;

- i) Litigation or contemplated litigation affecting the network will be discussed, or any legal advice provided to the network will be discussed, or any other matter subject to solicitor-client privilege will be discussed.
- j) Matters prescribed for the purposes of this clause will be discussed; or
- k) The network will deliberate whether to exclude the public from a meeting, and the deliberation will consider whether one or more of clauses (a) through (j) are applicable to the meeting or part of the meeting. *2006, c.4, 2. 9 (5).*

Prior to the end of the calendar year, a schedule of meetings for the following year will be distributed to members.

Special meetings may be held either at the call of the Chair or on the written notice of a majority of the directors. The purpose of the special meeting will be described in the notice and no additional business will be transacted at that time.

Agendas:

- Established by the South West LHIN Board Chair, in consultation with the Chief Executive Officer and Executive Office Coordinator.
- Directors may submit agenda items 14 days prior to the board meeting to the Chair, for inclusion the agenda. (*See By-Law No. 2 – section 7 re deadline to submit items requiring a decision.*)
- The agenda and supporting documentation will normally be delivered to the board of directors five working days in advance of the scheduled meeting.

Quorum:

- Quorum shall be the majority of Directors.

Procedures:

- Meetings will be held in accordance with the *South West LHIN By-laws* and *Robert's Rules of Order*.
- The Board Chair has the same right to vote as other board directors.
- Voting shall be by a show of hands, or oral vote, unless a motion to vote by ballot is carried by the majority.

Evaluation:

- An evaluation of the meeting will be undertaken by members at the end of each.

Board Attendance:

South West LHIN board members are expected to attend the following:

- 100% of board meetings but no less than 75%;
- ~~The Annual~~ South West LHIN Board Retreats *and Education Sessions*;
- Community engagement activities as requested.

It is recognized that there are professional or personal factors that may from time to time prevent attendance at meetings. However, the board has an expectation that Directors take their attendance responsibilities seriously. If unable to attend, the Director will inform the Executive Office Coordinator as soon as possible. Teleconference attendance will be noted, if communication is lost, the time will be noted in the minutes in order to identify that quorum is maintained.

If a board member is absent from three (3) consecutive *Board* meetings or has not maintained a 75% attendance record over the last year, the chair, as ethics executive, will follow-up with the member regarding this. A Leave of Absence may be granted at the discretion of the Chair.

If the board chair is absent from three (3) consecutive meetings or has not maintained a 75% attendance record over the last year, the Governance & Nominations Committee will follow-up with the board chair regarding this. A Leave of Absence may be granted at the discretion of the Board.

A Leave of Absence is a period of time that the Board Chair/Member must be away from their respective LHIN board duties while maintaining status as a member or chair of the board. During a Leave of Absence the individual will not be engaged/nor engage on LHIN business until such time as return to service planning is initiated with the Board to ensure a safe and thorough re-orientation.

Title: Committee Structure and Responsibilities	Policy Number: A-9
Approved: January 25, 2012 Approved: September 25, 2013 Pending approval: November 20, 2018	Revised: November 2011 Revised: July 24, 2013 Reviewed: November 17, 2015 Revised: October 31, 2018

The South West LHIN By-Law No. 1 specifies the following required committee structure:

- Audit Committee
- Community Nominations Committee
- *Quality Committee*
- And any other committees prescribed by the Minister under the Local Health System Integration Act (LHSIA)

The board may establish any committees (*including Work Groups, Task Forces, etc.*) that the board may require from time to time by resolution and may delegate to any such board committee any of the powers of the board, subject to any rules and terms of reference imposed by the board. The board may also establish advisory bodies or committees as required, but they may not exercise the powers of the board. Minutes of meetings will be approved by the committee and provided to the board for acceptance.

The CEO (or his/her designate) may be invited to attend meetings of board committees as a non-voting member.

New members of the board may be invited to observe board committee meetings for the purpose of orientation as per Governance Policy: A-12 Board Development.

Report to the Board of Directors Terms of Reference – Board Finance, Audit and Risk Committee

Meeting Date: November 20, 2018

Submitted By: Myrna Fisk, Audit Committee Chair

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Suggested Motion

THAT the South West LHIN Board of Directors approve the Terms of Reference for a Board Finance, Audit and Risk Committee to replace the Audit Committee and Finance Committee of the Whole.

Background

The Audit Committee met on November 12, 2018. One of their agenda items was to review a new Terms of Reference. The committee debated the pros and cons of their current board structures for both audit and finance and determined that combining the responsibilities for audit, finance and risk would more thoroughly and regularly support the board's responsibilities for review, planning and oversight.

**BOARD FINANCE, AUDIT AND RISK COMMITTEE
TERMS OF REFERENCE**

Revised Date: November 15, 2018

Approved by Board:

Role: The role of the Finance, Audit and Risk Committee is to assist the Board in fulfilling its oversight responsibilities relating to corporate auditing and reporting, financial policies, financial risk management and relevant strategic initiatives.

Core Responsibilities:

The Finance, Audit and Risk Committee shall exercise oversight in three interrelated areas as follows:

1. Budgeting and Financial Reporting:

Includes:

- Approve the organization's annual budget;
- Review regularly the financial performance of the LHIN and monitor to ensure that the LHIN operates within approved funding;
- Identify and ensure the Board understands any financial risks assumed by the LHIN, and ensure management has established systems to manage these risks and that the systems are in place; and
- Review and make recommendations on plans developed by management to address any variances between the budget and actual performance and monitor the implementation of these plans.

2. Audit Activities:

Includes:

- Recommending to the Board of Directors the approval of the audited financial statements
- Pre-approval of all audit and non-audit services to be performed by the external auditor, including the approval of the auditors' annual engagement letter;
- Reviewing reports from the external auditor concerning their independence;
- Reviewing the overall scope of the external audit, including areas of identified risk;
- Reviewing and discussing the annual financial statements and related note disclosures with the external auditors;

- Reviewing with the external auditors the results of the audit and determine if there were any difficulties or disputes with management, any significant changes in the audit plan, any significant changes in account policies and any management estimates that required significant judgment;
- Reviewing with the external auditors any internal control weaknesses, and if appropriate determine whether effective steps have been taken to overcome them;
- Monitoring the adequacy and the timely implementation of actions taken in response to audit recommendations; and
- Recommending the re-appointment (or replacement) of the external auditors to the Board of Directors.

3. Risk Management:

- Provide input to the Board in its assessment of enterprise risks and determination of risk appetite as part of the overall setting of the strategic plan;
- Assist the Board in its oversight of the organizations risk management framework, monitoring its effectiveness through functional implementation and performance to protect against and mitigate risks. **The Board Quality Committee will regularly review patient safety and quality of care risk management material.**

Membership / Terms of Office:

- The Finance, Audit and Risk Committee shall be comprised of **at least** three board members plus the board chair (or the board chair designate) and;
- Finance, Audit and Risk Committee members serve at the direction of the Board;
- Membership will be in consultation with the Chair and individual Board members who may have expressed personal interest; and
- The chairperson of the Committee shall be appointed by the Board and shall be a director of the LHIN. The Finance, Audit and Risk Committee chair shall recommend a proposed agenda of the meetings based on the work plan developed in response to the Finance, Audit and Risk Committee mandate as approved by the Board from time to time.

Frequency of Meetings/Quorum:

- The Committee should meet between three and five times each year. The Committee may choose to hold additional meetings if considered necessary for it to carry out its responsibilities effectively;
- At meetings where the auditor is present, time should be allocated for the Committee to meet separately with management and with the external auditor;
- Minutes of each meeting must be prepared and circulated to the Board of Directors.
- **Reports to the Board to follow after each meeting.**

Other

The Committee should:

- Review and update its mandate on a regular basis;

- Conduct or authorize investigations into matters within the Committee's scope of responsibilities, including retaining independent professionals as required;
- Establish procedures that encourage all LHIN employees and directors to report any potential unlawful, unethical or fraudulent activity, including any concerns about questionable accounting or auditing matters, or any other activity that causes them concern. The Committee should ensure that if the claim is legitimate then the employee or volunteer will not suffer any recourse;
- Obtain management's confirmation that all statutory filings and requirements have been met;
- Perform other duties delegated to it by the Board of Directors (e.g., meeting with representatives of governmental funding agencies, and reviewing correspondence with such agencies, etc.); and
- The Finance, Audit and Risk Committee performance and its individual members shall be assessed annually as part of the Board's evaluation process. The activities of the Finance, Audit and Risk Committee shall be assessed in relation to its mandate. In this way, the Committee will be continually improving and updating its mandate to meet the current issues of the LHIN and the environment in which it operates.

Communication

The Committee should:

- Be accountable to all stakeholders of the LHIN;
- Have open communication with management, other committee members and advisors, as applicable, to strengthen the Committee's knowledge of current and prospective issues; and
- Insist on open discussions with management and the external auditors about issues of quality and integrity.

Amendment:

These terms of reference will be approved by the Board and may be amended by the Board as required.

Report to the Board of Directors South West LHIN Board Committee Composition 2019

Meeting Date: November 20, 2018

Submitted By: Cynthia St. John, Governance and Nominations Committee Chair

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Suggested Motion

THAT the South West LHIN Board of Directors appoint Board Directors to the committees of the board effective January 1, 2019 as recommended by the Governance & Nominations committee and as attached. Board Committee membership will be reviewed on an as needed basis and at least annually.

Background

The Governance & Nominations Committee met on October 31, 2018 and developed the recommendation for board consideration.

The Terms of Reference for the Governance and Nominations Committee state that the committee will:

- review and recommend to the Board the annual allocation of members to Committees in consultation with the Chair and individual Board members who may have expressed personal interests, ensuring continuity of committee members, and succession planning of the chair of each committee.

South West LHIN Board of Directors – Committee Membership

PROPOSED Effective January 1, 2019

Audit Committee

Composition: 3 directors plus Board Chair

Myrna Fisk, Committee Chair

- Andrew Chunilall, Acting Board Chair
- Glenn Forrest
- Allan Mackay

Board-to-Board Reference Group

Composition: 2 directors plus Board Chair

Leslie Showers, Committee Chair

- Andrew Chunilall, Acting Board Chair
- Cynthia St. John

Quality Committee

Composition: 4 directors minimum plus Board Chair

Linda Ballantyne, Committee Chair

- Jean-Marc Boisvenue
- Andrew Chunilall, Acting Board Chair
- Myrna Fisk
- Allan Mackay
- Jim Sheppard

Governance & Nominations Committee

Composition: 3 directors minimum plus Board Chair

Cynthia St. John, Committee Chair

- Andrew Chunilall, Acting Board Chair
- Wilf Riecker
- Jim Sheppard
- Leslie Showers

CEO Performance Task Force

Composition: 2 directors minimum plus Board Chair and Vice Chair

- Linda Ballantyne, Vice Chair
- Andrew Chunilall, Acting Board Chair
- Wilf Riecker
- Leslie Showers

Indigenous Work Group

Composition: 3 directors minimum

- Linda Ballantyne
- Jean-Marc Boisvenue
- Glenn Forrest

Report to the Board of Directors Home and Community Care Health Human Resource Challenges

Meeting Date: November 20, 2018

Submitted By: Daryl Nancekivell, Interim Vice-President, Home and Community Care
Dan Brennan, Communications Director

Submitted To: Board of Directors Board Committee

Purpose: Information Only Decision

Background

The purpose of this briefing note is to provide a status update on health human resource challenges within South West LHIN Home and Community Care, specifically personal support workers (PSWs) and registered nurses (RNs), and the organization's plans to manage, monitor and prioritize associated strategies. The management of this issue will also include clear communication of the steps that have already been taken without minimizing the ongoing seriousness of the issue.

Status

- The challenges across personal support services and nursing fall into two broad categories: quality of care and insufficient amount of health human resources.
- Specific issues include:
 - A lack of nurses with specialized clinical skills in the community
 - Significant human resource shortage of personal support workers (PSWs)
 - Wage disparity between health sectors
 - High turnover
 - Increasingly complex patient needs
 - Travel issues, particularly in rural areas
- The data reflects the reality of the shortages:
 - PSW care is missed about 1.3% of the time (target is 0.05%)
 - Average utilization of PSW services per patient has decreased

Provincial Response

Provincial strategies to address capacity challenges include:

- Creating a PSW recruitment and retention strategy, including:
 - Funding Home Care Ontario to develop a PSW marketing strategy
 - Working with LHINs and educators to develop prior learning assessment programs to fast-track PSW education
 - Working with educators to develop enhanced skills training programs for PSWs
 - Working with educators and employers to develop an onboarding and mentoring program and career pathways for PSWs
- Implementing a PSW forecasting model to help identify gaps over time
- Launching the PSW training fund on August 15, 2018

South West LHIN Response

Local strategies at the South West LHIN to address capacity challenges include:

- Performance management of contracted providers
- Changes to service guidelines to increase use of allied health professionals
- Provider compensation enhancement to support retention
- Referral management process to prioritize high needs patients
- Direct funding of service provider education
- Alternative service delivery models, including partnerships with retirement homes and community paramedicine
- Enhanced funding for contracted Home Care SPO projects aimed at better supporting patients, including: Home Independence Lite; therapy supports for palliative populations; palliative care program expansion; creating capacity through efficient scheduling; home exercise activation program; home lift and transfer program; Deterring Emergency Time Offering Urgent Response program.

Communications Plan

Target Audiences

- Hospitals
- SPOs
- Primary care
- SRITs
- Boards
- Staff

Communications Strategies

- Properly define the problem and the many actions taken to date without minimizing the challenges ahead
- Reassure target audiences that we are prioritizing the issue and putting resources behind it
- Support talk with a concrete demonstration of action: share all new initiatives and successes
- Encourage health care providers to share the plan with their patients
- Encourage dialogue and a sharing of ideas

Key messages

- We are experiencing significant capacity challenges across the South West LHIN, primarily due to a shortage of Personal Support Workers and nurses. Capacity challenges are not limited to one service provider or one community, but are felt across our region and the province.
- Current capacity challenges are not related to funding. We have adequate funding to deliver personal support and nursing care, however the home care system is challenged to recruit enough staff.
- We have developed and implemented many strategies with local providers and provincial colleagues to meet these capacity challenges, but there is still more work to do.
- Our internal teams continue to work with providers and the Ministry on both short-term and long-term actions and are putting all the necessary resources behind this challenge.
- We understand this is a challenging situation and are committed to working collaboratively to meet these capacity issues.

Communications Tactics

- Develop a fact sheet that properly defines the problem
- Develop a fact sheet on the strategies taken to date to address the problem and their status
- Develop a detailed distribution list for target audiences
- Develop a solid plan for the future
- Share the plan:
 - Email message about the plan with fact sheets attached
 - Share the memo internally, so staff can act as ambassadors of the plan
 - Share the plan and fact sheets in the All LHIN newsletter and Exchange Newsletter
 - Roadshow of priority hospitals, SPOs, SRITs, Boards
 - Or Webcast/conference call with targets
 - Roadshow of internal employee committees, so staff can act as ambassadors
 - Use feedback from staff and providers to identify new strategies/opportunities
 - Follow-up email to targets to summarize discussions and next steps
- Present Home and Community Care as a career path at Fanshawe College, Georgian College and some high schools
 - Develop brochure on Home and Community Care for schools
 - Develop presentation for orientation sessions with students
 - Develop recruitment style posters for career departments or job boards
 - South West LHIN leave-behind that is appealing to students
- Develop a social media strategy that focuses on the concrete actions being taken and that promotes home and community care as a career path:
 - Calendar of posts that are consistent with key messaging

- Creative that can support posts
 - Reuse creative for school recruitment
- Targeted social sharing with system partners
- Paid and earned reach
- Analytics to tailor social media
- Consider media relations as well, e.g.:
 - A news release on eShift could highlight how the technology uses resources more effectively and improves job satisfaction
 - A news release in partnership with Fanshawe College and Georgian College to stimulate interest in this career path
 - Use South West LHIN and former student as a testimonial