

Chair's Report

October 12th, 2007

Central East LHIN Board of Directors

Recruitment of CEO Complete

The Board of Directors successfully completed the recruitment and hire of a new Chief Executive Officer for the Central East LHIN, when it announced recently that Deborah Hammons will commence her duties on November 12th, 2007. The entire process from date of announcement of the resignation by the former CEO, Marilyn Emery, on April 22nd took almost exactly six months. I look forward to Ms. Hammons joining our organization and I am confident that her combination of experience in both acute and long term care, training in both a nurse clinician and business, and perhaps especially her maturity and diplomacy, will serve the Board, the staff of the LHIN and our communities very well.

On behalf of the Board of Directors, through this Report, I would like to thank both of our Senior Directors, Nizar Ladak and James Meloche, for assuming the extra duties of CEO during this interim period, particularly since both assured not only that the ship remained balanced, but that we kept on course and sailed forward. Your efforts are very much appreciated.

I should remind the Board at this time of the need to set goals and objectives for the new CEO, a specific requirement of our contract. Although everyone is expected to contribute, the Governance Committee should lead this process for us.

Role of the Board

There was some discussion at the last meeting of the Chairs Group that some board members in some LHINs do not

understand what is expected of the Board. This is just a reminder that the MOU sets out the duties of the board as follows:

3.3 The Board

- a) The Board is accountable to the Minister for the performance of the LHIN, its use of public funds, and for results in terms of goals, objectives, and performance of the local health system.

- b) The Board is responsible for:
 - i. setting the goals, objectives and strategic direction for the LHIN;
 - ii. directing the affairs and monitoring the performance of the LHIN to ensure compliance with the Act, this MOU, the Accountability Agreement, and applicable law;
 - iii. promoting public confidence in the LHIN by ensuring that the LHIN is effectively governed;
 - iv. ensuring that Directors have received sufficient training to carry out their duties;
 - v. performing an annual assessment of the effectiveness of the Board as a whole and on individual members using tools common to all LHINs;
 - vi. keeping the Minister informed, through the Chair, of issues or events in the LHIN and its local health system that affect the Minister in the exercise of the Minister's responsibilities;
 - vii. notifying the Minister, through the Chair, promptly of the appointment of a new CEO; and

- viii. approving the MOU, the Annual Report, the Accountability Agreement, the Annual Service Plan, the Integrated Health Service Plan and other documents as directed by the Board, and authorizing the Chair to sign them on behalf of the Board.

Our legal counsel, Eileen Clarke added that if the confusion stems from a lack of understanding of the governance to governance role of the board (some LHINs have moved ahead on this matter), there is no such role in the statute, the MOU, or the Accountability Agreement. The role of the board under LHSIA, the MOU, and the MLAA is to govern the LHIN as set out above. Any other role that the board assumes, providing it does not contradict the LHSIA, the MOU, or the MLAA, would be on the terms and conditions set by the Board.

Web Conferencing Project

When the Hamilton/Haldimand/Niagara/Brant LHIN called to see whether Central East would have interest in a web conferencing project that might ease travel and time spent getting to meetings in Ajax, I thought rather quickly about the trip from Haliburton, and thought we should give this evolving modality a shot. It has involved an application for development funding from a federal branch of government and would join us with four other LHINs, including two which have even greater challenges of distance and time...especially the Northwest and Northeast. The purpose of the project, in short, is to add the computer to the teleconference. There may be technical limitations which we will need to address and test for work-arounds, including the lack of access to high speed connections in some areas of our LHIN. There will be approximately \$5,000 available to each LHIN to support the project. To date, I have not heard whether or not the project has been approved.

Governance Toolkit

Quite a few months ago, our neighbouring LHIN (Central), having commenced its variation of Board-to-Board meetings, began to identify the need for 'how to' tools and practices to assist the LHIN in successfully implementing a process of engagement with governance leadership in its area. This has evolved into an invitation to all LHINs to participate in a project that would develop materials that could be used and adapted, as needed, by LHINs wishing to form and even standardize their process. As we were focused on how to move our process forward, I have indicated our support and interest in being involved. Admission fee is \$5,000 which, if the project proceeds, has been included in our budget this year. Hugh MacLeod has also indicated matching support from the Ministry. An effort is underway to involve, as well, the various Associations, which have been looking in some instances for ways to connect to the LHINs. A project consultant would be hired to lead the way. Although I have been supportive of this initiative, it is taking longer to get off the ground than I expected, and, consequently, risks losing usefulness as we move forward on inter-Board engagement.

Strategy Map

The Central East LHIN's Strategy Map has continued to evolve and its most recent iteration is included in your meeting binder. It is a very helpful reminder of key elements of our work and I commend staff for keeping it in front of our public. In particular, I am pleased to see the inclusion of our strategic directions and goals approved at our meeting in August, a key outcome of earlier retreats this year, as well as the culmination in the vision. The health care priorities and the enablers speak to our community engagement and the IHSP. And, the system outcomes box refers to the evaluation and means of measuring our strategies. Perhaps we could cite our values somewhere in the open space in the left bottom corner?

LHIN Chairs Meeting

Each month the LHIN Chairs meet to discuss system and other common issues. I will forward minutes from these meetings by e-mail and, should you have questions about any of the topics, please give me a call. This past month we also met jointly with the CEOs as we do on a quarterly basis. This month a presentation was included on the Aging at Home Strategy. There was also a roundtable discussion on some of the governance issues faced by specific hospitals in the Province as well as a review regarding sessions with health service providers.

Considerable time was spent on lessons learned from the Annual Service Plan process and concern was expressed on the wide variations in the assumptions, submissions, and review processes used by the Boards. Progress, or otherwise, was noted in relation to the requirements of the Act for French Language Health Services.

Charters, HAPS, H-SAA, etc.

It is pleasing to see the definition of our progress emerging in the project charters. The outcome of community engagement, the IHSP, the Networks and Collaboratives, the Task Groups, and not least the June symposium gives credence to a planning process and alignment to our strategy. We will need to maintain our focus as we move into the discussions first with Hospitals on the HAPS and H-SAA, and over time with the other Health Service Providers. All face challenges both as organizations and as communities. The LHIN, as an organization, and the LHIN, as the network, needs to pull together. Not to do so risks losing the gains we have made and raises the prospect of reverting to old forms of doing business. The culture is changing but we will need to remain vigilant and supportive of our staff, our providers, and, of course, our consumers.