

MINUTES OF THE BOARD OF DIRECTORS
 Thursday June 29, 2017, 4:00 pm – 5:00 pm
 Centenary Site, Bruce Johnston Conference Room

PRESENT:

Maureen Adamson, Chair	Andrea Barrack
Matt Ainley	Yazdi Bharucha
Christian Buhagiar	
Valerie Carter	Janet Dalicandro
Ome Jamal	Krishan Suntharalingam
Alan Mak	
Glenna Raymond	Karen Webb
Andree Robichaud	Dr. Naresh Mohan
Dr. Amir Janmohamed	
Linda Calhoun	

REGRETS: Terri McKinnon, Dr. Dov Soberman, Graeme McKay

RECORDER: Trish Matthews

<p>1. BOARD EDUCATION</p> <p>1.1 Patients First LHIN Renewal</p> <p>Ms. Deborah Hammons, CEO of the Central East Local Health Integration Network (LHIN), provided an overview of pre-circulated material, with highlights of discussion as follows:</p> <ul style="list-style-type: none"> • This is the first week of the “new LHIN.” LHIN renewal started in October 2016 when the LHIN and CCAC staff started meeting as senior leadership teams. Deloitte was chosen by the MOHLTC to determine readiness for transition, who spoke to increase in board representation, and an 8% administrative staff reduction in merger (MOH mandated). Deloitte reviewed 4 building blocks: LHIN capacity, readiness, organizational design, HSSO, sub regions. The Senior Leadership Teams began by developing local plans, identifying and mitigating risks and planning system integration. • The CE-LHIN plans and funds healthcare for 1.7M people, with the 2nd largest in LHIN population, 6th largest LHIN in geography. The CE-LHIN has 137 Health Service Providers in 7 sub-regions, and the longest wait list for people waiting for Long Term care in the province; • 30, 0000 residents are receiving home care. The former Community Care Access Centre budget was \$312 million; • The new LHIN is taking the lead from SRH on 100 day plan, following along with SRH’s integration and tracking, and using the SRH plan as best practice to develop their own; • LHIN – C, LHIN SSO, - LHINs always shared back office – for key business functions - created provincial crown agency

- Spoke to organizational structure. While proud of a lean Senior Leadership Team, all LHINs now have Vice Presidents Clinical and ½ day Primary Care physician leads. This is an evolving structure – ongoing through integration;
- Sub LHINs were formed, using population health methodology, from HealthLinks. Scarborough South is the largest sub region, due to population density
- Increasing role of primary care; the LHIN’s can now fund FHT’s, but are not involved in physician compensation. Working with Healthcare connect, RN’s whose role is to connect people to family physicians. The LHIN is also more involved in Health care Human resource planning;
- Post transition will look at bundled care, priorities and levels of care and supporting access to specialists;
- 960 physicians in our LHIN use digital platform;
- HUB models were discussed. The CE-LHIN have just received and approved a Mental Health hub in the Peterborough region;
- Hoping Bridletowne is coming forward soon!
- Hospital care being integrated into this system was discussed. Primary Care is the focus
- LHIN has Chief of Staff meetings, to represent their organizations
- Accountability agreements with FHT, FHINs etc. are coming, the LHIN will try to spread to fee for service physicians, provide them with support;
- Alternate Level of care (ALC) was discussed. We currently have 135 at SRH. Hoping they will be funded for community supports in order to facilitate discharge from hospital;
- Master planning process SRH undertaking is huge
- How are more resources going to home care? Streamlined admin, going to point of care and provision of care in the home;
- What is being done to evaluate the success of integration? Deloitte will be evaluating transition, evaluation of transformation. The Auditor General will be evaluating within the next year. Discussion of scope of evaluation ensued.
- A. Robichaud thanked D. Hammons and L. O’Brien for all their support to SRH in her time here.

2. Call to Order and Declaration of Conflicts

M. Adamson called the meeting to order at 4:44 pm and welcomed all staff and community members attending in person, and welcomed all who are joining via webcast. We are pleased that everyone has taken the time out to join us; we welcome you to participate in all of our public meetings.

No conflicts of interest were declared.

AGENDA

F. Clifford requested Items 4.1.3 and 4.1.4 and 4.2 be moved to the In Camera Agenda.

3. CONSENT AGENDA

Moved by: K. Webb

Seconded by: V. Carter

THAT the consent agenda is approved as circulated.

CARRIED

4. ITEMS FOR APPROVAL/DECISION

4.1 Report from the Finance and Audit Committee

4.1.1 March 31, 2017 Audited Financial Statements and Appointment of Auditors

Moved by: F. Clifford

Seconded by: Y. Bharucha

THAT the Board of Directors approve the March 31, 2017 Audited Financial Statements as presented.

THAT the Board of Directors recommend to the Members at the Annual General Meeting to appoint Deloitte LLP as Auditors for fiscal year 2017/2018 per the agreed to fee.

CARRIED

4.1.2 2017-18 HAPS and Caps

Moved by: F. Clifford

Seconded by: A. Mak

THAT the Board of Directors approves the 2017/18 Hospital Services Accountability Agreement (H-SAA) and the associated Hospital Annual Planning Submission (HAPS).

THAT the Board of Directors approve of the 2017/18 Multi-Sector Service Accountability Agreement (M-SAA). The associated Community Annual Planning Submission (CAPS) was approved by the Board of Directors at their February 23, 2017 meeting.

CARRIED

5.0 Items for Information/Discussion

5.1 Report from the Quality Committee

V. Carter provided a report in the pre-circulated package and offered to take any questions the members may have; none.

5.2 Report from the Integration Committee

G. Raymond provided a report in the pre-circulated package and offered to take any questions the members may have; none.

5.3 Report from the Interim Chair of the Medical Advisory Committee (MAC)

Dr. Naresh Mohan provided an overview of the report that was pre-circulated in the agenda package, with highlights of discussion as follows:

- Recruitment of Department of Nephrology chief to begin;
- Dr. Mohan emphasized the recent loss of a psychiatrist. The loss of stipends due to integration

will make it very hard to recruit. SRH is working with Ontario Shores, LHIN, and Healthforce to provide summer coverage. It is a significant challenge, working collaboratively across sites, to try to ensure coverage. Physician payment discussion ensued.

5.4 Report from the Interim President and CEO

A. Robichaud reported the Report of the Interim President and CEO was pre-circulated in the agenda package, with highlights of discussion as follows:

- A, McCutcheon retiring and a revised organization chart has been tabled to the members to show portfolio realignment;
- SRH no longer has an obligation to report back to the Privacy Commissioner. M. James was thanked for all her hard work won this file;
- Nurse scheduling task force was discussed. L. Calhoun spoke to the review process, and potential impact across the organization. Reports will be provided to the board Quality and Finance and Audit Committees.

5.5 Report from the Board Chair

M. Adamson provided an update of activities that took place over the last month, with highlights as follows:

- Ogders Berndtson has been selected as the Executive Search firm for the Chief of Staff Recruitment process and they are at the beginning stages of the recruitment process;
- M. Adamson continues to meet with E. Buller in the CEO Orientation process;
- M. Adamson thanks A. Robichaud for her time and commitment to SHR as CEO.

6.0 In Camera Session

Moved by: F. Clifford

Seconded by: O. Jamal

THAT the Board of Directors move to an In Camera meeting.

CARRIED

An in camera session of the board of directors was held.

7.0 Next Meeting

Thursday September 28, 2017

4 pm – 6 pm

Birchmount Site, Irene Stickland Education Centre

8.0 Termination

The meeting terminated at 6 pm.