



## **Minutes**

### **Board of Directors Meeting**

**Wednesday, December 3rd, 2025**

**Haggarty Hall/ Zoom Audio/Visual Conference (Hybrid)**

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Present: A. Wickert (Acting Chair), J. Dietrich, L. Aston, J. Bagshaw, J. Haggarty, A. Thompkins, V. Ducharme, N. Shaw, L. Parsons, Dr. L. Roth, Dr. M. Ballantine

Staff: M. Legge, K. MacKenzie

Regrets: D. Braithwaite, C. Singh

Guests: None

Recording Secretary: C. Cleland

#### **1.0 Call to Order**

The Chair called the meeting to order at 1730 hours with a quorum present. Board members, and members of the public / media were welcomed to the meeting.

#### **2.0 Presentation(s) – none.**

#### **3.0 Consent Agenda**

As per the Board Meeting policy, approval of the consent agenda is obtained through the approval of the agenda.

- 3.1 Board of Directors Minutes – November 5, 2025
- 3.2 Governance & Executive Committee Minutes – November 17<sup>th</sup>, 2025
- 3.3 Quality Improvement Committee Minutes – November 17<sup>th</sup>, 2025
- 3.4 Corporate Resources Committee Minutes – November 24, 2025
- 3.5 2025/26 Board of Directors Work Plan
- 3.6 Correspondence – none.

#### **4.0 Approval of Agenda**

Additions/Changes to Agenda

*(Motion 1)*

**MOVED by:** A. Thompkins

**SECONDED by:** J. Bagshaw

**THAT the Agenda be approved  
as presented. Question called –  
Motion CARRIED.**

#### **5.0 Disclosure of Conflict of interest**

There was no conflict of interest declared.

The Chair reviewed the Mission, Vision, and Values and Ethical Decision Making, reminding members to consider their guidance through discussions and with decision making during the meeting.

None declared

## **6.0 Business/ Committee Matters**

### **6.1 Quality Improvement Committee**

- V. Ducharme referred to QIC report that was circulated in the agenda package, which provided a summary of falls, medication errors, hospital acquired pressure injuries and violent incidents towards staff for Q2.
- The quality improvement plan was presented, reflecting access and flow, equity, patient experience and safety.
- It was confirmed that there is a staff education initiative underway, on preventive measures for pressure injuries.
- It was noted that the inpatient turnover times have been addressed internally with Environmental Services.
- There was an update provided on the next accreditation survey that will be circulated in Spring, 2027.

### **6.2 Corporate Resources Committee**

- A. Wickert provided a financial summary report for the 7<sup>th</sup> month ending on October 31<sup>st</sup>, 2025.
- It was noted that the year end forecast is at \$523K.
- Financial Leadership was commended on the organization's current financial state.

### **6.3 Governance & Executive Committee**

- J. Dietrich provided a report highlighting the G&EC workplan review, listening tour, board recruitment, and timing/ frequency of meetings.
  - It was noted that Board Recruitment is now active and has generated strong interest so far.
  - It was outlined that Governance Education will be a standing item on the agenda going forward, as leveraging educational resources is highly beneficial for the Directors.
  - The timing and frequency of Committee meetings is currently being reviewed, and the first draft will be formally presented at the next G&EC meeting on January 19<sup>th</sup>.
- 6.3.1 By-Law and Policy Committee
- J. Bagshaw referred to the presentation that was circulated in the agenda package, outlining revisions made to Risk Management and Board Recruitment Policy.
  - There were no questions or concerns about the changes made.

*(Motion 2)*

**MOVED by:** A. Thompkins

**SECONDED by:** V. Ducharme

**THAT the Board approves the appended revised  
'Integrated Risk Management Policy'  
Question called - Motion CARRIED.**

### **6.4 Kincardine Redevelopment Oversight Committee**

No update

**6.5      Audit Committee**  
No Update

- 6.6      Board Chair Report**
- J. Dietrich provided an update on the listening tour, noting that he has completed 10 out of 11 interviews and will present his findings at the G&EC meeting on January 19, followed by the Board of Directors meeting on February 4th.
  - Appreciation was extended to N. Shaw, M. Legge and C. Cleland for their assistance with the Board Recruitment process thus far.
  - Extended gratitude was given to those who participated in the Remembrance Day ceremonies.

- 6.7      CEO Report**
- N. Shaw referred to the presentation that was circulated in the agenda package and provided an update on the Kincardine Donor Recognition Event, Kincardine Redevelopment, Coffee with Leadership, Healthcare Highlight Award Recipient and the SBGHC outpatient services in Durham.
  - It was noted that approval was received to move forward to the next stage for the Kincardine redevelopment, which is an important milestone for the community.
  - The outpatient clinics running in Durham that commenced in November include Cardiology, which will be running once a month in the initial stages.

- 6.8      Chief of Staff Report**
- Dr. M. Ballantine referred to the COS report that was circulated in the agenda package, which provided a summary of the key discussion items from the Medical Advisory Committee Meeting on November 13<sup>th</sup>.
  - It was noted that Dr. Setia will be providing Antimicrobial Stewardship/ Infectious Disease support to physicians beginning on November 17<sup>th</sup>, drop-in sessions will take place every Monday and Thursday at 12:30-1:00pm.

**6.9      Update on Reduction on ED Hours in Chesley & Durham**  
No update

**6.10     Consent Agenda brought forward if any,**

**7.0      Education**

**7.1 Balance Scorecard**

- A. Thompkins referred to the presentation that was circulated in the agenda package, introducing the framework of the *Balance Scorecard* for Board assessment purposes.
- It was noted that the Balanced Scorecard is a tool within the framework with a goal of long-term strategy, where dashboards tend to be more short term and operational.
- The purpose of this scorecard is to help align clinical and operational goals with organization's strategy, aligned to improvement initiatives, measure and monitor performance to specific targets over time and act as communication tool that can be adapted as experience grows.

- In summary, there are four perspectives involved including financial, internal processes, patient experience, and learning & growth.

Following the presentation, a brief discussion took place, emphasizing the below points:

- It was suggested that there should be 3 to 4 measurements in each quadrant and that we should utilize data that already exists within QIC and OH reports.
- Quarterly review was suggested to be too ambitious and bi-annually might be more reasonable?
- It was noted that Operations could share their scorecard with the Board to help streamline efforts and avoid duplication of work.
- It was recognized that this scorecard will serve as a tool for big-picture thinking. The Board will need to determine the key priorities to keep their focus on.
- An initial draft of the Operational scorecard will be presented in March 2026.

#### **8.0 Next Regular Meeting**

February 4th, 2025 @ 5:30pm at Haggarty Hall Room in Walkerton / Zoom (Hybrid)

#### **8.0 In-Camera Meeting**

- A. Wickert thanked guests for attending the meeting and requested a motion to move in-camera.

*(Motion 3)*

**MOVED by:** A. Thompkins

**SECONDED by:** V. Ducharme

**To adjourn to an in-camera meeting at 1832 hours.**

**Question called - Motion CARRIED.**

#### **9.0 Return to Open Forum**

The meeting moved out of in-camera at 1927 hours.

#### **10.0 Motion to approve in-camera resolutions:**

*(Motion 4)*

**MOVED by:** J. Bagshaw

**SECONDED by:**

A. Thompkins

**To approve in-camera  
resolutions**

**Question called – Motion  
CARRIED.**

#### **11.0 Adjournment**

The meeting was adjourned by V. Ducharme and J. Bagshaw at 1929 hours.  
CARRIED.

