

Chair's Report June 6th, 2008

Re-appointments:

It is a relief to report that all expected re-appointments to the Board of Directors have been confirmed. The delay in the appointment process is related to the requirement that all Orders-in-Council be approved by Cabinet, and, as you can appreciate, the Cabinet agenda from week to week is packed. In any case, congratulations to Joseline and Jean who have been re-appointed for a three-year term to 2011. Joseline will continue to serve as Vice-Chair as well.

Likewise, my re-appointment has also been finalized. I very much appreciate the support of the Board and the Minister recognizing that my medical needs will shortly need to be given priority. My hip replacement surgery has now been set for July 8th.

Board Vacancy:

As Novina has already reported, we will be proceeding to fill the Director vacancy on our Board. In the interest of transparency and to extend community involvement, we had hoped to add members to the Nominations Committee outside of the LHIN Directors. However, we received little response to our notices. So, we need to move forward now and I hope that we can be in a position to make a recommendation to the Minister by the end of the summer. By way of this Report we have another opportunity to inform the public of the existing vacancy.

Openings, AGMs, and other events:

It is the season of annual meetings and other events to which the LHIN is frequently invited. Although we cannot respond to all such requests, many of you have recently represented us: many thanks to Steve for attending the grand opening of the Peterborough Regional Health Centre; Joseline on two occasions, first at a meeting of the Health Council of Canada held in Toronto recently, and then at the presentation of the annual report on Ontario's health system by the Ontario Health Quality Council; Ron, for stepping forward and participating in the Ontario roundtable dialogue on reducing poverty in Ontario as well as attending the Minister's announcement on emergency room funding initiatives; Bill for representing Central East at the AGM of Cancer Care Ontario; and Jean for attending the annual meeting of Durham Community Mental Health where, quite unexpectedly, she was asked to deliver a speech on behalf of Debbie who was delayed downtown. These are only some of the highlights. Staff, of course, has also been very much involved. All is appreciated.

Hospital Service Accountability Agreements:

With the approval today of the accountability agreement with Northumberland Hills Hospital, we have successfully completed a rather protracted process. My thanks to our staff at the LHIN as well as to Hospital personnel who participated in the negotiations and who were able to balance the interests of system transformation with the obligation to provide quality services at the institutional level. The good faith of the governing Board in each case was an important element to achieving a successful outcome. None of this is to suggest that key pressure points have been resolved, and the LHIN is committed to working with the hospital sector where important issues have been identified. We have established an important baseline as a LHIN with new templates, performance indicators, and reporting requirements that will lead to a more accountable system.

Learning from the RVHS H-SAA process:

Today we have received a report co-sponsored by the LHIN and the Rouge Valley Health System that is the result of the 30-day consultation approved in motion at our last meeting. Obviously, both the formal consultation and the extensive more informal communications received speaks to a number of opportunities for learning and process improvement from our Board's perspective. Foremost in my view is the need to match and include change management within our planning and implementation processes. There is also a need to work with Labour more closely as their members will almost always be a part of the transformative change the LHIN is effecting. As well, the interest of communities, as represented by municipal government, needs to be factored into our thinking as a lever to promote change or, sometimes, as a focus of opposition to proposed decisions. I am also concerned that sections of the Act need to be emphasized and promoted by us and by the field: Section 16 which imposes a requirement both on the LHIN and the health service provider to "engage the community of diverse persons and entities..."; Section 9 regarding when business can be conducted in closed session must be tightly monitored; and the nature of LHIN decisions could be more deeply embedded in the legislation than we have realized. Some of these matters may be the subject of judicial review over time as the legislation and its application are challenged. More often, issues may be resolved by how change is managed.

LHIN Retreat:

Last month, in lieu of a regular meeting of our Directors, we had an opportunity to retreat! However, at the same time, I think we were able to move forward. Although we do not have a formal report yet from the facilitator, all of us gained insight from the discussion and interaction. The need to redevelop and educational opportunities and even to facilitate regular occasions for more casual Board interchange was emphasized. The process and framework for Board-to-Board engagement was the focus of extensive discussion and was recognized as a priority going forward. Likewise, some of our internal structures, particularly with respect to Committees and communication, led to detailed debate, eventually culminating in the decision of the Governance Committee reported by Jean this morning.

CHC Kawartha Lakes:

My appreciation is extended to Board and staff of Community Care City of Kawartha Lakes and the CHC Kawartha Lakes Steering Committee for their leadership and successful completion of the first phase of development of a new Community Health Centre for the City of Kawartha Lakes. Notably, the first phase of development was focused on comprehensive Community Engagement; the report produced will provide guidance to the design and development of this important primary care resource in the LHIN. We would hope and request that the project now move towards implementation through development of a Business & Operating Plan for submission to the Central East LHIN. To facilitate this development, and consistent with the recommendations of the Community Engagement report, the formation of a governance structure to oversee the development and on-going operation of the Community Health Centre needs to emerge. Our Board, staff, and the CE LHIN's Primary Care Working Group and City of Kawartha Lakes Collaborative will continue to be a resource for this next phase in the CHC's development.

The Symposium, June 16-18:

Please plan to attend our annual symposium which again this year will be held at the UOIT in Oshawa. The program on the second day is dedicated to governance in the LHIN milieu. As hosts, it is important that we are available not only to mix and mingle, but to provide 'transformational' leadership in keeping with our first strategic direction. In particular, the means of engaging local Boards in the dialogue of system transformation inherent in the LHIN mandate will be highlighted by the Board-to-Board charter and, hopefully, accepted as a structure for future interaction. Your support of this initiative is expected and needed.

LHIN Chair Meetings:

I will be forwarding by e-mail the minutes of recent meetings of the LHIN Chairs rather than try to itemize items in this Report. If the minutes raise questions for you, please contact me and I will provide additional explanation.

Respectfully submitted,

Foster Loucks, Chair