

Meeting Notes from the Joint Transition Committee (JTC)

January 28, 2014

7 pm – 9 pm

The Scarborough Hospital, Birchmount Campus, Stickland Centre

Participants:

Joan Wideman (Co-Chair), Steve Smith, (Co-Chair), Rik Ganderton, Robert Biron, Lyn McDonell, Valerie Carter, Christian Buhagiar, Dr. Tom Chan, Dr. Dov Soberman, Fred Clifford, Doug Melville, Graeme McKay, Dr. Naresh Mohan, Dr. Henry Huang, Deborah Hammons, Dr. Amir Janmohamed

Advisors:

Michael Watts (Osler), Lynne Golding (Fasken), Kelly Aizicowitz (StrategyCorp)

Staff:

Holly-Ann Campbell, Dave Brazeau

Regrets: Janet Dalicandro, Jay Kaufman, Dr. Tim Sproule

Recorder: Yvonne Ragnitz

1.	<p>Opening Business</p> <p>Welcome Steve opened the meeting at 7 pm and welcomed everyone to the meeting. Introductions were made from Dr. Janomohamed, Fred Clifford and Dr. Huang.</p> <p>Declaration of Conflicts of Interest None declared</p> <p>Approval of Meeting Notes from Previous Meeting The Meeting Notes of January 16, 2014, were reviewed and approved by consensus as presented.</p>
2.	<p>Update from Board Chairs</p> <p>Joan Wideman provided the following update to JTC members:</p> <ul style="list-style-type: none"> • Thanks to the work that has been achieved over the past week, particularly to the CEOs • This is Rik Ganderton’s last week as CEO of RVHS, however he has agreed to remain on as Interim CEO until June <p>Steve Smith provided the following update to JTC members:</p> <ul style="list-style-type: none"> • TSH will have a balanced budget for 2013/14 and is currently preparing the budget for 2014/15 • The Community Advisory Council remains supportive of the merger and the direction TSH and RVHS are taking • The Board Chairs and the CEOs agreed not to retain a facilitator for the Joint Transition Committee. A facilitator will be retained on an as-needed basis should the need arise

3.	<p>Approval of Joint Transition Committee Terms of Reference</p>
	<p>At the January 16th meeting of the Joint Transition Committee revisions were made to the Terms of Reference. The revised Terms of Reference were pre-circulated to committee members for review prior to the meeting.</p> <p>The Terms of Reference for the Joint Transition Committee were approved by consensus.</p>
4.	<p>Draft Terms of Reference JTC Sub-Committees</p>
	<p>The draft Terms of Reference for the JTC Sub-Committees was pre-circulated for review and discussion. It was agreed that quorum be 50% of members from each Hospital. Robert Biron will revise sections 4.3 – 4.5 as discussed.</p> <p>Governance Sub-Committee: <u>Membership:</u></p> <ul style="list-style-type: none"> ▪ Co-Chairs will be members from the Joint Transition Committee ▪ Three (3) Directors from each hospital ▪ CEOs ▪ Legal advisors <p>It was noted that this sub-committee has a very short time frame in which to get their work completed so it was agreed that the establishment of the recruitment process for the CEO and Chief of Staff will be removed as a responsibility of the Governance Sub-committee and will become the responsibility of the Joint Transition Committee.</p> <p>Professional Staff By-law Sub-Committee: The legal advisors have suggested a one-day session to work on the draft professional staff by-law. The critical path that counsel has drafted requires a 30-day period to post the draft by-law for medical staff comment. The draft by-law will be posted on February 12, 2014.</p> <p>It was suggested that the MSA be asked if a 15-day posting for feedback can be accommodated rather than 30-days. It was agreed to leave the 30-day timeline unless the Joint Transition Committee hears otherwise from Robert Biron.</p> <p>HR Sub-Committee: <u>Membership:</u></p> <ul style="list-style-type: none"> ▪ Two (2) Directors from each Hospital ▪ Chief HR Officers <p>Robert Biron will revise the draft JTC Sub-committees Terms of Reference based on the discussion at JTC.</p>
5.	<p>Work Plan for Transition Phase</p>
	<p>Lynne Golding and Michael Watts presented the proposed timeline for legal matters (the timeline was pre-circulated). Of particular note, the merger document will be presented to the CE LHIN Board of Directors on March 26, 2014.</p> <p>Members of the JTC agreed to the timelines as presented. It was acknowledged that the critical path is very tight, and it will require everyone’s support and flexibility to meet the deadlines.</p>

6.	Due Diligence Update
	<p>Process for Reviewing/Receiving Reports</p> <p>The CEOs consulted their counsels and Boards on the process to receive and review the due diligence reports. A memo from the CEOs was prepared and pre-circulated to the JTC, which outlined the proposed approach.</p> <p>The JTC accepted the approach by consensus.</p>
7.	Governance Issues
	<p>The legal advisors led the discussion regarding governance issues which need to be addressed in preparation for the draft administrative by-laws. Specifically, issues pertaining to membership and board composition. Their presentation was distributed at the meeting.</p> <p>It was noted that a community roundtable has been scheduled to give community members the opportunity to provide feedback into the establishment of a Community Advisory Council (CAC) for the new hospital. A Community Engagement Framework will also be developed.</p> <p>Discussion will continue at the February 4th Joint Transition Committee meeting.</p> <p>Lynne Golding excused herself from the meeting at 9:10 pm.</p>
8.	Stakeholder Engagement/Communication Plan
	<p>Kelly Aizicowitz presented the Communications and Stakeholder Engagement Plan (pre-circulated in the agenda package). Revisions will be made based on the discussion at JTC, and a schedule of engagement activities will be presented at the next meeting.</p>
9.	Other Business
	<p>Key Messages</p> <ul style="list-style-type: none"> • RVHS and TSH are <u>working together</u> and engaging our communities to improve health care delivery through a merged hospital system in Scarborough and west Durham. • We're planning for the future and want to ensure our hospitals work as a system, better serving patients. Together we will be stronger. Together we can secure our fair share of funding, and ensure our communities get the right care, when and where they need it. • By merging our hospitals, we can improve quality of care for our patients by attracting more physicians, and improving coordination between hospital sites and other care providers. • In the long-term, our communities will benefit from new regional programs and 'centres of excellence', new and modern facilities, as well as technological innovations. • We are aiming to complete our work and decision by this spring. Final approval of the merger must come from the Minister of Health and Long-Term Care.
8.	Meeting Close
	<p>The meeting closed at 9:45 pm. The next meeting is scheduled for February 4, 2014 at The Scarborough Hospital, General Campus in the Board Room.</p>