

## Governance and Nominating Committee Meeting Agenda

Date: Wednesday, March 11, 2026  
 Time: 17H00 - 18H00  
 Location: Boardroom / Microsoft Teams

Time	Agenda Item	Board Item	Attachment
<b>17:00</b>	<b>1. Call to Order</b>		
(1 min)	1.1 Confirmation of Quorum		
(1 min)	1.2 Adoption of the agenda		P. 1-2
(1 min)	1.3 Declaration of Conflict of Interest ( <a href="#">Policy BOD.05.003.X.XX</a> )		
<b>17:03</b>	<b>2. Report from the Last Meeting</b>		
(1 min)	2.1 Approval of Previous Meeting Report - January 14, 2026		P. 3-4
(1 min)	2.2 Business Arising from Report		
(1 min)	2.3 Committee Workplan Review		P. 5
<b>17:06</b>	<b>3. Matters for Discussion/Decision</b>		
(5 min)	3.1 Review Board Succession Plan (L. Boyling) THAT the Governance and Nominating Committee recommend to the Board of Directors that recruitment commence as presented.	D	P. 6-10
(10 min)	3.2 Board Recruitment Strategies (R. Alldred-Hughes)	D	P. 11
(10 min)	3.3 Board Application Review THAT the Governance and Nominating Committee recommend to the Board of Directors the approval voluntary diversity-related demographic questions within the HGMH Board of Directors Application process.	D	P. 12-18
(10 min)	3.4 Review Peer Assessment Survey Questions (R. Alldred-Hughes) THAT the Governance and Nominating Committee approve the Peer Assessment Survey Questionnaire as presented	C	P. 19-28
(5 min)	3.5 Board Strategic Actions (R. Alldred-Hughes) THAT the Governance & Nominating Committee recommend to the Board of Directors the approval of the 2026-2027 strategic actions as presented.	D	P. 29-33
(10 min)	3.6 Policies for Review (R. Alldred-Hughes) 3.6.1 Regular Meetings of the Board and Notice (BOD.05.013) THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Regular Meetings of the Board and Notice policy as presented. 3.6.2 Communication & Hospital Spokesperson (BOD.05.018) THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Communication & Hospital Spokesperson as presented.	C	P. 34-39
<b>17:56</b>	<b>5. Date of Next Meeting</b>		
	Wednesday, May 13, 2026		
<b>17:57</b>	<b>6. Adjournment</b>		

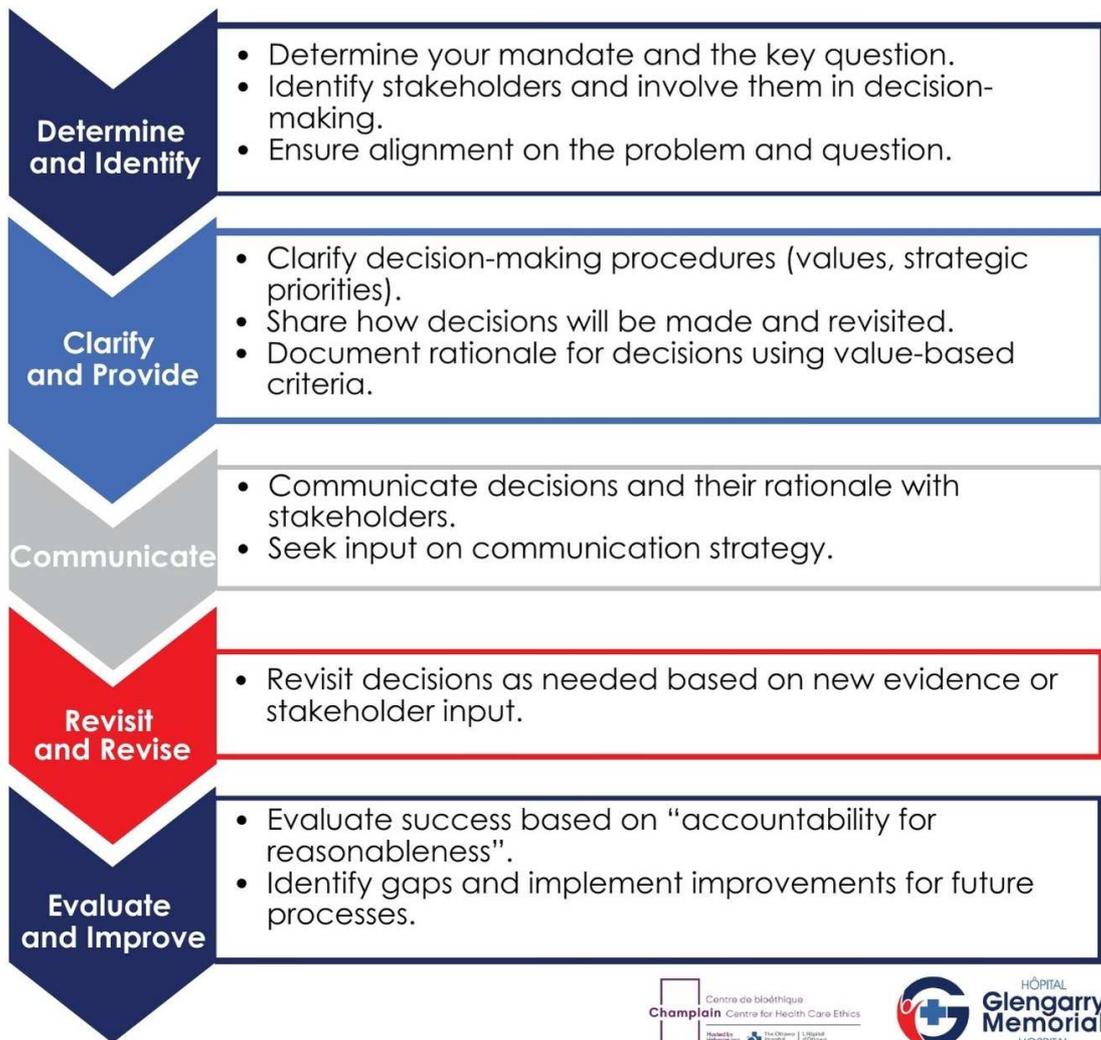
Board Item: Matters for Discussion/Decision (D) or Consent Agenda (C)

# Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

## Values that Optimize Fairness in the Process of Decision-Making



## A4R Action Steps



## REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

January 14, 2026 at 5:00PM Boardroom/MS Teams

Present: L. Boyling, Chair C. Larocque Dr. S. Robertson  
R. Alldred-Hughes, CEO G. McDonald Dr. G. Raby

Regrets: None

### Summary of Discussion

#### **Approval of the Agenda**

The agenda was reviewed.

Moved By: C. Larocque  
Seconded By: Dr. G. Raby  
THAT the agenda be approved as presented.

**CARRIED**

#### **Declaration of Conflict of Interest**

There were no conflicts declared.

#### **Approval of Previous Meeting Report**

The meeting report from November 12, 2025, was shared.

Moved By: Dr. S. Robertson  
Seconded By: C. Larocque  
THAT the meeting report be approved as presented.

**CARRIED**

#### **Business Arising from Report**

There was no business arising from the report.

#### **Committee Work Plan**

The work plan was reviewed in which the Signing Authority policy was deferred as it was reviewed earlier in the year with work done on Accreditation.

#### **Matters for Discussion/Decision**

##### **Review and Revise Corporate and Professional Staff Bylaws**

The Corporate Bylaws were brought for revisions.

Moved By: G. McDonald  
Seconded By: Dr. G. Raby  
THAT the Governance and Nominating Committee recommend to the Board of Directors an amendment to the corporate bylaws as presented.

Recommendation was made to include the Patient and Family Advisory Committee (PFAC) Chair to the Board as an ex-officio non-voting member. PFAC recruitment is done through an application process and interviews are conducted. PFAC members sign confidentiality agreements, however there are no performance reviews done with PFAC members.

**CARRIED**

#### **Review Succession Planning Overview**

The overview of succession planning at the hospital was reviewed. The succession plan is a confidential process and is presented to the Executive Committee of the Board on an annual basis. Discussion ensued about the succession plan coming to the Governance Committee

rather than the Executive Committee, however, it was agreed that it does go to the Board through an In Camera session.

### **Review Committee Effectiveness Survey Questions**

The Committee Effectiveness Survey questions were shared.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the Governance and Nominating Committee approve the Committee Effectiveness Surveys as amended.

The committee agreed that the categories should align with the Board Peer Assessment survey; *Fully Satisfactory*, *Could Improve*, and *Unknown*. The surveys will be updated.

**CARRIED**

### **Review Q3 Strategic Actions**

Progress made on strategic actions for Q3 was reviewed.

Moved By: C. Larocque

Seconded By: Dr. G. Raby

THAT the Governance and Nominating Committee review and receive the Q3 Strategic Actions for 2025-2026.

A number of actions have been moved to complete, and work continues to progress well. There are no concerns with the progress on actions identified as *On Track*.

**CARRIED**

### **Matters for Information**

#### **Review Board Member Attendance**

Board attendance was reviewed with no significant issues at the moment.

#### **Governance Accreditation Standard Review**

The list of Governance Accreditation Standards was shared with the evidence that was loaded into the portal for the surveyors. This document is now available on the Board Portal. It was agreed that this document be shared during Board Orientation.

#### **IDEA Update**

The organization has done a lot of work on inclusion, diversity, equity and anti-racism and continue to move in the right direction.

**Next meeting:** Wednesday, March 11, 2026

K-L. Massia, Recorder

# Governance and Nominating Committee Annual Work Plan 2025-2026



Deliverable	MRP	Occurrence	OCT	NOV	JAN	MAR	MAY	JUN
<b>STRUCTURE/PROCESSES</b>								
Review Committee Effectiveness Survey Results	Chair	Annually	✓					
Review/Recommend Governance Annual Committee Work Plan to BoD	Chair	Annually	✓					
Review/Recommend Committee Terms of Reference to BoD	Chair	Annually	✓					
Review Board Education Plan for following Board Cycle	Chair	Annually						X
Review/Revise Corporate and Professional Staff Bylaws (as needed)	Chair	Annually			✓			
Review Board Member Attendance	Chair	Twice yearly			✓			X
Plan AGM	Chair	Annually					X	
Review Board Orientation	Chair	Annually						X
Review CEO and COS Succession Plan	Chair	Annually			✓			
<b>DIRECTOR RECRUITMENT AND SELECTION</b>								
Administer Board Personal Assessment Survey/Board Succession	Admin	Annually			✓			
Review Board Succession Plan <ul style="list-style-type: none"> <li>• Identification of number of new members required</li> <li>• Identification of selection criteria based on skills matrix</li> </ul>	Chair	Annually				X		
Review Skills Matrix	CEO	Annually		✓				
Complete Skills Matrix	Board	Annually			X			
Start recruitment process (April)	Admin	Annually				X		
Recommendation of New Directors to the Board		Annually						X
Review Following Years Committee Schedule and Membership		Annually						X
<b>ACCREDITATION</b>								
Governance Standards Review	Chair	Every meeting	✓	✓	✓			
Inclusion, Diversity, Equity & Anti-Racism Update	Chair	Bi-Monthly	✓		✓		X	
Review Communication Plan	Chair	Annually	✓					
<b>PERFORMANCE</b>								
Review Performance Evaluation Questionnaire for CEO and COS	Chair	Annually		✓				
Review Committee Effectiveness Survey Questions	Chair	Annually			✓			
Administer Committee Effectiveness Survey	EA	Annually					X	
Review Peer to Peer Survey Questions	Chair	Annually				X		
Administer Peer to Peer Surveys	EA	Annually						X
<b>STRATEGIC PLAN AND STRATEGIC DIRECTIONS</b>								
Review Strategic Plan and Refresh	CEO	Annually		✓				
Review Progress on Strategic Actions	CEO	Quarterly	✓	✓	✓		X	
Review next fiscal years Strategic Actions						X		
<b>POLICY REVIEW</b>								
CEO and COS Performance Evaluation (New)	CEO		✓					
Meeting of Directors Without Management (New)	CEO		✓					
Acts, Legislations, and Compliance Reporting (New)	CEO		✓					
Patient and Family Engagement (New)	CEO			✓				
Signing Authority and Approval (BOD.04.005)	CEO				X			
Regular Meetings of the Board and Notice (BOD.05.013)	CEO					X		
Communication & Hospital Spokesperson (BOD.05.018)	CEO					X		
Minutes of Regular and In Camera Meetings (BOD.05.014)	CEO						X	
Board Award of Excellence (BOD.06.001)	CEO						X	
Board and Committee Expenses (BOD.04.001)	CEO							X
Board of Directors Orientation Program (BOD.05.015)	CEO							X
<b>ESTIMATED PREPARATION TIME FOR MEETING</b>			1H	1H	1H	1H	1H	1H

### Revisions since prior report:

- Signing Authority and Approval policy was reviewed in January 2025 for Accreditation and will be removed from this workplan

DECISION SUPPORT DOCUMENT FOR

- Board of Directors                       Board Committee - Governance                       Senior Leadership Team  
 Other (please specify):

Date Prepared: February 27, 2026                      Meeting Date Prepared for: March 11, 2026

Subject: Board of Directors Succession Plan / Recruitment 2026-2027

Prepared by: L. Boyling, Governance Chair

- DECISION SOUGHT\*                       FOR DISCUSSION/INPUT                       FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing note is to provide an overview of the Board of Directors recruitment needs for the upcoming board cycle, considering the current composition of the Board and the Corporate Bylaw requirements.

**RECOMMENDATION TO THE COMMITTEE**

THAT the Governance and Nominating Committee commence the recruitment process for the recruitment of minimum one (1) Director for the 2026-2027 Board Cycle.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

- Finance, HR and Audit Committee
- Quality & Patient Safety Committee
- French Language Services Committee

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- The Corporate Bylaws of the hospital stipulate that the Board of Directors must consist of a minimum of ten (10) and a maximum of twelve (12) directors.
- As we prepare for the next board cycle, nine (9) directors are confirmed to return. While this provides continuity and stability in governance, the Board will fall below the minimum requirement of ten (10) directors unless at least one additional director is recruited and appointed at the next Annual Meeting.
- The Board may consider recruiting up to three (3) directors to reach the maximum complement of twelve (12), should this align with strategic and governance priorities.
- Proactive recruitment at this stage will help mitigate the impact of future planned or unplanned turnover.
- A twelve (12) director Board would:
  - Reduce the need for directors to sit on multiple committees
  - Improve committee distribution and director engagement
  - Strengthen quorum reliability at committee meetings
- As committees meet on the same evening, directors serving on two committee must miss both meetings if absent in a given month. Increasing Board complement would reduce this operational vulnerability and strengthen governance effectiveness.
- Identifying gaps in expertise (e.g., finance, clinical, risk management, legal, etc.) will support strategic recruitment.
- Recruitment should also consider diversity of experience, background, and perspective in alignment with governance best practices and the Board’s commitment to inclusion.

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- Board Succession Plan
- Board Skills Matrix
- Communication plan

## HGMH Board Succession Plan

### **Not returning**

- Dr. S. Robertson
- Dr. G. Raby

- *Minimum one Director will need to be recruited next year*

### **Up for re-election in June 2026:**

- Louise Boyling
- Gordon Peters



### COMMUNICATION STRATEGY

- Advertise recruitment for Board of Directors

### KEY AUDIENCES

- Community
- 
- 
- 

### COMMUNICATIONS OBJECTIVES

- Communicate open positions on Board of Directors
- Communicate open house to invite potential interested candidates for information about the Board

Timeline/Date	Audience	Tactic/Tool	Deliverable/Key Message	Responsibility	Status
WHEN TELL	WHO TELL	HOW TELL	WHAT TELL	WHO DOES IT	
March 13, 2026	Community	Newspaper and Social Media	• Recruitment ads to be placed in newspapers and on social media	K-L. Massia	
March 27, 2026	Community	Newspaper and Social Media	• Reminder - Recruitment ads to be placed in newspapers and on social media	K-L. Massia	
March 31, 2026	Community	Open House	• Open House for Board of Directors	Board of Directors and Executive Team	
April 8, 2026			• Application deadline - K-L. Massia to collate applications and share with the Nominations Committee	K-L. Massia	
April 10, 2026			• Meeting of Nominations committee to review and select applicants for interview		
April 13, 2026	Selected candidates	Contact by phone or email	• Interviews to be scheduled with selected applicants	K-L. Massia	
Week of April 20, 2026			• Interviews to be conducted with selected applicants	Governance Sub-Committee	
May 13, 2026			• Candidate recommendation made at Governance	Governance	
May 28, 2026			• Board of Directors review recommendation from Governance	Board of Directors	
May 29, 2026			• Notify candidates about Board decision and inform selected candidates about AGM	L. Boyling	

Timeline/Date	Audience	Tactic/Tool	Deliverable/Key Message	Responsibility	Status
WHEN TELL	WHO TELL	HOW TELL	WHAT TELL	WHO DOES IT	
June 25, 2026			<ul style="list-style-type: none"> <li>Election of Directors 2024-2025 at AGM</li> </ul>	Board of Directors	

Tools to develop:

- Recruitment ad:

**The Governance Committee of Hôpital Glengarry Memorial Hospital (HGMH) is presently seeking candidates for a vacant position on the hospital's volunteer Board of Directors**

The Glengarry Memorial Hospital is recruiting new members for its volunteer Board of Directors. We welcome applicants that represent the diversity of our broad community. We strongly encourage applications from all genders, Indigenous peoples, persons with disabilities, members of visible minorities, and the 2SLGBTQ+ community. Different viewpoints, perspectives and life experiences are critical to helping give the best care to our patients. The Board is looking for a qualified individuals with expertise in one or more the following areas: Human Resources & Labour Relations, Legal & Public Policy, Public Affairs & Communications, Patient and Healthcare Advocacy, Diversity, Equity & Inclusion. Previous board experience is also an asset.

Thinking of joining the hospital Board? **Come and meet current hospital members of the hospital Board in the hospital Boardroom on April 1, 2025, between 5pm-7pm for an open house. This is your chance to learn more about the hospital and its governing body and ask any questions you may have about what being Board Director looks like.**

Be a part of the healthcare future and make a difference by joining the HGMH Board of Directors.

Individuals who wish to be considered as a candidate may obtain an application form by any of the following methods:

- Online: [www.hgmh.on.ca/Board](http://www.hgmh.on.ca/Board)
- Email: [info@hgmh.on.ca](mailto:info@hgmh.on.ca)

Complete applications will include an application form with the candidate's resume and be received no later than Wednesday, April 8, 2026.

Applications can be sent electronically at the email address above or by mail at:

HGMH Administration  
 20260 County Road 43,  
 Alexandria On, K0C 1A0

DECISION SUPPORT DOCUMENT FOR

- Board of Directors                     
  Board Committee – Governance                     
  Senior Leadership Team  
 Other (please specify):

Date Prepared: March 2, 2026                      Meeting Date Prepared for: March 11, 2026  
 Subject: Board Recruitment Strategies  
 Prepared by: Robert Alldred-Hughes, President & Chief Executive Officer

- DECISION SOUGHT\*                     
  FOR DISCUSSION/INPUT                     
  FOR INFORMATION ONLY

**PURPOSE**

To seek feedback and recommendations from the Governance & Nominating Committee on strategies to strengthen recruitment efforts for Board Directors.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No     Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

Over the past few years, the hospital has hosted a Board Recruitment Open House, providing an opportunity for interested community members to meet current Board members and the CEO, ask questions, and learn more about the role and responsibilities of a director.

While this approach aligned with our commitment to transparency and community engagement, attendance has been limited. Notably, at last year’s open house, no prospective candidates attended.

An open house is currently tentatively scheduled for March 31st and would be promoted as part of our recruitment advertising campaign, should the Committee wish to proceed with this approach.

Given past participation levels, this presents an opportunity to reassess whether the open-house model remains the most effective strategy or if alternative recruitment approaches should be considered.

**IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA**

*Outline both the positive and negative consequences of the recommendations in terms of financial, mission, quality, risk and other.*

The Committee is asked to:

1. Provide feedback on past recruitment efforts, including the open house model.
2. Advise whether to proceed with the March 31st open house and associated advertising.
3. Recommend new or revised strategies to attract qualified and diverse candidates.
4. Identify any specific networks or community groups that should be engaged in targeted outreach.

Direction from the Committee will inform the development and launch of the 2025 Board recruitment plan.

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee – Governance
  Senior Leadership Team  
 Other (please specify):

Date Prepared: February 27, 2026 Meeting Date Prepared for: March 11, 2026  
 Subject: Board Diversity Information  
 Prepared by: Robert Alldred-Hughes, President & Chief Executive Officer

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

The purpose of this briefing note is to seek Board approval to incorporate voluntary diversity-related demographic questions into the HGMH Board of Directors Application process. This enhancement is intended to support the Board’s ongoing commitment to understanding, strengthening, and sustaining a diverse and representative governance body. This proposed update aligns with HGMH’s commitment to governance best practices, inclusivity, and transparency. It will assist the Board in assessing the breadth of perspectives reflected at the governance table and in ensuring representation that is reflective of the communities we serve.

As part of evolving governance best practices across the hospital sector, many organizations now collect voluntary demographic information to better understand the range of perspectives represented at the Board table. While recognizing that characteristics such as race, ethnicity, and culture are complex and personal, applicants may be invited to voluntarily self-identify attributes such as age, gender identity, sexual orientation, or community affiliation. This information complements the experience, skills, and expertise candidates bring, and supports the Board in assessing overall representation and perspective diversity.

The Diversity self-assessment fields will include:

- Age Ranges: 18 – 25, 26 – 35, 36 – 45, 46 – 55, 56 – 65, 66 – 75, Over 75
- Gender: Man, Woman, Non-Binary, Trans M, Trans F, Genderqueer, Prefer to self-describe, Prefer not to answer
- Sexual Orientation: Heterosexual or straight, Gay, Lesbian, Bisexual, Queer, Prefer to self-describe, Prefer not to answer
- Racial or Ethnic Group: Indigenous, Asian or Pacific Islander, Black or African American, Hispanic or Latino, White, Multiracial, Not listed/please describe, Prefer not to answer
- Person with a disability: Yes, No, Prefer not to answer

**RECOMMENDATION / MOTION**

That the Governance Committee recommend to the Board of Directors the approval of the inclusion of voluntary diversity-related demographic questions within the HGMH Board of Directors Application process.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

Hôpital Glengarry Memorial Hospital is committed to strong governance practices that promote effectiveness, accountability, and community representation. As part of ongoing governance renewal and Board recruitment efforts,

there is an opportunity to further strengthen how the Board assesses its overall composition and diversity of perspectives.

Currently, the Board application process focuses primarily on skills, experience, and professional expertise. While these remain critical components of Board composition, there is limited formal mechanism to understand broader demographic characteristics that may contribute to diverse lived experience and perspective at the governance table.

Across the hospital sector, many Boards have begun incorporating voluntary demographic self-identification questions into their recruitment processes. This approach supports transparency and enables Governance Committees to more intentionally assess representation while maintaining respect for privacy and confidentiality.

Introducing voluntary diversity-related demographic questions into the HGMH Board Application would provide additional insight to inform recruitment planning, succession discussions, and overall Board composition strategy, while reinforcing the organization's commitment to inclusivity and representation reflective of the communities served.

## OPTIONS CONSIDERED & ANALYSIS

*Outline alternatives that were contemplated in coming to a recommendation. If no viable alternatives exist, include that information as well.*

### **Option 1: Maintain the Current Application Process (Status Quo)**

Under this option, the Board would continue to assess candidates based solely on skills, professional experience, and stated interest in governance.

#### **Analysis:**

While this approach maintains simplicity, it limits the Board's ability to understand the broader diversity of perspectives represented at the governance table. It does not provide a structured mechanism to assess representation gaps or inform recruitment planning beyond competency-based criteria. Maintaining the status quo may also be viewed as inconsistent with evolving governance practices across the healthcare sector.

### **Option 2: Incorporate Voluntary Diversity-Related Demographic Questions (Recommended)**

Under this option, the Board Application would include voluntary self-identification questions related to selected demographic characteristics. Responses would be used in aggregate to inform Governance Committee discussions on Board composition and succession planning.

#### **Analysis:**

This approach aligns with governance best practices and supports a more comprehensive understanding of Board diversity. By making questions voluntary and ensuring appropriate privacy protections, the organization respects individual choice while strengthening its ability to assess representation and lived experience at the Board table. This option enhances transparency and supports intentional recruitment strategies without altering the merit-based evaluation of skills and competencies.

## IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

*Outline both the positive and negative consequences of the recommendations in terms of financial, mission, quality, risk and other.*

- Incorporating voluntary diversity-related demographic questions into the Board Application process will strengthen the Board's ability to understand the range of perspectives represented at the governance table and support more intentional recruitment and succession planning.
- This enhancement aligns with Accreditation Canada's Governance Standards, which emphasize Board accountability for representing the populations served and ensuring effective oversight. It demonstrates proactive governance practice and reinforces HGMH's commitment to inclusivity and transparency.
- Operational impact is minimal, as this represents a modest update to the application process and does not change the merit-based evaluation of skills and competencies.

- The primary risks relate to privacy and perception. These can be mitigated by ensuring that all demographic questions are voluntary, clearly explaining the purpose of collection, and reporting information only in aggregate form.
- Clear communication that Board selection remains skills- and competency-based will reduce the risk of misinterpretation. With appropriate data handling practices, overall risk is low and manageable.

In considering this proposal, the Board may assess:

- Alignment with Accreditation Canada Governance Standards
- Consistency with governance best practices
- Support for inclusive and transparent recruitment
- Protection of applicant privacy
- Contribution to overall Board effectiveness and representation

#### **CONSULTED WITH:**

*Indicate those bodies and individuals who have been consulted with in the development of this decision support document*

- Stuart Robertson – HGMH Board Chair

#### **SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Revised HGMH Board Application Form

# APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



To apply to be a member of the Hôpital Glengarry Memorial Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch. Please submit your completed documentation by mail, fax, or email to the following address:

HGMH Administration  
20260 County Road 43  
Alexandria, ON K0C 1A0  
Fax: 613.525.5673  
Email: [info@hgmh.on.ca](mailto:info@hgmh.on.ca)

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.

**Note:** Please note this is strictly a volunteer position with no remuneration.

Name:		Date of Birth:
Addresses:	Business:	
	Home:	
Telephone Numbers:	Business:	Home:
Facsimile Numbers:	Business:	Home:
E-Mail Address(es):		
Please list current or prior board experience:		
Which areas of board work are of particular interest to you?		
Languages spoken:		Native language:
Languages written:		
Please describe any linkages you may have had with various health care groups within the community:		

### Diversity Self-Assessment

HGMH gathers demographic information to help understand and assess the diversity of perspectives represented on the Board. While we acknowledge that race, ethnicity, and culture are socially constructed concepts, we invite you to share information about your age, gender identity, sexual orientation, and the communities you identify with. These aspects can enrich and complement the perspectives shaped by your experience and expertise.

Age:

- |                             |                             |                               |                             |
|-----------------------------|-----------------------------|-------------------------------|-----------------------------|
| <input type="radio"/> 18-25 | <input type="radio"/> 26-35 | <input type="radio"/> 36-45   | <input type="radio"/> 46-55 |
| <input type="radio"/> 56-65 | <input type="radio"/> 66-75 | <input type="radio"/> Over 75 | <input type="radio"/>       |

# APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



Gender - How do you identify?

- Man                       Woman                       Non-Binary                       Trans M  
 Trans F                       Genderqueer                       Prefer to self-describe                       Prefer not to answer
- 

Sexual Orientation - Do you consider yourself to be:

- Heterosexual or straight                       Gay                       Lesbian                       Bisexual  
 Queer                       Prefer to self describe                       Prefer not to answer
- 

Racial or Ethnic Group?

- Indigenous                       Asian or Pacific Islander                       Black or African American  
 Hispanic or Latino                       White                       Multiracial  
  
 Not listed. Please describe: \_\_\_\_\_                       Prefer not to answer

Person with a disability:

- Yes                       No

### Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

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### Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except by resolution of the Board.
- (f) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month. The term will be either for 2 years or 3 years.
- (g) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the hospital, and working co-operatively and respectfully with other board members. Directors must comply with the *Public Hospitals Act* and other legislation governing the hospital, the hospital's by-laws and policies, and all other applicable rules.
- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.

*Please refer to Duties and Expectations of a Director for further details.*

# APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



## Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.

## Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.	
_____	_____
Date	Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

# APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



## Application for Membership: Schedule A

### *Knowledge, Skills, and Experience*

Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. **Please indicate only those areas that apply to you.**

		Advanced = 4	Very Good = 3	Good = 2	Fair = 1	None = 0
Finance						
Business Mgmt						
Human Resources Mgmt						
Health Care Admin & Policy						
Clinical						
Government & Gov Relations						
Political Acumen						
Construction & Project Management						
Legal & Public Policy						
Strategic Planning						
Risk Management						
Information Technology						
Accounting						
Education						
Research						
Quality & Performance Management						
Labour Relations						
Board & Governance						
Public Affairs & Communications						
Ethics						
Patient & Health Care Advocacy						
Diversity, Equity & Inclusion						
Quality & Patient Safety Management						
Stakeholder Engagement						

DECISION SUPPORT DOCUMENT FOR

- Board of Directors                     
  Board Committee – Governance                     
  Senior Leadership Team  
 Other (please specify):

Date Prepared: February 27, 2026                      Meeting Date Prepared for: March 11, 2026

Subject: Board Peer Assessment Survey

Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*                     
  FOR DISCUSSION/INPUT                     
  FOR INFORMATION ONLY

**PURPOSE**

The purpose of this briefing note is to provide an overview of the Board Peer Assessment Survey which is completed annually. The Governance committee annually reviews the survey questions and recommends any changes to the Board of Directors.

**RECOMMENDATION TO THE COMMITTEE**

THAT the Governance and Nominating Committee approve the Peer Assessment Survey Questionnaire as presented.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No     Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

The Board Peer Assessment Survey is conducted annually to evaluate the effectiveness and performance of our board members. As part of our commitment to ensuring excellence in governance practices, it is imperative that we periodically review and refine the assessment questions to ensure they remain relevant and aligned with our organizational goals and values.

The Board Peer Assessment serves as a valuable tool for fostering accountability, transparency, and continuous improvement within our governance structure. It provides an opportunity for board members to reflect on their individual contributions, as well as their collective effectiveness in guiding the strategic direction of the hospital. These surveys are anonymous, and results are compiled and shared with the Board Chair who then meets with each Director individually and confidentially.

Please consider any feedback or adjustments to the questions being asked in the survey questions. An opportunity to share your thoughts will be provided at this Governance committee meeting.

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- Review Survey Questions at Governance – March 11, 2026
- Email to be sent out for survey completion – April 24, 2026
- Surveys due May 15, 2026
- Results compiled and shared with Board Chair
- Board Chair to conduct individual meeting with each member to review assessment results

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Board Peer Assessment Survey 2025-2026

Board Peer Assessment Survey 2025-2026

Score each Board member on the below evaluation criteria.

**SCORE YOURSELF, AS WELL AS YOUR COLLEAGUES**

**Scoring:**

**Fully satisfactory - Consistently demonstrates the quality at a standard expected of a director; a solid performer.**

**Could Improve - Would benefit by modifying this aspect of their behaviour to conform to expectations.**

**Unknown - Cannot assess the individual on this question; lack of exposure to, or knowledge of, demonstrated behaviours or traits.**

1. What is your name? (Your responses will be kept strictly confidential)

2. Reads materials and comes prepared for meetings.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

3. Participates and is actively engaged at meetings.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynals Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

4. Communicates ideas and concepts effectively.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

5. Listens well and respects those with differing opinions.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

6. Thinks independently - will express view contrary to the group.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasuer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

7. Inquisitive - asks appropriate and incisive questions.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

8. Thinks strategically in assessing the situation and offering alternatives.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

9. Exhibits sound, balanced judgement for the benefit of all stakeholders.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

10. Develops and maintains sound relationships - a team player.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

11. Understands the role of board committees.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

12. Understands and respects the role of the chair.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

13. Demonstrates financial literacy, though not necessarily an expert in the field.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

14. Effectively applies and contributes their special skills, knowledge, or talent to the issues.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

15. Supports board decisions - acts as one on all board actions once the decision has been made.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larcoque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

16. Contributes effectively to board performance.

	Fully Satisfactory	Could Improve	Unknown
Dr. Stuart Robertson, Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Louise Boyling, Vice Chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charlotte Nagy, Treasurer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carole Larocque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain for each Director, using examples, if you said Could Improve:

17. Would you recommend any of the following Directors for executive positions of the Board when available?

	Yes	Not at this time
Carole Larocque	<input type="radio"/>	<input type="radio"/>
Doug Elie	<input type="radio"/>	<input type="radio"/>
Francois Desjardins	<input type="radio"/>	<input type="radio"/>
Dr. Genevieve Raby	<input type="radio"/>	<input type="radio"/>
Gerard McDonald	<input type="radio"/>	<input type="radio"/>
Gordon Peters	<input type="radio"/>	<input type="radio"/>
Heidi Salib	<input type="radio"/>	<input type="radio"/>
Dr. Raynald Cardinal	<input type="radio"/>	<input type="radio"/>

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee – Governance
  Senior Leadership Team  
 Other (please specify):

Date Prepared: March 3, 2026 Meeting Date Prepared for: March 11, 2026  
 Subject: Strategic Actions 2026/2027  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

The purpose of this briefing note is to outline the strategic actions planned by Hôpital Glengarry Memorial Hospital (HGMH) for the upcoming fiscal year, which are aimed at advancing our strategic plan and achieving our vision of "providing your care, your way, with seamless integration, innovation, and equitable access for our communities." These actions have been developed through planning workshops and the identification of system opportunities to address the priorities outlined in our strategic plan: Quality & Safety, People & Culture, Integration & Standardization, and Future Planning.

**RECOMMENDATION / MOTION**

That the Governance Committee Recommend to the Board of Directors the approval of the strategic actions for 2026-2027 as presented.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

- Quality Committee of the Board
- Finance & Human Resources Committee of the Board

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

HGMH recognizes the importance of aligning our operational activities with our strategic priorities to ensure that we continue to deliver high-quality healthcare services to our communities. Through planning workshops, meetings, and ongoing analysis of system opportunities, we have identified specific actions that will enable us to make meaningful progress in each priority area of our strategic plan.

The process of identifying strategic actions annually helps shape the organizations commitments for the year. A few notable achievements on our prior fiscal year include:

- Implemented Best Practice Guidelines to strengthen tools and resources for the palliative care team.
- Expanded the use of medical directives to enable faster initiation of diagnostics and treatments by nursing staff.
- Completed facility enhancements to support patient care and improve operational efficiency.
- Introduced Leader and PFAC rounding to increase patient involvement in care decisions prior to discharge.
- Launched a Medical Student and Resident Program in partnership with the Rural Ontario Medical Program (ROMP).
- Expanded leadership development with dedicated training on psychological safety.
- Redesigned the employee performance evaluation process to be more meaningful and development-focused.
- Advanced EPIC EMR readiness through participation in the Atlas Alliance, with go-live planned for Fall 2026.
- Strengthened IT infrastructure with new backup servers and an uninterruptible power supply (UPS).

These plans provide clear direction for the leadership team and support our ability to stay focused on achieving our organization's vision.

## OPTIONS CONSIDERED & ANALYSIS

*Outline alternatives that were contemplated in coming to a recommendation. If no viable alternatives exist, include that information as well.*

The strategic actions for the 2026/2027 fiscal year have been carefully considered and selected based on their potential to drive positive outcomes in our priority areas. These actions include:

### 1. Quality & Safety:

- Advance CT implementation by completing detailed planning for infrastructure, equipment procurement, clinical model design, staffing strategy, and operational integration to support service launch readiness.
- Implement the RNAO Best Practice Guideline for wound care to strengthen evidence-based assessment, prevention, and management practices across the organization.
- Collaborate with PFAC to co-design and implement a priority improvement initiative that enhances the patient and family experience.

### 2. People & Culture:

- Advance implementation of an organization-wide Learning Management System to standardize training delivery, monitor mandatory education compliance, and enhance workforce development.
- Advance comprehensive NVCI training across patient-facing teams to enhance de-escalation capability and reduce workplace violence risk.
- Execute priority IDEA initiatives, including gender identity education, integration of patient voice in committee governance, cultural safety learning experiences, and implementation of an anti-racism lens in organizational policy review.
- Advance implementation of the psychological safety strategy by delivering targeted training and reinforcing leadership accountability.

### 3. Integration & Standardization:

- Achieve successful Epic EMR go-live by executing required clinical, operational, and technical readiness activities across the organization.
- Advance Endoscopy Program expansion through targeted business development, partnership engagement, and operational capacity planning.

### 4. Future Planning:

- Implement an Infrastructure Renewal Strategy to ensure infrastructure investments are sequenced, risk-informed, and aligned with the hospital's long-term redevelopment direction.
- Develop and implement an Environmental Stewardship Plan to guide energy efficiency, waste reduction, and sustainable operations.

The strategic actions outlined in this briefing note represent our commitment to advancing our strategic plan and fulfilling our mission of delivering outstanding care for our communities. By focusing on quality, safety, people, integration, and future planning, we will continue to meet the evolving needs of our community and position HGMH as a leader in healthcare provision.

## IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA

*Outline both the positive and negative consequences of the recommendations in terms of financial, mission, quality, risk and other.*

The implementation of these strategic actions is expected to have a significant impact on our organization, including:

- Improved patient outcomes and experiences.
- Enhanced staff engagement and retention.
- Increased operational efficiency and effectiveness.



- Strengthened partnerships and collaborations with stakeholders.
- Positioned HGMH as a leader in rural healthcare innovation and excellence.

## **IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

Effective communication will be essential to ensure that all stakeholders are informed and engaged throughout the implementation of these strategic actions. To facilitate this, we will:

- Provide regular updates and progress reports to the Board of Directors, senior leadership team, and staff.
- Engage with frontline staff and solicit feedback through town hall meetings, leader rounding, CEO Round Table
- Communicate with our community partners and stakeholders to ensure alignment and collaboration on shared goals.
- Utilize various communication channels, including email, newsletters, intranet, and social media, to disseminate information and engage with our broader community.

# 2026-2027 Strategic Action Report Q1

Strategic Dimension	Strategic Direction	Executive Lead	Action	Progress	Status
Quality & Safety	<i>Enrich the patient experience through quality, safe care that welcomes patients and families as partners in care.</i>	Robert Alldred-Hughes	Advance CT implementation by completing detailed planning for infrastructure, equipment procurement, clinical model design, staffing strategy, and operational integration to support service launch readiness.		
		Rachel Romany	Implement the RNAO Best Practice Guideline for wound care to strengthen evidence-based assessment, prevention, and management practices across the organization.		
		Robert Alldred-Hughes	Collaborate with PFAC to co-design and implement a priority improvement initiative that enhances the patient and family experience.		
People & Culture	<i>Improve engagement by investing in the organizations people and empower a caring and positive culture for all.</i>	Kayla MacGillivray	Advance implementation of an organization-wide Learning Management System to standardize training delivery, monitor mandatory education compliance, and enhance workforce development.		
		Rachel Romany	Advance comprehensive NVCI training across patient-facing teams to enhance de-escalation capability and reduce workplace violence risk.		
		Kayla MacGillivray	Execute priority IDEA initiatives, including gender identity education, integration of patient voice in committee governance, cultural safety learning experiences, and implementation of an anti-racism lens in organizational policy review.		
		Kayla MacGillivray	Advance implementation of the psychological safety strategy by delivering targeted training and reinforcing leadership accountability.		

■ Fully complete

■ On track – no barriers for completion

■ Not on track – mitigation plans in place

■ Not on track – initiative at risk

Integration & Standardization	<i>Deliver standardized quality care in a cost-effective way through collaboration &amp; integration opportunities.</i>	Rachel Romany	Achieve successful Epic EMR go-live by executing required clinical, operational, and technical readiness activities across the organization.		
		Robert Alldred-Hughes	Advance Endoscopy Program expansion through targeted business development, partnership engagement, and operational capacity planning.		
Future Planning	<i>Invest in the sustainability of our equipment &amp; infrastructure to support safe, quality care.</i>	Linda Ramsay	Implement an Infrastructure Renewal Strategy to ensure infrastructure investments are sequenced, risk-informed, and aligned with the hospital's long-term redevelopment direction.		
		Linda Ramsay	Develop and implement an Environmental Stewardship Plan to guide energy efficiency, waste reduction, and sustainable operations.		

■ Fully complete

■ On track – no barriers for completion

■ Not on track – mitigation plans in place

■ Not on track – initiative at risk

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee – Governance
  Senior Leadership Team  
 Other (please specify):

Date Prepared: February 25, 2026 Meeting Date Prepared for: March 11, 2026  
 Subject: Policy Reviews  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

The purpose of this briefing note is to provide an overview of the two policies up for review and highlight any material changes to each policy.

**RECOMMENDATION / MOTION**

**THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Regular Meetings of the Board and Notice policy as presented.**

**THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Communication & Hospital Spokesperson as presented.**

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

Summary of amendments:

**Communications & Hospital Spokesperson**

- No amendments recommended

**Regular Meetings of the Board & Notice**

- Minor change to reflect the change to the By-Law numbering when referenced in the policy.

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- Obtain Board Approval – March 25, 2026
- Update Board Policy Online
- Include updates in Board Orientation Material

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Communications & Hospital Spokesperson
- Regular Meetings of the Board & Notice

<b>Document Name:</b>	Regular Meetings of the Board and Notice		
<b>Document Number:</b>	BOD.05.013.0.23		
<b>Review Period:</b>	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	<b>Manual:</b> Governance Policy Manual	
<b>Classification:</b>	Board of Directors	<b>Section:</b> Board Effectiveness	
<b>Owner:</b> President & CEO	<b>Signing Authority:</b> Board of Directors		

## POLICY STATEMENT:

Regular Board meetings will be held in accordance with corporate by-law [5.2 Regular Article 4 Board](#) Meetings. To ensure effective Board Meetings the following procedure will apply.

## SCOPE:

The policy pertains to Hôpital Glengarry Memorial Hospital (HGMH) Board of Directors and any attendees at Board of Director meetings

## PROCEDURE:

### ***Notice of Meeting***

A schedule of the date, location and time of the board's regular meetings will be available from the board liaison and will be posted on the hospital's website. Changes in the schedule will be posted on the website.

### ***Conduct During the Meeting***

- Members of the public will be asked to identify themselves
- Meetings may be recorded by the Corporation or the media for broadcast on radio, television, or the internet. Private photographs or recordings of proceedings are prohibited.
- The chair may require anyone who displays disruptive conduct to leave.

### ***Agendas and Board Materials***

The Chair, in consultation with the President & Chief Executive Officer, is responsible for developing and approving an agenda for each Board meeting that is aligned with the Board's roles and responsibilities, the Board's work plan, and the annual goals and objectives.

Agendas shall be divided into two sections: the main Agenda and the Consent Agenda. The Board shall use the consent agenda for the passage of non-controversial and/or routine matters. Consent agenda items may include, without limitations:

- approval of previous minutes
- routine Committee and/or other informational reports
- correspondence requiring no action; and
- actions that do not require a Director to disclose a potential conflict or otherwise

Effective: Apr 2010	Last review: Feb 2023	Next review: Feb 2026
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abstain from voting

The Board meeting package will normally be sent to Directors five business days in advance of the meeting to allow for review and preparation, unless extenuating circumstances arise.

### ***Open Board Meetings***

The public and staff are welcome to attend the open portion of Board meetings in order to:

- facilitate the conduct of the Board's business in an open and transparent manner;
- ensure that the Corporation maintains a close relationship with the public, media, and stakeholder groups; and
- generate trust, openness, and accountability

To ensure adequate space is available, members of the public and media wishing to attend must give at least 24 hours' notice of their intent to attend a regular meeting of The Board. Attendees shall have observer status and may not provide comments or ask questions during the meeting. In the event the attending public or media have questions arising from a Board meeting, the Chair and/or President and Chief Executive Officer shall be available upon adjournment to address queries.

Attendees may be asked to leave at the discretion of the Chair.

### ***Delegations and Presentations***

Members of the public may not address the Board or ask questions of the Board without the permission of the Chair. Individuals who wish to address or raise questions with the Board must submit a Delegation Application to the office of the Secretary at least 15 business days in advance of the Board meeting.

The Chair and President & Chief Executive Officer will assess and prioritize the requests. Written confirmation of attendance, if approved, will be provided to the individual or group making the request. The Chair has the right to determine the appropriateness of any presentation. Any one delegation or presentation will be limited to a maximum of fifteen minutes unless otherwise agreed by the Chair and the President & Chief Executive Officer.

### ***In-Camera Session***

1. The board may move in-camera or hold special meetings that are not open to the public where it determines it is in the best interest of the corporation to do so. The chair may order that the meeting move in-camera or any director may request a matter be dealt with in-camera in which case a vote will be taken and if a majority of the board decides the matter shall be dealt with in-camera.
2. The following matters will be dealt with in-camera:
  - a. matters relating to a Director or a prospective Director;
  - b. matters involving property;

- c. patient issues;
- d. Credentialed staff appointments, re-appointments, and credentialing issues
- e. Items which are subject to solicitor/client privilege;
- f. Items involving litigation affecting the Hôpital Glengarry Memorial Hospital;
- g. Items where disclosure could prejudice an individual involved in a civil or criminal proceeding;
- h. Items concerning negotiations or anticipated negotiations between the Hôpital Glengarry Memorial Hospital and any individual, corporation, or organization;
- i. Matters involving material contracts;
- j. Items concerning human resource or labour relations matters.

<b>Document Name:</b>	Communications & Hospital Spokesperson		
<b>Document Number:</b>	BOD.05.018.0.23		
<b>Review Period:</b>	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	<b>Manual:</b> Governance Policy Manual	
<b>Classification:</b>	Board of Directors	<b>Section:</b> Board Effectiveness	
<b>Owner:</b>	President & CEO	<b>Signing Authority:</b> Board of Directors	

## POLICY STATEMENT:

The Corporation will respond in a timely manner to media requests, complaints and concerns on the activities and operations of the Corporation.

## PROCEDURE:

### **Spokesperson**

1.1 **Board Communications:** The Board Chair is the spokesperson for Board communications and may delegate authority to one or more Directors, or Chief Executive Officer to make statements to the news media or public about matters that the Chair determines appropriate for disclosure. No Director will be a spokesperson for the Board unless specifically delegated by the Chair.

1.2 **Operational Communications:** The Chief Executive Officer is the spokesperson for the Corporation for all operational matters. From time to time, the Chief of Staff may be expected to speak on clinical and patient care issues.

### **Media Requests**

2.1 Media queries regarding hospital matters should be referred to the Executive Assistant to the President & CEO, who will then report to the President & CEO. The President and CEO may exercise judgment in referring media inquiries to the Board Chair or designate and/or proper officers of the medical staff.

2.2 All official Board position statements must have approval of the Chair of the Board, or Executive Committee.

### **Patient Information/Confidentiality**

3.1 The presence of the patient in the hospital is not confidential personal information under the Personal Health Information Protection Act (PHIPA), provided the patient or substitute decision maker has not requested that the patient's presence in hospital be confidential. The information provided in this matter should be confined to the response to the question "Is the patient in the hospital?". Confirmation of a YES or NO can be provided, as well as the general condition of the patient, i.e.: GOOD, STABLE, LIFE THREATENING upon determination by the most responsible provider. No other information regarding the patient may be provided to the requester. This information shall only be provided by the official spokesperson.

Effective: Jan 2023	Last review: Jan 2023	Next review: Jan 2026
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3.2 **Exception:** The patient has indicated his/her refusal to permit this information from being released.

***Communications Plan***

3.1 Through the Chief Executive Officer, the Board will ensure that the Corporation establishes, maintains and supports a communications plan and related tactics to support effective and meaningful engagement and information sharing with the Corporation's stakeholder. The Hospital's Communications Plan will be reviewed and approved by Board on a regular basis.

3.2 Recognizing the breadth of the stakeholders, the Chief Executive Officer will ensure that information respecting the Corporation's activities is widely communicated to the public through the media throughout the catchment area. Mechanisms for broader ongoing communication to the public and key stakeholders may include:

- regular Board updates;
- an annual report to the stakeholders on the activities of the Corporation;
- periodic media briefings on the activities of the Corporation;
- periodic articles in the local media on matters of interest to the stakeholders served by the Corporation; and
- open opportunities for the purposes of consultation and engagement relating to key strategic priorities of the Corporation.

***French/English Language Communications***

4.1 All correspondence received in either official language will be answered to in the language of origin.