

**South East LHIN  
Collaborative Governance Development Team  
Terms of Reference**

**Role**

To provide advice to the South East Local Health Integration Network in the area of collaborative governance for the purpose of advancing the improvement of health system integration and health service coordination across the LHIN as mandated in Bill 36, *an Act to provide for the integration of the local system for the delivery of health services*.

**Context:**

Governance is defined as the exercise of authority, direction and control of an organization to ensure its purpose is achieved. Collaboration is a mutually beneficial well defined relationship entered into by two more ore organizations to achieve common goals.

**Collaborative governance for the purpose of this CGDT means that the LHIN board and health service provider boards will work together to achieve the common goal of ensuring the residents of the SE LHIN have access to high quality health services when and where they need them.**

**Specific Responsibilities of the Collaborative Governance Development Team:**

- To recommend to the Board of the South East Local Health Integration Network, through its Governance Committee, approaches to collaborative governance which will support the improvement of health system integration and health service coordination across the LHIN;
- To provide information to the Board of the SE LHIN on strategic governance issues of mutual concern that may best be addressed collaboratively to enhance quality of service and accountability;
- To provide advice to the LHIN and health service provider boards;
- To play a leadership role to advise LHIN and health service provider boards to develop a system-wide thinking approach to broad health system planning;
- To encourage health service provider boards to engage in enhanced community engagement activities with their broad constituencies.

### **Reporting Relationship**

The Collaborative Governance Development Team reports to the Board of the SE LHIN.

### **Conflict of Interest**

In accordance with Section 5.7 of the Conflict of Interest Policy, members of the Collaborative Governance Development Team (CGDT) are required to disclose and address any/all conflicts of interest or perceived conflicts of interest.

### **Membership**

The membership will consist of the following:

- The members of the Se LHIN's Governance Committee, one of whom will serve as Co-chair of the CGDT;
- One member from each of the boards of the LHIN's health care sectors plus the academic sector, and the health unit sector, to be determined and appointed by the SE LHIN Board of Directors, one of whom will serve as Co-Chair;
- The Chair and the CEO of the SE LHIN as ex-officio members.

### **Term of Office**

Each appointment to the Collaborative Governance Development Team is for a term of one year.

### **Meetings and Quorum**

The Team will normally meet monthly at a place, time and day mutually agreed upon by the members. Attendance of fifty percent plus one of the members, if required for a quorum.

Members are expected to attend as many meetings as possible in order to develop team spirit, strategy and understanding of strategic issues. If team members cannot attend all meetings, they will be provided with summaries of proceedings in order to keep their sectors apprised of developments.

### **Communication**

Members of the CGDT, like members of the LHIN Board itself, are expected to represent the interest of all residents of the South East area, not just their own area or sector. It is also expected that team members will perform a liaison function for their sector and/or area and will share feedback with the whole team. In no case, will a member act, or represent himself/herself, as acting for the Se LHIN. A summary record of each meeting will be prepared, shared first with team members and then distributed to all health service provider boards by the LHIN staff, both to support ongoing communication between the LHIN/CGDT and health service provider boards and to assist team members in responding to questions from their sector.

**Collaborative Governance Development Team**  
**Goals & Objectives 2010 – 2011**  
**Addendum to CGDT Terms of Reference**

Goal	Objective	Action Plan	Timing	Rsp’y	Measure & Target
<b>1. To ensure all SE LHIN Health Service Provider (HSP) Boards are engaged and practising good governance principles</b>	1. Develop engagement strategy with all Boards.	1. Improve current data base with contact information for the Board Leadership and Executive Director of each HSP Board.	1. Provide LHIN database info by Sector Nov 2010 2. Feedback corrections by year end	Pat Reynolds  Sector Reps	Accurate Data base at LHIN.
		2. Each CGDT HSP Sector Representative develop an ongoing communication process with all Boards in the Network based on a common purpose.		Sector rep to CGDT	
	2. Assist HSP Board’s application of good governance principles	1. Design Annual Governance Workshop for “new” Board members and around areas of suggested improvement. 2. Review current timing for best attendance.	For delivery May, June, Sept 2011		
		2. Engage Boards in use of a self-evaluation process. Promote sharing of results within Networks and use in design of Annual Governance Workshop. Consider creating questionnaire based on Governance Toolkit and Accreditation resources, using Quality and Safety as a focus.			

		3. Provide consultation and standardized governance documents as requested.			
<b>2. Excellent results for Quality of service delivery and Safety of patients, clients, and employees, across the SE LHIN</b>	1. All HSP Boards become committed to continuously improving governance of Quality and Patient Safety	1. Develop a Quality and Patient Safety Regional Governance Initiative to define the action plan that will raise the Quality & Safety standards across the SE LHIN. The team should include the HSP sector representatives to the CGDT, two additional Hospital reps, and two reps from LHIN Board Governance Committee The action plan should leverage the recent CPSI Workshop on Q&PS. CPSI consulted to ensure effective start-up of the Initiative. Consideration of future accreditation objectives should be imbedded in the future action plan.	Terms of Ref draft for Nov 24 <sup>th</sup> , completed at inaugural team meeting Nov 24 <sup>th</sup> .	CGDT G&O sub-team	Each HSP using a Quality and Patient Safety Plan as an integral part of their governance process. Clear Q&PS governance scorecard in place and recognized in SAAs
<b>3. CGDT facilitates Open and Productive (Effective) SE LHIN Governance System</b>	1. LHIN Board well informed by HSPs	1. CGDT HSP representatives provide concise updates of progress on key LHIN programs as well as concerns and issues that are developing.	Monthly updates provided ahead of scheduled CGDT meetings	Sector Reps to CGDT	Semi-annual self assessment by team
	2. HSPs well informed by LHIN Board	1. HSPs receive relevant updates on LHIN programs and timely feedback and resolution of issues.	As above	LHIN Board Gov Committee & CEO to CGDT	As above