

**BOARD APPROVED MINUTES  
BOARD OF DIRECTORS MEETING  
Wednesday, May 25, 2016  
Scarborough Room, Central East LHIN  
314 Harwood Avenue South, Ajax ON  
10:00 AM – 5:30 PM**

**Directors Present:** Mr. Wayne Gladstone (Chair)  
Mr. David Sudbury (Vice-Chair)  
Mr. S. Gopikrishna (Member)  
Ms. Joanne Hough (Member)  
Ms. Margaret Risk (Member)  
Ms. Amorell Saunders N'Daw (Member)  
Ms. Samantha Singh (Member)

**Staff Present:** Ms. Deborah Hammons (Chief Executive Officer)  
Mr. Stewart Sutley (Senior Director, System Finance and Performance Management)  
Mr. Brian Laundry (Senior Director, System Design & Integration)  
Ms. Katie Cronin-Wood (Director, Communications & Community Engagement, Corporate)  
Mr. Marco Aguila (Director, Corporate Services)  
Ms. Emily Van de Klippe (Lead, SFPM)  
Ms. Jai Mills (Lead, SDI)  
Ms. Kasia Luebke (Lead, SDI)  
Ms. Karen O'Brien (Consultant Public Affairs Community Engagement)  
Ms. Sheila Rogoski (Executive Coordinator)  
Ms. Jennifer Persaud (Governance Coordinator, Minutes Recorder)

Mr. Gladstone, Chair of the Central East Local Health Integration Network (the "Central East LHIN") Board of Directors chaired the meeting.

**1.1 MEETING CALLED TO ORDER**

Mr. Gladstone called the meeting to order at 10:00 am and welcomed the members of the public to the Central East LHIN open Board meeting.

**Constitution of Meeting and Quorum**

Notice of the meeting having been properly given to the public and to each Board member, and a quorum of Board members being present at the meeting, Mr. Gladstone declared the meeting duly constituted for the transaction of business.

**2.1 CONSENT AGENDA**

Prior to introducing the motion, Mr. Gladstone asked if there were any items on the consent agenda requiring further discussion. There were no items raised for discussion by members in attendance.

**MOTION:** Mr. Krishna  
Be it resolved, that the consent agenda of the May 25, 2016 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
  - Board meeting agenda: May 25, 2016
  - Board meeting minutes: April 27, 2016
  - Chair's Report to the Board

**SECONDED:** Ms. Hough

**MOTION CARRIED**

**2.2 DECLARATION OF CONFLICTS OF INTEREST**

Mr. Gladstone requested that those in attendance declare any conflicts of interest. There were no conflicts raised by members in attendance.

**3.0 DELEGATIONS TO THE BOARD**

Mr. Gladstone indicated that there were no delegations to the Board.

**3.0 HEALTH SYSTEM EDUCATION/INFORMATION**

Mr. Gladstone noted that a presentation on Quality-Based procedures is being prepared for a future meeting.

**5.1 BUSINESS ARISING FROM LAST MEETING OF APRIL 27, 2016**

Mr. Gladstone asked for any business arising from the last Board meeting on April 27, 2016. There were no items of business arising by members of the Board.

**5.2 NORTHUMBERLAND HILLS HOSPITAL IMPROVEMENT PLAN IMPLEMENTATION**

Mr. Gladstone welcomed Ms. Linda Davis, President and Chief Executive Officer and Mr. Jack Russell, Board Chair of Northumberland Hills Hospital, who presented an update on hospital's integration activities and the progress to date on the recommendation areas of the external operational review report.

Mr. Russell noted concerns on behalf of the Northumberland Hills Hospital Board of Directors with finding partners to move forward with integration initiatives. Members of the Board requested that LHIN management review the integration opportunities and report back to the Board at a future meeting. The Northumberland Hills Hospital's Board is also concerned about signing the Hospital Services Accountability Agreement (HSAA) extension since the hospital does not have a balanced operating budget for 2016/17. It was noted that the hospital is looking to discuss how they can ensure a revenue stream increase identified in the Hospital Improvement Plan to be able to sign the HSAA.

Ms. Davis introduced Ms. Elizabeth Vosburgh (Vice President, Human Resources and Quality, Chief Human Resource Officer), Ms. Cheryl Turk (Vice President, Finance and Information Services, Chief Financial Officer, Chief Privacy Officer), Ms. Helen Brenner (Vice President, Patient Services, and Chief Nursing Executive) and Ms. Jennifer Gillard (Director, Communications and Community Engagement) as members of the senior team at Northumberland Hills Hospital who were present at the meeting.

Ms. Davis reviewed the metrics and completion status of the Hospital Improvement Plan, this included the following:

- Board Governance and Management Reporting;
- Utilization Efficiencies;
- Clinical Efficiencies;
- Operating Efficiencies; and
- Integration/Partnership Initiatives.

The key initiatives of the 2016/17 Hospital Improvement Plan were reviewed which included Decreasing Length of Stay, Achieving Median Productivity in Emergency Department (ED), Consolidating Small Units, Achieving Best Quartile Performance in Laboratory and Voluntary Integrations.

Mr. Russell reported that a special committee of the Board has been formed to review the progress of the Hospital Improvement Plan to monitor performance. Ms. Davis walked members of the Board through an update on the Financial Savings Targets, the table below summarized the progress made towards achievement:

**NORTHUMBERLAND HILLS HOSPITAL  
HOSPITAL IMPROVEMENT PLAN  
PROGRESS TOWARDS OF ACHIEVEMENT OF FINANCIAL SAVINGS TARGETS  
STATUS UPDATE AS AT MAY 10, 2016**

IMPROVEMENT INITIATIVE	2016/2017 FISCAL YEAR SAVINGS (INVESTMENT) IDENTIFIED IN HIP	2016/2017 FISCAL YEAR SAVINGS (INVESTMENT) REVISED ESTIMATE	STATUS Green = Complete Yellow = On Track Red = Not Meeting Target	COMMENT
Formal delineation of roles, responsibilities and accountabilities of department chiefs	(\$80,000)	\$NIL	Red	Roles delineated; physicians elected a flexible (vs fixed) fee model
Achieve "break-even" state in retail food services	\$10,000	\$10,000	Yellow	
Reduce length of stay (LOS)	\$300,000	\$300,000	Yellow	
Reduce and realign Support Services management	\$40,000	\$40,000	Green	
Reduce frequency of environmental cleaning in non-clinical areas	\$41,000	\$41,000	Yellow	
Explore and assess opportunities in clinical engineering maintenance contracts	\$41,000	\$41,000	Green	
Achieve median productivity performance in ED	\$320,500	\$167,500	Red	Partial savings delayed to 2017/2018 fiscal
Consolidate inpatient units	\$411,000	\$411,000	Yellow	
Reduce reliance on float pool	\$197,000	\$197,000	Yellow	
Achieve ICU productivity performance target	(\$189,000)	(\$189,000)	Yellow	
Combine small outpatient departments	\$27,500	\$27,500	Yellow	
Restructure clinical administration	\$12,000	\$12,000	Green	
Review opportunity to alter approach to after-hours management	\$35,000	\$35,000	Green	
Achieve best quartile performance in the Laboratory	\$85,000	\$85,000	Yellow	
Reduce Non-Labour Costs in Diagnostic Imaging	\$100,000	\$100,000	Green	
<b>2016/2017 Fiscal Savings Identified in HIP</b>	<b>\$1,351,000</b>	<b>\$1,278,000</b>		
Expedited Savings re: Outsourcing Microbiology	\$37,500	\$37,500	Yellow	Assumes implementation October 2016
<b>Total 2016/2017 Fiscal Savings</b>	<b>\$1,351,000</b>	<b>\$1,315,500</b>		

Mr. Gladstone requested that Northumberland Hills Hospital provide monthly reports to the Central East LHIN Senior Management Team to allow for ongoing review of the Hospital Improvement Plan progress. Members requested that quarterly reports continue to the Board. The Board requested additional information on the measures in place at Northumberland Hills Hospital to ensure quality and safety standards are maintained throughout the period in which the Hospital Implementation Plan is being rolled out.

Ms. Hammons noted that a discussion took place with the Ministry with regards to the historical structural deficit and the Ministry is currently awaiting the outcomes to be reported on the Hospital Improvement Plan before taking any further action.

Mr. Sudbury left the meeting at this time.

**MOTION:** By Ms. Singh  
Be it resolved that Northumberland Hills Hospital be directed to report to and collaborate with LHIN staff monthly, between its quarterly updates to the LHIN Board, regarding its implementation of its Hospital Improvement Plan, including integrations, quality and safety reviews, and the status of its operations, including as affected by new and potentially new revenues to the Hospital.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

Ms. Davis provided formal notice to voluntarily integrate Northumberland Hills Hospital's microbiology services with Peterborough Regional Health Centre, effective October 2016. It was noted that NHH is targeting to receive annualized savings of approximately \$75,000 by outsourcing microbiology.

Mr. Stewart Sutley, Senior Director System Finance Performance Management, walked members of the Board through an overview of the LHIN analysis related to the Northumberland Hills Hospital and Peterborough Regional Health Centre's Voluntary integration related to Microbiology services.

**MOTION:** By Ms. Saunders N'Daw  
It is the recommendation of Central East LHIN staff that the Central East LHIN Board of Directors **not issue** a decision to stop the Voluntary Integration of Microbiology Services between Northumberland Hills Hospital and the Peterborough Regional Health Centre in accordance with Section 27, (6) of the **Local Health System Integration Act, (2006)**.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

Mr. Russell thanked Mr. Gladstone for his strong leadership during his term as Board Chair and Mr. Russell commented on looking forward to continuing dialogue with Mr. Gladstone's successor. Mr. Gladstone thanked Mr. Russell and Ms. Davis for their presentation.

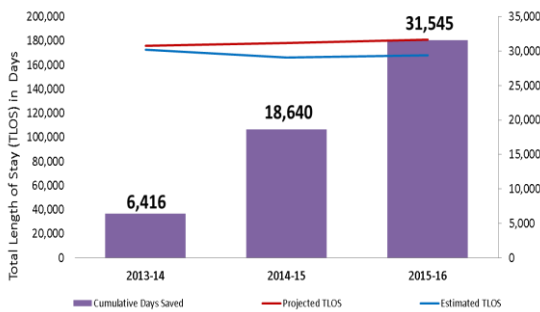
**5.5 UPDATE ON CENTRAL EAST LHIN STRATEGIC AIMS**

## Mental Health & Addictions

Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled emergency department visits for reasons of mental health or addictions by 13% by 2019.

Ms. Marilee Suter, Lead, Decision Support, Corporate, presented an update on the Mental Health & Addictions Aim under the Central East LHIN Integrated Health Service Plan 2013-16 –

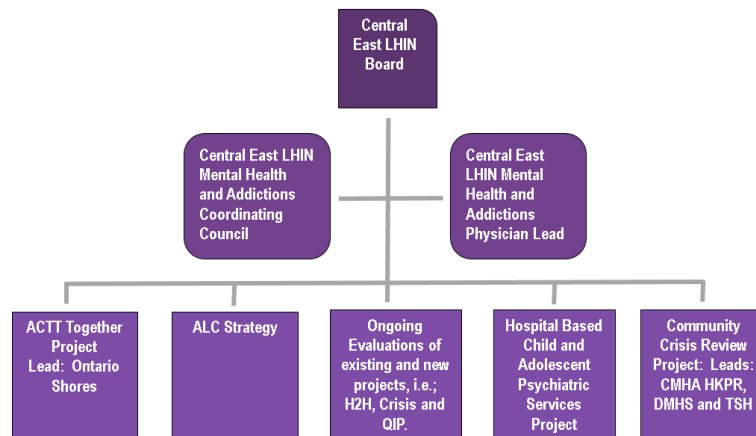
*Strengthen the system of supports for people with Mental Health and Addiction issues so they spend 15,000 more days at home in their communities by 2016.*



Indicator	Baseline	CE LHIN Target	Time Period for Current Performance	Current Performance	Current Status	Direction
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Goal: decrease)	18.2%	<b>16.3%</b>	15/16 Q2	20.1%	●	↗
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease)	23.5%	<b>22.4%</b>	15/16 Q2	26.5%	●	→
Proportion of discharges sent home rather than to an institution for patients with a behaviour support diagnosis (Goal: increase)	60.9%	67.0%	15/16 Q2	63.4%	●	→
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease)	7.8	7.0	15/16 Q2	9.0	●	↗

Note:  
Bold text indicates a formal Central East LHIN Target

Ms. Jai Mills, Lead, SDI reported on the planning and implementation infrastructure for the Integrated Health Service Plan 2016-19 (IHSP 4) and noted that both the Central East LHIN Mental Health and Addictions Coordinating Council along with the Central East LHIN Mental Health and Addictions Physician Lead all hold accountabilities for the various projects under the Aim:

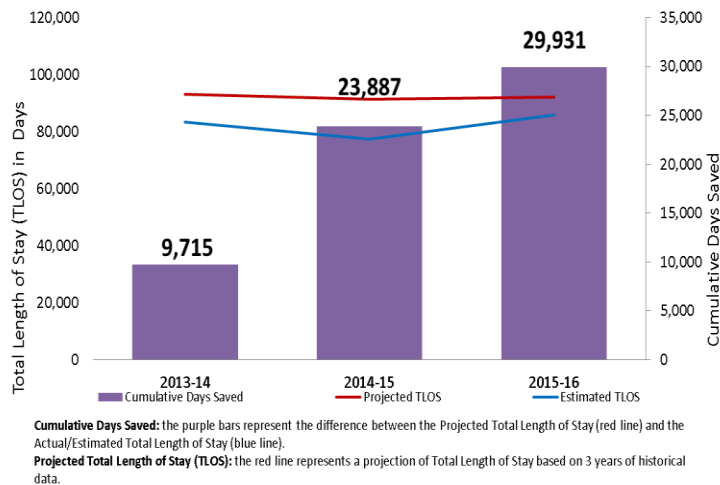


Ms. Mills introduced Ms. Renee P., who shared a patient story with members of the Board. Renee was thanked for attending the meeting and presenting her experience in accessing mental health services in the Central East LHIN.

## Vascular Health

Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019.

Ms. Suter reviewed the metrics update with the Board and provided a progress report on the Vascular Health Strategic Aim from IHSP 3.



Indicator	Baseline	CE LHIN Target (MOHLTC or ON Target)	Time Period for Current Performance	Current Performance	Current Status	Direction
30-Day Readmission for select CMG (Cardiovascular) (Goal: decrease) <sup>1</sup>	14.2%	13.0%	15/16 Q1	16.5%	●	↖
30-Day Readmission for select CMG (CHF) (Goal: decrease) <sup>1</sup>	23.1%	22.6%	15/16 Q1	21.4%	●	→
30-Day Readmission for select CMG (COPD) (Goal: decrease) <sup>1</sup>	18.5%	20.0%	15/16 Q1	20.1%	●	→
30-Day Readmission for select CMG (Diabetes) (Goal: decrease) <sup>1</sup>	13.3%	15.1%	15/16 Q1	9.1%	●	→
Percentage ALC days (stroke) (Goal: decrease)	23.7%	21.4%	15/16 Q2	33.4%	●	↖
Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation (Goal: increase)	36.2%	45.4%	FY 14/15	42.7%	●	↗
Proportion of stroke/TIA patients treated on a stroke unit any time during their inpatient stay (Goal: increase)	31.9%	72.3%	FY 14/15	42.7%	●	↗

Note:  
<sup>1</sup> Italicized font indicates a MOHLTC calculated target or an Ontario target.

Ms. Kasia Luebke, Lead, SDI, walked members of the Board through an update on the Vascular Health Initiatives underway at the Central East LHIN, this included the following:

- Regional Cardiovascular Rehabilitation and Secondary Prevention
- Vascular Surgical Services
- Ontario Renal Network
- Stroke
- Centralized Diabetes Intake (CDI)
- Diabetes Education Programs (DEPs) Centre for Complex Diabetes Care
- Teleophthalmology

- Telehomecare
- Self-Management

It was noted that next steps under the Vascular Health Aim include:

- Working with the Vascular Health Strategic Aim Coalition (VHSAC) and key supporting stakeholders to create integrated systems of care at the sub-LHIN level.
- Ensure current governance structures support implementation of the Vascular Aim for 2016-2019 and achievement of Ministry-LHIN Accountability Agreement (MLAA) and Stroke Report Care indicators.
- Priority initiatives for 2016/17 which will be supported by the VHSAC and other stakeholders are:
  1. Develop an action-oriented Central East LHIN Vascular Strategy with an implementation plan across Health Link Communities;
  2. Create greater access to culturally appropriate services within diabetes and vascular programs for Francophone, Indigenous populations, and new immigrants;
  3. Diabetes Education Programs and Centres for Complex Diabetes Care to continue enhanced linkages with other programs; and
  4. Cross-LHIN collaboration for stroke planning.

Members of the Board thanked Ms. Suter, Ms. Mills, Renee and Ms. Kuebke for their presentations and Mr. Laundry noted that the next update will come forward to the Board in November on Mental Health & Addictions and Vascular.

#### 5.4 HOSPITAL SERVICE ACCOUNTABILITY AGREEMENT EXTENSION

Ms. Emily Van de Klippe, Lead SFPM, presented an update to the Board on the 2016/17 Hospital Service Accountability Agreement (HSAA) and noted that the 2008-16 Extension Agreement expires on June 30, 2016. The HSAA Advisory Committee has prepared HSAA and Private Hospital (PHSAA) templates to extend the current three-month agreement to March 31, 2017.

**MOTION:** By Ms. Singh  
Be it resolved that the proposed HSAA Amending Agreement to be made as of July 1, 2016, and amending the 2008/16 H-SAA by extending its term to March 31, 2017, be approved as presented to the Board.

Be it also resolved that the Board delegate authority to the Central East LHIN Board Chair and Chief Executive Officer to execute the 2008/16 HSAA Amending Agreements by June 30th, 2016.

**SECONDED:** Ms. Risk

#### **MOTION CARRIED**

**MOTION:** By Mr. Krishna  
Be it resolved that the proposed PHSAA Amending Agreement to be made as of July 1,

2016, and amending the 2008/16 PHSAA by extending its term to March 31, 2017, be approved as presented to the Central East LHIN Board of Directors.

Be it also resolved that the Board delegate authority to the Central East LHIN Board Chair and Chief Executive Officer to execute the 2008/16 PHSAA Amending Agreement by June 30th, 2016.

**SECONDED:** Ms. Saunders N'Daw

**MOTION CARRIED**

**6.1 PAY-FOR-RESULTS (P4R)**

Mr. Brian Laundry, Senior Director, System Design & Implementation, walked members of the Board through the 2016/17 Emergency Department Pay-for-Results Program for Year 9. A number of new items were noted which included the following:

- Changes to the funding streams, performance metrics, and targets since the P4R Program started in 2008;
- Funding methodology for 2016/17 P4R Program included the Ambulance Offload Time (AOT) as the sixth performance indicator;
- Period used to determine performance rankings and resulting preliminary allocations for 2016/17 is the 2015 calendar year (January-December 2015);
- Two new requirements for P4R hospitals to participate in the following:
  1. Health Quality Ontario's (HQO) ED Return Visit Quality Program; and
  2. Ontario Hospital Association's (OHA) new ED Patient Experience of Care (EDPEC) Survey.

Mr. Laundry reported that in Central East LHIN, our P4R preliminary allocation has decreased by 4.5% from \$11,657,200 to \$11,135,200, with proposed allocations including:

Hospital Site	MOHLTC Preliminary Allocation	% MOHLTC Preliminary Allocation	Allocation After Shared Project Allocation
Peterborough Regional Health Centre	\$1,970,500	17.7%	\$1,748,414
Scarborough Hospital - Birchmount Campus	\$1,516,000	13.6%	\$1,345,138
Scarborough Hospital - General Campus	\$1,456,500	13.1%	\$1,292,344
Lakeridge Health - Oshawa	\$1,338,000	12.0%	\$1,187,200
Lakeridge Health - Bowmanville	\$835,800	7.5%	\$741,601
Ross Memorial Hospital	\$1,174,800	10.6%	\$1,042,393
Rouge Valley Health System - Ajax & Pickering	\$1,096,500	9.8%	\$972,918
Rouge Valley Health System - Centenary	\$1,070,100	9.6%	\$949,494
Northumberland Hills Hospital	\$677,000	6.1%	\$600,698
Shared Initiatives	\$0	0.0%	\$1,255,000
<b>Total</b>	<b>\$11,135,200</b>	<b>100.0%</b>	<b>\$11,135,200</b>



Mr. Laundry reviewed the P4R timelines with members of the Board and outlined next steps to establish an Emergency Care Steering Committee to oversee, monitor and evaluate the 2016/17 P4R Program.

**MOTION:** By Mr. Krishna  
Be it resolved that the Central East LHIN Board of Directors approve the proposed 2016/17 (Year 9) Pay-for-Results preliminary allocations for Central East LHIN hospitals as outlined in the Central East LHIN's Year 9 Consolidated Action Plan submitted to the Ministry of Health and Long-Term Care on April 25, 2016. June 30th, 2016.

**SECONDED:** Ms. Hough

**MOTION CARRIED**

## 6.2 **ONTARIO SHORES/ALZHEIMER SOCIETY DURHAM REGION VOLUNTARY INTEGRATION**

Ms. Jai Mills, Lead, SDI, was joined by Ms. Denyse Newton, Executive Director, Alzheimer Society Durham Region and Ms. Sheila Neuberger, Executive Vice-President, Clinical Services, Ontario Shores Centre for Mental Health Sciences to present a voluntary integration of services which include neuropsychiatry and Geriatric Outpatient Services & First Link between Ontario Shores and Alzheimer Society Durham Region.

Ms. Mills noted that the integration builds on existing services at both organizations and provided detail on the decision making framework used by the Central East LHIN staff to review the integration.

Members of the Board congratulated Ontario Shores and Alzheimer Society Durham Region for taking the initiative to advance this integration and requested a follow-up report in one year on the outcomes of the integration.

**MOTION:** By Ms. Saunders N'Daw  
Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors not stop the Voluntary Integration of Services – Neuropsychiatry and Geriatric Outpatient Services and First Link – between Ontario Shores Centre for Mental Health Sciences and Alzheimer Society Durham Region, in accordance with Section 25 of Local Health System Integration Act (2006).

**SECONDED:** Ms. Singh

**MOTION CARRIED**

## 6.3 **2016/17 URGENT PRIORITY FUNDING ALLOCATIONS**

Mr. Sutley presented an overview of Urgent Priority Funding and noted that as of April 1, 2016, the Central East LHIN had \$3,683,298 in UPF available for one-time or base allocations.

**MOTION:** By Ms. Hough  
Be it resolved that the Central East LHIN Board approve the six initiatives and associated performance obligations for UPF allocations totaling \$2,021,348 in 2016/17:

Health Service Provider	Transfer Payment Business Entity (TPBE)	Funding Amount	Funding as Base or One-time
Central East Community Care Access Centre (CECCAC)	Community Care Access Centre (CCAC)	\$12,000	One-time
Momiji Health Care Society (MHCS)	Assisted Living Services (ALS)	\$174,418	Base
Glen Hill Terrace – Strathaven Lifecare Centre	Long Term Care Home (LTCH)	\$735,384	One-Time
Lakeridge Health (LH)	Hospital (HOSP)	\$67,875	One-time
Rouge Valley Health System (RVHS)	Hospital (HOSP)	\$1,001,418	One-time
Ross Memorial Hospital (RMH)	Hospital (HOSP)	\$30,253	One-time

**SECONDED:** Ms. Risk

**MOTION CARRIED**

#### 6.4 LAKERIDGE HEALTH TP6 HEAD START REGIONAL PHARMACY DEVELOPMENT

Mr. Sutley walked members of the Board through a Stage 2 Capital Submission for the TP6 Head Start Regional Pharmacy Development Project at Lakeridge Health. It was noted that this project was first received by the LHIN in February 2014 and the purpose of the initiative is to give a formal endorsement for the creation of a brand new pharmacy. The existing pharmacy at Lakeridge Health is undersized relative to the community and the hospital is contemplating a regional system with an integrated pharmacy. Mr. Sutley indicated that the merits of the proposal have been carefully assessed and noted that the hospital is not under any operational pressures.

**MOTION:** By Ms. Singh  
Be it Resolved that the Central East Local Health Integration Network Board endorses the programs and services elements (Part A) of Lakeridge Health’s Stage 2 capital submission for the TP6 Head Start Regional Pharmacy Development Project and requests the Ministry of Health and Long-Term Care to complete its review of the physical and cost elements (Part B).

**SECONDED:** Mr. Krishna

**MOTION CARRIED**

#### 6.5 REPORT OF THE AUDIT AND FINANCE COMMITTEE – MAY 11, 2016

Ms. Hough, Chair Audit and Finance Committee, provided a report on the business tabled at the May 11, 2016 meeting of the Audit and Finance Committee. It was noted that the Committee met with the Auditors to review the Draft Audited Financial Statements. Ms. Hough provided a summary of the Draft Audited Financial Statements and noted that no major risks or adjustments were identified.

**MOTION:** By Ms. Hough

Be it resolved that the Central East LHIN Board approve the DRAFT audited financial statements (Deloitte) for the Fiscal Year April 1, 2015 to March 31, 2016 and authorize that these statements be signed.

**SECONDED:** Ms. Saunders N'Daw

**MOTION CARRIED**

**MOTION:** By Ms. Hough  
Be it resolved that the Central East LHIN Board receive the Chair's report of the Audit and Finance Committee meeting from May 11, 2016.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

**6.6 REPORT OF THE GOVERNANCE AND COMMUNITY NOMINATIONS COMMITTEE**

Ms. Marg Risk, Chair of the Governance and Community Nominations Committee, provided a report on the business tabled at the May 11, 2016, meeting of the Governance and Community Nominations Committee. It was noted that a presentation was given to the Committee by Ms. Hammons on Health Quality Ontario's Strategic Plan. Ms. Risk reported that planning is underway for Board Retreat and the focus for the session will be on the mission, vision, values and strategic directions at the Central East LHIN.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board of Directors receive the Chair's report of the Governance and Community Nominations Committee meeting from May 11, 2016.

**SECONDED:** Mr. Krishna

**MOTION CARRIED**

**6.7 UPDATE ON BOARD COMPOSITION**

Mr. Gladstone reported that a vice chair recommendation has been made to the Minister and this process is underway for an Order in Council to be issued in the coming weeks. The Vice Chair will then take on the acting Chair role once Mr. Sudbury and Mr. Gladstone's terms end in June.

Mr. Gladstone commended the contributions of Ms. Singh and Mr. Sudbury during their terms on the Board. Mr. Sudbury's contributions to the Pan-LHIN Executive Compensation was noted as being invaluable and Ms. Singh's excellent and long-lasting contributions to the Governance & Community Nominations Committee of the Board were highlighted. Ms. Hammons thanked the members for their contributions and shared positive comments about staff appreciating the strength and leadership style of the Central East LHIN Board members.

**6.8 CEO REPORT – Q & A**

Ms. Hammons presented the CEO report for review and questions. Ms. Hammons highlighted the announcement made by Minister Hoskins whereby the Panel report was accepted by the Minister, with the appointment of Mark Rochon as the facilitator. Ms. Hammons reported that meetings have taken place between Mr. Rochon and Rouge Valley, Lakeridge Health and The Scarborough Hospital. Mr. Rochon inquired with Ms. Hammons about the needs of the LHIN Board in relation to additional community engagement in the Scarborough area and staff will be providing this feedback.

Ms. Hammons noted that it is likely that Mr. Rochon will provide an update to the Board at a future meeting and the Board will receive notices for a merger of the Scarborough sites and an amalgamation of the Durham sites, including the approval of a Master Plan. The siting for the Scarborough site will not move forward until after the amalgamation is brought forward.

It was also noted that after eight years Ontario Shores finally negotiated a Land and Building Agreement with the Ministry.

**MOTION:** By Ms. Risk  
Be it resolved that the Central East LHIN Board of Directors receive the May 25, 2016 report of the Central East LHIN CEO for information.

**SECONDED:** Mr. Krishna

**MOTION CARRIED**

Ms. Singh left the meeting at this time.

**7.0 MOVED INTO CLOSED SESSION**

**MOTION:** By Ms. Hough  
Be it resolved that the Board of Directors move into closed session, pursuant to Section 9, subsection 5 of the Local Health System Integration Act (LHSIA) to:

- √ consider a matter that concerns personal or public interest
- √ consider a matter that would prejudice legal proceedings; and
- √ consider a personnel matter.

And that the following Central East LHIN staff, Deborah Hammons, Stewart Sutley, Brian Laundry, Katie Cronin-Wood, Karen O'Brien, Jennifer Persaud and Sheila Rogoski, along with Mr. Len Lifchus, Mr. Gary Lounsbury and Ms. Kathy Ramsay of the Central East Community Care Access Centre join the Board in the closed session.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

**12.1 REPORT ON CLOSED SESSION**

*Upon reconvening to the open session, Mr. Gladstone reported that during the in-camera session the Board discussed details pertaining to personnel, consider a matter concerning personal or public interest and matters that could prejudice legal proceedings.*

**MOTION:** By Mr. Krishna  
Be it resolved that the Chair's report of the May 25, 2016 closed session be received and approved, and further that there will be follow up on the actions discussed.

**SECONDED:** Ms. Risk

**MOTION CARRIED**

**12.2 MOTION OF TERMINATION**

**MOTION:** By Ms. Hough  
Be it resolved that the May 25, 2016 Central East LHIN Board meeting be adjourned.

**SECONDED:** Ms. Singh

**MOTION CARRIED**

The meeting was terminated at 5:45 PM

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Marg Risk  
Acting Chair, Central East LHIN

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Deborah Hammons  
Chief Executive Officer, Board Secretary