Perth and Smiths Falls District Hospital
Board of Directors' Meeting
Friday, January 14, 2011 @ 7:30 a.m.
Main Boardroom, GWM Site

PRESENT: C. Beckett*, L. Bisonette, J. Brown, Dr. C. Ehrat, L. Evans, L. Hendriks, M. Ross, R. Schooley, L. Sparks, D. Staples, B. Strachan, T. Stepanuik

REGRETS: Dr. S. Muldowney, Dr. P. Roney, K. Van Der Meer

In Attendance: L. Moore, B. Quinn (TNG Consultants), K. Kelly, Executive Assistant

**via conference call.*

---

1. CALL TO ORDER

In L. Sparks' absence, L. Hendriks called the meeting to order at 07:35 hours. happy new year to everyone.

2. CHAIR'S REMARKS

L. Hendriks wished everyone a happy new year and welcomed L. Moore and B. Quinn (TNG Consultants) to the meeting. L. Hendriks added that C. Beckett was participating in today's meeting via conference call. She advised that L. Sparks will be arriving to the meeting shortly.

At this point, T. Stepanuik thanked L. Moore and B. Quinn for attending and requested that they begin their presentation.

3. STRATEGIC PLAN PRESENTATION – L. MOORE, B. QUINN

L. Moore thanked the board for the opportunity to present today and wished everyone a happy new year. At this point, she and B. Quinn provided their "Dashboard" presentation (a copy will be appended to the original minutes for ease of future reference.

It was noted that the next phase of the strategic planning process is to develop a board monitoring dashboard, work plan, governance to governance ("G2G") strategy, and board integration strategy.

Discussion ensued regarding where the board is with the strategic plan and the "roll-out" and communication of the plan to stakeholders. T. Stepanuik confirmed that the strategic plan has been shared with internal stakeholders and subsequent meetings have been scheduled for January with external partners. T. Stepanuik advised that until the plan has been shared properly with internal and external stakeholders, it would not be posted on the hospital website.

He added that the management team will be meeting on January 24 to discuss operational plans.

T. Stepanuik reported that:

- Medical Advisory Committee has received the plan;
- Medical Staff – they meet bi-monthly and it is anticipated that the plan will be rolled out at an upcoming meeting;
- Feedback to date has been positive with comments such as “succinct plan”, “manageable”, “hard targets set”, “easy document to work with…”;

B. Quinn received permission to share the finished plan with his hospital colleagues and he has done so. In light of this, other hospitals have requested TNG’s assistance in developing their respective plans. B. Quinn offered his thanks to the board and hospital for this.

B. Quinn turned to the “Dashboard” presentation and reviewed the concept of preparing, updating and monitoring a dashboard. Essentially, a dashboard will give a quick and efficient look at the status of the organization. The idea of a dashboard is to give you enough information to give you (the board member) confidence to keeping driving (an idea) and to keep you looking forward. He explained the board accountability and priorities with an automotive analogy.

L. Sparks arrived at the meeting at 07:43 hours.

B. Quinn suggested that the dashboard will be in a paper format initially and eventually transferred to an electronic version for reference and updating. The headings of the dashboard should be similar to those headings set out on page 2 of the slide deck.

It was noted that the senior and management teams will need to do additional work over the next couple of months to ensure that the progress and projects are moving along and the internal systems are working.

Discussion ensued regarding “internal systems”. D. Staples asked if the external factors be considered? B. Quinn advised that all factors are to be considered.

The dashboard approach will allow the board to review efficiently the status/progress of projects, etc. This document can be reviewed at monthly board meetings. This will help focus the board on monitoring and not delving into the details. This is separate from a CEO report as it can be an ongoing item as opposed to a traditional CEO report.

J. Brown asked if there is concern that something might be missed if it (the dashboard) is too focussed? L. Moore advised that the dashboard rolls up the priorities for the board.

Dashboards can help the board anticipate impact of external factors/groups, etc. B. Quinn noted that too much time is spent looking at the “paper” and looking at things retrospectively. The dashboard will give more confidence to confirm the information and then spend the remaining time on strategic priorities.

L. Moore added that there is no need to revisit committee reports at each meeting. A committee's mandate is to review information and confirm to the board that the information is being managed. The committee has been delegated the responsibility to deal with the committee mandate.

"Scorecard Information" (slide 6)

"how do we want to appear…?" Essentially, this means that the hospital will need to decide what messaging does it want to convey to stakeholders. L. Moore added that the strategic plan is "how we want to appear" as it shows people the priorities of the hospital.

L. Moore advised that the committee structures should support the strategic directions and should also mirror the dashboard monitoring. She suggested that the board may need to strike a committee to be the keeper of the dashboard. There is an idea of keeping the same standing committees. The committees then can create their own mini-workplan, etc. based on the strategic plan and bring it back to the board for approval and then report back to the board.

B. Quinn and L. Moore noted that working with a dashboard and relying on the "gauges" will take time to let go and trust in the management.

L. Sparks suggested to align the committees with the dashboard which will permit the committees to do the drill down and give confidence to the work and progress.

B. Quinn noted that strategic leadership is an ongoing conversation and partnership. L. Moore added that the board members need to be mindful that there is no crossing over into operational matters. The rhythm of the meetings will change but it will be uncomfortable initially.

B. Quinn set out the key components of the dashboard:

- compliance – ensure compliance with legal, new bills from government, union contracts, regulatory, etc. indicator would show person responsible: the board needs to be aware, CEO, accountant, etc. what colour is the indicator…green, yellow, red.
- principle risks – regularly (annually, etc.) the board will need to discuss and determine the main risks, standing issues – such as physician issues or recruitment
- strategic priorities – evolving priorities (from strategic plan approved Oct. 2010)
- CEO performance – priorities and goals get built into the scorecard; goals are put into a scorecard format.
- Board work plan – need to set priorities/goals

J. Brown recalled joining the board and receiving a large orientation manual. B. Quinn suggested that the strategic plan and dashboard could really serve as the "orientation manual".

Dr. C. Ehrat commented that there is so much being done operationally and for the board to be aware of what is being done operationally, the more impressed they (board

members) will be. She felt that this document will give all members, existing and new members, confidence in the management/leadership of the organization.

B. Quinn noted that the operational staff already do so many things and this process will allow the staff to align the resourcing, etc. The dashboard will also reduce the level of preparation for accreditation.

B. Quinn then referred the members to the Scorecard Tracking document and reviewed the set up and contents of the document.

Meeting break @ 9:10 a.m.

C. Beckett, M. Ross and Dr. C. Ehrat left the meeting at 09:10 hours.

Return from break at 09:25 hours.

T. Stepanuik advised that the board can expect a draft plan at the February 2011 Board of Directors' meeting. The draft will determine if operationally, the plan is in the right direction. L. Sparks added that the committees will then start to develop their committee work plans.

L. Moore referred the members to the two page document entitled, "Setting & Implementing Board Goals".

Discussion ensued regarding "strategic renewal" and whether the board cycle should be by board year of budget year. It was agreed that the budget year would be appropriate.

L. Moore directed that the board should identify four integration opportunities. B. Quinn suggested leaving a few minutes at each board meeting to confirm the utilization of the dashboard tool.

L. Moore, B. Quinn and the members then discussed items to be incorporated into the document.

L. Evans left the meeting at 10:00 a.m.

Discussion took place regarding placing the dashboard on the hospital website. L. Sparks suggested that the dashboard be rolled out at the Annual General Meeting with the anticipation that the print media will be able to report on it. It was noted that should the document be placed on the website, that only the dashboard and not the supporting information.

The members discussed current and upcoming legislative changes and noted that the composition of the Board Quality Committee will be changing. IT was agreed to have this item on the dashboard/work plan as an easy target to meet.

L. Moore asked that members to consider which strategic priorities fall under the auspices of which standing committee. Items to also consider and incorporate are those that the board has formally committed to or any carry-over work from the committees. One item for consideration is medical manpower issues.

It was noted that "Governance to Governance" matters could be assumed to the Liaison or Executive Committees.

If there is a need to clarify a point on a committee report, it would be the board member's responsibility to speak with the committee chair for information/clarification prior to/after a board meeting.

L. Moore reminded the members that committee work should not be brought to the board if it is information only and it should be removed from agenda. If it requires guidance or approval, then it needs to be brought to the board. The motion and decision needs to come to the board, however, the motion request should come with supporting information so that the members can make an informed decision. It is WHERE you review/discuss the information not WHEN. She added that you cannot have committee/board members change sides on decisions.

Discussion ensued regarding the comfort level with the new process. L. Sparks commented that there may be an issue of "not communicating" or not communicating enough to members and hospital stakeholders.

L. Moore suggested that information-only items should be clearly set out in the board meeting packages as this will help focus the members on critical items.

B. Quinn and L. Moore – will take the information back and prepare a first draft of the board work plan.

T. Stepanuik will work on compliance items and advise B. Quinn.

The next meeting date with TNG will be discussed by T. Stepanuik, L. Sparks, B. Quinn and L. Moore. In any event, at the next meeting, TNG will assist with the Governance to Governance portion of plan.

L. Sparks thanked B. Quinn and L. Moore for attending today.

4. ADJOURNMENT

RESOLUTION No. 1/11

MOVED by R. Schooley
SECONDED by L. Hendriks

As there was no further business to discuss, the meeting was adjourned at 10:35 hours.

CARRIED.

"Larry Sparks"	*"Todd Stepanuik"*
_____	_____
Larry Sparks, Chair	Todd Stepanuik, President & CEO