

BOARD BRIEFING NOTE

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To	SE LHIN Board Members
From	Paul Huras, CEO
Date	February 17, 2017
Nature of Board Engagement	Strategic
Subject / Title	Patients First Readiness Assessment
Recommendation for Board Consideration	The following information is provided as an update on LHIN/CCAC activities related to the preparation for transition under the Patients First Act.
Purpose	<p>To provide an update on the readiness status that the LHIN must undertake to ensure a successful transition.</p> <p>To understand the Board's requirements for signing-off on LHIN readiness for T-Day in advance of the Transfer Order recognizing that some activities may still be in progress.</p>
Executive Summary	<p>LHIN Readiness Sign-Off</p> <p>The Boards of Directors of Local Health Integration Networks agreed that an important step, prior to the issuance of a Transfer Order by the Minister, is for each LHIN Board to formally indicate to the Ministry/Minister that the Board of Directors believes the LHIN is ready to assume its enhanced responsibilities.</p> <p>It is recognized that a number of processes have been put in place for the Ministry and LHIN management to assess readiness and these will be invaluable in helping LHIN Boards in their own due diligence processes.</p> <p>In consideration of the above and as part of the overall readiness assessment process it is expected that each LHIN Board will formally communicate its conclusion on readiness to the Minister and the Ministry in advance of the Transfer Order being issued.</p>

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It is expected that the Transfer Orders will be issued in early April. In order to inform the Minister of LHIN readiness in advance of this date, due-diligence must be completed by March 31st. However, it is expected that some activities will still be in progress on this date but planned for completion before T-day either because they require additional time to complete or are impacted by direction from external sources

The actual date for T-Day is expected to be announced with the release of the Transfer Orders.

LHIN Capacity Building and Readiness Assessment – Preliminary Readiness Status Report

The Deloitte Assessment Team has provided a preliminary status report (attached) on the LHINs readiness for transition based on their two-day site visit and subsequent discussions with the LHIN Transition Team. Their assessment identifies that the majority of the 'must have' activities that must be completed by T-Day are either '*in-progress*' or '*planned and awaiting external direction*'. No activities were identified as '*at-risk*' or '*not yet planned*'.

The Functional Transition Teams continue to work on all activities outlined in their workplans that must be completed prior to T-Day.

Attached is an updated copy of the SE LHIN Patients First Readiness Tracker showing the status of all must have activities. The Tracker has been revised to reflect the readiness status assigned by Deloitte:

- Complete
- Planned – In Progress
- Planned – Awaiting External Direction
- Planned – At Risk
- Not Planned

Organization Structure

Attached is the current organization chart that has been shared with all staff. Only non-bargaining positions are shown on the chart.

At his time, most staff have been advised of their positions in the new structure. Recruitment is underway for Strategy, Planning and Integration staff, as well as, several other vacancies.

BOARD BRIEFING NOTE

The following chart provides an update on the Senior Leadership Team:

CEO Paul Huras	Director Communications & Engagement – Caitlin denBoer
VP Clinical Services TBD	Clinical Lead(s) Sub-Region – TBDx2 Andrew Everett Deanna Russell Robert Webster
VP Strategy, Planning & Integration Cynthia Martineau	Director(s) Sub-Region Planning & Integration – TBD Director System Planning and Integration - TBD
VP Home and Community Care Joanne Billing	Director LTC Access & Special Programs - Laurie French Director Home and Community Services - Jennifer Loshaw
VP Operations Sherry Kennedy	Director Performance, Accountability & KM/IT – Michael Spinks Director Finance, Service Contracts & Corporate Services – Steve Goetz
VP Human Resource and Organizational Development Paula Heineman	Director HR/OD Services – Rebecca Norris Director HR/LR – Lisa Tweedy

Health Shared Services Ontario (HSSO)

A new provincial crown agency called Health Shared Services Ontario in English and Services communs pour la santé Ontario in French will be formed to support the LHINs as they take on their new role, and is part of the ministry's *Patients First: Action Plan for Health Care*.

The agency will help to improve health system standardization and consistency by providing essential back-office functions such as IT and data management, finance and administration, procurement, human resources and labour relations supports to the LHINs, and to assist LHINs in meeting the health care needs of their local communities, including coordinating home care and planning for primary care. This agency will bring together the three entities that currently provide these services to the Community Care Access Centres and LHINs: the Ontario Association of Community Care Access Centres (OACCAC), LHIN Collaborative (LHINC) and LHIN Shared Services Organization (LSSO).

BOARD BRIEFING NOTE

Risks	The completion of a number of the must-have activities is dependent on direction from an external source, some of which are time-sensitive. Failure to receive direction in a timely manner may put the timeline for transition at risk.
Appendices	<p>The following attachments are provided for consideration:</p> <ol style="list-style-type: none">1. Deloitte Report – LHIN Capacity Building and Readiness Assessment – Preliminary Readiness Status Report2. SE LHIN Patients First Readiness Tracker3. SE LHIN Organization Structure



LHIN Capacity Building and Readiness Assessment

Preliminary Readiness Status Report

February 6, 2017

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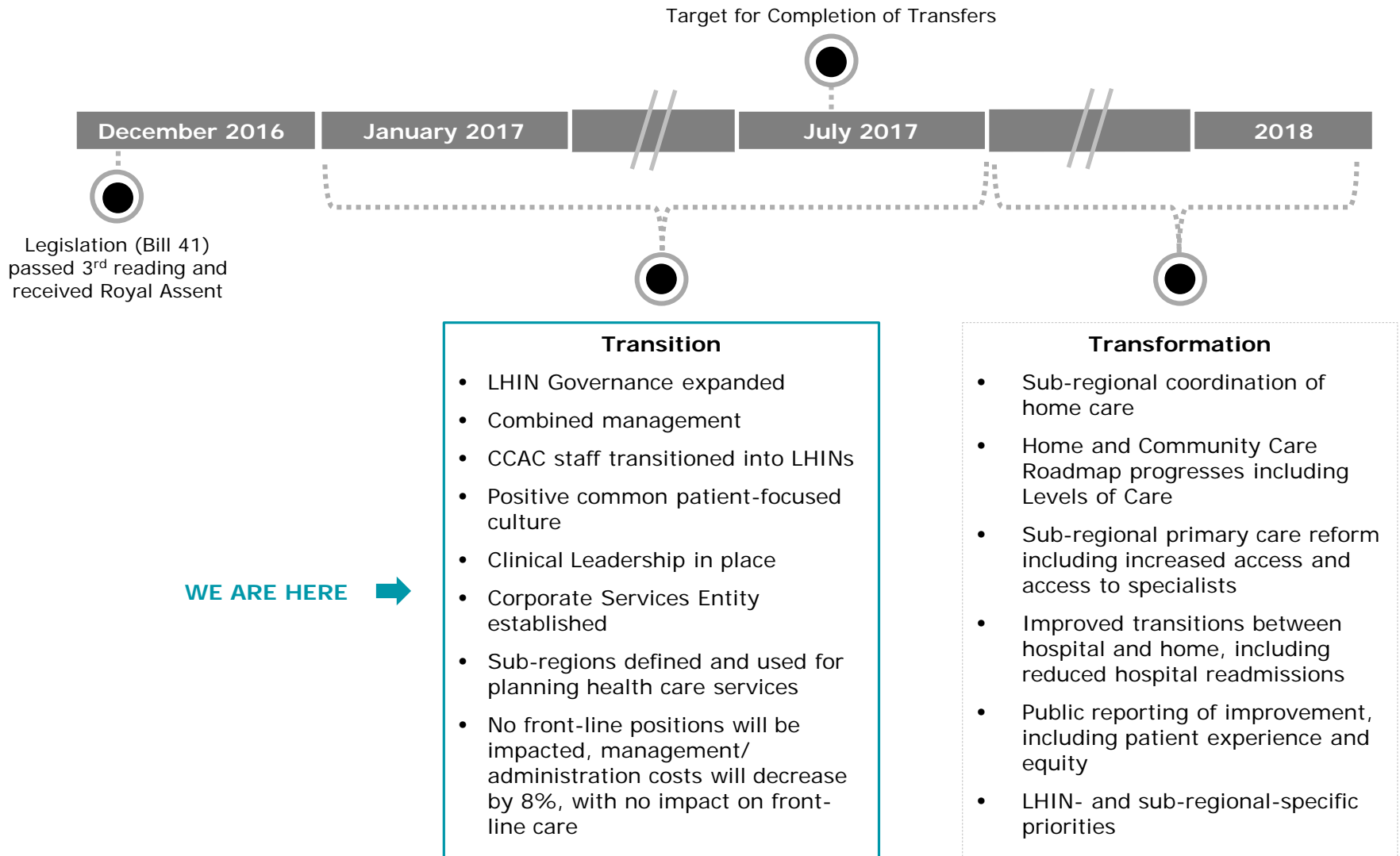
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Overview

- The LHIN Capacity Building and Readiness Assessment project comprises three major phases of work – Initial Screening, Capacity-Building, and Readiness
- The Preliminary Readiness Status Report (“Report”) provides a preliminary assessment of the overall Transition Day (“T-Day”) readiness of each LHIN Area, as well as the readiness of individual functional streams within each LHIN Area. It also provides preliminary considerations related to T-Day, and 100 days and 12 months post T-Day.
- The Report is the first of a number of reports that will be completed leading up to T-Day, and the first report on the findings of the Initial Screening phase
 - The preliminary findings were reviewed and validated with LHIN Areas in advance of submission
- The findings from the Report, combined with the LHIN Area risk findings, will help inform the need for capacity-building supports and follow-up site visits that will begin in late February

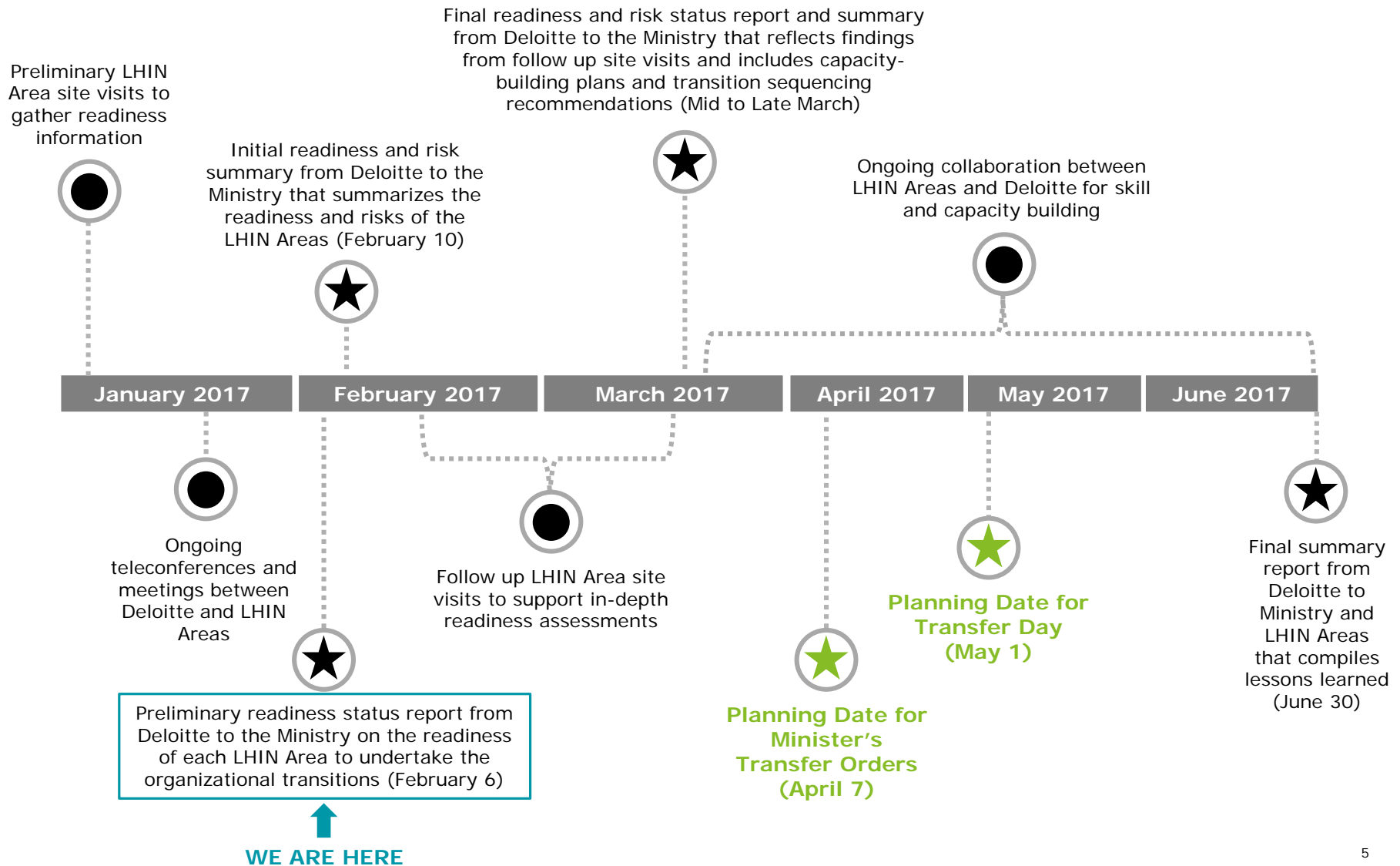
“Transition Within a Transformation”

It is important to distinguish between Transition and Transformation activities



Project Progress

This first milestone provides an early assessment of the LHIN Areas' readiness for transition



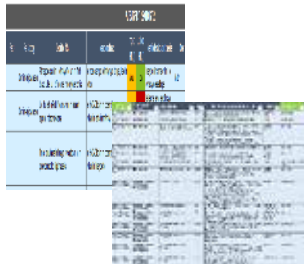
Approach and Methodology

Deloitte followed a structured, standardized approach that features a high degree of collaboration between Assessment Teams and LHIN Areas to identify findings, and across Assessment Teams to identify insights

1

Tools

2 weeks



2

Site Visits

2 weeks



3

Findings

2 weeks



Key Activities

- Deloitte conducted a due diligence review of the first draft of both the readiness and risk tools and made refinements based on integration experience
- Revised tools were validated with a focused set of external stakeholders and additional refinements were made based on feedback

- Deloitte Assessment Teams travelled to each of the 14 LHIN Areas to conduct initial, two-day site visits
- A series of meetings including leadership, governance, and staff were held over the two days to discuss preliminary readiness and risk both overall and across the nine functional workstreams

- Site visit findings were discussed as a full internal team, and LHIN Area-specific findings were summarized, both at the overall and functional workstream levels
- Follow up teleconferences were held with LHIN Areas to validate findings and obtain clarifications where necessary

Outcome

Finalized, validated preliminary readiness findings that represent a 'snapshot in time' coming out of Deloitte's initial engagement and collaboration with LHIN Areas

Key Considerations for T-Day

The readiness matrix identifies a list of 'must haves' as LHIN Areas prepare for T-Day. At this stage, there are three macro considerations which warrant discussion to support LHIN Areas in preparing for T-Day.



Macro Considerations

The three macro considerations identified here are linked to more than one third of the readiness 'must haves'.

1. Board governance within the local LHIN Areas is established, which is currently reflected through the planned appointment of 10 Directors, including the Chair
2. The newly established Health Shared Services Ontario (HSSO) is able to provide the existing base of services, has provided key direction, and is ready to provide the anticipated shared support services
3. All necessary legislative and/or regulatory changes are in place with corresponding compliance in LHIN areas

There are a series of 'must have' criteria that are critical to supporting successful transition, which if insufficiently addressed could potentially be mitigated through workarounds; however, addressing proactively would provide a stronger foundation for the integration.



Critical Enablers

The critical enablers are related to approximately two thirds of the readiness 'must haves'.

1. Clear, standardized messaging and communication strategy for internal and external stakeholders to articulate the changes associated with T-Day, and the foundation on which to further build the Patients First initiative
2. Core leadership in place or under recruitment, core trainings and orientations for all staff, and collaboration and knowledge exchange at all levels of the organization - Board, senior leadership and staff
3. Financial and contractual legal reviews, analysis and due diligence completed

Note: Please see *Appendix* for full listing of T-Day 'must haves' with local and/or pan-LHIN accountability.

Joint Planning and Implementation Opportunities

In addition to the spotlights (see *Appendix*), the initial site visits revealed several key opportunities for LHIN Area collaboration to benefit the T-Day readiness of all or many LHIN Areas – particularly against critical T-Day ‘must haves’. Within the Workstreams, these suggestions may already be addressed and if so, clear communications on their availability and timelines for LHIN area use would be beneficial.

1

Templates

- Development of templates to support the standardized key documents, once external direction is provided
 - HR documents
 - Governance documents
 - Reports and protocols
 - Vendor contracts and notifications letters
 - Service Provider notifications

2

Communications

- Development of standardized scripts and Q&As for front line staff, service provider agencies, and LHIN staff to speak to transition

3

Training and Orientation

- Standardized process and materials to support required trainings and orientations

Preliminary Considerations Beyond T-Day

While T-Day is a significant milestone, there is significant work to be done in the days and months beyond initial transition.

The journey from transition to transformation is particularly key, and as LHIN Areas begin to turn their attention to transformation, the items below stand out as particularly critical to success.

While the considerations highlighted below are the initial priorities that emerged during the initial LHIN Area visits, these will be expanded upon during the follow up site visits.



T-Day + 100 Days

1. All job descriptions have been reviewed, aligned and approved
2. Amended Board policies and by-laws are in place, and required Board committees are operational
3. All key internal communications systems are integrated and operational across the organization



T-Day + 12 Months

1. Staff are co-located, and all key internal, and external systems are integrated and operational across the organization (e.g., financial and HR systems, website, social media accounts)
2. Common branding and visual identity in place across all LHIN Areas
3. Performance measures and consolidated reporting in place, including key templates and tools

Preliminary Readiness and Risk Rating Definitions

The preliminary readiness status of overall LHIN Areas and functional workstreams is influenced by progress against T-Day 'must have' activities, and the risk profile of LHIN Areas' functional workstreams is influenced by the impact and likelihood of identified risks. Both ratings reflect a point-in-time as of ~January 27, 2017.

Readiness Ratings

The preliminary readiness rating reflects each LHIN Area's self-assessed progress in completing or planning for all T-Day critical activities at both the functional workstream and overall LHIN Area levels.

Green

Functional Workstreams:

- Majority of 'must have' activities are completed, or require no changes to current process

Overall LHIN area:

- Majority of functional workstreams are green

Yellow

Functional Workstreams:

- Majority of 'must have' activities are in progress or planned and awaiting external direction

Overall LHIN area:

- Majority of functional workstreams are yellow

Red

Functional Workstreams:

- Majority of 'must have' activities are at risk or not yet planned

Overall LHIN area:

- Majority of functional workstreams are red

Risk Ratings

The preliminary risk rating reflects the priority level of the most significant risk for each functional workstream. Priority is determined against two dimensions – potential impact on T-Day readiness and likelihood of materializing.

High

Functional Workstreams:

- At least one identified risk is deemed high impact with high likelihood of occurring, high impact with medium likelihood of occurring, or medium impact with high likelihood of occurring

Medium

Functional Workstreams:

- At least one identified risk is deemed medium impact with medium likelihood of occurring, high impact with low likelihood of occurring, or low impact with high likelihood of occurring
- No high risk(s) identified

Low

Functional Workstreams:

- At least one identified risk is deemed low impact with low likelihood of occurring, low impact with medium likelihood of occurring, or medium impact with low likelihood of occurring
- No high or medium risk(s) identified

Preliminary Findings – LHIN Areas

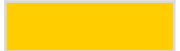
The following slides provide a high-level overview of LHIN Area and functional workstream preliminary readiness and risk statuses as of January 27, 2017

Overall Readiness and Summary of Planning Toward T-Day

LHIN Area	Preliminary Readiness Status	Summary of Planning Toward T-Day
South East		South East established six functional teams co-led by representatives from the LHIN and CCAC. Functional teams launched in September 2016 and high level workplans are complete. Detailed/activity-level plans are in progress.

South East LHIN Area

Overall Status



Functional Categories	Readiness Rating	Key Findings
Patient Services	Low Risk Identified	<ul style="list-style-type: none"> The majority of transition-related 'must haves' either have been completed or relate to processes currently in place at the CCAC, which will transfer unchanged to the LHIN Patient complaint processes for the LHIN and CCAC are being aligned and there will be one process in place for T-Day Contingency plans are being refreshed to address any risks to service interruption; appropriate training for management is planned to be held pre T-Day
Governance	Medium Risk Identified	<ul style="list-style-type: none"> The LHIN Board currently has eight members including two recent OIC appointments (one former CCAC); four potential members are awaiting a PAS decision Board members are briefed on integration activities, but not actively involved A Joint Collaboration committee has met three times to discuss knowledge transfer and has planned Board knowledge transfer sessions up leading up to T-Day Policy and procedure review, update, and harmonization is underway A March retreat is planned to refresh LHIN mission, vision, values, and strategic goals
Communications and Change Management	Low Risk Identified	<ul style="list-style-type: none"> Developing and implementing a communications plan; jointly issued internal communications and frontline staff are equipped with Q&As for patients Some 'must haves', such as website and social media planning, await external direction Identified staff training requirements and prioritized timelines based on need
Organization and Human Resources		<ul style="list-style-type: none"> New organizational structure has been approved; internally communicated levels that are Director or higher, and will communicate Departmental changes week of Feb 6 LHIN CEO is currently visiting regional offices to meet with CCAC staff Planning underway for regular staff surveys for their sentiments on the transition CCAC management held sessions with LHIN management about managing a unionized work environment; further training for all staff is planned
Finance and Operations		<ul style="list-style-type: none"> Some 'must haves' are complete as part of due diligence, with a plan to revise closer to T-Day Policies and procedures are being reviewed with changes to be prioritized based on criticality to ensure continued payment to employees and vendors Planning assumptions have been identified with associated lead time requirements; however, provincial guidance needs to be received in a timely manner to keep on plan CCAC staff will adopt the LHIN process and affected staff will receive appropriate training for responding to FOI requests

South East LHIN Area

Overall Status



Functional Categories	Readiness Rating	Key Findings
Contracts		<ul style="list-style-type: none"> The CCAC contracts inventory is complete as part of due diligence CCAC CEO has been communicating with service providers; formally notifying vendors is dependent on a provincial communication template or guidance on messaging Contracts set to expire are being renewed/extended based on existing CCAC processes
IT / Information Management		<ul style="list-style-type: none"> Some transition-related 'must haves' are complete as part of due diligence; many of the remaining 'must haves' are dependent on direction and/or action by HSSO A review of policies, standards and procedures is in progress; priority changes are expected to occur before T-Day
LHIN Planning, Integration and Performance Management		<ul style="list-style-type: none"> Ongoing planning is underway with no changes expected for T-Day
Planning Continuity for Strategic Priorities		<ul style="list-style-type: none"> Ongoing planning is underway with no changes expected for T-Day

Considerations and Next Steps

The following slides provide an initial overview of transition timing considerations and next steps that should be considered moving forward

Transition Timing Considerations

Beyond LHIN Area progress against the 'must have' readiness criteria, there are a number of additional factors that could be considered prior to finalizing the transition plan. If the decision is made to have a series of sequential transition days rather than a single transition day, the initial site visits identified possible considerations for determine the sequencing. Timing considerations will be further clarified through the follow-up site visits.

1

Regional Clustering

- Some LHIN Areas in the same geographic region have shared patient populations and referral patterns, and may benefit from a common transition date

2

Board Training

- Some LHIN Areas may benefit from extra time to educate and train newly appointed Board Directors, and for the Board to become familiar with one another

3

Preferences

- If the decision is made for a series of transition days, some LHIN Areas expressed a preference for transitioning first, while others have expressed a preference for transitioning after an initial LHIN Area or group of LHIN Areas

Next Steps

Following this preliminary report, Deloitte will continue to engage and collaborate with LHIN Areas to assess and support readiness for T-Day, and report back to the Ministry on findings and advice.



Initial Readiness and Risk Screens (February 10)

- Inventory of initial LHIN Area self-assessment readiness and risk screens



In-Depth Readiness Assessments (Late February / Early March)

- Follow up site visits to support in-depth readiness assessment for each LHIN Area



Capacity Building Plans (Early March)

- Initial capacity-building plans for each LHIN Area including recommendations to address gaps and mitigate risks at LHIN-specific and pan-LHIN levels



Transition Sequencing Recommendations (Mid-March)

- If needed, recommendations regarding proposed transition sequencing of LHIN Areas, and relevant considerations

Appendix

Appendix: Organizational Must Haves for T-Day (1 of 5)

Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	T - day critical
Patient Services	1.1 Clinical Practices, Policies and Procedures	1.1.3	Vulnerable screening checks on all staff to ensure safe provision of care for vulnerable populations	Local	Must Have
Patient Services	1.1 Clinical Practices, Policies and Procedures	1.1.4	CCACs' process and practice for verifying currency of clinical staff registration status adopted by LHINs.	Local	Must Have
Patient Services	1.3 Health Information Privacy and Protection (PHIPA) and non-PHI (FOIPPA)	1.3.3	All staff trained in the sensitive management of patient and personal information	Pan-LHIN	Must Have
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.1	Confirm delivery arrangements for all direct clinical service providers including nursing, pharmacy, physicians on contract, others	Local	Must Have
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.2	Confirm all contractual program supports critical to the delivery of these programs and services (e.g. supplies, equipment, and access to patient databases including CHRIS)	Local	Must Have
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.4	Ensure smooth transfer of all placement services such as LTC and rehab, including related IT requirements	Local	Must Have
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.5	Contingency plans created for each CCAC/LHIN, as a failsafe for continuity of services. These plans will be based on current CCAC contingency plans	Local	Must Have
Patient Services	1.5 Complaint and Issue Management Process	1.5.2	Sort and define the LHIN's internal responsibilities for patient complaint management	Local	Must Have
Patient Services	1.5 Complaint and Issue Management Process	1.5.3	Preserve the CCAC's current process for responding to patient complaints	Local	Must Have
Patient Services	1.5 Complaint and Issue Management Process	1.5.4	Ensure readiness for handling HSARB appeals and LTC Action Line complaints	Local	Must Have
Governance	2.1 Board Composition and Appointments	2.1.4	Skills matrix for Board composition populated by LHINs and submitted to the Ministry	Local	Must Have
Governance	2.2 Community Care Access Corporations Act – Voluntary Revocation	2.2.1	<ul style="list-style-type: none"> - CCACs have transferred their assets to the LHINs - CCACs have sent a letter to the CRA requesting that the CRA revoke the CCACs' charitable registration. - The letter from the CCACs authorizes the specific individuals from the LHINs designated to communicate with the CRA on behalf of the CCACs after dissolution using form RC-59 - The Minister of Health and Long Term Care has issued a Transfer Order to the CCACs. - The Minister has notified the affected CCAC and the LHIN and the prescribed notification period has been met. - CCACs have confirmed all necessary transition details with the Public Guardian and Trustee 	Local / Ministry	Must Have
Governance	2.3 Corporations Act Requirements	2.3.1	Confirmation of compliance with all corporate documents / Patent and Proprietary Information.	Local	Must Have
Governance	2.3 Corporations Act Requirements	2.3.2	Confirmation of compliance with all statutory obligations for CCAC and LHIN (e.g. CRA, WSIB, Audit)	Local	Must Have
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.1	Review of governance documents (e.g., bylaws, structures, policies, etc.) completed	Local / Pan-LHIN	Must Have

Appendix: Organizational Must Haves for T-Day (2 of 5)

Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	T - day critical
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.2	Review of local and provincial Board policies completed	Local / Pan-LHIN	Must have
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.3	Prioritization of by-laws, policies, etc. to be renewed/ revised prior to T-Day	Local / Pan-LHIN	Must have
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.4	Development of pan-LHIN model by-laws completed	Local / Pan-LHIN	Must have
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.5	Critical path for Board review and recommendations finalized including verifying the need for Minister's approval (under LHSIA [8(3)] the Minister may request that the LHIN Board submit recommended Bylaws to the Minister for approval).	Local / Pan-LHIN	Must have
Governance	2.5 Board Committees and Meeting Processes	2.5.1	Review of current committees completed (e.g. Quality Committee, etc.)	Local / Pan-LHIN	Must have
Governance	2.5 Board Committees and Meeting Processes	2.5.2	Clarification of required committees for the expanded LHIN and expectations confirmed related to standardization across LHINs	Pan-LHIN	Must have
Governance	2.8 Roles, Responsibilities and Delegation of Authorities	2.8.1	Add provision to LHSIA concerning Board delegation	Local to Ministry	Must have
Governance	2.8 Roles, Responsibilities and Delegation of Authorities	2.8.2	Completed review of roles, responsibilities, and delegation of authorities from Boards to CEOs	Local to Ministry	Must have
Governance	2.9 Orientation and Education	2.9.1	Completed LHIN Board to CCAC Board knowledge exchange sessions	Local	Must have, really a nice to have
Communications and Change Management	3.2 Staff Communication	3.2.1	Staff communications plan (transition updates, change plan, timelines) completed	WSCCM to Local / Pan-LHIN	Must have
Communications and Change Management	3.3 Staff Orientation and Training	3.3.1	Local HR communication strategy completed (i.e. all CCAC and LHIN staff have the general details of their 'new' roles and responsibilities) including employee 'welcome package')	WSWF/WSCCM to Local / Pan-LHIN	Must have
Communications and Change Management	3.3 Staff Orientation and Training	3.3.3	Completed essential core/ baseline staff training requirements related to PHIPA, FIPPA, records management	WSHCC to Local	Must have
Communications and Change Management	3.4 Patient & Family Communication	3.4.1	General communication with patients and families prepared/completed as per communications plan	Pan-LHIN / Local	Must have
Communications and Change Management	3.4 Patient & Family Communication	3.4.2	- Scripts (FAQs), approved Qs & As developed for all front line staff (call centre; care coordinators, etc.), service provider agencies and LHIN staff - Support needs for front line staff to effectively respond to patient and public questions, concerns and issues on T-Day and first 100 days (e.g. telephone system, call centre, care coordinator access, LHIN staff, etc.) surveyed and addressed	Pan-LHIN / Local	Must have
Communications and Change Management	3.4 General Public/ Provider/ Stakeholder Communication	3.4.3	- Finalize communication plan for the general public and other community providers. - Finalize details on approach to all CCAC and LHIN communications vehicles – websites, social media printed materials, strategic documents, estimated costs, etc.	WSCCM to Pan-LHIN / Local	Must have
Communications and Change Management	3.5 Change Management	3.5.1	Change management strategy developed for transition	WSCCM to Pan-LHIN / Local	Must have

Appendix: Organizational Must Haves for T-Day (3 of 5)

Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	T - day critical
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.1	T-Day organizational Structure proposed (for planning, funding, integration and service delivery)	Local	Must have
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.3	Executive structure in place	Local	Must have
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.7	Recruitment of core leadership is completed underway	Ministry to Pan-LHIN / Local	Must have
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.8	LHIN Executive Team has a plan in place to foster team morale, integration and cultural alignment as soon as T-Day (cross-reference change management)	WSCCM to Local	Must have
Organization and Human Resources	4.2 HR/LR Strategy	4.2.2	List of all CCAC and LHIN unionized employees broken down by bargaining unit	Local	Must have
Organization and Human Resources	4.2 HR/LR Strategy	4.2.3	List of non-union LHIN and CCAC employees broken down by position prepared (e.g. executive, non-clinical management, clinical management, non-clinical/non-management, non-management clinical)	Local	Must have
Organization and Human Resources	4.2 HR/LR Strategy	4.2.6	LHIN senior management oriented to the requirements of managing staff in a unionized environment	WSWF to Local / HSSO	Must have
Organization and Human Resources	4.2 HR/LR Strategy	4.2.7	Transfer plan for all CCAC staff completed including templates for letters	WSWF to Local	Must have
Organization and Human Resources	4.2 HR/LR Strategy	4.2.8	Determine plan for the smooth transition of benefits (i.e., whether benefits cards need to change)	Pan-LHIN / HSSO	Must have
Organization and Human Resources	4.2 HR/LR Strategy	4.2.9	Confirm plans for communicating and managing variations in scheduled hours of work (i.e. CCAC works 35 hours per week, LHIN works 37.5 hours per week)	WSWF to Pan-LHIN / Local	Must have
Finance & Operations	5.1 Close-out/ Transition Due Diligence	5.1.1	<p>The following inventories have been completed:</p> <ul style="list-style-type: none"> · Physical assets including IT/IM and a listing of all encumbrances (both leases and loans) over any CCAC asset · Intellectual property rights and research projects/ agreements · All real property owned or leased by the CCAC, sublet by the CCAC from another organization or by the CCAC to another organization including deeds, contracts, surveys, etc. · All operational (non-service provider) contracts (i.e. contracts that support the operation of the CCAC) including physical assets, leases, licensing, insurance, data sharing, space, funding, etc., · Routine submission obligations of any kind that CCACs make on a regular basis such as filings, notices, applications, responses to reviews, etc. · CCAC outstanding debt, borrowings, letters of credit, existing potential default, audits, bank accounts and authorizers, donations and bequests, outstanding obligations, pre-payments 	Local	Must have
Finance & Operations	5.1 Close-out/ Transition Due Diligence	5.1.2	Determine expected changes related to HST, EHT, EI Premium reduction, WSIB as a result of the transition	WSWF to Local / Pan-LHIN	Must have

Appendix: Organizational Must Haves for T-Day (4 of 5)

Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	T - day critical
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.2	A legal review and analysis of all CCAC: <ul style="list-style-type: none"> · Contracts, hardware and software licenses, telecom and cellular contracts · Corporate contracts · Employment law matters · Leases and lease notifications · Current claims/ litigation, pending or threatened notices of violation against the CCAC (e.g. quality or access to care), · Administrative proceedings, tribunal cases to which the CCAC is a party · Patient appeals to HSARB and coroner's request involving the CCAC · Correspondence indicating violations, infringement, misconduct by CCAC of any law or regulation, decree, judgement, order and settlement 	Local / Ministry	Must have
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.3	Mission-critical risks have been identified, risk mitigations strategies have been approved for the high and very high risks and these have been discussed at the Senior Executive and Board levels	Local	Must have
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.4	Risk assessment completed and contingency plan approved for where staff shortages, gaps in skill mix and/or the lack of necessary training poses the greatest threat to staff and patient safety and the quality of patient care	Local	Must have
Finance & Operations	5.4 Records Management	5.4.1	Process established for fulfilling requests for FOI and personal health information	Pan-LHIN / Local	Must have
Finance & Operations	5.5 Finance	5.5.1	Confirm financial, CRA and banking and requirements for a single corporate entity initiated/confirmed (e.g. CRA#, WSIB#, BIN#, bank accounts, etc.) <ul style="list-style-type: none"> · Map the chart of accounts · Create a method for planning the development of a new General Ledger/ Chart of Accounts · Complete an inventory of all financial accounts and authorizing signatures 	Pan-LHIN to Local	Must have
Finance & Operations	5.5 Finance	5.5.2	Complete plan for the required banking arrangements post T-Day	Local	Must have
Finance & Operations	5.5 Finance	5.5.4	Identify any financial instruments held by CCACs and establish plan to support compliance post T-Day as a LHIN (Crown) Corporation.	Pan-LHIN	Must have
Finance & Operations	5.6 Audit	5.6.1	Confirm 2016-17 audit requirements	Pan-LHIN	Must have
Finance & Operations	5.8 Insurance	5.8.1	Existing insurance policies reviewed and sufficient coverage confirmed for new expanded LHIN entity	Local	Must have
Finance & Operations	5.8 Insurance	5.8.2	Existing 'liability shields' reviewed, updated as required, policies and practices communicated to involved staff and Directors and approved (e.g. consents, disclaimers, waivers, etc.)	Local	Must have
Finance & Operations	5.9 Payroll	5.9.1	Continued assessment of plan to integrate payroll systems has been completed	Pan-LHIN / HSSO	Must have
Finance & Operations	5.10 Support Policies and Procedures	5.10.1	<ul style="list-style-type: none"> - Review and analysis of current CCAC policies and procedures, and identification of any policies that require modification prior to T-Day - Initial plan to harmonize and update remaining financial/accounting policies post T-Day 	Pan-LHIN / Local	Must have
Finance & Operations	5.11 Facilities and Space	5.11.1	Physical security and safety protocols including shared access to LHIN/CCAC buildings, processes for communication of threats, fire evacuation procedures, etc. is in place.	Pan-LHIN / Local	Must have

Appendix: Organizational Must Haves for T-Day (5 of 5)

Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	T - day critical
Finance & Operations	5.12 Administrative processing and housekeeping tasks	5.12.1	Complete a T-Day office accommodation plan that includes at least the following: <ul style="list-style-type: none"> · Determining the location of personnel files. · Office and/or desk assignments. · Building access – swipe cards (e.g., LHIN staff who need access to CCAC locations) · Security badges/ Photo ID · Parking arrangements (where appropriate) · Confirm individual extensions and direct dial phone numbers for staff, including outbound call access (long distance) 	Pan-LHIN / Local	Must have
Finance & Operations	5.13 Emergency Planning	5.13.1	Develop process for emergency planning and preparedness	Local / Pan-LHIN	Must have
Contracts	6.1 H&C Supplier Contracts	6.1.1	Complete inventory of Home Care Contracts (estimated to be 260 involving ~160 Service Provider Organizations) and CCAC-held corporate contracts	Local / Pan-LHIN	Must have
Contracts	6.1 H&C Supplier Contracts	6.1.2	Complete formal notification to all Vendors about the transition and changes in contract oversight. (i.e. common template letter that can be issued by all CCACs)	Local	Must have
Contracts	6.1 H&C Supplier Contracts		Supplier information updated as required (e.g. GST, BN, etc.)	Local	Must have
Contracts	6.1 H&C Supplier Contracts	6.1.4	Reconfirm current strategy for handling SPO where both LHIN and CCAC have a contract	Pan-LHIN / Local	Must have
IT/ Information Management	7.1 IT/IM Standards & Policies	7.1.1	Completed review and prioritization of the key policies, standards and procedures that must be updated by T-Day	Pan-LHIN / HSSO	Must have
IT/ Information Management	7.1 IT/IM Standards & Policies	7.1.2	All affected staff fully oriented to IT/IM systems, policies and procedures	Pan-LHIN / HSSO	Must have
IT/ Information Management	7.2 Data Integrity, Security and Privacy	7.2.5	System for privacy protections in place to ensure confidentiality of employees' medical, WSIB, and personnel records.	Local	Must have
IT/ Information Management	7.3 Unified Communications	7.3.3	Confirmed integrity of email system	Pan-LHIN / Local	Must have
IT/ Information Management	7.4 Reporting	7.4.2	Plan completed to ensure reporting continuity	Pan-LHIN	Must have
IT/ Information Management	7.4 Reporting	7.4.3	Organization of decision supports and uniform data collection, analysis and reporting is in place	Pan-LHIN	Must have
IT/ Information Management	7.4 Reporting	7.4.4	Reaffirm partnerships with health partners concerning the exchange of patient care data	Pan-LHIN	Must have

Appendix: Spotlights (1 of 2)

The initial site visits revealed a number of key practices that have been implemented across one or more LHIN Areas to help with transition readiness.

Category	Spotlight Activities	LHIN Area(s)
Communications and Change Management	Providing change management training e-modules or in-person sessions for internal stakeholders	Hamilton Niagara Haldimand Brant, North East, North Simcoe Muskoka
Communications and Change Management	Facilitate training sessions/retreats to promote resiliency in an ambiguous or unpredictable environments	Champlain, Hamilton Niagara Haldimand Brant, North Simcoe Muskoka, Toronto Central
Communications and Change Management	Publishing a transition-focused newsletter (e.g., bi-weekly) for both LHIN and CCAC staff to reinforce key messages, answer questions, and celebrate achievement of milestones	Erie St. Clair, North East, North Simcoe Muskoka, South East, Toronto Central
Communications and Change Management	Focused attention on building a shared culture (e.g., integrated local change management framework, vendor-assisted cultural assessment)	Central East, North Simcoe Muskoka, Toronto Central
Governance	Executives from service provider organizations that underwent successful mergers / integrations within the LHIN Area were brought in to speak to Board Directors about their experience and key lessons learned	Toronto Central
Governance	Creating and maintaining a focused dashBoard to report on transition progress for LHIN/CCAC Boards	Mississauga Halton, North Simcoe Muskoka, South East
Governance	Comprehensive Board orientation and knowledge exchange process that include key education modules or cross-attendance of directors at LHIN and CCAC Board meetings for observation and orientation	Champlain, Central East, Mississauga Halton, North Simcoe Muskoka
Governance	CCAC Board writing handbook for LHIN Board on how to address certain CCAC-related questions or issues (e.g., labour matters)	Champlain
Organization and Human Resources	Organizational profile booklet that communicates background / biographies / photos of management team to allow leadership to get quickly acquainted and connect with new staff	North Simcoe Muskoka, South East
Organization and Human Resources	Launching a survey within the organization to collect feedback throughout the transition	Central West, Hamilton Niagara Haldimand Brant

Appendix: Spotlights (2 of 2)

The initial site visits revealed a number of key practices that have been implemented across one or more LHIN Areas to help with transition readiness.

Category	Spotlight Activities	LHIN Area(s)
Organization and Human Resources	Hiring dedicated resources to support the transition (e.g., project management, HR, communications, privacy and records management)	Central, Mississauga Halton, North East, North Simcoe Muskoka, South East, Toronto Central
Organization and Human Resources	Collectively define the vision and values / guiding principles of the “new world” to motivate and align staff and address the question “What will T-Day look like for our LHIN Area?”	North Simcoe Muskoka, Toronto Central
Process	Regularly liaise with other LHIN Areas to share ideas/resources that could be adapted across the respective LHIN areas (e.g., vendor contract templates, contracting of people support for targeted work)	Toronto Central and North Simcoe Muskoka; Toronto Central, Hamilton Niagara Haldimand Brant, and Central
Process	Hosting a transition visioning session with external stakeholders (i.e., service providers and physicians)	North Simcoe Muskoka
Process	Scheduling more than the required number of Board meetings for the year to ensure rapid review of deliverables and/or expedited decision-making	Toronto Central
Process	Integrating patient and family advisors as members of the Functional Integration Teams (i.e., transition workstreams) to provide the patient experience lens	Erie St. Clair, North Simcoe Muskoka

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STATUS
Select
Complete
No Changes Required- Complete
Planned- In Progress
Planned- Awaiting External Direction
Planned- At Risk
Not Planned



SOUTH EAST PATIENTS FIRST READINESS TRACKER

Complete
Planned - In Progress
Planned - Awaiting External Direction
Planned - At Risk
Not Planned



Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Patient Services	1.1 Clinical Practices, Policies and Procedures	1.1.3	Vulnerable screening checks on all staff to ensure safe provision of care for vulnerable populations	Local	HR / LR	Must have	Planned- In Progress
Patient Services	1.1 Clinical Practices, Policies and Procedures	1.1.4	CCACs' process and practice for verifying currency of clinical staff registration status adopted by LHINs.	Local	HR / LR	Must have	Planned- In Progress
Patient Services	1.3 Health Information Privacy and Protection (PHIPA) and non-PHI (FOIPPA)	1.3.3	All staff trained in the sensitive management of patient and personal information	Pan-LHIN	HR / LR	Must Have	Planned- In Progress
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.1	Confirm delivery arrangements for all direct clinical service providers including nursing, pharmacy, physicians on contract, others	Local	COMMS IT / IM Contracts	Must have	Planned- In Progress
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.2	Confirm all contractual program supports critical to the delivery of these programs and services (e.g. supplies, equipment, and access to patient databases including CHRIS)	Local	Patient Services	Must have	Complete
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.4	Ensure smooth transfer of all placement services such as LTC and rehab, including related IT requirements	Local	Patient Services	Must Have	Complete
Patient Services	1.4 Ensuring Continuity for the Services directly delivered by CCACs & MOHLTC.	1.4.5	Contingency plans created for each CCAC/LHIN, as a failsafe for continuity of services. These plans will be based on current CCAC contingency plans	Local	Patient Services	Must have	Planned- In Progress
Patient Services	1.5 Complaint and Issue Management Process	1.5.2	Sort and define the LHIN's internal responsibilities for patient complaint management	Local	COMMS	Must have	Planned- In Progress
Patient Services	1.5 Complaint and Issue Management Process	1.5.3	Preserve the CCAC's current process for responding to patient complaints	Local	COMMS	Must have	Planned- Awaiting External Direction
Patient Services	1.5 Complaint and Issue Management Process	1.5.4	Ensure readiness for handling HSARB appeals and LTC Action Line complaints	Local	Patient Services	Must have	Complete
Governance	2.1 Board Composition and Appointments	2.1.4	Skills matrix for board composition populated by LHINs and submitted to the ministry	Local	Governance	Must have	Complete

SOUTH EAST PATIENTS FIRST READINESS TRACKER

Complete
Planned - In Progress
Planned - Awaiting External Direction
Planned - At Risk
Not Planned



Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Governance	2.2 Community Care Access Corporations Act – Voluntary Revocation	2.2.1	<ul style="list-style-type: none">- CCACs have transferred their assets to the LHINs- CCACs have sent a letter to the CRA requesting that the CRA revoke the CCACs' charitable registration.- The letter from the CCACs authorizes the specific individuals from the LHINs designated to communicate with the CRA on behalf of the CCACs after dissolution using form RC-59- The Minister of Health and Long Term Care has issued a Transfer Order to the CCACs.- The Minister has notified the affected CCAC and the LHIN and the prescribed notification period has been met.- CCACs have confirmed all necessary transition details with the Public Guardian and Trustee	Local / Ministry	Governance	Must have	Planned- Awaiting External Direction
Governance	2.3 Corporations Act Requirements	2.3.1	Confirmation of compliance with all corporate documents / Patent and Proprietary Information.	Local	Governance	Must have	Planned- Awaiting External Direction
Governance	2.3 Corporations Act Requirements	2.3.2	Confirmation of compliance with all statutory obligations for CCAC and LHIN (e.g. CRA, WSIB, Audit)	Local	Governance	Must have	Planned- Awaiting External Direction
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.1	Review of governance documents (e.g., bylaws, structures, policies, etc.) completed	Local / Pan-LHIN	Governance	Must have	Planned- In Progress
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.2	Review of local and provincial Board policies completed	Local / Pan-LHIN	Governance	Must have	Planned- In Progress
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.3	Prioritization of by-laws, policies, etc. to be renewed/ revised prior to T-Day	Local / Pan-LHIN	Governance	Must have	Planned- In Progress
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.4	Development of pan-LHIN model by-laws completed	Local / Pan-LHIN	Governance	Must have	Planned- In Progress
Governance	2.4 Constitution, Policies and By-Laws (including recruitment and renewal policies)	2.4.5	Critical path for board review and recommendations finalized including verifying the need for Minister's approval (under LHSIA [8(3)] the Minister may request that the LHIN Board submit recommended Bylaws to the Minister for approval).	Local / Pan-LHIN	Governance	Must have	Planned- Awaiting External Direction
Governance	2.5 Board Committees and Meeting Processes	2.5.1	Review of current committees completed (e.g. Quality Committee, etc.)	Local / Pan-LHIN	Governance	Must have	Planned- In Progress
Governance	2.5 Board Committees and Meeting Processes	2.5.2	Clarification of required committees for the expanded LHIN and expectations confirmed related to standardization across LHINs	Pan-LHIN	Governance	Must have	Planned- In Progress

SOUTH EAST PATIENTS FIRST READINESS TRACKER

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Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Governance	2.8 Roles, Responsibilities and Delegation of Authorities	2.8.1	Add provision to LHSIA concerning Board delegation	Local to Ministry	Governance	Must have	Complete
Governance	2.8 Roles, Responsibilities and Delegation of Authorities	2.8.2	Completed review of roles, responsibilities, and delegation of authorities from Boards to CEOs	Local to Ministry	Governance	Must have	Planned- In Progress
Governance	2.9 Orientation and Education	2.9.1	Completed LHIN Board to CCAC Board knowledge exchange sessions	Local	Governance	Must have	Planned- In Progress
Communications and Change Management	3.2 Staff Communication	3.2.1	Staff communications plan (transition updates, change plan, timelines) completed	WSCCM to Local / Pan-LHIN	COMMS	Must have	Planned- In Progress
Communications and Change Management	3.3 Staff Orientation and Training	3.3.1	Local HR communication strategy completed (i.e. all CCAC and LHIN staff have the general details of their 'new' roles and responsibilities) including employee 'welcome package')	WSWF/WSCCM to Local / Pan-LHIN	HR / LR	Must have	Planned- In Progress
Communications and Change Management	3.3 Staff Orientation and Training	3.3.3	Completed essential core/ baseline staff training requirements related to PHIPA, FIPPA, records management	WSHCC to Local	HR / LR	Must have	Planned- Awaiting External Direction
Communications and Change Management	3.4 Patient & Family Communication	3.4.1	General communication with patients and families prepared/completed as per communications plan	Pan-LHIN / Local	COMMS	Must have	Planned- Awaiting External Direction
Communications and Change Management	3.4 Patient & Family Communication	3.4.2	- Scripts (FAQs), approved Qs & As developed for all front line staff (call centre; care coordinators, etc.), service provider agencies and LHIN staff - Support needs for front line staff to effectively respond to patient and public questions, concerns and issues on T-Day and first 100 days (e.g. telephone system, call centre, care coordinator access, LHIN staff, etc.) surveyed and addressed	Pan-LHIN / Local	COMMS	Must have	Planned- Awaiting External Direction
Communications and Change Management	3.4 General Public/ Provider/ Stakeholder Communication	3.4.3	- Finalize communication plan for the general public and other community providers. - Finalize details on approach to all CCAC and LHIN communications vehicles – websites, social media printed materials, strategic documents, estimated costs, etc.	WSCCM to Pan-LHIN / Local	COMMS	Must have	Planned- Awaiting External Direction
Communications and Change Management	3.5 Change Management	3.5.1	Change management strategy developed for transition	WSCCM to Pan-LHIN / Local	COMMS	Must have	Planned- Awaiting External Direction
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.1	T-Day organizational Structure proposed (for planning, funding, integration and service delivery)	Local	HR / LR	Must have	Complete
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.3	Executive structure in place	Local	HR / LR	Must have	Planned- In Progress

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Complete
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Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.7	Recruitment of core leadership is completed underway	Ministry to Pan-LHIN / Local	HR / LR	Must have	Planned- In Progress
Organization and Human Resources	4.1 Organization Structure and Leadership	4.1.8	LHIN Executive Team has a plan in place to foster team morale, integration and cultural alignment as soon as T-Day (cross-reference change management)	WSCCM to Local	HR / LR	Must have	Planned- In Progress
Organization and Human Resources	4.2 HR/LR Strategy	4.2.2	List of all CCAC and LHIN unionized employees broken down by bargaining unit	Local	HR / LR	Must have	Planned- In Progress
Organization and Human Resources	4.2 HR/LR Strategy	4.2.3	List of non-union LHIN and CCAC employees broken down by position prepared (e.g. executive, non-clinical management, clinical management, non-clinical/non-management, non-management clinical)	Local	HR / LR	Must have	Planned- In Progress
Organization and Human Resources	4.2 HR/LR Strategy	4.2.6	LHIN senior management oriented to the requirements of managing staff in a unionized environment	WSWF to Local / HSSO	HR / LR	Must have	Complete
Organization and Human Resources	4.2 HR/LR Strategy	4.2.7	Transfer plan for all CCAC staff completed including templates for letters	WSWF to Local	HR / LR	Must have	Planned- In Progress
Organization and Human Resources	4.2 HR/LR Strategy	4.2.8	Determine plan for the smooth transition of benefits (i.e., whether benefits cards need to change)	Pan-LHIN / HSSO	HR / LR	Must have	Planned- Awaiting External Direction
Organization and Human Resources	4.2 HR/LR Strategy	4.2.9	Confirm plans for communicating and managing variations in scheduled hours of work (i.e. CCAC works 35 hours per week, LHIN works 37.5 hours per week)	WSWF to Pan-LHIN / Local	HR / LR	Must have	Planned- In Progress

SOUTH EAST PATIENTS FIRST READINESS TRACKER

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Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Finance & Operations	5.1 Close-out/ Transition Due Diligence	5.1.1	The following inventories have been completed: <ul style="list-style-type: none">Physical assets including IT/IM and a listing of all encumbrances (both leases and loans) over any CCAC assetIntellectual property rights and research projects/ agreementsAll real property owned or leased by the CCAC, sublet by the CCAC from another organization or by the CCAC to another organization including deeds, contracts, surveys, etc.All operational (non-service provider) contracts (i.e. contracts that support the operation of the CCAC) including physical assets, leases, licensing, insurance, data sharing, space, funding, etc.,Routine submission obligations of any kind that CCACs make on a regular basis such as filings, notices, applications, responses to reviews, etc.CCAC outstanding debt, borrowings, letters of credit, existing potential default, audits, bank accounts and authorizers, donations and bequests, outstanding obligations, pre-payments	Local	Finance / Operations	Must have	Planned- In Progress
Finance & Operations	5.1 Close-out/ Transition Due Diligence	5.1.2	Determine expected changes related to HST, EHT, EI Premium reduction, WSIB as a result of the transition	WSWF to Local / Pan-LHIN	HR / LR	Must Have	Planned- Awaiting External Direction
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.2	A legal review and analysis of all CCAC: <ul style="list-style-type: none">Contracts, hardware and software licenses, telecom and cellular contractsCorporate contractsEmployment law mattersLeases and lease notificationsCurrent claims/ litigation, pending or threatened notices of violation against the CCAC (e.g. quality or access to care),Administrative proceedings, tribunal cases to which the CCAC is a partyPatient appeals to HSARB and coroner's request involving the CCACCorrespondence indicating violations, infringement, misconduct by CCAC of any law or regulation, decree, judgement, order and settlement	Local / Ministry	Finance / Operations	Must have	Planned- In Progress

SOUTH EAST PATIENTS FIRST READINESS TRACKER

Complete
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Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.3	Mission-critical risks have been identified, risk mitigations strategies have been approved for the high and very high risks and these have been discussed at the Senior Executive and Board levels	Local	Finance / Operations	Must have	Planned- In Progress
Finance & Operations	5.3 Risk Management (Litigation and liability)	5.3.4	Risk assessment completed and contingency plan approved for where staff shortages, gaps in skill mix and/or the lack of necessary training poses the greatest threat to staff and patient safety and the quality of patient care	Local	Finance / Operations	Must have	Planned- Awaiting External Direction
Finance & Operations	5.4 Records Management	5.4.1	Process established for fulfilling requests for FOI and personal health information	Pan-LHIN / Local	Finance / Operations	Must have	Planned- In Progress
Finance & Operations	5.5 Finance	5.5.1	Confirm financial, CRA and banking and requirements for a single corporate entity initiated/confirmed (e.g. CRA#, WSIB#, BIN#, bank accounts, etc.) · Map the chart of accounts · Create a method for planning the development of a new General Ledger/ Chart of Accounts · Complete an inventory of all financial accounts and authorizing signatures	Pan-LHIN to Local	Finance / Operations	Must have	Planned- Awaiting External Direction
Finance & Operations	5.5 Finance	5.5.2	Complete plan for the required banking arrangements post T-Day	Local	Finance / Operations	Must have	Planned- Awaiting External Direction
Finance & Operations	5.5 Finance	5.5.4	Identify any financial instruments held by CCACs and establish plan to support compliance post T-day as a LHIN (Crown) Corporation.	Pan-LHIN	Finance / Operations	Must have	Planned- In Progress
Finance & Operations	5.6 Audit	5.6.1	Confirm 2016-17 audit requirements	Pan-LHIN	Finance / Operations	Must Have	Planned- Awaiting External Direction
Finance & Operations	5.8 Insurance	5.8.1	Existing insurance policies reviewed and sufficient coverage confirmed for new expanded LHIN entity	Local	Finance / Operations	Must have	Planned- Awaiting External Direction
Finance & Operations	5.8 Insurance	5.8.2	Existing 'liability shields' reviewed, updated as required, policies and practices communicated to involved staff and Directors and approved (e.g. consents, disclaimers, waivers, etc.)	Local	Finance / Operations	Must have	Planned- Awaiting External Direction

SOUTH EAST PATIENTS FIRST READINESS TRACKER

Complete
Planned - In Progress
Planned - Awaiting External Direction
Planned - At Risk
Not Planned



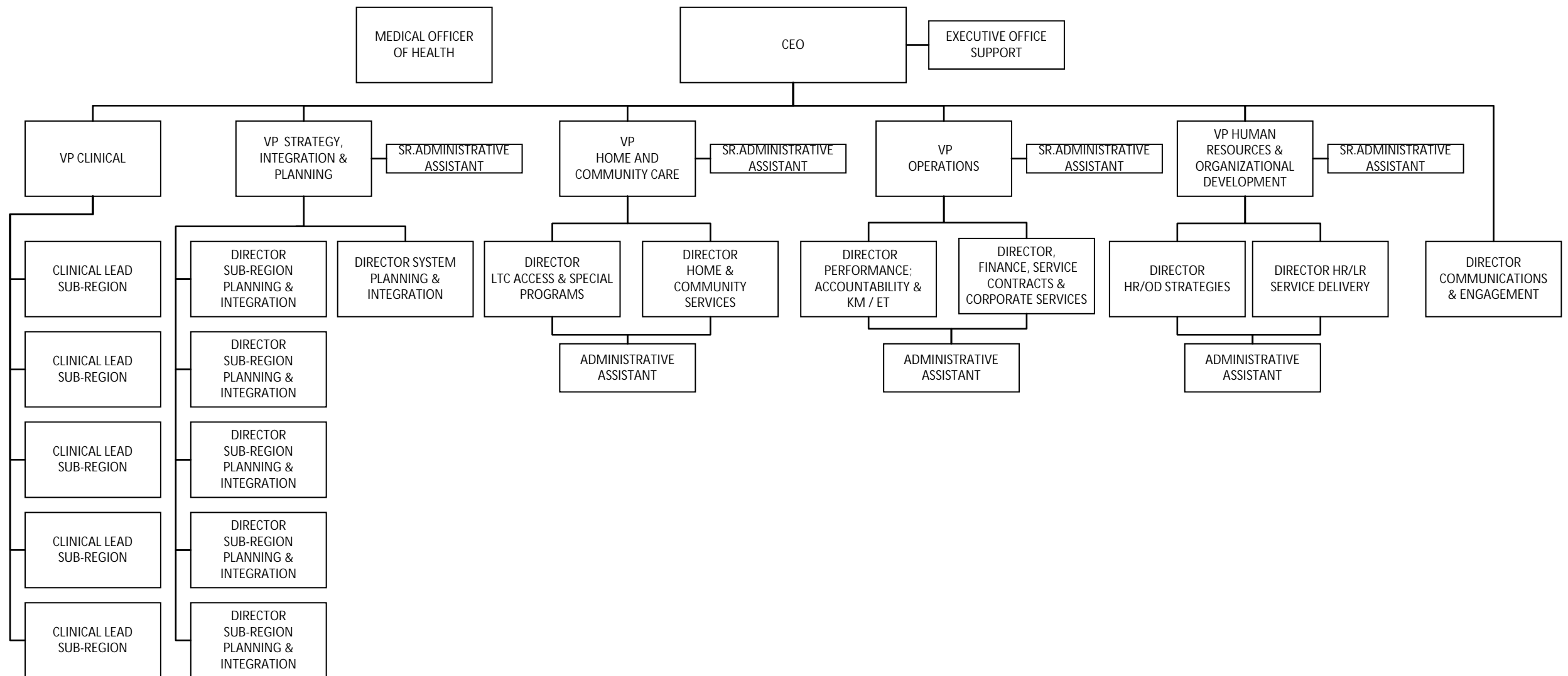
Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
Finance & Operations	5.9 Payroll	5.9.1	Continued assessment of plan to integrate payroll systems has been completed	Pan-LHIN / HSSO	HR / LR	Must have	Planned- Awaiting External Direction
Finance & Operations	5.10 Support Policies and Procedures	5.10.1	- Review and analysis of current CCAC policies and procedures, and identification of any policies that require modification prior to T-Day - Initial plan to harmonize and update remaining financial/accounting policies post T-Day	Pan-LHIN / Local	Finance / Operations	Must have	Planned- In Progress
Finance & Operations	5.11 Facilities and Space	5.11.1	Physical security and safety protocols including shared access to LHIN/CCAC buildings, processes for communication of threats, fire evacuation procedures, etc. is in place.	Pan-LHIN / Local	Finance / Operations	Must have	Planned- Awaiting External Direction
Finance & Operations	5.12 Administrative processing and housekeeping tasks	5.12.1	Complete a T-Day office accommodation plan that includes at least the following: · Determining the location of personnel files. · Office and/or desk assignments. · Building access – swipe cards (e.g., LHIN staff who need access to CCAC locations) · Security badges/ Photo ID · Parking arrangements (where appropriate) · Confirm individual extensions ad direct dial phone numbers for staff, including outbound call access (long distance)	Pan-LHIN / Local	COMMS HR / LR IT / IM	Must have	Planned- Awaiting External Direction
Finance & Operations	5.13 Emergency Planning	5.13.1	Develop process for emergency planning and preparedness	Local / Pan-LHIN	Finance / Operations	Must have	Planned- In Progress
Contracts	6.1 H&C Supplier Contracts	6.1.1	Complete inventory of Home Care Contracts (estimated to be 260 involving ~160 Service Provider Organizations) and CCAC-held corporate contracts	Local / Pan-LHIN	Contracts	Must have	Planned- In Progress
Contracts	6.1 H&C Supplier Contracts	6.1.2	Complete formal notification to all Vendors about the transition and changes in contract oversight. (i.e. common template letter that can be issued by all CCACs)	Local	Contracts	Must have	Planned- Awaiting External Direction
Contracts	6.1 H&C Supplier Contracts	6.1.2	Supplier information updated as required (e.g. GST, BN, etc.)	Local	Contracts	Must have	Planned- Awaiting External Direction
Contracts	6.1 H&C Supplier Contracts	6.1.4	Reconfirm current strategy for handling SPO where both LHIN and CCAC have a contract	Pan-LHIN / Local	Contracts	Must have	Planned- In Progress

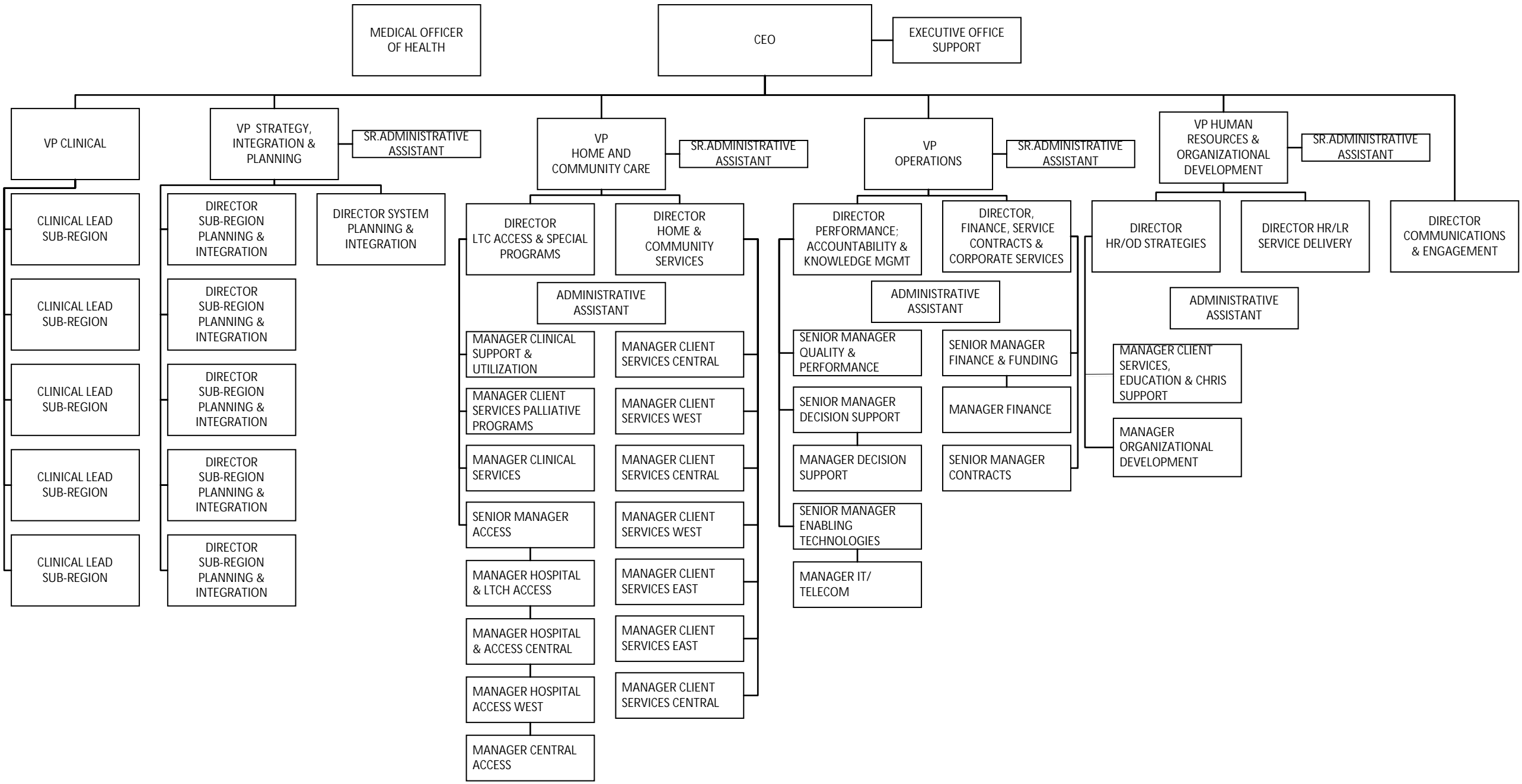
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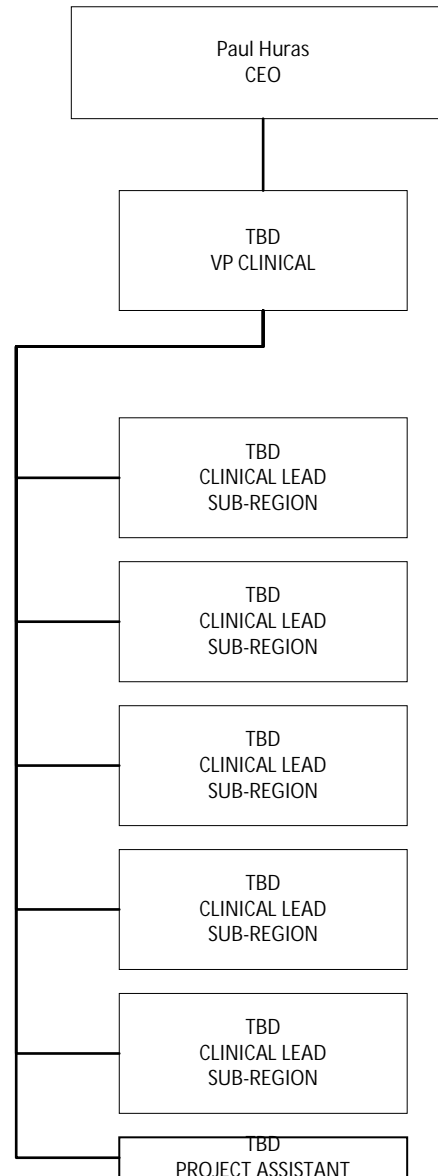
Complete
Planned - In Progress
Planned - Awaiting External Direction
Planned - At Risk
Not Planned



Functional stream	Sub-stream	ID	Activities Leading up to T-Day	Owner	SE FTT	T - day critical	Status
IT/ Information Management	7.1 IT/IM Standards & Policies	7.1.1	Completed review and prioritization of the key policies, standards and procedures that must be updated by T-day	Pan-LHIN / HSSO	IT / IM	Must have	Planned- Awaiting External Direction
IT/ Information Management	7.1 IT/IM Standards & Policies	7.1.2	All affected staff fully oriented to IT/IM systems, policies and procedures	Pan-LHIN / HSSO	IT / IM	Must have	Planned- Awaiting External Direction
IT/ Information Management	7.2 Data Integrity, Security and Privacy	7.2.5	System for privacy protections in place to ensure confidentiality of employees' medical, WSIB, and personnel records.	Local	IT / IM	Must have	Planned- In Progress
IT/ Information Management	7.3 Unified Communications	7.3.3	Confirmed integrity of email system	Pan-LHIN / Local	IT / IM	Must have	Planned- Awaiting External Direction
IT/ Information Management	7.4 Reporting	7.4.2	Plan completed to ensure reporting continuity	Pan-LHIN	IT / IM	Must have	Planned- Awaiting External Direction
IT/ Information Management	7.4 Reporting	7.4.3	Organization of decision supports and uniform data collection, analysis and reporting is in place	Pan-LHIN	IT / IM	Must have	Planned- Awaiting External Direction
IT/ Information Management	7.4 Reporting	7.4.4	Reaffirm partnerships with health partners concerning the exchange of patient care data	Pan-LHIN	IT / IM	Must have	Planned- Awaiting External Direction





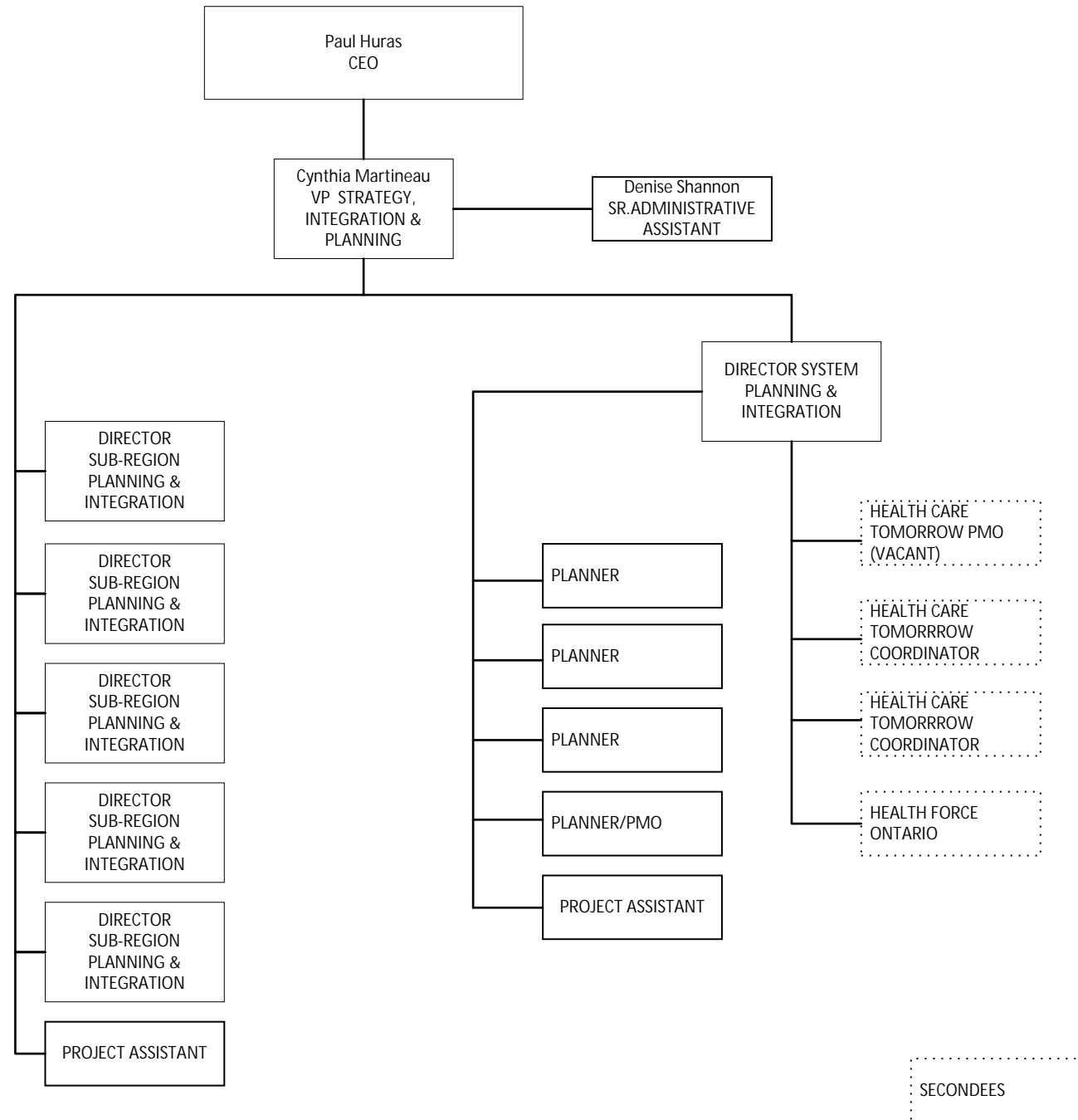


Directors to be recruited:

All Director positions within the Strategy Integration & Planning Department will be posted for Open Internal Competition.

Planners will be identified following the recruitment of the Director positions.

Project Assistant recruitment or identification to follow as a next step.



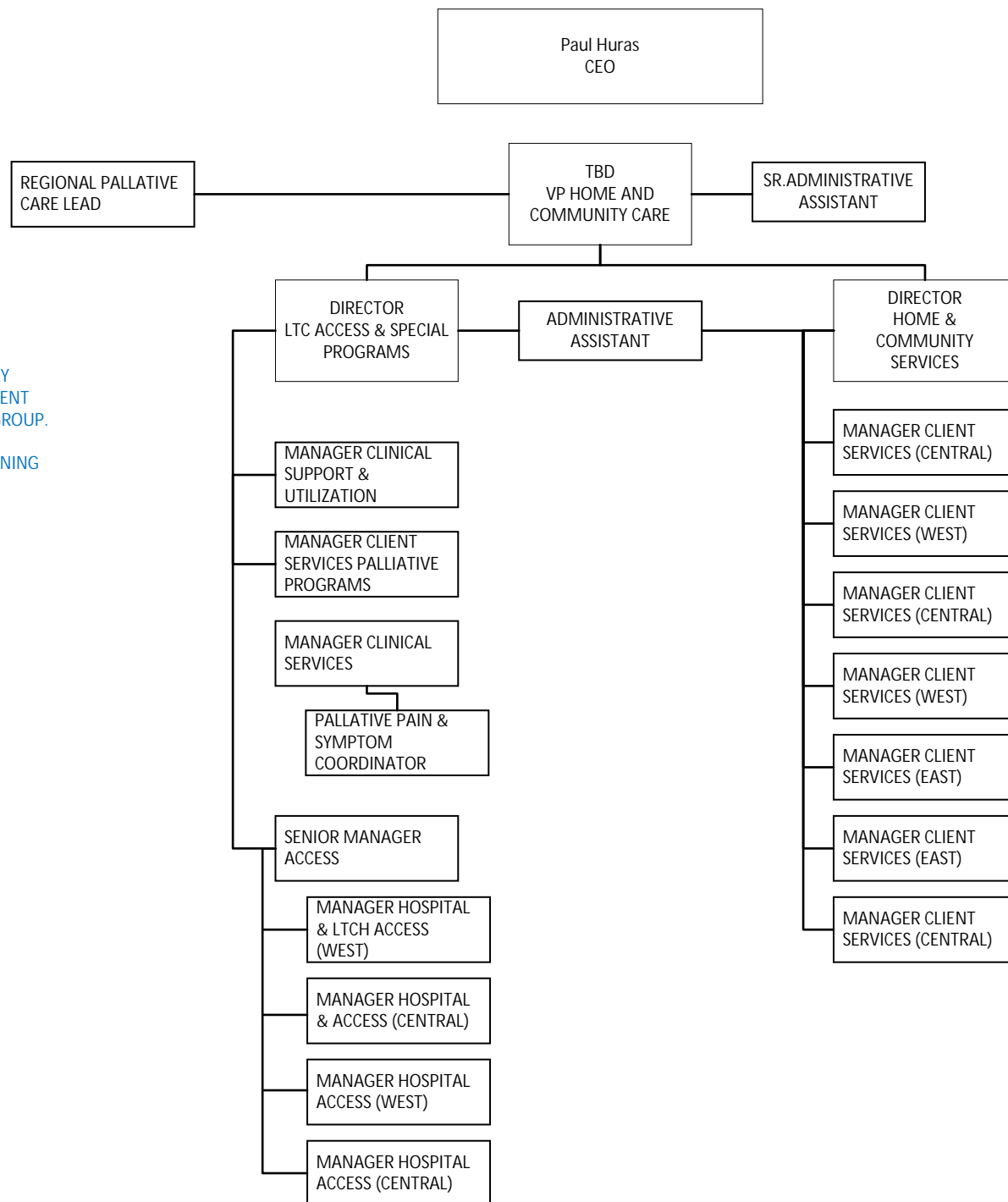
ALL POSITIONS* IN THE CCAC THAT ARE CURRENTLY REPORTING THROUGH TO THE SENIOR DIRECTOR, CLIENT SERVICES WILL BE TRANSFERRED UNDER THIS VP, HCC GROUP. THIS INCLUDES ALL CURRENT CLIENT SERVICES BARGAINING UNIT STAFF.

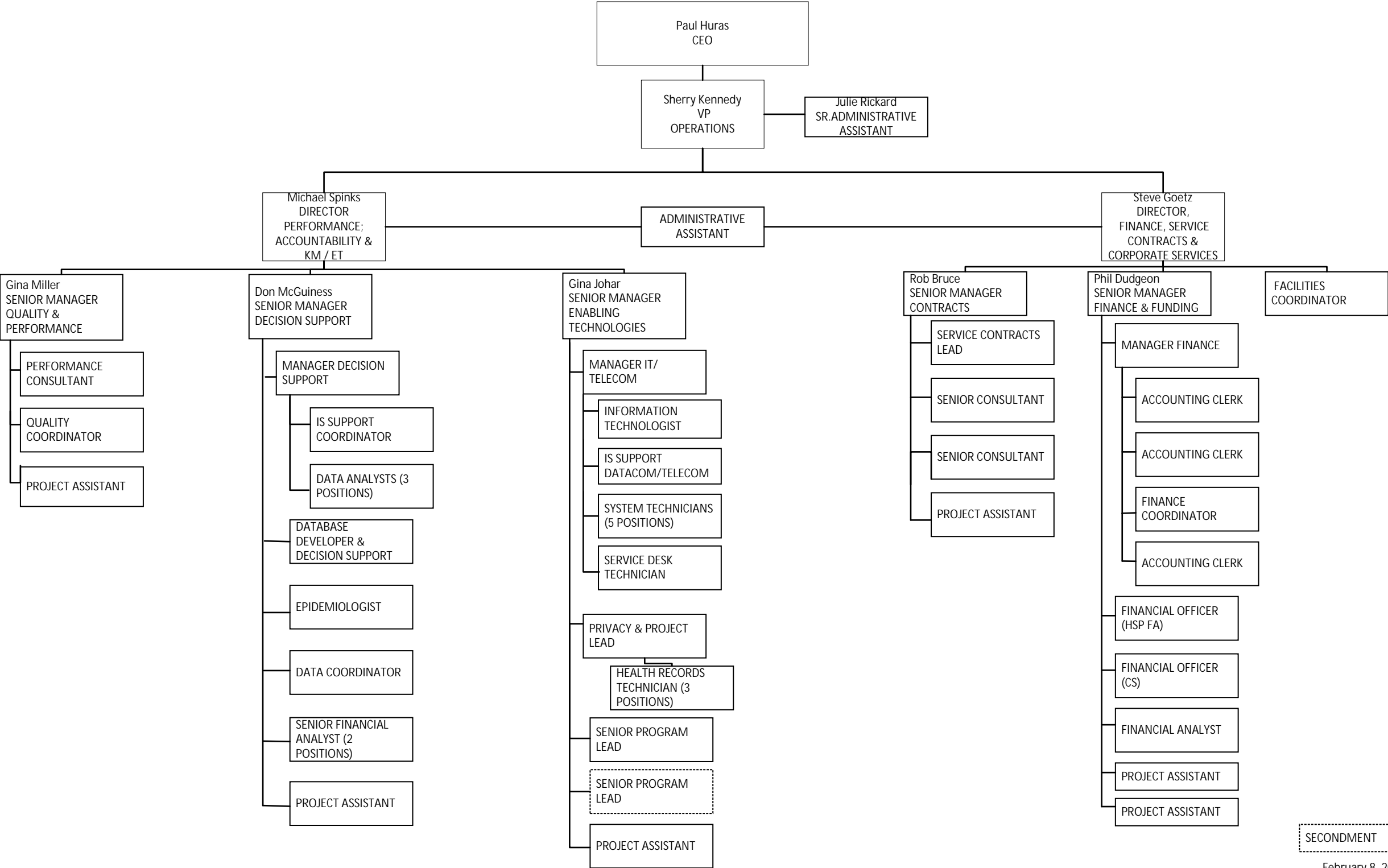
ADDITIONAL NOTE:

VP HCC position currently in recruitment stage.

Director positions will be internally recruited as next steps.

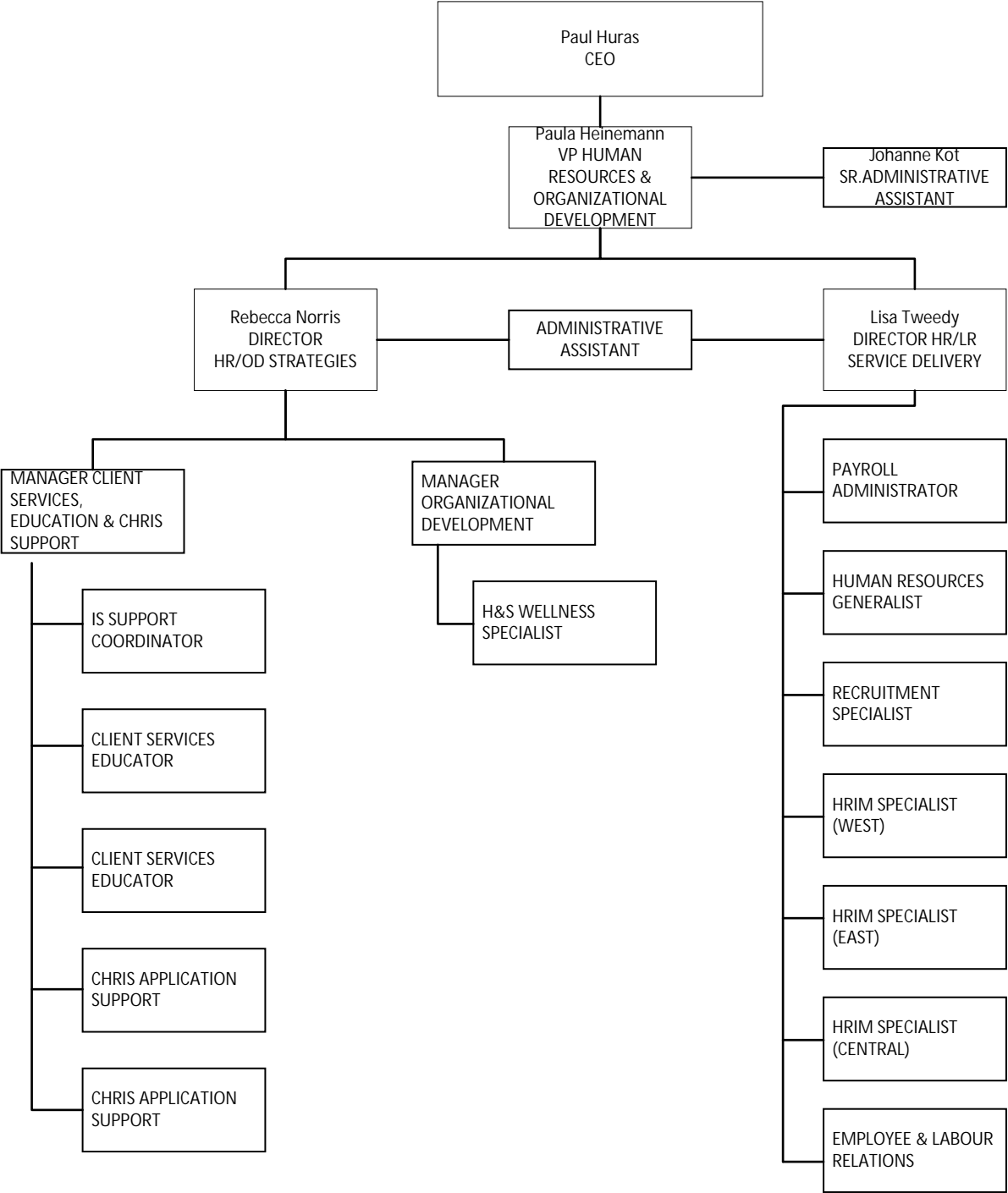
Snr Administrative and Administrative Assistant positions to be recruited internally.





SECONDMENT

Administrative Assistant to be determined.



Director position currently in recruitment process.

Departmental design is currently a “draft”, the final version is yet to be determined.

