Commit	ttee: HHS COMMON BOARD	HHS COMMON BOARD				
Date:	October 30, 2025	Time:	4:31pm-7:35pm			
Chair:	Brian Heagle, Board Chair	Recorder:	Alana Ross			
	Elected: David Atkinson, Nonie Brenn	an, Brian Heagle, H	eather Hern, Steve Ireland,			
Present						
		Ex Officio: Jimmy Trieu, Lynn Higgs, Dr. Shannon Natuik, Dr. Patel, Dr. Ryan, Dr. Steinmann				
Guest(s)	): Robert Lovecky, Krista McCann (SHHF ED)					
Regrets	: Glen McNeil					
	Open Session - Call to Order / Welcome					
1		· · · · · · · · · · · · · · · · · · ·				
		d on final approval	of the minutes by the HHS Common Board.			
1.1	Land Acknowledgement:					
	Land Acknowledgement LINK		lhan namanal maflastian I ama a bura			
	<ul> <li>C. MacGregor reviewed the land acknowled supporter of Indigenous LED partnerships w</li> </ul>					
	government to develop and implement proj					
	Nations Salmon Habitat work undertaken to					
	alongside the Great Bear Rainforest on the N	·				
	strategies and actions to recover species at					
	meaningful to me include the Arctic Species					
	sea ice, and the protection of Caribou calvin	g grounds. For thes	se efforts, I applaud the Indigenous people			
	and I am grateful.					
1.2	Story:					
	<ul> <li>OHA is hosting Governance Essentials Sessions for new directors</li> <li>Session 1 outlined the legal framework of Ontario Hospitals and discussed legal accountability</li> </ul>					
	<ul> <li>Re Supervision of Stevenson Memorial Hospital (Alliston) 2024, MOH investigators report was</li> </ul>					
	=		eminder of responsibilities as governors			
	hospital with a larger orga		isor was given the mandate to integrate the			
			they have appropriate insight into the best			
	-	•	ght of fiduciary responsibilities for HHS			
2	Education / Guests	23310113, 4114 0 4 6 1 3 1 8	Ent of fluddidity responsibilities for this			
2.1	Governance / Operations:					
	No discussion					
3	Approvals and Updates					
3.1	Declaration of Conflict of Interest					
	B. Heagle asked if anyone had a conflict of ir	terest to declare b	ased on information contained in the			
	package					
	<ul> <li>No conflicts were declared</li> </ul>					
3.2	<u>Agenda</u>					
Approval / Changes						
	o None					
	MOVED AND DULY SECONDED					
	MOTION: To approve the October 30, 2025 HHS	Common Board a	genda. CARRIED.			
3.3 <u>Previous Minutes</u>						
	Approval / Changes					
	O None					
	MOVED AND DULY SECONDED	toe of the live o	amon Board CARRIED			
	MOTION: To approve September 25, 2025 Minutes of the HHS Common Board. CARRIED.					

	MOVED AND DULY SECONDED			
	MOVED AND DULY SECONDED  MOTION: To approve October 17, 2025 Special Meeting Minutes of the HHS Common Board, CARRIED			
4	MOTION: To approve October 17, 2025 Special Meeting Minutes of the HHS Common Board. CARRIED.  Business Arising from Previous Minutes			
	Š			
5	Foundations Report			
5.1	SHHF Quarterly Rotation:			
	<ul> <li>2025-10-15-SHHF Update to HHS</li> <li>Appreciation for the opportunity to stay aligned</li> </ul>			
	<ul> <li>Appreciation for the opportunity to stay aligned</li> <li>Photo op with \$50K donor on Oct 30; provided by a local family who is involved in many foundations,</li> </ul>			
	including Ausable Bayfield Conservation Authority, and the South Huron Community Foundation,			
	which amalgamated into the Sunset Community Foundation in Grand Bend; funds are dispersed			
	throughout the community			
	<ul> <li>Communication to donors regarding the hiatus of the Medical Centre will be conveyed in the winter</li> </ul>			
	newsletter			
	<ul> <li>Importance of aligning purpose, mission and strategic plan, tightening parameters on</li> </ul>			
	who we are and what we do, before moving forward			
	<ul> <li>Awareness of the HHS workload around priorities such as master planning, strategic plan, CT scanner</li> </ul>			
	and the MOH request for a balanced budget within three years			
	SHHF will begin strategic plan in the Fall (HHS current Strategic Plan ends Mar 2026)  - HUS begin strategic plan in the Fall (HHS current Strategic Plan ends Mar 2026)			
	<ul> <li>HHS has a session devoted to the strategic plan on Nov 20</li> <li>12<sup>th</sup> Annual SHHF Radiothon scheduled for Oct 31; goal is \$50K for the Nitrous Oxide Delivery System</li> </ul>			
	o 12" Annual SHHF Radiothon scheduled for Oct 31; goal is \$50K for the Nitrous Oxide Delivery System and the Wound Vac System			
	<ul> <li>Appreciation extended to the SHHF for the extraordinary work they are doing, which is showcased</li> </ul>			
	on social media			
6	Consent Agenda (time allotted for any questions and/or updates)			
6.1	Patient Experience:			
	2025-10-Monthly Report-Patient Experience, circulated and reviewed			
6.2	Governance & Nominating:			
	Documents circulated:			
	o 2025-10-Monthly Report-G&N			
	o 2025-09-12-G&N Minutes			
	F2526 Governance & Nominating Work Plan Draft     F2526 Governance & Nominating Work Plan D			
	Terms of Reference-Nominating Sub Committee Final Draft  Towns of Reference Committee Final Draft  Towns of Reference Committee Final Draft			
	Terms of Reference-Governance Committee Final Draft  Metion moved out of the Consent Agenda to New 8 Other Business 8.1			
6.3	Motion moved out of the Consent Agenda to New & Other Business 8.1  Poscurses:			
0.5	<ul> <li>Resources:</li> <li>2025-10-Monthly Report-Resources, circulated; no additions</li> </ul>			
6.4				
0.4	Audit:  Next meeting scheduled for Dec 11			
	Reviewing Audit Work Plan and Audit TOR; may be circulated for email acceptance prior to next			
	meeting			
6.5	Quality Assurance:			
	Documents circulated:			
	2025-10-Quarterly Report-QA, circulated, no additions			
	2025-03-19-QA Minutes, circulated			
6.6	Collaborative Leadership Roundtable:			
	No discussion			
6.7	Recruitment and Retention:			
	No discussion			
6.8	Joint Hospitals & Foundations:			
	No discussion			

6.9	Community Engagement Council:				
	No discussion				
	MOVED AND DULY SECONDED				
	MOTION: To accept the Patient Experience report and all Committee reports with corresponding Minutes				
	pursuant to items 6.1 to 6.9, as presented. CARRIED.				
7	Standing Reports				
7.1	President & CEO:				
	2025-10-Monthly Report-CEO, circulated				
	<ul> <li>Current topic of focus is the MOH request for balanced budgets within three years</li> </ul>				
	<ul> <li>Coming respiratory illness season expected to have an impact on already pressured HHR and bed</li> </ul>				
	capacity situation				
	<ul> <li>Balanced budgets have been submitted to OH; waiting for feedback</li> </ul>				
	<ul> <li>Meeting scheduled in Nov for hospitals to present their plans online to peers</li> </ul>				
	<ul> <li>Affect on CT Scanner and Master Planning</li> </ul>				
	<ul> <li>Ministry has responded regarding the CT Scanner with questions on how we plan to</li> </ul>				
	operate it in years four and five; future operational funding to be discussed with the				
	Foundation				
	<ul> <li>Some savings identified around patient transfer and wait times, but not enough</li> </ul>				
	to support the full operations in years four and five				
	<ul> <li>Re Master Planning-capital projects across the province that have been approved are</li> </ul>				
	going to be re-evaluated; 50 in queue; expecting that our master planning will be pushed				
	back and that we will be responsible for any renovations required to be done on our own				
7.2	<u>CFO:</u>				
	F2526-P6-Monthly Report-YTD Financial and Risk Management; circulated and reviewed				
	<ul> <li>Reviewed Executive Summary; \$800K deficit compared to a planned deficit of \$2.4M; \$1.6M positive</li> </ul>				
	variance; additional funding will change the forecast				
	<ul> <li>\$533K base funding increase; budgeted at 2%, but MOH has provided 3% and we may see as high as</li> </ul>				
	4% by the end of the year; have realized \$300K in one-time funding that was not budgeted				
	Operating expenses tracking better than last year; also tracking better than average in relation to				
	peer hospitals				
	O Supplies / expenses, i.e., gas, patient food, ordering practices, insurance, and lab supply costs are all				
	down				
	<ul> <li>Pressures still remain on compensation costs due to increase orientation (new recruits), training, sick time, call backs and overtime;</li> </ul>				
	Vacancies in Lab and DI				
	o SHH				
	<ul> <li>Pressures related to unfunded operating costs, i.e., SHMC &amp; WIC, which is funded by SHH,</li> </ul>				
	rather than the MOH; SHH sick time is also over budget; professional Management fees				
	have dropped since SHH divested their investments; transcription costs are down				
	Capital				
	<ul> <li>AMGHF had some Board changes which delayed approval of Capital List, so funds have</li> </ul>				
	not be spent yet; also, focus on the MRI Campaign, puts pressure on high priority vs non-				
	priority capital items				
	<ul> <li>SHHF was able to fund all capital asks for the year</li> </ul>				
	<ul> <li>HIRF available over the next 6-8 months</li> </ul>				
	o AMGH				
	<ul> <li>AMGH Mental Health renovations nearing completion</li> </ul>				
	o Risks & Challenges				
	<ul> <li>SHH schedule system is at end-of-life; working with Supply Ontario and LHSC ITS on a</li> </ul>				
	solution, rather then moving to something new; risk is going into manual scheduling				
	mode				
	<ul> <li>Planning sessions scheduled for discussion regarding back office systems, finance</li> </ul>				
	procurement, corporate solutions, ERP, HIS, etc., will take three to six months to				
	determine solutions available				

	Infrastructure services kick off meeting scheduled this quarter to ensure					
	infrastructure will support coming changes					
	<ul> <li>AMGH is moving forward with adoption of Oracle Health; RFP initiated for financing</li> </ul>					
	<ul> <li>SHH cash balance is maintained at this time; additional based funding does help</li> </ul>					
	<ul> <li>KPIs-current ratio measures our ability to pay back our short term obligations and liabilities; 'in the</li> </ul>					
	green'; while the operating margin is a negative, it is a lot better than target compared to HSAA					
	MOVED AND DULY SECONDED					
	MOTION: To accept the President & CEO and Financial Results and Risk Management reports pursuant to					
	items 7.1 and 7.2, as presented. CARRIED.					
	Action: By whom / when:					
	<ul> <li>Update Financial report in package with most recent version</li> <li>Lovecky / EA; Today</li> </ul>					
7.3	CNE:					
7.0	2025-10-Monthly Report-CNE, circulated					
	<ul> <li>Community Mental Health Services will be relocating to the basement of SHH; psychiatrist will be on-</li> </ul>					
	site one day per week, and will include psychologists and social workers too					
	<ul> <li>Respiratory season is not expected to be as bad as last year; people are opting for vaccinations</li> </ul>					
7.4	AMGH Chief of Staff:					
	2025-09-17-MAC Minutes, circulated					
	<ul> <li>ED Schedule is filled up to the Christmas holidays with no gaps; group will be meeting for discussion</li> </ul>					
	in Nov					
	<ul> <li>Working on the Hospitalist scheduled; appreciation extended to Dr. Steinmann for her work on this</li> </ul>					
	<ul> <li>Gaps in OR Nursing continue to affect some clinical services, i.e. the OR / OB programs</li> </ul>					
7.5	SHH Chief of Staff:					
	2025-10-Monthly Report-COS, circulated, no additions					
	2025-09-25-MAC Minutes, circulated					
7.6	AMGH President of Medical Staff:					
	2025-10-Monthly Report-Pres MS, circulated, no additions					
7.7	SHH President of Medical Staff:					
	No additions					
	MOVED AND DULY SECONDED					
	MOTION: To accept all Standing Reports and MAC Minutes pursuant to items 7.3 to 7.7, as presented.					
	CARRIED.					
8	New and Other Business					
8.1	Governance & Nominating further to 6.2:					
	Terms of Reference-Nominating Sub Committee Final Draft  This is a working group, so agandes will not be utilized, because there may be assessed minutes.					
	<ul> <li>This is a working group, so agendas will not be utilized, however, there may be occasional minutes</li> <li>TOR-Governance Committee Final Draft</li> </ul>					
	<ul> <li>G&amp;N recommends separating the name of the Committee / Sub Committee</li> <li>Best practice is to separate the concept of Governance &amp; Nominating, since Nominating</li> </ul>					
	will now become a Sub Committee					
	<ul> <li>Results in a By-Law change, and ratification at the Annual Meeting in Jun 2026</li> </ul>					
	G&N recommends implementation of Co-Chairs (2), due to the significant workload of the					
	committee					
	<ul> <li>Assists with succession</li> </ul>					
	<ul> <li>Co Chair to be determined at Governance (nee Governance &amp; Nominating)</li> </ul>					
	MOVED AND DULY SECONDED					
	MOTION: To accept the Terms of Reference with the name change to Governance Committee and the					
	implementation of Co-Chairs, with all corresponding changes to the By-Laws and policies to be made,					
	effective as of today; and to accept the Terms of Reference-Nominating Sub Committee and to					
	amend references to Governance and Nominating Committee to Governance Committee. CARRIED BY					
	<u>UNANYMOUS VOTE.</u>					

-	Action		Bu whom / whom		
	Action:	cies, agendas, minutes, TORs	By whom / when:  ■ EA; Nov / Dec		
	etc., as indicated in 8		EA, NOV / Dec		
9	HHS Common Board Wor				
9.1					
9.1	Work Plan:  ■ F2526 Work Plan Draft, circulated and reviewed  To be reported on quarterly.				
	To be reported on quarterly      Looking for Roard permission to review the Common Roard Agreement in relation to changes made.				
	<ul> <li>Looking for Board permission to review the Common Board Agreement in relation to changes made to the By-Laws in 2024, i.e., SHHA to SHH, number of Board members changed to a range of 9 to 12</li> </ul>				
	1	with ex-officio members, etc.			
	■ Rev	iewed recommendations from	n Miller Thomson, i.e., restating the Common Board		
	_		n restating the Common Board Agreement, G&N		
	_		veloping a 1 <sup>st</sup> Amendment that reflects the changes from		
		_	Directors / Members, incorporation of cost sharing		
			ct management section, more concise description of the		
	rela	tionship between AMGH & SF	HH, and alignment to Strategic Plan, for F2526		
	140V5D 44VD DUVV 6500V	V050			
	MOVED AND DULY SECON		Course was a Committee to was insulting the Committee Reserved		
			Governance) Committee to review the Common Board ment, which is to be brought back to the HHS Common		
	Board with recommendate		ment, which is to be brought buck to the rins common		
	Action:		By whom / when:		
	Review committee we	ork plans	Committee Chairs; Nov		
	Review of Common B		G&N Nov / Dec		
	development of a 1st	=			
	In-Camera Session				
	<ul> <li>In-camera session</li> </ul>	on is not recorded or transcrib	ed, and no minutes will be created.		
10		•	, and guests will be invited by the Chair, as required.		
	-	_	ther concern may be recused, as needed.		
10.1		nust ensure their surrounding	gs are secure from unauthorized participants.		
10.1	Move into In-Camera:				
	<ul><li>Cost Sharing</li><li>HSSP</li></ul>				
	Hospitalist / Inpatient	te.			
	1		nmann in relation to Hospitalist / Inpatients discussion		
	Credentials SHH	recreat decidined by Dr. 1. Stelli	infanti in relation to mospitalist / inpatients discussion		
	MOVED AND DULY SECOI	NDED			
		n in-camera session at 6:05pn	m. CARRIED.		
10.2	Move Out of In-Camera:	<del>-</del>			
	MOVED AND DULY SECO	<u>NDED</u>			
		nto the open session at 7:33p	m. CARRIED.		
10.3	Motion(s) from In-Camera				
	MOVED AND DULY SECOI				
		2025-10-Report to Board-Cre			
	Action:	h community mambar	By whom / when:		
	=	th community member	Heagle; Nov     Triou / FA: Nov / Dec		
	Roundtable re inpatie				
11	Common Board Evaluation				
12	Next Meeting & Adjournr		Regrets to alana.ross@amgh.ca		
	Date	Time	Location		
	November 27, 2025	4:30pm-6:30pm	AMGH Boardroom / MS Teams available		
	MOVED AND DULY SECOI	· · · · · · · · · · · · · · · · · · ·	·		
	MOTION: To adjourn the October 30, 2025 HHS Common Board meeting at 7:35pm. CARRIED.				

gnature		
	Jan Dri	
Brian Heagle Roard Chair	limmy Trieu President & CEO	