

**MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK  
BOARD OF DIRECTORS MEETING MINUTES**

October 5, 2017 5 p.m. – 8 p.m.

Mississauga Halton LHIN, 700 Dorval Drive, Suite 500, Oakville, ON

**Attendance**

**Board Members:** Neil Skelding, Board Chair  
Mary Davies, Vice Chair  
Louis Girard, Member  
Patrick Hop Hing, Member  
Rick Johnson, Member  
Kimbalin Kelly, Member  
Gulzar Ladhani, Member  
Rhonda Lawson, Member  
Sadaf Parvaiz, Member  
Joanne Rogers, Member

**Staff:** Bill MacLeod, CEO  
Dr. Mira Backo-Shannon, Vice President Clinical  
Angie Burden, Vice President Health System Strategy, Integration & Planning  
Liane Fernandes, Vice President Regional Program  
Dale McGregor, Vice President Finance, Performance & Corporate Services  
Jutta Schafler Argao, Vice President Quality & People  
Stephen Gao, Director, Finance  
Sandy Rao, Director, Regional Programs, Mental Health and Addictions  
Mark Ratner, Ombudsperson  
Laura Salisbury, Director, Health Sys. Performance, Funding & Contract Management  
Nadine Purnell, Recording Secretary

**Regrets:** David Fry, Vice President Home and Community Care

**External Guest:** Linda Lopinski, member of the public

**Minutes to be approved by the Board:** December 7, 2017

**1.0 Call to Order**

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Pursuant to public notice and a quorum being present, the meeting was called to order at 5:10 p.m. with Neil Skelding chairing the meeting.

The Chair welcomed a member of the public to the open session of the Board of Directors Meeting.

## **2.0 Declaration of Conflict of Interest**

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The Chair called for any changes or declarations of conflict of interest in respect of any matters in the agenda, as circulated, or with the consent agenda. No changes or conflicts of interest were identified.

The Chair called for a Motion to approve the agenda.

### **MOTION**

It was moved by Patrick Hop Hing and seconded by Rick Johnson that the meeting agenda be approved as presented.

**CARRIED**

**[Resolution: 2017-1005-01]**

## **2.5 Administration of Oaths of Office**

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The Chair introduced the two new Directors, Joanne Rogers and Sadaf Parvaiz, and proceeded to administer the Oaths of Office individually. Once both new members had been sworn in, the Chair welcomed them officially to the Mississauga Halton LHIN (the “LHIN”) Board of Directors.

## **3.0 Business Arising**

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There was no new business to discuss.

## **4.0 Chair and Committee Chairs’ Reports**

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### ***Board Chair Report***

The Chair deferred his report to agenda item 5.1.

### ***Governance & Community Nominations Committee Report***

The Chair of the Governance and Community Nominations Committee (“G&CN Committee”) gave a brief update on the Director’s Day Retreat noting that it was well received and that KPMG had done an excellent job facilitating the event. All of the suggestions submitted by Board Members would be incorporated into the November Board Retreat.

It was noted that the Ministry-directed Board Education Sessions that occurred on September 27, 2017 and October 4, 2017 were very informative and would provide the basis for the November Board Retreat. It was requested that the materials from the Board Education Sessions be uploaded to the Board extranet following the meeting.

The Board Chair gave permission for the G&CN Committee to bring forward the two motions from the consent agenda (Agenda Item 7.1.5) for discussion and approval.

The Chair of the G&CN Committee noted that the Board of Directors was almost at full complement and there was a need to add members to the various committees. The recommended process to add a Director to a committee would be based on the following criteria:

- 1) input from the Board Chair,
- 2) feedback received from the Directors in their one on one meetings with the Chair, and
- 3) ensuring alignment of expertise and skillsets to the various committees.

**MOTION**

It was moved by Mary Davies and seconded by Rick Johnson that the Board approves a minimum of 5 Board members and maximum of 6 on each Board committee and participation on a maximum of 3 committees for any one Board member.

**CARRIED**

**[Resolution: 2017-1005-02]**

The Chair of the Quality Committee gave a brief update around the need to update the Terms of Reference for the Quality Committee due to the recent integration of the two organizations. Prior to the integration, only a few LHINS had a Quality Committee. The Mississauga Halton LHIN was ahead of the game with a Quality Committee in place from 2012. The Board was informed that the updated Terms of Reference were a blend of the Legacy LHIN Terms of Reference and the Legacy CCAC Terms of Reference with a focus on keeping a balance between both the system view and the patient care view. Advice from LHIN Legal, and Health Quality Ontario (“HQO”) dimensions of quality were also considered in the creation of the New Terms of Reference.

A Board Member commented that the Terms of Reference were too focused on care delivery and not enough on enterprise-wide quality management. The Chair of the Quality Committee accepted this recommendation and agreed to amend the wording in the Terms of Reference to reflect this change. The amended motion was then presented to the Board.

**MOTION**

It was moved by Gulzar Ladhani and seconded by Louis Girard that the Board of the Mississauga Halton LHIN approves the revised Terms of Reference of the Quality Committee.

**CARRIED**

**[Resolution: 2017-1005-03]**

***Quality Committee Report***

The Chair of the Quality Committee provided a brief update to the Board on the Integrated Quality Plan being developed by HQO with a theme focusing on “seamless transition”. It was noted that, under Dr. Ginsberg’s guidance, HQO is doing an excellent job in working with the different organizations and dealing with the organizational cross-cultural challenges. It was recommended that the Integrated Quality Plan be brought forward as a future Board Education item.

The Chair of the Quality Committee also informed the Board that the Quality Committee was invited to present at the Ministry Board Education Session on September 27, 2017. This provided a great opportunity to showcase the work that our Quality Committee has done so far. The Board Chair noted that it was truly a compliment for our LHIN to be chosen for a leadership role on Quality and commended the work of the Quality Committee.

***Audit & Finance Committee Report***

The Chair of the Audit Committee, gave a brief update on the audit that was completed by PricewaterhouseCoopers for the CCAC stub period and brought forward a motion for approval of the audited statements.

**MOTION**

It was moved by Patrick Hop Hing and seconded by Joanne Rogers that the Board approves the CCAC Audited Statements for stub period April 1, 2017 – May 30, 2017.

**CARRIED**

**[Resolution: 2017-1005-04]**

There was a brief discussion around the budget. The Vice President of Finance and the CEO gave an update on the stub period and clarification on the processes that were followed. The Chair of the Audit and Finance Committee then brought forward the motions for approval of the June and July financial statements.

**MOTION**

It was moved by Patrick Hop Hing and seconded by Rick Johnson that the Board approves the following internal statements for the 3 month period ended June 30th, 2017.

- Legacy LHIN Statement of Operations and Balance Sheet
- Legacy CCAC Statement of Operations and Balance Sheet
- Consolidated LHIN Statement of Operations

**CARRIED**

**[Resolution: 2017-1005-05]**

**MOTION**

It was moved by Patrick Hop Hing and seconded by Mary Davies that the Board approves the following internal statements for the 4 month period ended July 31<sup>st</sup>, 2017.

- Legacy LHIN Statement of Operations and Balance Sheet
- Legacy CCAC Statement of Operations and Balance Sheet
- Consolidated LHIN Statement of Operations

**CARRIED**

**[Resolution: 2017-1005-06]**

**MOTION**

It was moved by Patrick Hop Hing and seconded by Joanne Rogers that the Board approves the following funding from the Ministry of Health and Long-Term Care (MOHLTC).

- Receipt of \$1,956,000 in base funding for LHIN Discretionary Funding for community investments to our Health Service Providers

**CARRIED**

**[Resolution: 2017-1005-07]**

**MOTION**

It was moved by Patrick Hop Hing and seconded by Rick Johnson that the Board approves the August 2017 Agency Risk Assessment.

**CARRIED**

**[Resolution: 2017-1005-08]**

**5.0 Generative Discussion**

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The CEO led the generative discussion by providing a brief overview of the Director's Day, noting the close alignment of the strategic priorities identified by the LHIN and those identified by the Board. The areas where there was an identical match were Long Term Care and Assisted Living Communities. Other strategic priorities were, Mental Health and Addiction and Seamless Transitions.

Areas where there was some notable disparity were equity and innovation. The CEO advised that, going forward, the LHIN should use equity as a lense for all future project analysis and initiations and implement a methodology in project analysis that draws on innovation, focusing on a broader conceptualization of engagement strategy.

The CEO also noted the importance of implementing the public health lense that identifies the need for the LHIN to focus on the determinants of health strategies, not just the health care strategies.

It was directed that going forward, the Mississauga Halton LHIN would use the term “Care Communities” in place of “Sub Regions”.

Rhonda Lawson, referencing her notes from the Directors Day, pointed out the need to define the following:

- 1) How must our governance approach and practices change in order to fulfill the new mandate from the Minister of Health?
- 2) What is the difference between providing strategic guidance and delving too deep into operations?
- 3) What is the ideal role of the Board versus the Committees?
- 4) How does the Board get involved in the culture development of the organization?

A Board Member queried whether it would be prudent for the Board to meet on a monthly basis through the transition period, reverting to the old style of governance and therefore provide more Board contact with the organization. The Chair commented that strong, engaged committees that are well staffed should be carrying the heavier workload and eliminate the need for the Board to meet monthly.

The CEO brought attention to the fact that the organization has changed drastically since the integration and that the expectations from the government requires the Board to take on a governance of the system approach as opposed to governance of the employees. The CEO also noted that the design of the governance approach would be developed as the new Strategic Plan develops.

A fulsome discussion followed concluding with the agreement that the Board and the CEO, as the leaders charged to transform the system, must focus on:

- 1) creating the right Strategic Framework,
- 2) ensuring that we have an appropriate and effective primary care program,
- 3) ensuring that we have the right performance metrics to deliver excellent outcomes,
- 4) building for the future and changing demographics, and
- 5) ensuring the right organizational design is implemented.

## **6.0 Strategic Discussion**

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### **Patient Ombudsperson Annual Report**

As a result of the transition, the LHIN now has a Patient Ombudsperson Office that had been a part of the Legacy CCAC organization. The CEO advised that the Ombudsperson’s Office was being developed to oversee complaints, freedom of information and ethical issues and concerns. The CEO then introduced the Patient Ombudsperson to the Board.

The Ombudsperson greeted the Board and guests then proceeded to provide a very informative presentation on the responsibilities of the Ombudsperson’s Office, the current trends and statistics and the vision for the future, as well as a brief overview of the annual report. It was noted that this office would focus on looking at complaints from a quality lense, review the fairness being dealt across the different geographic locations, and consider ways to improve the system to bring recommendations to the Board. The Ombudsperson advised the Board that, based on statistics, there is a high level of satisfaction in the Home and Community Care sector.

A Board Member commended the Ombudsperson on an excellent and well drafted presentation, and inquired if we were also able to track compliments and positive feedback received through the system. The

Vice President of Quality and People confirmed that there is a process in place that captures positive feedback and advised the Board that this positive message will be delivered via monthly newsletters produced by the Communications Team.

There was a brief discussion on the need for establishing a consistent method for tracking ethics, and a Board Member reminded the Board that it had been recommended for the ethics process to be screened by Health Shared Services Ontario (“HSSO”). The CEO noted that it may not be feasible for HSSO to do ethics consultations, but noted that he would bring it forward to HSSO. The Chair commented on the fact that the LHIN Code of Conduct and Confidentiality Pledge is also a good process for establishing a solid ethical foundation.

### **Alternate Level Care Update**

The CEO provided an update on the status of Alternate Level Care (“ALC”). Since August 2015 there has been substantial growth from 180 to a peak of 300 ALC patients in a month with ALC long term care being the driving factor in the increase. The LHIN is being strident in requesting the government to accelerate the introduction of long term care beds. It was noted that 200 licenses have been allocated to our region, specifically to Trillium Health Partners (“THP”), that are not in place as yet. Since this is not an immediate solution, the LHIN is focusing its efforts in the following areas:

- 1) Improving the flow process
- 2) Focusing on the long-term strategy for additional palliative care and residential palliative care
- 3) Improving the short-term home care strategies
- 4) Creating and implementation a comprehensive integrated model of an alternative to long care

The CEO also updated the Board on the “Bridges to Care” program that utilizes retirement home beds for long term care patients while supplying the long-term care required. It was noted that this program is more costly than long term care alternatives, but is the best solution in the interim.

A brief discussion followed.

## **7.0 Consent Agenda**

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The Chair called for any agenda items to be withdrawn from the consent agenda for a more fulsome discussion.

The Chair requested a motion for approval of the consent agenda. With consideration that Joanne Rogers and Sadaf Parvaiz were new to the Board and not eligible to vote on certain items, the items on the Consent Agenda were approved individually.

### **Consent Agenda items:**

#### **FOR APPROVAL**

##### **7.1.1 Board Minutes**

- June 1, 2017
- July 6, 2017

**MOTION**

It was moved by Rhonda Lawson and seconded by Rick Johnson that the Board approves the minutes of the June 1, 2017 and July 6, 2017 open Board Meeting.

**CARRIED**

**[Resolution: 2017-1005-09]**

**7.1.2 Compliance & Attestation**

- CEO Certificate of Compliance
- BPSAA

**MOTION**

It was moved by Patrick Hop Hing and seconded by Joanne Rogers that the Board approves the CEO Certificate of Compliance and the BPSAA Attestation.

**CARRIED**

**[Resolution: 2017-1005-10]**

**7.1.3 Email Motions**

**MOTION**

It was moved by Rhonda Lawson and seconded by Louis Girard that the Mississauga Halton LHIN Board approves the motion to move forward with the recommendation related to the Executive Compensation Framework under the Broader Public Sector Executive Compensation Act, 2014 (“BPSECA”).

**CARRIED**

**[Resolution: 2017-1005-11]**

**For Information**

**7.2.1 CEO Report – October 2017**

**7.2.2 Audit & Finance**

- Minutes – May 25, 2017
- Minutes – August 16, 2017

**7.2.3 Governance & Community Nominations Committee**

- Minutes – June 8, 2017

**7.2.4 Quality**

- Minutes – June 8, 2017

**7.2.5 Action Item Report**

**8.0 Items Removed from Consent Agenda**

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The motions listed below had already been brought forward and carried in section 4.0 under the Committee Chairs’ Reports.

**7.1.4 Audit & Finance**

- Draft CCAC Audited Statements for Stub Period April 1, 2017 – May 30, 2017
- Operating Results at June 30, 2017
- Operation Results at July 31, 2017
- Transfer Payment Funding for Health Service Providers as of July 31, 2017
- Agency Risk Assessment – August, 2017

**7.1.5 Governance & Community Nominations Committee**

- Committee Membership
- Quality Terms of Reference

**9.0 Closed Session**

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**MOTION**

It was moved by Mary Davies and seconded by Gulzar Ladhani that pursuant to s9(5) of the Local Health Integration Act of 2006, the October 5, 2017 Mississauga Halton LHIN Board Meeting move into Closed Session to discuss items noted in the Closed Session List..

**CARRIED**

**[Resolution: 2017-1005-12]**

On motion the meeting was returned to Open Session.

**10 Action Items**

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<b>Item</b>	<b>Action</b>	<b>Owner</b>	<b>Due-Date</b>
1	Meeting material from the Ministry Board Education Sessions to be uploaded to portal	Christina Nemeth	October 15, 2017

**11 Meeting Adjournment**

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**MOTION**

It was moved by Kimbalin Kelly and seconded by Gulzar Ladhani that the October 5, 2017 meeting of the Mississauga Halton LHIN Board of Directors be adjourned, with the next regularly scheduled meeting to be held on December 7, 2017 at the Mississauga Halton LHIN office at 700 Dorval Drive, Suite 503 in Oakville ON.

**CARRIED**

**[Resolution: 2017-1005-20]**

*<original signed by>*

Neil Skelding, Board Chair

*<original signed by>*

Bill MacLeod, Secretary