

BRIEFING NOTE
Toronto Central Local Health Integration Network
Board of Directors Meeting
April 27, 2016

Agenda Item 1 – Welcome & Call to Order

The Toronto Central Local Health Integration Network (TC LHIN) welcomes the public to its open Board meeting. Please refer to A Guide to Open Meetings of the Toronto Central Local Health Integration Network (LHIN).

Agenda Item 2 – Guide to Open Meetings of the Toronto Central Local Health Integration Network

Link to guide:

<http://torontocentrallhin.on.ca/~media/sites/tc/New%20media%20folder/Board%20and%20Governance/Guide%20to%20Open%20Meetings.pdf>

Agenda Item 3 – Approval of Agenda

| TIME | DUR (MIN) | ITEM | TOPIC | PRESENTER/ DISCUSSANT | MOTION REQUIRED |
|---------------------------|-----------|------|--|--|-----------------|
| 4:00 | 2 | 1 | Welcome and Call to Order | Angela Ferrante | |
| 4:02 | 1 | 2* | Guide to Open Meetings of the Toronto Central Local Health Integration Network | Angela Ferrante | |
| 4:03 | 1 | 3 | Approval of Agenda | Angela Ferrante | ✓ |
| 4:04 | 1 | 4 | Declaration of Conflict(s) | ALL | |
| PRESENTATION | | | | | |
| 4:05 | 60 | 5* | TC LHIN Integration Review Report 5.1 Report on Review 5.2 Report Recommendations/Next Steps | Susan Fitzpatrick/Bill Manson | ✓ |
| INTEGRATION REPORT | | | | | |
| 5:05 | 20 | 6* | Report on Mt. Sinai/Bridgepoint Integration 6.1 One-Year Report 6.2 Meeting Presentation | Susan Fitzpatrick/Joseph Mapa/Marian Walsh | |
| GUEST SPEAKER | | | | | |
| 5:25 | 20 | 7* | Patient Story – Mr. Michael Dzura | Susan Fitzpatrick/Tess Romain | |
| REGULAR BUSINESS | | | | | |
| 5:45 | 2 | 8*** | Approval of Minutes – February 24, 2016 | Angela Ferrante | ✓ |

| BUSINESS ARISING | | | | | | |
|--|----|-----|---|---|---|--|
| 5:47 | 5 | 9* | Strategic Plan – Year Two 9.1 Briefing Note 9.2 Strategic Plan Year-Two | Susan Fitzpatrick | | |
| NEW BUSINESS | | | | | | |
| 5:52 | 5 | 10* | Board-governed Agency Attestation (Treasury Board Secretariat, Officer of the Provincial Controller Division) 10.1 Briefing Note 10.2 Attestation Memo 10.3 Agency Attestation Exception 10.4 Agency Attestation Exception Briefing Note 10.5 Fraud Awareness Schedule 10.6 Q&A Board-governed Agency Attestation | Angela Ferrante/Susan Fitzpatrick | ✓ | |
| CONSENT AGENDA (Any Board member may request that any item be removed from this consent agenda and moved to the regular agenda) | | | | | | |
| 5:57 | 5 | 11* | For Information 11.1 CEO Report | Susan Fitzpatrick | | |
| REPORTS | | | | | | |
| 6:02 | 5 | 12 | Chair's Report | Angela Ferrante | | |
| 6:07 | 10 | 13* | Governance and Nominations Committee Report 13.1 Human Resources Committee Terms of Reference 13.2 Annual Governance Compliance Checklist 13.3 Board Orientation Program | Carol Perry | ✓ | |
| 6:16 | 2 | 14 | Other Business | Angela Ferrante | | |
| CLOSED SESSION | | | | | | |
| NEXT BOARD MEETING | | | | | | |
| 7:00 | | 20 | Next Board Meeting: <u>Thursday</u> , May 26, 2016, 4:00-7:00 p.m. TC LHIN | Angela Ferrante | ✓ | |
| ADJOURNMENT | | | | | | |

Legend

- * circulated with Agenda
- ** to be circulated at meeting
- *** to be circulated electronically before meeting
- **** previously circulated

Guests:

Joseph Mapa, CEO, Sinai Health System
Marian Walsh, Associate CEO & Chief Transformation Officer, Sinai Health System
Mr. Michael Dzura
Marnie Weber, Executive Director of Strategic Developments, University Health Network
Anne Babcock, President & CEO, WoodGreen Community Services

Agenda Item 4 – Declaration of Conflict(s)

The Board member(s) shall at this time in the meeting declare any conflict(s) of interest in accordance with the LHIN Conflict of Interest Policy.

Agenda Item 5 – TC LHIN Integration Review Report

TOPIC: Third Party Integration Review Report and Recommendations

PURPOSES OF THIS AGENDA ITEM:

To receive the report from the third party review of integrations in Toronto Central LHIN, and to direct staff to prepare a response for consideration by the Board of Directors.

BACKGROUND:

On February 25, 2015, Toronto Central LHIN submitted the annual report to the Board of Directors on Voluntary Integrations in Toronto Central LHIN. The report provided a summary of the results of the integrations completed to-date. The report suggested that while integrations in Toronto Central LHIN have generally been successful, there is opportunity for practice efficiency to be gained that can build on past successes. The report also suggested that the Toronto Central LHIN could explore the use of facilitated integrations to more proactively drive system transformation.

The 2015 annual integration report to the Board of Directors recommended that a third party review of integrations be conducted. The aim of the review is to recommend a course of action to improve on the success of the voluntary integration process, and a course of action for Toronto Central LHIN-led or facilitated integrations.

The lead health service provider for the third party review of integrations was WoodGreen Community Services. WoodGreen Community Services managed the Request for Proposals (RFP) process to select a consulting firm to conduct the third party review. The review was guided and led by the Integration Review Project Steering Committee. The Steering Committee was co-led by WoodGreen Community Services and University Health Network, and was comprised of cross sector health service provider representatives.

The Purpose of the Integration Review was threefold:

1. To obtain the insights and analysis from an independent third party on the current integration process;
2. To receive a series of recommendations on integrations as a tool for planning, performance improvement, and program/service changes to support health system transformation, stability

and coherence.

3. To understand the systemic and strategic impact integrations can have in delivering system change and redesign.

The Objectives of the Integration Review are:

1. Review the current Community and Hospital Voluntary Integration Pathways and identify process and practice efficiencies in those pathways, with specific recommendations on how individual integration results can be tied to Toronto Central LHIN system outcomes.
2. Provide recommendations on how the two pathways can be merged to one overall voluntary integration pathway.
3. Review the current practices from all other LHINs on facilitated integrations, and develop a pathway for a Toronto Central LHIN Facilitated Integration Pathway.
4. Conduct an environmental scan of all Toronto Central LHIN funded programs and services, and make recommendations on how and where facilitated or LHIN-Led integrations may have the greatest system impact to further the Toronto Central LHIN strategic priorities.

The key deliverable for the Integration Review is a final report containing a set of clear recommendations to improve the current voluntary integration pathways, recommendations to establish a facilitated integrations pathway, and recommendations on how integrations can deliver system change and redesign aligned with the Toronto Central LHIN Strategic Plan.

DISCUSSION:

The TC LHIN Board of Directors is being asked to receive the report and recommendations from the integration review, and to direct staff to prepare a response for consideration by the Board of Directors.

MOTION:

That the Board of Directors hereby accepts receipt of the report from the integration review, and directs staff to prepare a response for consideration by the Board of Directors.

Agenda Item 6 – Report on Mt. Sinai/Bridgepoint Integration

TOPIC: Report on Voluntary Integration of Mount Sinai Hospital and Bridgepoint Active Healthcare

PURPOSE OF AGENDA ITEM

To provide the Board of Directors with a report on the Mount Sinai Hospital and Bridgepoint Active Healthcare voluntary integration.

BACKGROUND:

On September 29, 2014 Mount Sinai Hospital and Bridgepoint Active Healthcare gave formal notice to Toronto Central LHIN of the potential integration of the two organizations. The hospitals proposed voluntary amalgamation to combine all of their activities and operations under a single corporation.

The organizations proposed completion of the amalgamation by November 30, 2014, subject to receipt of all necessary materials for review. The agencies have provided a signed Memorandum of Understanding and a Business Case that includes a community engagement plan to the Toronto Central LHIN. This business case has been reviewed by the LHIN and the Ministry in partnership.

The stated goals of the amalgamation were:

1. Deliver stronger services and capabilities for the highest needs patients: serve the populations and needs that have the biggest impact on outcomes and cost in Ontario – from healthy beginnings, to complex care and rehabilitation, subspecialty care, and healthy aging.
2. Dramatically enhance service integration: deliver seamless care across the full continuum of services, both through our own services and resources, and as a more capable partner with others in the system.
3. Drive results beyond direct patient care: strengthen our impact as a global, leading centre of excellence for the populations we serve, including through research and education, and as a model of integrated, high-value care delivery to improve the experiences of patients by integrating acute and post-acute care and services across a broad continuum of clinical programs.

The organizations proceeded with their integration effective December 2014.

Mount Sinai Hospital and Bridgepoint Active Healthcare Background

Mount Sinai Hospital (Mount Sinai) and Bridgepoint Active Healthcare (Bridgepoint) are both hospitals funded by the Toronto Central LHIN.

Mount Sinai's core services include:

- medical/geriatric services,
- treatment of musculoskeletal diseases,
- complex general surgery and surgical oncology,
- palliative care, and
- women's and infants programs.

Bridgepoint's core services include:

- orthopaedic,
- neurological and medical rehabilitative care,
- complex medical services such as palliative care, hemodialysis and renal care, neurological care, and
- transitional care.

The organizations identified the following integration goals in alignment with the LHINs strategic priorities:

| Domain | Criteria | Key Goals and Priorities |
|--------------------------|--|--|
| Strategic Fit | Alignment with Toronto Central LHIN Strategic Plan | <ul style="list-style-type: none"> • Enhance quality and safety for the highest needs patients – from healthy beginnings, to complex care and rehabilitation, subspecialty care, and healthy aging • Deliver a seamless patient experience for populations shared between Mount Sinai and Bridgepoint while significantly enhancing integration with other system partners • Improve health and stability for complex patients, leading to fewer emergency acute care admissions, and contributing to better value and shorter wait times • Drive equitable care to patients and communities including marginalized populations, building on and further enhancing Mount Sinai's leadership in Health Equity for the Toronto Central LHIN |
| | Community Engagement | |
| | Equity | |
| Common Principles | Quality Outcomes | <ul style="list-style-type: none"> • Enhance integration across the full continuum of care – through our own resources and through partnerships with others • Improve access to mental health care and to subspecialty care for complex patients • Rigorously apply evidence in care pathways for high needs patients, including frail elders and others with complex conditions • Optimizing the connectivity and role of each system segment in providing the right patient care in the right place • Increase access and capacity within the system, by optimizing care trajectories and length of stay, and by improving access for system partners through initiatives such as 7-day / week rehabilitation admission • Improve performance under Health System Funding Reform, further enhancing sustainability |
| | Transitions of Care | |
| | Better Access | |
| | Increased Accountability | |
| | Value for Money | |
| System Value | Innovation | <ul style="list-style-type: none"> • Develop, implement and measure innovative new models of care across the continuum for patients with complex conditions • Driving change beyond direct patient care as a global, |

| | | |
|--|--------------|--|
| | Partnerships | <p>leading centre of excellence for the populations we serve, including through research and education</p> <ul style="list-style-type: none"> • Enhance system value – deliver better outcomes for the highest needs patients at the same or lower system cost • Guarantee access for current referral partners to Bridgepoint |
|--|--------------|--|

At the time of assessing the business case, the Toronto Central LHIN emphasized three areas of focus viewed as being most critical to the success of the Mount Sinai Hospital and Bridgepoint Active Healthcare integration: 1) Quality; 2) Access; and, 3) Efficiency. In addition to the balanced budget requirement in the Service Accountability Agreements, Local Health System Integration Act requires special attention be paid to access and community engagement.

The amalgamated hospital, Sinai Health System, is participating in the LHINs post integration reporting process and their one-year report is attached. The report includes a detailed status report on integration commitments and performance indicators.

Joseph Mappa, CEO and Marian Walsh, Associate CEO and Chief Transformation Officer will attend the Board meeting on April 27, 2016 to discuss the status of their integration and the details of their one-year report with the Board.

MOTION

No motion.

Agenda Item 7 – Patient Story

TOPIC: Integrating the Patient Experience into our Work

PURPOSE OF THIS AGENDA ITEM:

To introduce the patient story agenda item and inform the Board on initiatives that the Toronto Central LHIN is working on to integrate the patient experience into the work of the LHIN.

BACKGROUND:

The TC LHIN's Strategic Plan 2015-18 is focused on working with providers, residents, patients,

family members, clients and caregivers to build a local health care system that is coordinated, easy to navigate and provides timely and equitable access to care.

We recognize that current and future patients are best able to advise on the design – or redesign - of an integrated health care system that meets their needs.

TC LHIN Citizens (the term we use to capture residents, patients, family members, clients and caregivers) are experts in how they experience an illness, a set of life circumstances, the care they receive or the health system with which they interact.

To begin the process of integrating the patient experience into our work, the TC LHIN is working on a number of initiatives:

- Engagement/Collaboration/Evaluating
- Patient Complaints Process
- Citizen's Panel

A report on these initiatives will be provided to the Board at the May meeting.

In the meantime, at the April Board meeting, a patient has been invited to share his patient experience with the health system with the Board. Patient stories shared at the Board level can have a profound effect on how the Board and management can be better connected with patients; improve communications and plan for patient centred care in the TC LHIN.

Mr. Michael Dzura will be sharing his story with the Board on April 27, 2016. Mr. Dzura's bio is attached for reference and provides some background on his healthcare journey.

During the patient story, it is suggested that the Board focus on considering how the patients' experience relates to the LHINs ongoing planning and implementation of health care services in the TC LHIN.

As part of a larger strategy to integrate the patient experience into the LHINs work, the Board will have an opportunity to evaluate the patient story concept at the May meeting. The Board can discuss the effectiveness of the patient story approach/concept going forward.

NEXT STEPS: None.

MOTION:

No motion.

Guest speaker:

Michael Dzura – Bio

My name is Michael Dzura, I am a 24 year old studying computer science, and I am a quadriplegic as a result of a spinal tumour from birth. My parents were my primary caregivers up until I was 21 (even

though both are separated). As I got older they were finding it more difficult to take care me, as my care was becoming more complex, and their physical health was deteriorating due to age. We were receiving homecare for roughly 10 years, and even with the homecare my parents still had to fill in quite a bit. We were always requesting for more hours, but CCAC was never willing or able to provide more. I finally moved out when I was 21 without much choice because my parents couldn't keep up with my physical needs. I now live in Tobias House supportive housing with access to 24 hour care as needed, and I am also followed by the Toronto Central CCAC Long-Term Vent Program, as I am on BiPAP ventilation at night.

- Throughout the years I have noticed there is a lot of discrepancy with the services provided, and even the protocols as to whether a nurse or a PSW is allowed to perform certain acts of care. When I was still living at home I mainly had PSW's, however they were not allowed to help facilitate my bowel routine or do my catheterization - that was only the role of a nurse. Then once moving into supportive housing all my personal care was done by PSW's (including bowel routine and catheter). On top of that just to add more confusion, if I ever got stuck in the hospital due to a bladder infection, the nurses would refuse to do my bowel routine and always say a doctor had to be present. The protocol seems to be different everywhere you go and it makes it unsettling and worrisome as to whether or not I am going to receive the proper care I need. At times I have had to fall back on my parents, but that should not be the case and I should not be their responsibility anymore.
- Another issue is getting the care and receiving hours. Back at home, I was only entitled to roughly 40 hours a month through CCAC, which was around an hour and a half a day, with hardly any help or resources offered from CCAC. Now being on my own and with the Long-Term Vent Program I have access to a maximum of 242 hours a month for nursing (Approx. 8hrs per day), although I have not needed it since Tobias House is able to manage all of my care, and I am also in constant contact with my care coordinator if anything comes up. She is always able to connect me to other resources when I request. Why couldn't CCAC have properly transferred me to the Long-Term Vent Program when I was still living at home, and why can't all the hours and services be provided to others who aren't on ventilators but still have enough complex needs? I have many friends who need help with their care, but CCAC will not provide any extra assistance since their parents are still their primary caregivers, but struggling in the same way as mine with physical burnout...
- The last thing, as soon as you go out of Toronto (Simcoe County) you get even less services than the minimal I had been receiving at home. Shouldn't all of these services be unified in some way no matter where you go in Ontario?

Agenda Item 8 – Approval of Minutes – February 24, 2016

To be posted to website once approval made by the Board.

Agenda Item 9 – Strategic Plan – Year Two

TOPIC: STRATEGIC PLAN – YEAR TWO

PURPOSE OF THIS AGENDA ITEM:

To provide the Board with the Strategic Plan – Year Two final document.

BACKGROUND:

In June 2015, the Board of Directors approved the Toronto Central (TC) LHIN Strategic Plan 2015 – 2018. Since this time, the government has released Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario with recommendations that will enhance the mandate of LHINs.

The Board reviewed and provided their input into a draft updated TC LHIN Strategic Plan 2015-2018 at the February 2016 Board of Directors meeting.

The Board approved the updated Plan at the February meeting and the final document is being provided for information.

The Strategic Plan 2015-2018 Year 2 report has been updated in the following areas:

- ✓ The first page now reflects the current CEO.
- ✓ The term “Innovation” has been added to the Strategic Goal “System Sustainability.
- ✓ A section has been added to acknowledge the leadership and role of Academic Health Sciences (page 5).
- ✓ A reference to the role of technology has been added in a paragraph under the strategic priority – Designing Health Care for the Future (page 10).
- ✓ The map of Toronto Central LHIN now reflects our sub-LHIN regional approach (page 14).
- ✓ With the potential for the LHINs to have an expanded mandate, and the references to engagement in the Auditor General Report (2015), a sub-heading titled “Community Engagement” has been added under the TC LHIN Core Business (page 20).
- ✓ In the Environmental Scan, the impact of growth in the downtown core to health care delivery has been added as a local consideration (page 25).
- ✓ The performance indicators (page 28-29) has been updated to reflect the new framework presented to the Board at the February 2016 meeting.

One further addition will be made prior to the final printing of the Strategic Plan. On page 7 an addition will be made to include reference to our partnership with the City of Toronto:

“The TC LHIN will partner with the City of Toronto to align our work in achieving a Healthier Toronto”

The Strategic Plan 2015-2018 – Year 2 report will be updated on our TC LHIN website, and a link included in our next TC LINK newsletter. As well, printed copies will be available upon request and for distribution as required.

MOTION:

No motion.

Agenda Item 10 – Board-governed Agency Attestation**TOPIC: Board-governed Agency Attestation****PURPOSE OF THIS AGENDA ITEM:**

Approval to authorize the Board Chair to execute the Toronto Central LHINs Board-governed agency attestation.

BACKGROUND:

The Treasury Board Secretariat, Officer of the Provincial Controller Division introduced an annual Board-governed Agencies & Appointments Directive's Compliance Attestation process in March 2016.

The attestation is based on the Chief Executive Officer's (or equivalent authority) confirmation, in the capacity of operational and administrative head to the Board of Directors, that the Toronto Central LHIN is in substantial compliance with the following Statements of Responsibility:

- A. Reporting Requirements
- B. Legislative / Policy Requirements
- C. Internal Control System
- D. Record Keeping

Board-governed agencies are to be aware of and in substantial compliance with all legislation with material financial and non-financial impacts on their business activities, including relevant Ontario Public Service (OPS) directives and policies (as articulated in Agency MOUs).

The attestation guide advises agencies to use a risk-based approach to design, implement and maintain a compliance methodology that is tailored to the needs and complexity of their organization.

The only new key element of this attestation from the previous version approved by the Board in the last quarter, is Section C – Internal Control System. A system of internal controls consists of a range of policies, processes, structures, systems and activities that are designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- Effectiveness and efficiency of operations;
- Reliability of financial reporting; and
- Compliance with laws and regulations and other administrative requirements

The Toronto Central LHIN has existing internal systems to monitor internal controls and compliance with the applicable legislation through the quarterly attestation process currently in place. The

Finance and Audit Committee will be receiving a new draft template that will be used internally to further augment the LHINs monitoring of compliance.

Based on the criterion and instructions, TC LHIN management has reviewed the applicable legislation and developed the exception reporting required to submit the annual Board-governed agency attestation. There were no fraudulent activities identified as outlined in the fraud awareness schedule.

Senior management is recommending that the Board of Directors authorize the Chair to execute the Toronto Central LHINs 2015/16 Board-governed agency attestation for submission to the Minister of Health and Long-Term Care.

NEXT STEPS:

Subject to the Board's approval, the LHINs Board-governed agency attestation, exception report and fraud awareness schedule will be submitted to the Minister of Health and Long-Term Care as set out in the attachments.

MOTION:

The Board of Directors hereby authorizes the Board Chair to execute the Toronto Central LHINs Board-governed Agency Attestation report, exception report and fraud awareness schedule to the Minister of Health and Long-Term Care.

Agenda Item 11 – Consent Agenda

CEO Report will be available at the meeting.

Agenda Item 12 – Chair's Report

The Chair will provide a verbal report at the meeting.

Agenda Item 13 – Governance and Nominations Committee Report

TOPIC: Governance and Nominations Committee Report

PURPOSES OF THIS AGENDA ITEM:

To provide a report to the Board of Directors on the April 6, 2016 Governance and Nominations Committee meeting.

The Governance and Nominations Committee met on April 6, 2016. The following sets out a report on the meeting topics:

13.1 TC LHIN Committee Terms of Reference

Annually the Board Committees review their existing terms of reference with a view to ensuring that they are up to date; comply with current legislation requirements and ensure that the Committee is operating with effective governance oversight.

The Human Resources Committee held a meeting in February 2016 and it was suggested that minor amendments be incorporated into their terms of reference.

The Governance and Nominations Committee approved the amendments and recommend that the Board of Directors adopt the revised terms of reference.

Motion

That the Board of Directors hereby approves the updated and amended Terms of Reference for the Human Resources Committee.

13.2 Annual Governance Compliance Checklist

The Committee received the report on the governance policy checklist as part of their annual review and ongoing compliance with applicable regulatory requirements. The Committee accepted the checklist subject to staff confirming that the TC LHIN is in compliance with the Archives and Record Keeping Act given that compliance originally scheduled for March 2015 was delayed pending approval of the Record Series.

The compliance checklist is attached for the Board's information.

The Committee also received a draft governance self-audit questionnaire that was developed utilizing the Ontario Hospital Association's new updated Guide to Good Governance. The concept of the self-audit is to augment the governance policy checklist that is used to annual review compliance with applicable regulatory requirements. The self-audit would assist the LHIN Board to compare itself to best practices. The Committee agreed with the concept of utilizing a self-audit tool and requested that management explore PAN-LHIN template options that may have been developed and the Committee will discuss this at their next meeting in September.

13.3 Board Orientation Program

The Toronto Central LHIN has an established Board orientation program. The program has three components:

- | | |
|----|---|
| 1. | One on one meetings with Board Chair and CEO. |
|----|---|

| | | |
|----|---|--|
| 2. | <p>Presentation and discussions with CEO and Senior Management Team and Tour/meet and greet with staff.</p> <ul style="list-style-type: none"> a. Role of the LHIN (Provincial) <ul style="list-style-type: none"> i. LHIN 101 b. Review of LHISIA and other Key Legislation, e.g. Excellent Care for All Act. c. LHIN Operations: <ul style="list-style-type: none"> i. Presentation includes a comprehensive overview of the TC LHIN – including mandate, Strategic Plan, priorities and major initiatives, budget, funding, significant issues, how we are structured, accountabilities. d. TC LHIN Population, Profile and Providers <ul style="list-style-type: none"> i. Focus on Health Links ii. LHIN Overview Deck iii. Diversity e. TC LHIN Strategy <ul style="list-style-type: none"> i. Strategic Plan ii. Community Transformation iii. Strategic Advisory Committee | |
| 3. | <p>Member receives key documents for their review prior to their first Board meeting: LHIN 101, LHIN IHSP, Community Transformation deck, CEO quarterly report, Minister's Action Plan, TC LHIN Fact Sheets, TC LHIN Overview.</p> | |

Ongoing Board education is built into the Board work plan. This includes;

- Sessions as part of public Board meetings,
- Tours of Toronto's health care system and communities (Community Experience Program)
- Meetings/sessions with stakeholders and patients.

Board Committees – Board Committee orientation is conducted by the Committee Chair and the senior staff support. This is an opportunity for the board member to consider their individual learning plans within the context of mentorship opportunities, specific knowledge of LHIN operations in relation to the governance role and broader governance training programs offered through partners including the Ontario Hospital Association.

Note: Board Committee orientation is planned once the new members' have been assigned to a Committee.

The Committee requested that the Board orientation binder be posted on the new Board portal for the incoming Board members.

Board members are asked to review the program and provide their input into any proposed changes or additions.

TOPIC: Human Resources Committee Terms of Reference

PURPOSE OF THIS AGENDA ITEM:

The Governance and Nominations Committee to review proposed amendments to the Human Resources Committee terms of reference.

BACKGROUND:

Annually, the TC LHIN Board Committees review their existing terms of reference with a view to ensuring that the terms are up to date; comply with current legislation requirements and ensure that the Committee is operating with effective governance, human resources oversight.

The Human Resources Committee held a meeting on February 10, 2016 and it was suggested that minor amendments be incorporated into their terms of reference and the amended terms of reference be brought to the Governance and Nominations Committee for review and approval.

The Governance and Nominations Committee will review and discuss the proposed amendments and if accepted, recommend that the HR Committee's updated terms of reference be approved by the Board of Directors.

Motion

That the Governance and Nominations Committee hereby recommends that the Board of Directors approved the updated Human Resources Committee terms of reference.

Agenda Item 14 – Next Board Meeting

The next Board Meeting will take place on Thursday, May 26, 2016, 4-7 pm.

Agenda Item 14 – Closed Session

The Toronto Central Local Health Integration Network Board of Directors meeting moves to a closed session pursuant to s.9(5) of the *Local Health Systems Integration Act, 2006* to:

- consider financial and other matters of personal or public interest and personnel matters

Termination

Board meeting to terminate upon completion of business.