

**APPROVED MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, April 27, 2016
Scarborough Room, Central East LHIN
314 Harwood Avenue South, Ajax ON
9:00 AM – 3:45 PM**

- Directors Present:** Mr. Wayne Gladstone (Chair)
Mr. S. Gopikrishna (Member)
Ms. Joanne Hough (Member)
Ms. Margaret Risk (Member)
Ms. Amorell Saunders N'Daw (Member)
Ms. Samantha Singh (Member)
- Director Regrets:** Mr. David Sudbury (Vice-Chair)
- 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 and Community Engagement)
Mr. Marco Aguila (Director, Corporate Services)
Ms. Emily Van de Klippe (Lead, SFPM)
Ms. Antoinette Larizza (Director, SDI)
Ms. Lauren Chitra (Central East Hospice Palliative Care Network (CEHPCN) Coordinator)
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 9:00 am and welcomed the members of the public to the Central East LHIN open Board meeting and noted that Mr. Sudbury sent regrets for the 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 April 27, 2016 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Board meeting agenda: April 27, 2016
 - Board meeting minutes: March 23, 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.

4.1 CENTRAL EAST EXECUTIVE COMMITTEE ALTERNATIVE LEVEL OF CARE STRATEGIES – REPORT

Mr. Gladstone welcomed Mr. David Lynch and Ms. Julianna French of Optimus SBR to present an executive summary to the Board on the Central East Executive Committee Alternative Level of Care (ALC) Strategies report.

Mr. Lynch outlined key gaps and barriers and discussed system planning choices aimed at reducing ALC rates and their unintended impacts. Mr. Lynch walked members of the Board through the Literature Scan, Document Review, Data Analysis and Stakeholder Interviews that were used to develop the recommended strategies. It was stated that with legislated patient choice for Long-Term Care, limited Long-Term Care and community care

capacity, and among the lowest rates of sending patients to non-Most Appropriate Discharge Destination (MADD), Central East LHIN has relatively limited flow and high ALC rates.

A total of seven (7) recommendations were provided on what the Central East LHIN and its providers can explore and also ways in which the Central East LHIN and its providers can heighten awareness on the ALC issue with the Ministry of Health and Long-Term Care capacity planning:

- 1) Continue existing ALC strategies that alleviate LTC demand.
- 2) Experiment with additional ALC strategies that divert ALC-LTC patients away from LTC to other settings with appropriate care.
- 3) Seek guidance from MOHLTC and work among the Central East Executive Committee to identify an appropriate emphasis on ALC rates in accountability agreements.
- 4) Work with the South East, North East and North West LHINs to build awareness of short and long term challenges with the MOHLTC.
- 5) Increase funding and/or structure funding envelopes to increase autonomy for LHINs to allocate funding for Assess and Restore, community care, supportive housing and related ALC strategies for LHINs experiencing extreme LTC pressures.
- 6) Undertake LTC Capacity Planning that reviews both the allocation of LTC licenses across LHINs and the mix of beds within LHINs.
- 7) Undertake a LTC legislative agenda that alleviates key constraints that limit the flow of patients to their MADD.

Members of the Board asked comparative questions in relation to programs in place across Ontario and Ms. Hammons noted that the report will be discussed further with the Ministry and the LHIN CEOs. It was further reported that the Central East LHIN will be investigating the Seniors Managing Independent Living Easily (SMILE) program along with another program currently in place at the Centre for Addictions and Mental Health (CAMH).

Ms. Hammons reported that a meeting will be arranged between the LHIN CEOs and the Ministry to discuss the analysis and recommendations and this report will come back to the Board at a future meeting. Ms. Hammons thanked the representatives from Optimus SBR for their expertise and welcomed their ongoing participation in discussions with the Ministry.

5.1 BUSINESS ARISING FROM LAST MEETING OF MARCH 23, 2016

Mr. Gladstone asked for any business arising from the last Board meeting on March 23, 2016. There were no items of business arising by members of the Board.

5.2 NORTHUMBERLAND HILLS HOSPITAL – REPORT

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 the Hospital Improvement Plan.

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. Information was presented on the alignment of Northumberland Hills Hospital with the program funding model.

Ms. Davis reported that the hospital is currently on track with the majority of the Hospital Improvement Plan recommendations.

Mr. Gladstone thanked Mr. Russell and Ms. Davis for their presentation and noted that a detailed report on the Hospital Improvement Plan will be coming forward to the Board in May.

5.3 FRENCH LANGUAGE SERVICE ENTITÉ #4 – OVERVIEW

Mr. Gladstone welcomed Mr. Yves Levesque, Board Chair and Ms. Estelle Duchon, Executive Director of the French Language Entité #4, to report on the role of the Entité and the initiatives in the Central East LHIN.

An overview of the French Language Health Planning Entities was presented, a caregiver video was shared with members of the Board – <https://www.youtube.com/watch?v=brX0cO-FMA4>. Ms. Duchon walked members of the Board through the Joint French Language Services Strategy for 2016-19.

Towards equitable access to French language health services				
Strategic objectives	PLANNING the Offer of French Language Health Services	ENGAGING the Community	BUILDING Health Service Provider Capacity	SUSTAINING Service Offer Over Time
Expected Results	A Francophone perspective is included when planning and integrating health services in order to improve access to and navigation towards the appropriate service for Francophone users.	Francophones are involved in defining their needs and in planning health services in French.	Health Service Providers have the proper support to develop their capacity to offer health services in French.	The processes of identifying and designating Health Service Providers are used as tools to sustain the offer of French language services over time.
Priority Sectors	<ul style="list-style-type: none"> • Primary Care • Home and Community Care • Mental Health and Addictions • End of Life and Palliative Care 			
Priority Populations	<ul style="list-style-type: none"> • Seniors • Children, youth and their families • Individuals with mental health or addiction challenges • Newcomers 			
Enablers	<ul style="list-style-type: none"> • System transformation • Technology • Quality and performance indicators 			

Ms. Duchon noted that navigation and care coordination for health services remains an area where work needs to be done and care for seniors is also an important priority to ensure that health services in French are accessible.

A summary of planned and ongoing 2016/17 projects was reviewed with members of the Board. An open invitation was offered to attend the Annual General Meeting taking place on June 14, 2016.

Mr. Gladstone and Ms. Hammons thanked Mr. Levesque and Ms. Duchon for their presentation and commended the Board and staff of the Entité for their successes to date.

5.4 SERVICE ACCOUNTABILITY AGREEMENTS (SAA) – UPDATE

Ms. Emily Van de Klippe, Lead SFPM, presented an update to the Board on the Service Accountability Agreements. It was reported that the Central East LHIN secured sign-off from delegated authorities for all Health Service Providers by March 31, 2016, including quarterly refreshes to all schedules. Planning submissions included a review of Health Links, Health Service Provider and sub-LHIN regional pressures, risks and opportunities.

It was noted that the Central East LHIN negotiated service activity improvements with 19 community health service providers under their 2016/17 Multi Sector Service Accountability Agreements. LHIN staff will work with five (5) community Health Service Providers to review their programs and distribution of funds to identify potential solutions or mitigations for ongoing pressures arising from perceived fiscal constraints.

Ms. Van de Klippe reported on the 2016/17 Hospital Service Accountability Agreement/Private Hospital Service Accountability Agreement Extensions. It is expected that a further extension will be prepared and this will return to the Board for approval in May.

Staff will be updating the 2016-19 Long-Term Care Service Accountability Agreement schedules as required to reflect any changes to bed classifications resulting from a reconciliation done by the Ministry.

Members of the Board thanked Ms. Van de Klippe and staff for their efforts in executing the Agreements. Mr. Gladstone commended staff and the Health Service Providers for their due diligence in preparing the agreements and recognized that a high-level of review goes into finalizing the documents and thanked all involved for their contributions to the process.

5.5 UPDATE ON CENTRAL EAST LHIN STRATEGIC AIMS

Palliative Care

Increase the number of palliative patients who die at home by choice and spend 12,000 more days in their community by 2016.

Ms. Lauren Chitra, Central East Hospice Palliative Care Network (CEHPCN) Coordinator, reported on the creation of the Ontario Palliative Care Network in March 2016 and noted that it is being led by LHINs, Cancer Care Ontario, organized partnerships of community stakeholders, health service providers and health systems planners.

Ms. Marilee Suter, Lead, Decision Support, provided an overview of the progress on the Integrated Health Service Plan (IHSP) Palliative Care Strategic Aim. Ms. Suter reported on the measurement and progress of the palliative aim and supporting indicators:

Indicators	Baseline	CE LHIN Target	Current Performance ¹	Current Status	Direction
Average Hospital Length of Stay for Palliative Patients, in Days <i>(decrease)</i>	14.8	13.3	13.6		
Percentage ALC days for Palliative Patients <i>(decrease)</i>	16.0%	14.4%	15.2%		
Percentage of Palliative InPatients who were discharged "Home with Support Services" <i>(increase)</i>	68.7%	75.6%	77.4%		
Percentage of Palliative InPatients who Died in Hospital <i>(decrease)</i>	65.7%	59.1%	63.0%		
Notes: 1 Most recent available data: 15/16 Q2					

Ms. Chitra reviewed the six priority recommendations and areas of focus of the Central East LHIN Regional Palliative Care Plan:

- Establish Palliative Care Community Teams and ensure a standardized approach
- Enhance Hospice Palliative Care (HPC) Education & Training
- Create Integrated HPC Programs in LTCHs
- Create Integrated HPC Hospital Programs
- Promote Community Hospices as Central Hubs
- Residential Hospices

Members of the Board expressed gratitude to the palliative care and planning professionals for their efforts in establishing a comprehensive approach which includes education and training. It was noted that an Education working group is in place and looking at the need to inform the community about culturally appropriate service offerings and offering training and education materials such as caregiver toolkits in appropriate languages.

Seniors

Reduce the demand for long-term care so that seniors spend 320,000 more days at home in their communities by 2016.

Ms. Suter reported on the seniors aim indicators:

Indicators	Time Period for Current Performance	Baseline	CE LHIN Target*	Current Performance	Current Status	Direction
CCAC – 90th Percentile Wait Time for Home Care Services From Discharge to First Service (in Days for Hospital Clients) <i>(decrease)</i>	15/16 Q2	10.8	6.5	12.0		
Clients With MAPLe Scores High And Very High Living In The Community Supported by CCAC <i>(increase)</i>	15/16 Q3	8533	6000	10,337		
Falls-Related ED Visits in older adults aged 75+, Rate per 1,000 <i>(decrease)</i>	15/16 Q3	17.7	15.9	19.6		
Low-Acuity Emergency Visits for LTCH residents, Rate per 1,000 <i>(decrease)</i>	14/15 Q4	32.3	29.07	25.8		
Percentage of ALC days by age (75+) <i>(decrease)</i>	15/16 Q3	22.1%	19.9%	19.7%		
Individuals on LTC Wait List, Rate per 1,000 <i>(decrease)</i>	Average for 15/16 Q1 (April-June inclusive)	34.9	31.4	40.5		
<small>*Targets that are shown in bold text are formal targets. Other targets are calculated as 10% greater or less than the baseline (depending on the desired direction of the indicator)</small>						

Ms. Kasia Luebke, Lead, System Design & Integration, introduced Ms. Kelly Kay, Executive Director, Seniors Care Network, to provide an overview of the Seniors Care Network and the 2015/16 Service Plan:

Strategic Direction	Goals	Objectives	Actions/Activities
Improving Care	<ul style="list-style-type: none"> Patients and families have access to individualized specialized geriatric services (SGS) that are designed to enhance transitions 	<ul style="list-style-type: none"> There is timely access to SGS across all programs SGS are integrated across SGS and other services to coordinate care for frail seniors There are sufficient resources (human and financial) to support the provision of SGS in the Central East LHIN 	1. Develop and implement a model for common SGS intake.
			2. Develop and implement SGS Partnership Agreements with all agencies hosting SGS.
			3. Support the development of a SGS funding and accountability framework to facilitate decision-making regarding resource allocation to SGS programs.
			4. Establish program human resource models.
Fostering Excellence	<ul style="list-style-type: none"> Health care providers have knowledge and tools to deliver high quality care to frail seniors effectively and continually monitor and improve provider performance. 	<ul style="list-style-type: none"> Evidence supported gerontological practices are developed, standardized and adopted region-wide Health professionals have the required competencies for SGS practice SGS in the Central East LHIN is supported by robust Quality & Risk Frameworks SGS system indicators are identified and monitored 	5. Evaluate health professional learning needs.
			6. Develop competency profiles for all SGS programs.
			7. Develop and implement a standardized approach to interprofessional comprehensive geriatric assessment.
			8. Develop and implement SGS Quality & Risk Frameworks.
			9. Support the development of core SGS program and system-level metrics.
Increasing Awareness Of Age Related Needs	<ul style="list-style-type: none"> There is increased awareness of the needs of frail seniors and the creation of regional programs that build on their experiences and input through meaningful partnerships between seniors and providers. 	<ul style="list-style-type: none"> Senior friendly approaches are woven into the fabric of organizations providing care to older adults in the Central East LHIN Models for seniors' health service design and service delivery are researched and developed Linkages with Primary Care are strengthened 	10. Lead the implementation of Senior Friendly Hospital strategies and support the expansion of this work to other settings.
			11. Initiate comprehensive planning and develop SGS policy to inform emerging initiatives (e.g. Age-Friendly Communities, Assess & Restore/Rehabilitation Initiatives, Health Links).
			12. Review, evaluate and synthesize emerging gerontological literature, models & policy.
			13. Communicate the work of Seniors Care Network broadly.
			14. Develop a Primary Care involvement plan

Ms Kay walked members of the Board through a review of the work that the Seniors' Care Network has been involved with in leading and coordinating the participation of health organizations delivering specialized geriatric clinical services and Senior Friendly Care. The Seniors Care Network has been actively providing leadership input and policy advice on a number of Central East LHIN initiatives and coordinating Specialized Geriatric Services. Ms. Kay noted that a report back on the ongoing activities will be provided to the Board at a future meeting.

Members of the Board thanked Ms. Kay for the comprehensive update on the Seniors Care Network Service Plan, it was noted that the next report to the Board on the Seniors aim will be presented in October.

5.6 CENTRAL EAST LHIN 2016/17 ANNUAL BUSINESS PLAN

Mr. Laundry presented the 2016/17 Draft Annual Business Plan. The initiatives identified to advance the Patients First requirements include:

1. Central East Primary Care Strategy: Enhanced Engagement and Improved Integration of Primary Care within Sub-LHIN Health Link Communities – supporting Overarching Goal and Patients First.

2. Dementia Strategy and Memory Services within Primary Care – key funded initiatives to support patients and family caregivers and physician provided care in the community.
3. Palliative Care – emphasizing coordination of palliative care in the community and planning for residential hospice.
4. Supportive Living Environments – for those who are precariously housed – seniors, homeless, physical disabilities, mental health and addiction issues.
5. Diabetes Education Program (DEP) and Complex Diabetes Care – enhanced integration with other programs and continuing development of DEPs.
6. Health Equity-Diversity and Building Cultural Competency – continuing emphasis on understanding and meaningful inclusion of all populations.
7. Health System Funding Reform – improved collaboration with health service providers in understanding and equitably distributing resources for maximum impact.
8. Patient and Family Caregivers – develop mechanisms to support patients and caregivers including a Caregiver Advisory Council.
9. Home and Community Care – implementation of key activities identified in Bringing Care Home (Donner Report).
10. Enabling Technologies and Integration – improving communication, coordination across the system and supporting implementation of IHSP.

It was noted that the Annual Business Plan will be submitted to the Ministry of Health and Long-Term Care by May 1, 2016. Members of the Board commended staff for the details included in the plan and requested that the information be included with Board member orientation resources.

Ms. Katie Cronin-Wood, Director – Communications and Community Engagement, walked members of the Board through the Central East LHIN website updates. Members previewed the changes made following the roll-out of the 2016-19 Integrated Health Service Plan (IHSP) to the home page, Funding and Performance information and the Board of Directors pages.

MOTION: By Ms. Singh
Be it resolved that the DRAFT 2016/2017 Central East LHIN Annual Business Plan be approved for submission to the Ministry of Health and Long-Term Care.

SECONDED: Ms. Risk

MOTION CARRIED

6.1 Q4 DECLARATION OF COMPLIANCE

Ms. Hammons tabled the Q4 Declaration of Compliance report for the Board's review and approval, noting two exceptions which have carried forward from past reports. It was reported that the status of the two exceptions remain unchanged.

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East LHIN Board authorize the Chair, by resolution dated the 27th day of April, 2016, to declare to the Minister of Health and Long-Term Care that to the best of the Board's knowledge and belief, upon due enquiry of the Chief Executive Officer and other appropriate LHIN officers and personnel, the Central East LHIN:

1. fulfilled its obligations under the Memorandum of Understanding dated April 1, 2007, the Ministry LHIN Performance Agreement and applicable law; and
2. without limiting the generality of the foregoing, complied with the provisions of the government directives applicable to it, including the Transfer Payment Accountability Directive, Procurement Directives and the Travel, Meal & Hospitality Expenses Directive.

during the Applicable Period of January 1 through to March 31, 2016, with the noted exception to LHINs Insurance and the LHIN-Managed Quality-Based Procedures Volume Management.

SECONDED: Mr. Krishna

MOTION CARRIED

6.2 2016/17 HEALTH SYSTEM FUNDING REFORM AND OTHER ALLOCATIONS

Mr. Sutley provided an overview to the Board on the 2016/17 Health System Funding Reform and Other Allocations forecasted for this Fiscal Year.

Health System Funding Allocations

It was reported that hospitals will be confirming their planning assumptions against the funding allocations, including annual updating of clinical services and cost data.

Mr. Sutley noted that for 2016/17, each hospital will receive its annually updated Hospital-Based Allocation Methodology (HBAM) allocation, the Central East LHIN's allocation is in the amount of \$386.14M. It was further noted that the MOHLTC provided additional HBAM funding in the amount of \$3.86M to the Central East LHIN, this funding will be allocated to all Health System Funding Reform hospitals.

It was reported that the MOHLTC has made HBAM adjustments to improve equity funding and that the Central East LHIN, MOHLTC and six (6) local HSFR hospitals will work together to ensure any necessary mitigation and one-time funding to restore greater equity.

Quality-Based Procedures

Mr. Sutley noted that for 2016/17, the MOHLTC confirmed the following QBP allocation changes:

- Base and "growth" volumes provided in 2015/16 will be adjusted to reflect changes in the acuity of care, as reflected in the Case Mix Index (CMI). The associated funding for the Central East LHIN is \$127.90M.
- Additional \$25M investment in LHIN-managed QBP will be made. The associated funding for the Central East LHIN is \$2.61M.
- Newly enveloped funding amounts will be identified in affected hospitals' "global" budgets for the two (2) new Cancer Care Ontario-managed QBPs (Breast and Thyroid Cancer Surgery). The associated funding amount for the Central East LHIN is \$6.47M.

- Newly enveloped funding amounts will be identified in affected hospitals' "global" budgets for two (2) LHIN-managed QBPs (Non-Routine and Bilateral Cataract Surgery and Knee Arthroscopy). The associated funding amount for the Central East LHIN is \$0.16M.

Other Hospital Allocations

It was reported that for 2016/17, the MOHLTC has confirmed the following "Other Hospital" investments for the Central East LHIN totaling up to \$5.91M:

- An approximate 1% increase in HSFR hospitals' General Hospital Service Delivery envelope
- A 1% increase to Small Hospitals' total base funding to maintain and continue existing services.
- A 2% increase in stand-alone Specialty Psychiatric Hospitals' base funding.

Members of the Board thanked Mr. Sutley for the presentation and Mr. Gladstone noted that a report back to the Board will be provided at a future meeting.

6.3 LAKERIDGE HEALTH CAPITAL REQUEST

Mr. Sutley tabled a capital request from Lakeridge Health for the Board's approval. It was noted that the Durham Regional Cancer Centre Optimization Project is looking at an expansive redevelopment strategy to address the projected growth in the coming years.

The only operating functional changes LH anticipates from the Optimization Project will be "improvements in realizing efficiencies in direct Patient care," specifically:

- Main Entrance, Reception and Waiting Area (L1);
- Waiting Area (1B);
- Dosimetry and Administrative Support Space;
- Pharmacy (including Chemotherapy infusion, retail distribution, Clinical Trials, and Medication Counselling); and
- Rapid Response Oncology Clinic

In terms of its Multi-Year Infrastructure Plan, LH has stated that "the changes to current space will not affect future planning of the overall long term infrastructure Plan." In terms of the Technical Building Assessment, LH has stated that "the types of renovations...are limited to specific defined areas," and include new design layouts, and electrical and mechanical modifications.

MOTION: By Ms. Saunders N'Daw
Be it resolved that the Central East Local Health Integration Network Board endorses the programs and services elements (Part A) of Lakeridge Health's combined/modified Stage 1 and 2 capital submission for the Durham Regional Cancer Centre Optimization Project and requests the Ministry of Health and Long-Term Care to complete its review of the physical and cost elements (Part B).

SECONDED: Ms. Hough

MOTION CARRIED

6.4 CEO REPORT – Q & A

Ms. Hammons presented the CEO report for review and questions. It was reported that Primary Care engagement is underway and has provided an opportunity to build relationships, this is being carried out through webinar and face-to-face meetings and they are being arranged in each Health Link. Work is underway on the Annual Report, this will be coming forward to the Board in June.

Ms. Hammons was pleased to report that Telehomecare is being rolled out to support Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) patients, staff have been hired to conduct in-home visits and a total of 54 patients are being monitored. This is an initiative that is expected to be rolled out across the LHIN.

A report back was requested on the wait lists for speech language services for children in Scarborough. It was noted that an overall report back on Central East Community Care Access Centre wait lists will be provided to the Board in the next report.

MOTION: By Ms. Risk
Be it resolved that the Central East LHIN Board of Directors receive the April 27, 2016 report of the Central East LHIN CEO for information.

SECONDED: Mr. Krishna

MOTION CARRIED

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, Marco Aguila, Katie Cronin-Wood, Karen O'Brien, Jennifer Persaud and Sheila Rogoski 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 April 27, 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 April 27, 2016 Central East LHIN Board meeting be adjourned.

SECONDED: Ms. Singh

MOTION CARRIED

The meeting was terminated at 3:45 PM

Wayne Gladstone
Chair, Central East LHIN

Deborah Hammons
Chief Executive Officer, Board Secretary