

**BOARD APPROVED MINUTES
BOARD OF DIRECTORS MEETING
Wednesday, June 24, 2015
Scarborough Room, Central East LHIN
314 Harwood Avenue South, Ajax
9:00 AM – 4:00 PM**

- Directors Present:** Mr. Wayne Gladstone (Chair) (*via teleconference*)
Mr. David Sudbury (Vice-Chair)
Mr. S. Gopikrishna (Member)
Ms. Joanne Hough (Member)
Ms. Margaret Risk (Member)
Ms. Samantha Singh (Member)
- Director Regrets:** Ms. Amorell Saunders N'Daw (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 and Integration)
Ms. Marilee Suter (Decision Support Consultant)
Ms. Kasia Luebke (Team Lead, Integration & Implementation)
Ms. Jai Mills (Integration Consultant)
Ms. Emily Van de Klippe (Lead, Performance and Accountability)
Ms. Sherry Harvey (Senior Finance Consultant, SFPM)
Ms. Jeanne Thomas (Director, SDI (System Design))
Mr. Marco Aguila (Director, Corporate Service, Controller)
Ms. Katie Cronin-Wood (Director, Communications and Community Engagement)
Ms. Karen O'Brien (Public Affairs)
Ms. Sheila Rogoski (Executive Coordinator)
Ms. Barbara Millar (Governance Coordinator)
Ms. Vinitha Navarathinam (Corporate Governance Administrative Assistant, Minutes Recorder)

Mr. Sudbury, Vice-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. Sudbury called the meeting to order at 9:00 am and welcomed the members of the public to the Central East LHIN open Board meeting.

Mr. Sudbury noted that Mr. Wayne Gladstone would be joining the meeting via teleconference.

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. Sudbury declared the meeting duly constituted for the transaction of business.

2.1 CONSENT AGENDA

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

Motions as included in the consent agenda for the Quarterly Working Fund Deficit Reports as follows:

- Be it resolved that the Central East Local Health Integration Network (Central East LHIN) Board of Directors approve the Q4 Working Capital Remedy reports of Lakeridge Health, Ross Memorial Hospital and Northumberland Hills Hospital for submission to the Ministry of Health and Long-Term Care (MOHLTC).
- Be it resolved that the Central East LHIN Board of Directors approve the Q4 Working Capital Remedy reports for Peterborough Regional Health Centre for submission to the MOHLTC, and direct staff to continue to monitor/investigate issues related to their inability to meet the terms and conditions of their Working Capital Remedy funding.

MOTION:

By Mr. Gopikrishna

Be it resolved, that the consent agenda of the June 24, 2015 meeting of the Central East LHIN Board of Directors be approved.

- Included are the following items for approval:
 - Board meeting agenda: June 24, 2015
 - Board meeting minutes: April 22, 2015
 - Board Correspondence report
 - Chair's Report to the Board
 - Quarterly Working Fund Deficit Reports

SECONDED: Ms. Singh

MOTION CARRIED

2.2 DECLARATION OF CONFLICTS OF INTEREST

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

4.1 CENTRAL EAST COMMUNITY CARE ACCESS CENTRE

Mr. Sudbury welcomed Mr. Don Ford, Chief Executive Officer and Ms. Joanne Jones, Senior Manager, Clinical Care Programs from Central East Community Care Access Centre (CECCAC) to present an overview of the 2013-2016 Strategic Plan and the programs offered at CECCAC. Ms. Kathy Ramsay, Senior Director at the CECCAC was in attendance at the meeting.

Mr. Ford provided highlights of the following programs offered by CECCAC:

- 1) Self-Management: The program engages people living with chronic conditions, and their family members and health care providers in learning more about strategies and supports to help manage their chronic health conditions. There are two workshops – “Living a Healthy Life with Chronic Conditions” and “Health Care Provider Training” that are provided through the self-management program.
- 2) Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT): Nurse Practitioners are out in the community, supporting individuals and improving access to services provided to residents within their homes. It was noted that approximately \$4,948,769 in emergency cost was saved for 2014-15.

Ms. Jones reported that the CECCAC’s Mental Health and Addictions Nurses (MHAN) program is in alignment with Ontario’s Mental Health and Addictions Strategy and the Central East LHIN’s vision and mission as well as the Integrated Health Service Plan (IHSP). It was noted that the program supports four (4) District School Boards assigned by the Ministry of Health and Long-Term Care:

- Durham District School Board;
- Durham Catholic District School Board;
- Peterborough Victoria Northumberland and Clarington Catholic District School Board; and
- Kawartha Pine Ridge District School Board.

Ms. Jones indicated that the Scarborough area is supported by the Toronto District School Board which is assigned to the Toronto Central CCAC.

Mr. Sudbury thanked the Board and staff at CECCAC for their success and the progress made to date.

5.1 BUSINESS ARISING FROM LAST MEETING OF APRIL 22, 2015

Mr. Sudbury asked for any business arising from the last Board meeting on April 22, 2015. There were no items of business arising by members of the Board.

5.2 NORTHUMBERLAND HILLS HOSPITAL – UPDATE

Mr. Stewart Sutley, Senior Director, System Finance and Performance Management, provided an update on Northumberland Hills Hospital's (NHH) External Operational Review. It was noted that the Terms and Reference were refined to include a joint membership of the Request for Proposal (RFP) Selection Committee and adjustment of initial timelines. Next steps include announcing the successful RFP respondent, confirming the External Operational Review Steering Committee membership and preparing the Steering committee to meeting with the External Operational Review Team on July 9, 2015. Further updates on the status will be presented at the next Board meeting.

5.3 PETERBOROUGH REGIONAL HEALTH CENTRE – UPDATE

Mr. Sudbury introduced Dr. Peter McLaughlin, President and Chief Executive Officer and Mr. Chris Eivers, Vice President and Chief Financial Officer at Peterborough Regional Health Centre (PRHC) to provide a quarterly status update on the financial situation at PRHC. Mr. Eivers provided an overview of PRHC's Internal Control Scorecard and discussions ensued around the Fiscal Year (FY) 2014/2015 Audited Financial Statements.

Members of the Board thanked Dr. McLaughlin and Mr. Eivers for their continued efforts to improve the financial controls at PRHC and Mr. Sudbury noted that the request for ongoing quarterly updates be concluded. Staff were requested to continue to monitor the hospital's performance and report back on any further updates.

MOTION:

By Ms. Hough

Whereas, consistent with the Central East LHIN Board of Directors requirement made on January 28, 2015, for quarterly status updates to be provided by Peterborough Regional Health Centre to review the ongoing implementation of its enhanced risk mitigation approach, performance relative to the Working Funds Deficit Initiative and the annual Hospital Service Accountability Agreement obligations.

Be it resolved that the Central East LHIN Board of Directors receive the update provided by Peterborough Regional Health Centre and that the Central East LHIN Board is satisfied with the progress and performance as reported.

And further be it resolved that the Central East LHIN Board concludes the request for ongoing quarterly updates to the Board by Peterborough

Regional Health Centre and directs Central East LHIN staff to continue to monitor the hospital's performance.

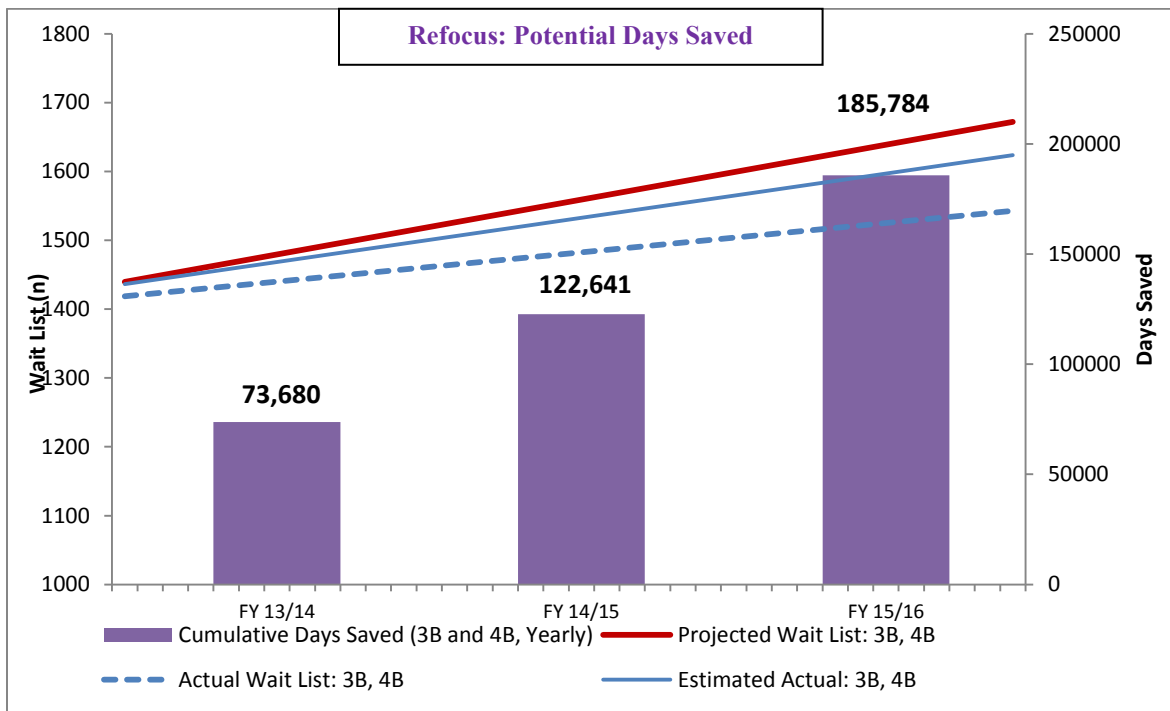
SECONDED: Ms. Risk

MOTION CARRIED

5.4 2013-16 INTEGRATED HEALTH SERVICE PLAN SENIORS AIM TARGET – ROOT CAUSE ANALYSIS

Ms. Marilee Suter, Decision Support Consultation, walked members of the Board through the root cause analysis for the seniors' aim target. It was identified that the Hamilton Niagara Haldimand Brant LHIN (HNHB) and the Central LHIN are most like the Central East LHIN in having similar seniors population over 75 and it was noted that HNHB has a similar bed rate and turnover rate but a lower wait list rate than the Central East LHIN. It was indicated that the Central East LHIN wait list is influenced by four variables including, Out of Region Placements, Inflow, Demand for Specific Long-Term Care Homes and Crisis Placements.

Ms. Suter reported that in collaboration with Seniors Care Network and CECCAC, the Central East LHIN conducted an in-depth investigation to address the disconnect between the Seniors Big Dot indicators and the positive effects of the community initiatives. Ms. Suter indicated that if the focus was on the wait list for individuals with Moderate Care Needs, the Seniors Big Dot Aim Target may have been approximately 120,000 days saved, instead of 320,000 days:



Members of the Board commended LHIN staff on the thorough analysis and requested staff to provide further updates at a future meeting. It was recommended that the CEO table this as an agenda item at the next GTA CEO LHIN Council meeting.

MOTION: By Ms. Singh
 Be it resolved that the Central East LHIN Board acknowledges receipt of “2013/16 Integrated Health Service Plan Seniors’ Aim Target – Root Cause Analysis” on June 24, 2015.

And further be it resolved the board requests further analysis and the CEO to consider further discussion at the GTA CEO LHIN Council table.

SECONDED: Ms. Risk

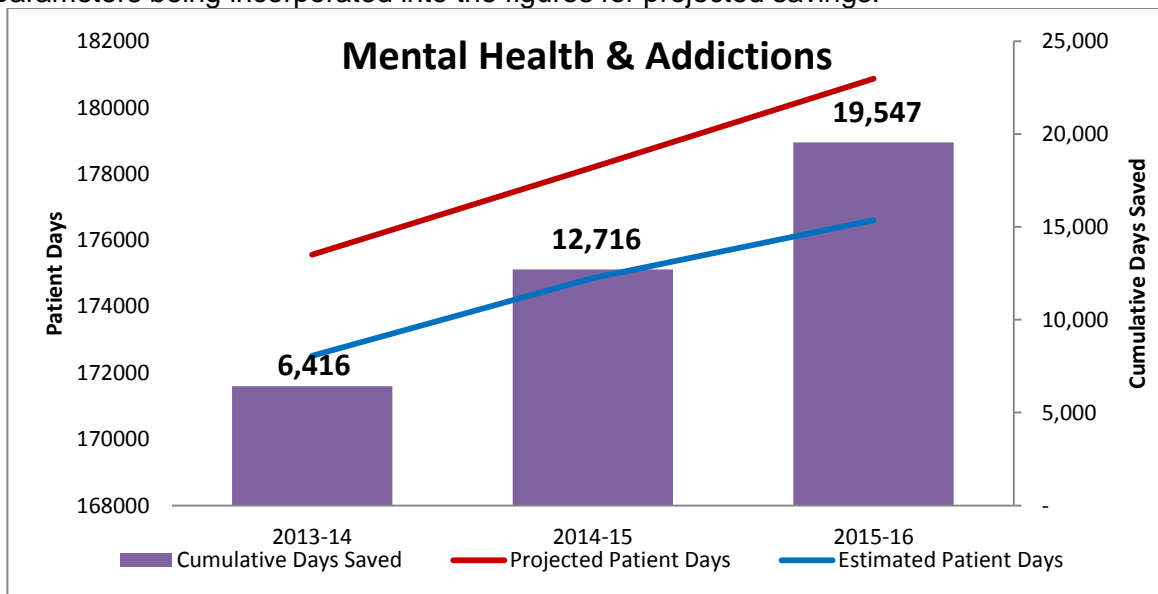
MOTION CARRIED

6.1 UPDATE ON CENTRAL EAST LHIN STRATEGIC AIMS

Mental Health and Addictions

Strengthen the system of support for people with Mental Health and Addictions issues so they spend 15,000 more days at home in their community by 2016.

Ms. Suter reported on the mental health aim calculation and reviewed the assumptions and parameters being incorporated into the figures for projected savings:



Ms. Suter provided a report on the following supporting indicators:

Indicator	Baseline	CE LHIN Target	Current Performance	Current Status	Trend
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Mental Health Conditions (Goal: decrease) ^{1,3}	18.2%	17.0%	19.0%		
CMH&A - Repeat Unscheduled Emergency Visits Within 30 Days For Substance Abuse Conditions (Goal: decrease) ^{1,3}	23.5%	22.5%	23.0%		
Proportion of discharges sent home rather than to an institution for patients with a behaviour support diagnosis (Goal: increase) ¹	61.1%	67.2%	58.7%		
Transfers from LTC to ED; MH patients only, Rate per 1000 (Goal: decrease) ²	8.5	7.6	8.8		
Note: 1 Most recent available data: 14/15 Q3 2 Most recent available data: 14/15 Q2 3 Bold text indicates a formal Central East LHIN Target					

Dr. Ian Dawe, Mental Health and Addiction Physician Lead for the Central East LHIN, joined the Board and provided an overview of the priority projects at the Central East LHIN with respect to Community Crisis Review, Child and Adolescent Hospital Based Services Project and Assertive Community Treatment Team Together. It was noted that the Hospital to Home (H2H) initiative has expanded to include full implementation at The Scarborough Hospital, Rouge Valley Health System Centenary Site and Peterborough Regional Health Centre. Dr. Dawe highlighted the status of the following new initiatives that were approved by the Board at the December 17, 2014 Board meeting:

- Children’s Development Assessment Increase;
- Rental Supplement and Intensive Care Management;
- Housing Now Projects;
- Housing Coordinators; and
- “New Leaf” Peer Support Program.

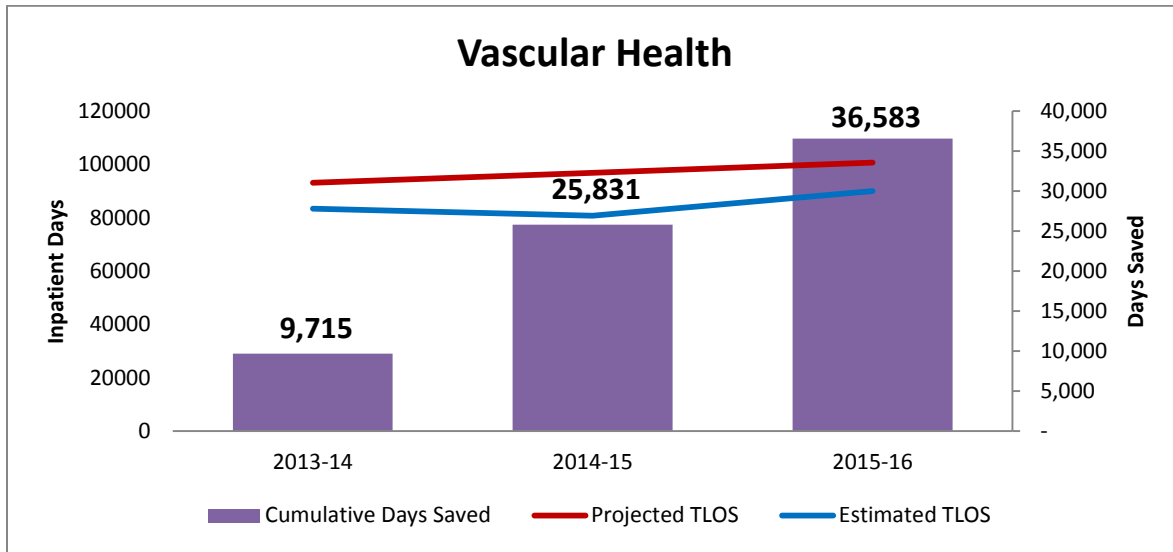
Ms. Jai Mills, Integration Consultant, introduced Jennifer from Voices Against Stigma Everywhere (VASE) who shared her experience with the health care system. Mr. Sudbury thanked Jennifer for joining the Central East LHIN Board and sharing her story.

Mr. Wayne Gladstone joined the meeting at this time.

Vascular Health

Continue to improve the vascular health of residents so they spend 25,000 more days at home in their communities by 2016.

Ms. Suter reviewed the performance metric for Vascular Health and the supporting indicators:



Indicator	Baseline	CE LHIN Target	Current Performance	Current Status	Direction
30-Day Readmission for select CMG (Cardiovascular) (Goal: decrease) ^{1,4}	14.3%	13.3%	15.3%	●	↗
30-Day Readmission for select CMG (CHF) (Goal: decrease) ^{1,4}	23.0%	18.3%	23.2%	●	↘
30-Day Readmission for select CMG (COPD) (Goal: decrease) ^{1,4}	18.2%	17.1%	19.0%	●	↗
30-Day Readmission for select CMG (Diabetes) (Goal: decrease) ^{1,4}	13.2%	7.7%	10.2%	●	↘
Percentage ALC days (stroke) (Goal: decrease) ²	23.7%	21.4%	19.0%	●	↘
Proportion of acute stroke (excluding TIA) patients discharged from acute care and admitted to inpatient rehabilitation (Goal: increase) ³	36.2%	39.8%	38.1%	●	
Proportion of stroke/TIA patients treated on a stroke unit any time during their inpatient stay (Goal: increase) ³	31.9%	35.0%	37.1%	●	

Note:
 1 Most recent available data: 14/15 Q2
 2 Most recent available data: 14/15 Q3
 3 Most recent available data: Fiscal Year 13/14
 4 Italicized font indicates a MOHLTC calculated target.

Ms. Kasia Luebke, Team Lead, Integration and Implementation and Dr. Joe Ricci, Vascular Physician Lead for the Central East LHIN, joined the Board and highlighted the following key initiatives and achievements of the vascular strategic aim:

- Regional Cardiovascular Rehabilitation and Secondary Prevention (CRSP);
- Diabetes Education Programs (DEPs); and
- Stroke Report Card.

Members of the Board commended staff and the physician leads for a comprehensive presentation on the progress made in developing initiatives to advance the Mental Health

and Addictions and Vascular Health aims. Mr. Sudbury noted that a report back will be provided in October 2015.

6.2 2016-2019 LONG-TERM CARE HOME SERVICE ACCOUNTABILITY AGREEMENT NEGOTIATING TEAM – DELEGATION OF AUTHORITY

Ms. Emily Van de Klippe, Lead, Performance and Accountability, outlined the 2016-2019 Long-Term Care Home Service Accountability Agreement (LSAA) negotiations. A recommendation was tabled for the Board to delegate authority to three Chief Executive Officer (CEO) Leads from Central East, HNHB and Waterloo Wellington LHIN to represent the Central East LHIN at the LSAA Advisory Committee regarding the new 2016-2019 LSAA.

MOTION:

By Ms. Hough

Be it resolved that the Central East LHIN Board of Directors hereby authorizes an LSAA Negotiating Team with representation from three LHIN CEOs (Central East, Hamilton Niagara Haldimand Brant and Waterloo Wellington LHINs) to act on behalf of the Central East LHIN to coordinate and manage the consultation and negotiation process for the 2016-2019 LSAA.

SECONDED:

Ms. Risk

MOTION CARRIED

6.3 URGENT PRIORITY FUNDS (UPF)

Ms. Sherry Harvey, Senior Finance Consultant, SFPM, walked members of the Board through the following schedule of the proposed 2015/16 Urgent Priority Funding:

Initiative	Health Service Provider	Funding	Description	Funding Approval Period
Vascular Surgery	The Scarborough Hospital (TSH)	\$ 180,000	9 Additional Endovascular Graft (EVAR) procedures to support regional Vascular surgical centres.	1 year; 2015/16
Community Health Centre Integration	Oshawa Community Health Centre/The Youth Centre (OCHC/TYC)	\$ 250,000	Interim transitional integration funds as per Board approval January 2015 Integration Plan (balance of \$265,000 will still be outstanding).	1 year; 2015/16
Enhanced Bed Capacity	Strathaven	\$ 17,945	Increased costs related to enhanced bed capacity (currently funded at \$704,028).	1 year; 2015/16
Regional Cardiac Rehab	Rouge Valley Health System (RVHS)	\$ 1,001,418	Regional cardiovascular rehabilitation including RVHS, Lakeridge Health (LH) and RMH.	1 year; 2015/16
Haliburton/City of Kawartha Lakes Cardiac Rehab	Ross Memorial Hospital (RMH)	\$ 235,125	Fiscal stabilization of the Cardiac Rehab program pending Clinical Service Planning (CSP) implementation.	1 year; 2015/16
Amount Remaining to be Allocated as of June 1, 2015				\$ 2,927,020
Proposed UPF projects presented June 24, 2015				\$ 1,684,488
Amount Remaining to be Allocated as of June 25, 2015				\$ 1,242,532

It was noted that additional new urgent priority investments will be brought forward to the Board for approval at a future meeting.

MOTION:

By Mr. Gopikrishna

Be it resolved that the Central East LHIN Board of Directors approves the following Urgent Fund Allocations:

The Scarborough Hospital receive a funding allocation of \$180,000 in 2015/16 for additional vascular surgeries.

Oshawa Community Health Centre/ The Youth Centre receive an interim one-time funding allocation of \$250,000 in 2015/16 for the integration transitional costs as per the Board-approved Integration Plan of January 2015.

Strathaven Life Care Centre receive a funding allocation of \$17,945 in 2015/16 for enhanced bed capacity.

Rouge Valley Health System receive a funding allocation of \$1,001,418 in 2015/16 for Regional Cardiac Rehabilitation.

Ross Memorial Hospital receive a funding allocation of \$235,125 in 2015/16 for the Haliburton/Kawartha Lakes Cardiac Rehab Services.

SECONDED:

Ms. Hough

MOTION CARRIED

6.4 **QUALITY-BASED PROCEDURES – INITIAL ALLOCATION**

Mr. Sutley addressed the Board regarding the Quality-Based Procedures (QBPs) initial 2015-16 allocation. It was reported that going forward the Ministry of Health and Long-Term Care will provide the LHIN with one QBP envelope for the entire local health system, to calculate and communicate allocations and reallocations at the health service provider (HSP) level. It was noted that early sharing of the QBP allocation details by the Ministry, presents a range of opportunities to LHINs and HSPs and also supports the development of a local allocation methodology, which is being undertaken by the auspices of the Health System Funding Reform (HSFR) Local Partnership (LP).

Mr. Sutley indicated that the Central East LHIN is awaiting confirmation from the Ministry of all the QBP allocations for 2015-16 and it was noted that staff will report back to the Board at the next meeting on the actual associated funding along with an update on the Health Based Allocation Model and CCAC allocations.

MOTION:

By Ms. Singh

Be it resolved that the Central East LHIN Board approve in principle the initial 2015/16 allocation of 29,493 Quality-Based Cases, as per Schedule 1, to the following hospitals:

- Lakeridge Health
- Northumberland Hills Hospital
- Peterborough Regional Health Centre
- Ross Memorial Hospital
- Rouge Valley Health System
- The Scarborough Hospital

SECONDED:

Mr. Gopikrishna

MOTION CARRIED

6.5 **OSHAWA COMMUNITY HEALTH CENTRE – THE YOUTH CENTRE**

Ms. Jeanne Thomas, Director, SDI, System Design, introduced Mr. Lee Kierstead, CEO and Operational Lead, Oshawa Community Health Centre (OCHC) and The Youth Centre (TYC) to provide an update on the amalgamation process between OCHC and TYC. Ms. Samantha Brighton, Chair of TYC and Mr. Tom Wise, Chair of the OCHC were in attendance at the meeting.

Mr. Keirstead refreshed the integration vision of the Transition Governance Committee and noted that it is closely aligned with the initial guiding principles that initiated the integration process of the two organizations. Mr. Keirstead walked the Board through an overview of the background, organizational structure and work to date by their organizations in preparing for the amalgamation on November 1, 2015.

Members of the Board thanked staff, Mr. Keirstead and both Boards for the work to date and congratulated the organizations for their efforts in achieving quality services for residents across the Durham region.

MOTION: By Mr. Gladstone
Be it resolved that the Central East LHIN Board of Directors receive the update on Integration Activities as presented by The Youth Centre and the Oshawa Community Health Centre.

And further, be it resolved that the Central East LHIN Board of Directors does not stop the voluntary integration between the Oshawa Community Health Centre and The Youth Centre to take effect November 1, 2015.

SECONDED: Ms. Risk

MOTION CARRIED

6.6 INTEGRATED HEALTH SERVICE PLAN #4 – UPDATE

Mr. Laundry provided an update to the Board on the Central East LHIN 2016-19 IHSP #4. The project timelines and phases were reviewed. It was noted that the IHSP 4 finalized draft report will be submitted to the Ministry early November and is expected to be launched on April 1, 2016.

A progress report will be provided in the monthly CEO Report and it was noted that an update on the environmental scan will be coming forward to the Board next month.

6.7 REPORT OF THE AUDIT AND FINANCE COMMITTEE – MAY 13, 2015

Mr. Sudbury, Chair Audit and Finance Committee, provided a report on the business tabled at the May 13, 2015 meeting of the Audit and Finance Committee. It was noted that the Committee met with the Auditors to review the Draft Audited Financial Statement. Mr. Marco Aguila, Director, Corporate Service, Controller, provided a summary of the Drafted Audited Financial Statement and noted that no major risks or adjustments were identified.

The next Committee meeting is scheduled for July 8, 2015.

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, 2014 to March 31, 2015 and authorize that these statements be signed.

SECONDED: Mr. Gladstone

MOTION CARRIED

MOTION: By Ms. Singh
Be it resolved that the Central East LHIN Board receive the Chair's report of the Audit and Finance Committee meeting from May 13, 2015.

SECONDED: Ms. Risk

MOTION CARRIED

Mr. Gladstone left the meeting at this time.

6.8 2014/2015 CENTRAL EAST LHIN ANNUAL REPORT

Ms. Katie Cronin-Wood, Director, Communications and Community Engagement, provided an overview of the draft 2014/15 Central East LHIN Annual Report. The report has been translated into French and will be submitted to the Ministry by June 30th, pending approval from the Central East LHIN Board. Once it is proclaimed by the Minister in the House, it will become a public document and will be posted on the Central East LHIN Website.

MOTION: By Mr. Hough
Be it resolved that the Central East LHIN Board of Directors approve the Annual Report for submission to the Ministry of Health and Long-Term Care by June 30, 2015.

And further be it resolved that the Board congratulate and acknowledge the staff on the efforts put into preparing the Annual Report.

SECONDED: Ms. Risk

MOTION CARRIED

6.9 CENTRAL EAST LHIN 2015/16 ANNUAL BUSINESS PLAN

Mr. Laundry presented the 2015/16 Draft Annual Business Plan. It was noted that the Annual Business Plan will be submitted to the Ministry of Health and Long-Term Care by July 27, 2015.

MOTION: By Ms. Singh
Be it resolved that the DRAFT 2015/2016 Central East LHIN Annual Business Plan be approved for submission to the Ministry of Health and Long-Term Care.

SECONDED: Mr. Gopikrishna

MOTION CARRIED

Staff were commended for their collaborative efforts in putting together the Draft Annual Business Plan.

6.10 PANAM/PARAPAN EMERGENCY MANAGEMENT PREPAREDNESS

Ms. Katie Cronin-Wood, Director, Communications and Community Engagement, provided an overview on the Emergency Preparedness for the 2015 Pan Am and Parapan Am Games. It was noted that the Central East LHIN Emergency Management Leads table has developed a workplan that is being implemented through a series of biweekly meeting to ensure that the Central East LHIN, health service providers and community partners reach Operational Functional Point no later than June 16, 2015. Ms. Cronin-Wood reviewed the Pan/Parapan Am Games Hazard Identification and Risk Assessment (HIRA). It was reported that the Central East LHIN took part in a three-day training – ‘Chemical, Biological, Radiological and Nuclear (CBRN) Training’ hosted by Lakeridge Health and led by the province’s Emergency Medical Assistance Team. It was indicated that the Central East LHIN Senior Team completed a web-based training of the Emergency Management Communications Tool.

Ms. Cronin-Wood referred to the Central East LHIN After-Hours Emergency Contact Binder and the After-Hours Blackberry Pager and noted that the contact information for our Hospitals, CCACs, Ministry Partners, Emergency Management Services Partners and Public Health Partners are kept up to date regularly. It was noted that System Stakeholder calls are scheduled from July 6, 2015 to August 16, 2015. The Central East LHIN Emergency Management Leads continue to prepare for the commencement of the Pan Am Games on July 10, 2015.

6.11 CEO REPORT – Q & A

Ms. Hammons reported that the Panel has begun its work in developing a plan for the provision of acute services in the Scarborough/West Durham region. It was indicated that bi-weekly check-in calls have been scheduled with Mr. Barry McLellan, Chair of the Panel, to provide updates on the status of the Panel’s consultation plan. Ms. Hammons indicated that the final report will be submitted to the Ministry and the Central East LHIN in early October and it was noted that the Panel will be meeting with the Board in July.

Ms. Hammons provided the following highlights from the CEO Report to the Board:

- Staff were commended for their hard work in finalizing the Annual Business Plan and for a successful Audit this year.
- On June 23, 2015 Fairview Lodge opened a new building for its residents. Ms. Hammons thanked staff at Ontario Shores and Lakeridge Health for their support during that period of time.

- The Deputy Minister visited Ontario Shores and received a presentation of Ontario Shores' information system. A presentation will be coming forward to the Board in July.

MOTION: By Ms. Hough
Be it resolved that the Central East LHIN Board of Directors receive the June 24, 2015 report of the Central East LHIN CEO for information.

SECONDED: Ms. Singh

MOTION CARRIED

7.0 **MOVED INTO CLOSED SESSION**

MOTION: By Mr. Gopikrishna
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 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, Brian Laundry, Stewart Sutley, Katie Cronin-Wood, Karen O'Brien, Sheila Rogoski, Barbara Millar, and Vinitha Navarathinam join the Board in the closed session

SECONDED: Ms. Risk

MOTION CARRIED

12.1 **REPORT ON CLOSED SESSION**

Upon reconvening to the open session, Mr. Sudbury 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 Ms. Hough
Be it resolved that the Chair's report of the June 24, 2015 closed session be received and approved, and further that there will be follow up on the actions discussed.

SECONDED: Ms. Singh

MOTION CARRIED

12.2 MOTION OF TERMINATION

MOTION: By Ms. Risk
Be it resolved that the June 24, 2015 Central East LHIN Board meeting be adjourned.

SECONDED: Ms. Hough

MOTION CARRIED

The meeting was terminated at 4:00 PM

David Sudbury
Vice-Chair, Central East LHIN

Deborah Hammons
Chief Executive Officer, Board Secretary