Governance and Nominating Committee Meeting Agenda

Date: Thursday, November 12, 2026
Time: 18H30 – 19H45
Location: Boardroom / Microsoft Teams

Time	Agenda Item	Strategic Priority	Board Item	Attachment
18:30	**1. Call to Order**			
(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 (Policy BOD.05.003.X.XX)			
18:33	**2. Report from the Last Meeting**			
(1 min)	2.1 Approval of Previous Meeting Report – October 8, 2026			P. 3-5
(1 min)	2.2 Business Arising from Report			
(1 min)	2.3 Committee Workplan			P. 6
18:36	**3. Matters for Discussion/Decision**			
(5 min)	3.1 Review Skills Matrix Questionnaire (R. Alldred-Hughes) **That the Governance Committee endorse the addition of definitions to the existing Board Skills Matrix and its use as a SurveyMonkey questionnaire for current board members and prospective candidates.**	People & Culture		P. 7-15
(10 min)	3.2 Review Performance Evaluation Questionnaire for CEO and COS (G. McDonald) **That the Governance & Nominating Committee recommend to the Board of Directors the Performance Evaluation Questionnaire for the CEO and COS as presented.**	People & Culture		P.16-31
(5 min)	3.3 Q2 Strategic Actions (R. Alldred-Hughes) **That the Governance & Nominating Committee recommend to the Board of Directors the receipt of the Q2 2026/2027 Strategic Actions Report.**	ALL		P. 32-37
(10 min)	3.4 Policy Review (R. Alldred-Hughes) 3.4.1 Hospital Email Usage for Board of Directors (BOD.05.011) **(Motion to be discussed - Option 1 or Option 2)** 3.4.2 Delegations of Authority to the President & CEO (BOD.05.012) **That the Governance & Nominating Committee recommend to the Board of Directors the approval of the Delegations of Authority to the President & CEO policy as presented.**	--		P. 38-42 P. 43-45
(10 min)	3.5 Review Strategic Plan and Refresh (R. Alldred-Hughes) **That the Governance & Nominating Committee review and receive the Strategic Plan and Refresh report.**	ALL		P. 46-50
19:16	**5. Date of Next Meeting**			
	Thursday, March 11, 2027			
19:17	**6. Adjournment**			

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

Determine and Identify

- Determine your mandate and the key question.
- Identify stakeholders and involve them in decision-making.
- Ensure alignment on the problem and question.

Clarify and Provide

- Clarify decision-making procedures (values, strategic priorities).
- Share how decisions will be made and revisited.
- Document rationale for decisions using value-based criteria.

Communicate

- Communicate decisions and their rationale with stakeholders.
- Seek input on communication strategy.

Revisit and Revise

- Revisit decisions as needed based on new evidence or stakeholder input.

Evaluate and Improve

- Evaluate success based on "accountability for reasonableness".
- Identify gaps and implement improvements for future processes.

Centre de bioéthique Champlain Centre for Health Care Ethics

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REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

October 8, 2026 at 4:00PM Boardroom/MS Teams

Present:	L. Boyling	G. McDonald (v)	C. Larocque
	K. McTaggart	R. Alldred-Hughes, CEO	
Regrets:	M. Nichols		

Summary of Discussion

Approval of the Agenda

The agenda was reviewed.

Moved By: L. Boyling
Seconded By: K. McTaggart
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 June 3, 2026, were shared.

Moved By: L. Boyling
Seconded By: G. McDonald
THAT the meeting reports 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.

Matters for Discussion/Decision

Review Governance & Nominating Committee Effectiveness Survey Results

The committee effectiveness survey results were reviewed.

The Committee reviewed the self-assessment results, which reflected strong overall effectiveness, and discussed suggestions for improvement. Committee-specific orientation was identified as a gap. As this concern arose only within this Committee, no changes will be implemented at this time. Emerging orientation needs will be captured throughout the cycle. Succession planning will be discussed in March as part of the Board Succession Plan review.

Review Committee Terms of Reference

The committee terms of reference were reviewed.

Moved By: L. Boyling
Seconded By: K. McTaggart
THAT the Governance and Nominating Committee recommend to the Board of Directors the committee terms of reference as amended.

Revisions to the Finance, HR and Audit Committee's terms clarified that the Hospital has no internal auditor position but has a process to arrange an internal audit if required and updated the VP and CFO title.

It was agreed to remove "performance" under item f) of the responsibilities from the Governance and Nominating Committee's terms, as this responsibility rests with the Executive Committee.

No changes were proposed to the Quality and Patient Safety Committee's terms following the committee's review.

CARRIED

Q1 Strategic Actions
The strategic actions for Q1 were reviewed.

Moved By: K. McTaggart
Seconded By: G. McDonald
THAT the Governance and Nominating Committee recommend to the Board of Directors receipt of the Q1 2026-2027 strategic actions report

Progress was noted across all four strategic priorities, with no actions identified as at risk during the quarter. It was acknowledged that the report reflects Q1 only and that additional work has since been completed. Management continues to monitor progress and organizational capacity while advancing Epic, CT planning, and other strategic commitments.

CARRIED

Communications and Community Engagement Plan Review
The Communications and Community Engagement Plan was reviewed.

Moved By: K. McTaggart
Seconded By: G. McDonald
THAT the Governance and Nominating Committee review and receive the Communications and Community Engagement Plan as presented.

Discussion ensued around the challenges of evaluating communication effectiveness, to which it was noted that social media engagement is monitored as one measure of reach and interaction.

CARRIED

Policy Review
Two policies were reviewed; Senior Management Language Skills (BOD.02.002) and Developing, Reviewing, and Revising Board Policies (BOD.05.001).

Moved By: L. Boyling
Seconded By: K. McTaggart
THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Senior Management Language Skills policy and the Developing, Reviewing, and Revising Board Policies policy as presented.

There were no proposed amendments to either policy. Discussion clarified that French-language proficiency is assessed through self-assessment and conversations with the CFO. Written French is not tested, as the Hospital's operating language and clinical charting are

done in English.

CARRIED

Inclusion, Diversity, Equity & Anti-Racism Update
The Committee reviewed progress on Inclusion, Diversity, Equity and Anti-Racism.

Moved By: L. Boyling
Seconded By: K. McTaggart
THAT the Governance & Nominating Committee approve the transition of oversight of HGMH's Inclusion, Diversity, Equity and Anti Racism Framework to the Finance, HR and Audit Committee, with formal reporting on progress against the Framework occurring at least twice annually.

Oversight, previously shared between Governance and Finance, HR and Audit, will transition to the Finance, HR and Audit Committee, where the CHRO participates and provides updates. Formal reporting on progress will occur at least twice annually.

CARRIED

Next meeting: November 12, 2026

K-L Massia, Recorder

DRAFT

Governance and Nominating Committee
Annual Work Plan 2026-2027

Deliverable	Legislation/ Accountability	MRP	Occurrence	OCT	NOV	MAR	APR	MAY	JUN
STRUCTURE/PROCESSES									
Review Committee Effectiveness Survey Results		Chair	Annually	X					
Review/Recommend Governance Annual Committee Work Plan to BoD		Chair	Annually						X
Review/Recommend Committee Terms of Reference to BoD		Chair	Annually	X					
Review Board Education Plan for following Board Cycle		Chair	Annually						X
Review/Revise Corporate and Professional Staff Bylaws (as needed)		Chair	Annually			X			
Review Board Member Attendance		Chair	Twice yearly			X			X
Plan AGM		Chair	Annually					X	
Review Board Orientation		Chair	Annually						X
Review CEO and COS Succession Plan Framework		Chair	Annually			X			
Annual Board Code of Conduct & Conflict of Interest Review/Attestation	PHA; BPSAA								
DIRECTOR RECRUITMENT AND SELECTION									
Administer Board Personal Assessment Survey/Board Succession		Admin	Annually			X			
Review Board Succession Plan • Identification of number of new members required • Identification of selection criteria based on skills matrix • Review Committee Chair Selection • Review Executive Committee Positions		Chair	Annually				X		
Review Skills Matrix Questionnaire		CEO	Annually		X				
Board to Complete Skills Matrix (Results reviewed in April)		Board	Annually			X			
Start recruitment process (April) (Interviews in May)		Admin	Annually				X		
Recommendation of New Directors to the Board			Annually						X
Review Following Years Committee Schedule and Membership			Annually						X
ACCREDITATION									
Governance Standards Review		CEO	Every meeting			X	X	X	X
Inclusion, Diversity, Equity & Anti-Racism Update		CEO	Bi-Monthly	X		X		X	
Review Communication Plan		CEO	Annually	X					
PERFORMANCE									
Review Performance Evaluation Questionnaire for CEO and COS		Chair	Annually		X				
Review Committee Effectiveness Survey Questions		Chair	Annually			X			
Administer Committee Effectiveness Survey		EA	Annually					X	
Review Peer to Peer Survey Questions		Chair	Annually				X		
Administer Peer to Peer Surveys		EA	Annually					X	
STRATEGIC PLAN AND STRATEGIC DIRECTIONS									
Review Strategic Plan and Refresh		CEO	Annually		X				
Review Progress on Strategic Actions		CEO	Quarterly	Q1	Q2	Q3		Q4	
Review next fiscal years Strategic Actions		CEO	Annually				X		
POLICY REVIEW									
Senior Management Language Skills (BOD.02.002)		CEO		X					
Developing, Reviewing, and Revising Board Policies (BOD.05.001)		CEO		X					
Hospital Email Usage for Board of Directors (BOD.05.011)		CEO			X				
Delegations of Authority to the President & CEO (BOD.05.012)		CEO			X				
Inclusion, Diversity, Equity, and Anti-Racism (BOD.01.001)		CEO				X			
CEO and COS Succession Planning (BOD.02.001)		CEO				X			
Enterprise Risk Management (BOD.03.004)		CEO					X		
Honorary Membership to the Corporation (BOD.05.016)		CEO					X		
Investments (BOD.04.002)		CEO						X	
Management of Endowment Funds (BOD.04.003)		CEO						X	
Conflict of Interest (BOD.05.003)		CEO							X
Acceptance of Tender Over Board-Approved Amount (BOD.04.004)		CEO							X
French Language Services (BOD.01.002)		CEO							X

Last updated: September 11, 2026

DECISION SUPPORT DOCUMENT FOR

☐ Board of Directors ☒ Board Committee – Governance ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: October 20, 2026 Meeting Date Prepared for: November 12, 2026

Subject: Review Skills Matrix

Prepared by: Robert Alldred-Hughes, President & Chief Executive Officer

☒ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

To review the skills matrix as part of the annual update process to ensure the matrix remains current and reflective of evolving skills.

RECOMMENDATION / MOTION

That the Governance Committee endorse the addition of definitions to the existing Board Skills Matrix and its use as a SurveyMonkey questionnaire for current board members and prospective candidates.

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 Skills Matrix identifies the knowledge, skills and experience that current board members and prospective candidates bring to HGMH. It supports the Governance Committee in identifying collective strengths, education needs and priorities for recruitment and succession planning.
- As previously discussed, board members will be asked to complete the skills matrix in the upcoming month as part of the annual review. The results will help identify the Board's current strengths and any skills gaps, informing recruitment priorities should Board vacancies arise.
- The existing matrix lists skill areas and asks respondents to rate their knowledge and experience. However, it does not provide definitions to guide those ratings, leaving room for different interpretations.
- The matrix was reviewed to make it clearer and easier to complete. All existing skill areas and the rating scale have been retained. A plain-language definition has been added to each skill area to explain its meaning and relevance to hospital governance.
- These definitions will support a more consistent understanding of the skills being assessed and help respondents recognize relevant experience gained through employment, education, volunteer work, board service and lived experience.
- The questionnaire is intended for both current board members and prospective candidates and is being prepared for completion through SurveyMonkey.

Considerations

- The revisions clarify the existing assessment without changing the skills the Board evaluates. They should improve the usefulness of results for education and recruitment planning. However, comparisons with previous years should recognize that clearer definitions may influence how respondents rate themselves.
- Current board member results will form the Board's collective skills profile. Candidate responses should be considered separately to assess how their experience could complement the Board.

IMPLEMENTATION & COMMUNICATION PLAN

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

- If approved, the revised skills matrix will be sent to Board Members to complete in March and results will be reviewed in April to determine skills the Board would like to recruit for.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Revised Skills Matrix

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Board of Directors Skills Matrix

Each board member brings a valuable combination of knowledge, skills, professional experience and lived experience. This survey will help HGMH understand the Board's collective strengths and identify opportunities for education, committee assignments, succession planning and recruitment.

Please assess your current knowledge and experience in each area. Consider experience gained through employment, board and committee service, volunteer work, education, and your experience as a patient, family member or caregiver. No individual is expected to have advanced expertise in every area.

The definitions explain how each area relates to the Board's oversight role; directors are not expected to carry out management's operational responsibilities.

Rating guide

0 — None: I have little or no knowledge or experience in this area.

1 — Fair: I have basic awareness or limited exposure and would need guidance to contribute to discussions.

2 — Good: I understand the main concepts and can contribute to discussions and ask relevant questions.

3 — Very Good: I have strong knowledge and practical experience and can assess information, challenge assumptions and contribute informed advice.

4 — Advanced: I have extensive, in-depth knowledge and experience and can provide substantial insight on complex issues in this area.

Choose one response for each skill. Advanced expertise does not require a specific number of years or a professional designation.

1. Name:

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Board of Directors Skills Matrix

2. For each area below, how would you rate your current knowledge, skills and experience? Select one response per item.

	0 - None	1 - Fair	2 - Good	3 - Very Good	4 - Advanced
Finance (Understanding budgets, financial statements, funding sources, cash flow and long-term financial sustainability. Includes the ability to question financial assumptions and assess the financial implications of Board decisions.)	○	○	○	○	○
Business Management (Experience leading or overseeing an organization, business or service. Includes organizational planning, resource allocation, operational performance and accountability for results.)	○	○	○	○	○
Human Resources Management (Understanding workforce planning, recruitment and retention, leadership development, compensation, workplace culture and employee well-being. Includes experience overseeing people-related strategies and policies.)	○	○	○	○	○
Health Care Administration and					

Policy (Understanding how hospitals and the health system are organized, funded and governed, and how health policy affects service delivery, access and partnerships.)	○	○	○	○	○
Clinical (Knowledge or experience in the direct provision of health care, such as nursing, medicine or allied health. Includes understanding clinical practice, professional standards and issues affecting care delivery.)	○	○	○	○	○
Government and Government Relations (Understanding government structures, decision-making and policy processes. Includes experience working with elected officials, public servants or government bodies to advance organizational priorities.)	○	○	○	○	○
Political Acumen (Ability to recognize competing interests, community expectations and political sensitivities. Includes using sound judgment to understand how decisions may be perceived and to navigate complex relationships.)	○	○	○	○	○
Construction and Project Management (Experience planning, overseeing or evaluating construction, redevelopment or other major projects. Includes project	○	○	○	○	○

scope, budgets, timelines, procurement, risks and progress reporting.)					
Legal (Knowledge of legal concepts affecting organizations, such as contracts, liability, privacy, regulatory obligations and corporate responsibilities. Includes recognizing when specialist legal advice is needed.)	○	○	○	○	○
Strategic Planning (Ability to assess long-term opportunities and challenges, establish priorities and evaluate progress toward strategic goals. Includes connecting decisions and resource allocation to the hospital's mission and direction.)	○	○	○	○	○
Risk Management (Ability to identify, assess and oversee organizational risks and mitigation strategies. Includes financial, operational, reputational, clinical and strategic risks, and consideration of risk when making decisions.)	○	○	○	○	○
Information Technology (Understanding the opportunities and risks associated with technology, digital transformation, information systems, data governance and cybersecurity. Includes assessing major technology investments and their organizational impact.)	○	○	○	○	○
Accounting					

(Knowledge of accounting principles, financial reporting, internal controls and audit processes. Includes the ability to interpret financial statements and understand the integrity and reliability of financial reporting.)	○	○	○	○	○
Education (Experience designing, delivering or evaluating education, training or learning programs. Includes understanding adult learning, knowledge sharing and approaches that build individual and organizational capability.)	○	○	○	○	○
Research (Experience conducting, interpreting or evaluating research and evidence. Includes assessing research quality, understanding research ethics and using findings to inform decisions.)	○	○	○	○	○
Quality and Performance Management (Understanding how organizations set goals, measure performance and improve results. Includes interpreting dashboards, indicators, benchmarks and improvement plans to assess organizational effectiveness.)	○	○	○	○	○
Labour Relations (Understanding unionized workplaces, collective agreements,	○	○	○	○	○

collective bargaining and grievance processes. Includes experience assessing labour-related issues and their implications for an organization.)	○	○	○	○	○
Board and Governance (Understanding the Board's role, directors' responsibilities, committee structures and the distinction between governance and management. Includes collective decision-making, accountability and effective oversight.)	○	○	○	○	○
Public Affairs and Communications (Experience communicating organizational priorities and information to the public, staff, partners or media. Includes public relations, reputation management, crisis communications and clear, accessible messaging.)	○	○	○	○	○
Ethics (Ability to recognize ethical issues, consider competing values and apply sound judgment. Includes integrity, confidentiality, conflicts of interest, fairness and acting in the hospital's best interests.)	○	○	○	○	○
Patient and Health Care Advocacy (Experience bringing patient, family or caregiver perspectives into decisions or advocating for accessible, coordinated and person-centred care.	○	○	○	○	○

May include professional, volunteer or lived experience.)					
Diversity, Equity, and Inclusion (Understanding how differences in identity, language, culture, background and lived experience affect access, inclusion and participation. Includes recognizing inequities and barriers and supporting equitable, culturally respectful decisions.)	○	○	○	○	○
Quality and Patient Safety Management (Understanding oversight of safe, high-quality patient care. Includes patient safety indicators, incident trends, learning from harm, patient experience and systems that support continuous improvement in care.)	○	○	○	○	○
Stakeholder Engagement (Experience building relationships and seeking meaningful input from patients, families, staff, community members and partner organizations. Includes listening to different perspectives and using feedback to inform decisions.)	○	○	○	○	○

Thank you for taking the time to complete this survey and for the knowledge, experience and perspective you contribute to the HGMH Board.

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: November 2, 2026 Meeting Date Prepared for: November 12, 2026

Subject: 2026-2027 CEO and COS Evaluation Questionnaire Review

Prepared by: G. McDonald, Chair of Governance and Nominating Committee

☐ DECISION SOUGHT* ☒ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

- The Governance Committee annually reviews the performance evaluation questions for the CEO and COS and recommends any changes.

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.

- As part of our commitment to robust corporate governance, it is imperative to evaluate the performance of key executives, namely the CEO and COS, on an annual basis. This evaluation process serves several critical purposes:
  - Performance evaluations hold executives accountable for their responsibilities and strategic goals outlined in their job descriptions. This ensures that leaders deliver measurable results in alignment with their personal business commitments.
  - The evaluation process provides a structured mechanism for feedback on both strengths and areas requiring improvement. Constructive feedback fosters professional development and enhances leadership capabilities, contributing to the long-term success of the organization.
  - Assessing executive performance against strategic objectives ensures that the leadership team remains focused on driving the organization towards its long-term vision. This process helps identify any misalignments and allows for adjustments to be made in real-time.
- The evaluation questionnaires are to be carefully crafted to encompass key performance indicators, leadership competencies, and the specific responsibilities outlined in the job descriptions of the CEO and COS. The questions are designed to gather both quantitative and qualitative data, providing a comprehensive view of executive performance.
- It is important to highlight that the questionnaires are answered anonymously, and results are kept confidential between the Board Executive and the Executives individually.
- When answering the questions, it is important to take into consideration information being shared at the Board level as a means to evaluate work being done.
- It is important to note that while Governance reviews the questionnaires, the Executive Committee of the Board gather the results and will go over these with the CEO and COS individually.

IMPLEMENTATION & COMMUNICATION PLAN

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

- Revise any questions if needed.
- Executive Assistant to send out the questionnaires as appropriate in early March 2027 with results compiled by April 2027 for review at the Executive Committee meeting.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- CEO Evaluation by Board
- CEO 360 Evaluation
- COS Evaluation by Board
- COS Evaluation by Medical Staff

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2026-2027 CEO Survey by the Board of Directors

HGMH is committed to "delivering outstanding care for our communities" and "improving engagement by investing in the organizations people and empower a caring and positive culture for all". We will achieve this commitment through setting clear expectations and providing opportunities for open and honest feedback regarding individual performance.

Demonstration of HGMH Core Values
The hospital's values are our 'PACT' which is our promise to have Passion for what we do, Accountability for our role, Compassion for those we serve, and Teamwork for each other, and this at the heart of all we do, every day.

Using the ratings below, let us know how well you think the CEO is demonstrating the core values of the hospital.

1. The CEO demonstrates Passion for what they do.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

2. The CEO demonstrates Accountability for their role.

Performance Needs Development	Performance usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

3. The CEO demonstrates Compassion for those we serve.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

4. The CEO demonstrates Teamwork for each other.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
◯	◯	◯	◯	◯

Comments:

LEADS in a Caring Environment Performance Evaluation Tool
For each competency area, please assess the CEO using the rating scale below. Comments may be added to provide examples or context for ratings.

5. Lead Self (Demonstrates self-awareness, self-management, and integrity in leadership, fostering personal and professional growth while supporting others.) The CEO:

-Demonstrates self-awareness by understanding strengths, limitations, and impact on others.
-Manages self effectively under pressure and models professionalism.
-Seeks feedback and engages in continuous personal and professional development.
-Consistently demonstrates integrity, accountability, and ethical leadership.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
◯	◯	◯	◯	◯

Comments:

6. Engage Others (Engages others by fostering the development of individuals and teams, creating healthy work environments, communicating effectively, and building commitment to shared goals.) The CEO:

-Supports and mentors others to reach their full potential.
-Contributes to creating a respectful, inclusive, and collaborative organizational culture.
-Communicates clearly, transparently, and consistently across the organization.
-Builds cohesive, high-performing teams and fosters a sense of shared purpose.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
◯	◯	◯	◯	◯

Comments:

7. Achieves Results (Translates vision and strategic priorities into measurable actions and outcomes.) The CEO:

-Establishes clear organizational goals and priorities aligned with the hospital's mission and vision.
-Aligns strategies and decisions with organizational values, evidence, and best practices.
-Demonstrates decisive leadership and follow-through in implementing initiatives.
-Regularly assesses progress, measures outcomes, and makes data-informed adjustments.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

8. Develop Coalitions (Definition: Builds partnerships, networks, and collaborative relationships to achieve shared goals and enhance service delivery.) The CEO:

-Builds and maintains strong partnerships and networks with internal and external stakeholders.
-Demonstrates commitment to patient care, community needs, and service excellence.
-Leverages and shares knowledge to advance organizational and system improvement.
-Effectively navigates complex political and community environments to achieve positive outcomes.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

9. Systems Transformation (Definition: Leads change and innovation to transform health systems and organizations for the future.) The CEO:

-Demonstrates systems thinking and understands the broader healthcare environment.
-Encourages innovation and supports creative problem-solving.
-Anticipates future trends and positions the organization strategically for long-term success.
-Leads transformational change initiatives with clarity and commitment.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

10. Resource Management (Definition: Optimizes organizational resources to ensure sustainability, efficiency, and alignment with strategic priorities.) The CEO:

-Demonstrates effective stewardship of human resources, fostering engagement and retention.
-Ensures sound financial management practices that align with organizational goals.
-Oversees the efficient use and maintenance of capital and material assets.
-Utilizes information and data systems effectively for decision-making and reporting.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

11. **Overall Performance Rating**

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

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2026-2027 CEO 360 Evaluation

The 360 review is an opportunity for a number of hospital employees to provide feedback anonymously about the CEO's performance.

This information will be reviewed by the Board of Directors of the hospital and the feedback will be provided to the CEO.

Thank you for taking the time to complete this questionnaire.

Dimensions/Characteristics of Performance
Using the following definitions of levels of performance, please indicate below your perceptions and evaluations of your CEO's work performance. Mark only those categories in which you feel able to evaluate his/her performance. Additional written comments can be made at the end of the survey.

Strongly Agree
• Performance is clearly outstanding.
• Performance is superior – it far exceeds standards and expectations.
• Performance is exceptional on a continuous basis.

Agree
• Performance generally meets or exceeds standards or expectations.
• Attains all or nearly all of position objectives.
Neutral
• Performance is adequate – it meets standards or expectations, and is developing within the position.

Disagree
• Fails to meet one or a few job expectations.

No basis for judgment
• Have not observed this skill or activity.

For any item you mark as "Disagree", please provide more details in the comment box provided.

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2026-2027 CEO 360 Evaluation

1. The Chief Executive Officer:

	Strongly Agree	Agree	Neutral	Disagree	No basis for judgment
Nurtures a diverse and inclusive environment of trust, bringing out the best in me and others	○	○	○	○	○
Leads by example, demonstrating the behaviour expected of all	○	○	○	○	○
Treats me and others fairly and with respect	○	○	○	○	○
Encourages me and others to take on new challenges, while supporting continuous learning, which allows me to succeed at these new challenges	○	○	○	○	○
Takes initiative and makes appropriate, timely decisions when faced with challenges	○	○	○	○	○
Is outcome driven and makes appropriate decisions based on these outcomes	○	○	○	○	○
Applies policies and regulations fairly and as per legislation and regulations	○	○	○	○	○
Builds loyalty to themselves and to the organization	○	○	○	○	○
Expects and demands superior job performance and provides me with regular performance	○	○	○	○	○

feedback					
Explores new and exciting opportunities	○	○	○	○	○
Positively challenges the ability of other employees	○	○	○	○	○
Communicates clearly and concisely while encouraging open candid dialogue	○	○	○	○	○
Is open-minded and proactively stimulates ideas and discussion	○	○	○	○	○
Is skilled in resolving conflicts and works effectively with unions and challenging employees	○	○	○	○	○
Is well-informed relating to MOH, OH, and other relevant legislative and healthcare bodies	○	○	○	○	○
Responds to my and others' questions and emails appropriately and in a timely manner	○	○	○	○	○
Appropriately delegates tasks, authority, and responsibility	○	○	○	○	○

Comment box:

2. What, if anything, do you feel the CEO could do differently to further support you, your team, or the hospital in general?

HÔPITAL Glengarry Memorial HOSPITAL

2026-2027 COS Survey by the Board of Directors

HGMH is committed to "delivering outstanding care for our communities" and "improving engagement by investing in the organizations people and empower a caring and positive culture for all". We will achieve this commitment through setting clear expectations and providing opportunities for open and honest feedback regarding individual performance.

Demonstration of HGMH Core Values
The hospital's values are our 'PACT' which is our promise to have Passion for what we do, Accountability for our role, Compassion for those we serve, and Teamwork for each other, and this at the heart of all we do, every day.

Using the ratings below, let us know how well you think the COS is demonstrating the core values of the hospital.

1. The COS demonstrates Passion for what they do.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

2. The COS demonstrates Accountability for their role.

Performance Needs Development	Performance usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

3. The COS demonstrates Compassion for those we serve.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

4. The COS demonstrates Teamwork for each other.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
◯	◯	◯	◯	◯

Comments:

LEADS in a Caring Environment Performance Evaluation Tool
For each competency area, please assess the COS using the rating scale below. Comments may be added to provide examples or context for ratings.

5. Lead Self (Demonstrates self-awareness, self-management, and integrity in leadership, fostering personal and professional growth while supporting others.) The COS:

-Demonstrates self-awareness by understanding strengths, limitations, and impact on others.
-Manages self effectively under pressure and models professionalism.
-Seeks feedback and engages in continuous personal and professional development.
-Consistently demonstrates integrity, accountability, and ethical leadership.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
◯	◯	◯	◯	◯

Comments:

6. Engage Others (Engages others by fostering the development of individuals and teams, creating healthy work environments, communicating effectively, and building commitment to shared goals.) The COS:

-Supports and mentors others to reach their full potential.
-Contributes to creating a respectful, inclusive, and collaborative organizational culture.
-Communicates clearly, transparently, and consistently across the organization.
-Builds cohesive, high-performing teams and fosters a sense of shared purpose.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
◯	◯	◯	◯	◯

Comments:

7. Achieves Results (Translates vision and strategic priorities into measurable actions and outcomes.) The COS:

-Establishes clear organizational goals and priorities aligned with the hospital's mission and vision.
-Aligns strategies and decisions with organizational values, evidence, and best practices.
-Demonstrates decisive leadership and follow-through in implementing initiatives.
-Regularly assesses progress, measures outcomes, and makes data-informed adjustments.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

8. Develop Coalitions (Definition: Builds partnerships, networks, and collaborative relationships to achieve shared goals and enhance service delivery.) The COS:

-Builds and maintains strong partnerships and networks with internal and external stakeholders.
-Demonstrates commitment to patient care, community needs, and service excellence.
-Leverages and shares knowledge to advance organizational and system improvement.
-Effectively navigates complex political and community environments to achieve positive outcomes.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

9. Systems Transformation (Definition: Leads change and innovation to transform health systems and organizations for the future.) The COS:

-Demonstrates systems thinking and understands the broader healthcare environment.
-Encourages innovation and supports creative problem-solving.
-Anticipates future trends and positions the organization strategically for long-term success.
-Leads transformational change initiatives with clarity and commitment.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

10. Resource Management (Definition: Optimizes organizational resources to ensure sustainability, efficiency, and alignment with strategic priorities.) The COS:

-Demonstrates effective stewardship of human resources, fostering engagement and retention.
-Ensures sound financial management practices that align with organizational goals.
-Oversees the efficient use and maintenance of capital and material assets.
-Utilizes information and data systems effectively for decision-making and reporting.

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

11. **Overall Performance Rating**

Performance Needs Development	Performance Usually Meets Expectations	Performance Consistently Meets Expectations	Performance Usually Exceeds Expectations	Performance is Excellent
○	○	○	○	○

Comments:

HÔPITAL Glengarry Memorial HOSPITAL

2025-2026 COS Evaluation by Medical Staff

Dimensions/Characteristics of Performance

Using the following definitions of levels of performance, please indicate below your perceptions and evaluations of your COS's work performance. Mark only those categories in which you feel able to evaluate his/her performance. Additional written comments can be made.

Excellent
- Performance is clearly outstanding.
- Performance is superior – it far exceeds standards and expectations.
- Performance is exceptional on a continuous basis.

Very good
- Performance generally meets or exceeds standards or expectations.
- Attains all or nearly all of position objectives.

Good
- Performance is adequate – it meets standards or expectations, and is developing within the position.

Needs improvement
- Fails to meet one or a few job expectations.

No basis for judgement
- Have not observed this skill or activity.

For any item you mark as "Needs improvement", please provide more details in the comment box provided at the end of the evaluation.

HÔPITAL Glengarry Memorial HOSPITAL

2025-2026 COS Evaluation by Medical Staff

1. The Chief of Staff :

	Excellent	Very good	Good	Needs improvement	No basis for judgment
1. Embodies continuous quality improvement	○	○	○	○	○
2. Engenders continuing development / learning for themselves and other physicians	○	○	○	○	○
3. Balances the hospital's priorities with concerns / issues of the physicians and other team members	○	○	○	○	○
4. Provides appropriate coaching / feedback	○	○	○	○	○
5. Ensures that physician needs are met enabling them to meet best practice clinical standards	○	○	○	○	○
6. Is well respected by other physicians	○	○	○	○	○
7. Creates an engaging work environment for the team members	○	○	○	○	○
8. Demonstrates the ability to work well with others	○	○	○	○	○
9. Demonstrates a collaborative approach to achieving patients / physician / hospital objectives	○	○	○	○	○
10. Participates in local and regional outreach / representation when	○	○	○	○	○

appropriate					
11. Regularly reviews the succession planning agenda, updating the hospital physician staffing needs and recruiting accordingly	○	○	○	○	○
12. Establishes clear expectations and standards of performance with members of the medical staff	○	○	○	○	○

Comment box:

2. What, if anything, do you feel the COS could do differently to further support the physicians or the hospital in general?

DECISION SUPPORT DOCUMENT FOR

☐ Board of Directors ☒ Board Committee – Governance ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: October 27, 2026 Meeting Date Prepared for: November 12, 2026

Subject: Q2 Strategic Actions Report – 2026/2027

Prepared by: Robert Alldred-Hughes, President & CEO

☐ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☒ FOR INFORMATION ONLY

PURPOSE

The purpose of this briefing is to provide the Governance Committee with an update on progress against HGMH's Strategic Action Report for Q2 2026/2027.

Strategic actions are developed annually to advance HGMH's 2023–2028 Strategic Plan and provide measurable actions under our four strategic priorities: Quality & Safety, People & Culture, Integration & Standardization, and Future Planning.

Quarterly reporting provides the Board with oversight of progress, identifies emerging risks or barriers, and supports accountability for implementation.

RECOMMENDATION / MOTION

THAT the Governance & Nominating Committee recommend to the Board of Directors the receipt of the Q2 2026/2027 Strategic Action Report.

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.

- Actions are progressing well across all four strategic priorities. Of the 11 strategic actions, one is complete and the remaining ten are identified as on track, with no actions flagged as requiring mitigation or at risk.
- Q2 milestones include the successful launch of the organization-wide Learning Management System (100% complete); approval from the Ministry of Health Capital Branch to proceed with the CT project, which remains on schedule for October 2027; and PFAC approval of the patient advisor role description (90% complete).
- Other progress includes NVCI training for 26 staff toward a year-end target of 30; an 88% Epic training rate as reported in Q2 ahead of the planned October 24 go-live; and continued preparation for the Endoscopy Program expansion, with a February 2027 launch planned for out-of-province patients.
- Work also continues on psychological safety, IDEA initiatives, wound care, infrastructure renewal and environmental stewardship. Management will monitor outstanding milestones and report material changes in progress or risk through subsequent quarterly updates.

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 Q2 report demonstrates measurable progress and completion of the Learning Management System. The CT project has received approval to proceed, although purchase orders are expected in Q3 and the project remains dependent on procurement, construction and funding coordination.

- Epic readiness remained a significant operational priority during Q2. The report recorded 88% training completion and ongoing work on user access and login readiness ahead of the October 24 go-live. These figures describe the Q2 reporting period and do not constitute a post-go-live assessment.
- The Endoscopy Program expansion is targeting February 2027, with staffing increases and referral pathways for patients requiring surgical intervention still being developed. Psychological safety survey results are under review to establish a baseline, while IDEA and environmental stewardship work remain in earlier stages of implementation.
- Management will continue to balance strategic implementation with operational capacity, monitor dependencies and outstanding deliverables, and bring forward any material changes to scope, timelines or risk in future quarterly reports.

CONSULTED WITH:

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

- HGMH Senior Leadership Team

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Q2 Strategic Action Report

2026-2027 Strategic Action Report Q2

Strategic Dimension	Strategic Direction	Executive Lead	Action	Progress		Status / %
Quality & Safety	*Enrich the patient experience through quality, safe care that welcomes patients and families as partners in care.*	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.	Q1	RFP and space design process has been completed for both the CT Equipment and Turnkey Construction. Submission made to MOH Capital Branch to support approval to proceed.	**35%**
				Q2	MOH Capital Branch approved HGMH to proceed. The CT Scanner Implementation Project continues to progress on schedule. The CT scanner model and the vendor responsible for the design and construction of the CT suite have been selected, with purchase orders expected to be signed in Q3. The HGMH Foundation is transferring the first $1 million to support the project, which remains on track for an October 2027 go-live.	
				Q3		
				Q4		
		Rachel Romany	Implement the RNAO Best Practice Guideline for wound care to strengthen evidence-based assessment, prevention, and management practices across the organization.	Q1	Established a dedicated wound care team led by the IPAC Nurse with RPN support. Team members have applied to complete a five-month wound care course starting in August to build expertise and support implementation of the RNAO Best Practice Guideline.	50%
				Q2	Continued emphasis on early mobilization, preventing deconditioning, and maintaining positive wound prevention outcomes. Patients' mobility and ambulation are an interdisciplinary approach between nursing, physiotherapists, and occupational therapists.	
				Q3		

Fully complete | On track – no barriers for completion | Not on track – mitigation plans in place | Not on track – initiative at risk

Updated October 8, 2026

				Q4		
		Robert Alldred-Hughes	Collaborate with PFAC to co-design and implement a priority improvement initiative that enhances the patient and family experience.	Q1	PFAC meeting has occurred to determine which initiative they would like to advance this year. Focus has been determined to support the development of a patient advisor framework and role description.	**90%**
				Q2	Role description for patient advisors has been developed and approved by PFAC. Patient feedback survey's are advertising this opportunity, and it will form part of patient safety week during Q3.	
				Q3		
				Q4		
People & Culture	*Improve engagement by investing in the organizations people and empower a caring and positive culture for all.*	Kayla MacGillivray	Advance implementation of an organization-wide Learning Management System to standardize training delivery, monitor mandatory education compliance, and enhance workforce development.	Q1	Vendors were met with and the project team selected Dual Code, an Ottawa-based organization. The project was kicked off in June.	**100%**
				Q2	The platform went live and has been operating successfully.	
				Q3		
				Q4		
		Rachel Romany	Advance comprehensive NVCI training across patient-facing teams to enhance de-escalation capability and reduce workplace violence risk.	Q1	An internal NVCI instructor has been certified, with staff training beginning July 23. Phase 1 includes ED, Diagnostic Imaging, and Registration staff, followed by inpatient and Allied Health teams. NVCI training will be added to new staff orientation in January 2027.	50%
				Q2	26 staff have received NVCI training and progressing well toward the year-end goal of 30.	
				Q3		
				Q4		
		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.	Q1	Gender-identity training was launched on the intranet. A corporate IDEA policy has been developed and is currently going through the approval processes.	30%
				Q2		

Fully complete On track – no barriers for completion Not on track – mitigation plans in place Not on track – initiative at risk

				Q3		
				Q4		
		Kayla MacGillivray	Advance implementation of the psychological safety strategy by delivering targeted training and reinforcing leadership accountability.	Q1	Commitment from Senior Leadership was signed. The Program was shared with all staff. Guarding Minds at Work survey was launched.	**40%**
				Q2	The Guarding Minds at Work survey closed on August 27, 2026. Results currently being reviewed to establish a baseline.	
				Q3		
				Q4		
Integration & Standardization	*Deliver standardized quality care in a cost-effective way through collaboration & integration opportunities.*	Rachel Romany	Achieve successful Epic EMR go-live by executing required clinical, operational, and technical readiness activities across the organization.	Q1	Achieved 56% end-user training registration against the initial 50% target. Current focus is coordinating staff schedules and backfill, with a goal of reaching 100% registration by August 21 to support Epic readiness with a go-live date of October 24, 2026.	50%
				Q2	Ongoing focus on ensuring appropriate user access, login readiness and training completion. Training rate at 88% with progress on track toward Oct 24 go-live.	
				Q3		
				Q4		
		Robert Alldred-Hughes	Advance Endoscopy Program expansion through targeted business development, partnership engagement, and operational capacity planning.	Q1	Opportunity is progressing well. The surgeons are supportive of the opportunity to increase endoscopy. Working through billing support, and requisition development. Referring physicians supportive of new referral pattern.	50%
				Q2	The Endoscopy Expansion Project continues to progress, with all participating physicians having signed on to obtain RAMQ billing numbers and a planned February 2027 launch for out-of-province patients. A financial model has been developed, and staffing levels are being increased to support the anticipated growth in service volumes. Work is ongoing to establish appropriate referral pathways for	

					patients with positive findings requiring surgical intervention.	
				Q3		
				Q4		
Future Planning	*Invest in the sustainability of our equipment & infrastructure to support safe, quality care.*	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.	Q1	Infrastructure Renewal Strategy Executive Summary and a Facilities Operations and Maintenance Operational Plan have been drafted.	50 %
				Q2	Work is underway with putting all HVAC units on a PM program/plan done by a third party to ensure units work properly.	
				Q3		
				Q4		
		Linda Ramsay	Develop and implement an Environmental Stewardship Plan to guide energy efficiency, waste reduction, and sustainable operations.	Q1	First meeting of the committee was held in July. Terms of reference were drafted and reviewed by the committee members.	50 %
				Q2	Committee reviewed the Terms of Reference, made a few changes and next meeting set for Q3.	
				Q3		
				Q4		

HÔPITAL Glengarry Memorial HOSPITAL

DECISION SUPPORT DOCUMENT FOR

☐ Board of Directors ☒ Board Committee – Governance ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: October 20, 2026 Meeting Date Prepared for: November 12, 2026

Subject: Policy Review – Email Usage for Board of Directors

Prepared by: Robert Alldred-Hughes, President & CEO

☒ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

Review the Email Usage for Board of Directors policy (BOD.05.011), and seek direction on whether to maintain the current requirement for Board members to use HGMH email addresses or revise the policy to allow personal email addresses (except for the Board Chair), with Board communications and documents managed through the Board portal.

RECOMMENDATION / MOTION

- Option 1: That the Governance and Nominating Committee recommend to the Board of Directors the approval of the Email Usage for Board of Directors policy with no changes.
- Option 2:That the Governance and Nominating Committee recommend to the Board of Directors the approval of the revised and renamed policy, Email and Board Portal Usage for Board of Directors, as amended.

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 policy introduced in 2023 requires Board members to use HGMH email addresses for hospital business. Some members have experienced difficulties accessing their accounts due to multi-factor authentication (MFA). As the policy is due for review, the Governance Committee is being asked to consider whether the current approach should continue.
- Option 1 – Maintain the current policy (status quo): Board members would continue using their HGMH email addresses for hospital-related correspondence, including applicable security requirements such as MFA. The Board portal would continue to be used for Board materials in accordance with existing practices. Board members who continue to experience difficulties logging in will be offered dedicated time with the IT team to review the login process, including multi-factor authentication (MFA), and receive assistance accessing their accounts.
- Option 2 – Revise the policy: Board members would be permitted to use personal email addresses, with the exception of the Board Chair, who would retain an HGMH email account for communications received from the Ministry and Ontario Health. Board meeting packages, policies, updates and confidential or sensitive information would be shared through the Board portal. Email would be limited to notifications directing members to the portal, without confidential content or attachments.
- Under Option 2, members would be responsible for keeping their personal email addresses up to date with the Board Liaison. The Chair would continue to follow HGMH account security requirements, including MFA, and information for the full Board would be posted in the portal.
- Under either option, Board members remain responsible for maintaining confidentiality and following applicable cybersecurity and information protection requirements.

- The Governance Committee is asked to weigh the cybersecurity considerations discussed in the education session against accessibility and ease of use before recommending a direction to the Board.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Current policy without changes
- Draft revised policy - Email and Board Usage for Board of Directors

Document Name:	Hospital Email Usage for Board Directors	
Document Number:	BOD.05.011.0.23	
Review Period:	☒3 years ☐1 year	**Manual:** Governance Policy Manual
Classification: Board of Directors	**Section:** Board Effectiveness	
Owner: President & CEO	**Signing Authority:** Board of Directors	

POLICY STATEMENT:

This policy outlines the requirement for all Board members of Hôpital Glengarry Memorial Hospital to use their official hospital-provided email address for communication related to hospital business. This policy is implemented to enhance security, confidentiality, and consistency in the exchange of sensitive and confidential information.

PROCEDURE:

Purpose of Hospital-Provided Email Addresses

Board members are required to use their designated hospital email addresses for official communications and activities related to the hospital. The purpose of these email addresses is to ensure the secure exchange of confidential information, promote consistency in communication, and support efficient collaboration among Board members.

Official Hospital Email Accounts

Board members will be provided with official hospital email accounts, which will be hosted by the hospital's secure email system.

Use of Hospital Email Addresses

Board members are expected to use their hospital-provided email addresses for all hospital-related communications. This includes, but is not limited to, correspondence with hospital Board Liaison, hospital Executives, and any other members of hospital committee or workgroup.

Confidential Information

Communications via hospital email addresses may contain confidential information. Board members are reminded to exercise the utmost discretion and adhere to hospital policies and legal requirements related to the handling and protection of sensitive data. The hospital's email system is equipped with encryption mechanisms to protect sensitive data during transmission.

Password Security

Board members are responsible for maintaining the security of their hospital email accounts. They should regularly update their passwords and follow hospital guidelines for password complexity. Sharing password is strictly prohibited.

Document Name:	~~Hospital~~ Email and Board Portal Usage for Board Directors	
Document Number:	BOD.05.011.0.23	
Review Period:	☒3 years ☐1 year	**Manual:** Governance Policy Manual
Classification: Board of Directors	**Section:** Board Effectiveness	
Owner: President & CEO	**Signing Authority:** Board of Directors	

POLICY STATEMENT:

Hôpital Glengarry Memorial Hospital Board members will use their designated personal email addresses for routine, non-confidential Board communications. Meeting packages and all sensitive or confidential information must be shared through the secure Board portal and must not be sent to personal email addresses. This approach supports reliable communication while protecting Board and hospital information.~~This policy outlines the requirement for all Board members of Hôpital Glengarry Memorial Hospital to use their official hospital-provided email address for communication related to hospital business. This policy is implemented to enhance security, confidentiality, and consistency in the exchange of sensitive and confidential information.~~

PROCEDURE:

~~*Purpose of Hospital-Provided*~~*Use of Personal* *Email Addresses*

Each Board member will provide the Board Liaison with a current personal email address for Board communications and promptly report any change. This address will be used for meeting reminders, scheduling, administrative notices and notifications that information is available in the Board portal. Board members are expected to monitor this email address and consult the portal regularly.~~Board members are required to use their designated hospital email addresses for official communications and activities related to the hospital. The purpose of these email addresses is to ensure the secure exchange of confidential information, promote consistency in communication, and support efficient collaboration among Board members.~~

HGMH Email Address for the Board Chair

The Board Chair is the only Board member required to maintain and regularly monitor an HGMH email address, as communications from the Ministry and Ontario Health are shared with the Chair from time to time. The Chair must use this account for such correspondence and comply with HGMH account security requirements, including multi-factor authentication. Any information requiring distribution to other Board members must be shared through the Board portal, with a non-confidential email notification as appropriate. Sensitive correspondence must not be forwarded to personal email addresses.

Use of the Board Portal

The Board portal is the designated channel for meeting agendas and packages, Board policies, resources, and all sensitive or confidential Board and committee information. Important updates from the President and CEO will be posted in the portal. The Board

Liaison will send a brief email notification directing members to consult the portal when new information is available.

Account and Device Security

Board members are responsible for protecting access to their personal email accounts, devices and Board portal accounts. Members must use strong, unique passwords, and must not share login credentials.

~~**Official Hospital Email Accounts**~~

~~Board members will be provided with official hospital email accounts, which will be hosted by the hospital's secure email system.~~

Confidentiality Obligations

All Board members remain responsible for maintaining confidentiality and complying with applicable hospital policies for the protection and handling of Board and hospital information. On leaving the Board, portal access will be removed.

~~***Use of Hospital Email Addresses***~~

~~Board members are expected to use their hospital-provided email addresses for all hospital-related communications. This includes, but is not limited to, correspondence with hospital Board Liaison, hospital Executives, and any other members of hospital committee or workgroup.~~

~~***Confidential Information***~~

~~Communications via hospital email addresses may contain confidential information. Board members are reminded to exercise the utmost discretion and adhere to hospital policies and legal requirements related to the handling and protection of sensitive data. The hospital's email system is equipped with encryption mechanisms to protect sensitive data during transmission.~~

~~***Password Security***~~

~~Board members are responsible for maintaining the security of their hospital email accounts. They should regularly update their passwords and follow hospital guidelines for password complexity. Sharing password is strictly prohibited.~~

DRAFT

DECISION SUPPORT DOCUMENT FOR

☐ Board of Directors ☒ Board Committee – Governance ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: October 20, 2026 Meeting Date Prepared for: November 12, 2026

Subject: Policy Review – Delegation of Authority to the President & CEO

Prepared by: Robert Alldred-Hughes, President & CEO

☒ DECISION SOUGHT* ☐ FOR DISCUSSION/INPUT ☐ FOR INFORMATION ONLY

PURPOSE

To review the Delegations of Authority of the President and CEO policy (BOD.05.012) as part of the regular policy review cycle and seek feedback from the Governance and Nominating Committee.

RECOMMENDATION / MOTION

That the Governance and Nominating Committee recommend to the Board of Directors the approval of the Delegations of Authority to the President & CEO policy (BOD.05.012) 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 Delegations of Authority of the President and CEO policy (BOD.05.012) was last reviewed in November 2023 and is due for its scheduled three-year review.
- The policy sets out the authority delegated by the Board to the President and CEO for the management and operation of the Hospital, while maintaining accountability to the Board.
- No amendments are proposed at this time, subject to feedback from the Committee. Members are invited to identify any changes they consider necessary before it is presented to the Board of Directors.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Delegations of Authority to the President & CEO policy

Document Name:	Delegations of Authority of the President and CEO	
Document Number:	BOD.05.012.0.23	
Review Period:	☒3 years ☐1 year	**Manual:** Governance Policy Manual
Classification: Board of Directors	**Section:** Board Effectiveness	
Owner: President & CEO	**Signing Authority:** Board of Directors	

POLICY STATEMENT:

The President and Chief Executive Officer (CEO) is accountable to the Board. The Board's sole official connection to the operations of the organization will be through the CEO.

The Board provides direction to the CEO in accordance with policies established by the Board. The Board hereby delegates to the CEO authority to:

- Manage and direct the business and affairs of the Corporation, except such matters and duties as must be transacted or performed by the Board by law or by the provisions of the Corporation's by-laws; and
- Employ and discharge agents and employees of Hôpital Glengarry Memorial Hospital as the CEO may from time to time decide is necessary.

PURPOSE:

In order to discharge its responsibility to provide for excellent management, the Board of Hôpital Glengarry Memorial Hospital selects and appoints the CEO and delegates responsibility and authority to the CEO for the management and operation of the Corporation. This policy sets out key parameters of that authority.

PROCEDURE:

The CEO shall:

- Ensure that the corporation's operations are conducted and that care to patients is provided in the Corporation in accordance with the organization's by-laws, policies established by the Board, and applicable legislation, including the *Public Hospitals Act*
- Ensure that the Corporation's practices, activities, and decisions are undertaken prudently, lawfully, and in an equitable and reasonable manner congruent with commonly accepted business practices and professional ethics
- Ensure that the Corporation's assets are protected, adequately maintained and not unnecessarily placed at risk
- Ensure that the Board-approved priorities are reflected in the allocation of resources
- Ensure that budgeting is based on generally accepted financial planning practices that balance expenditures in any fiscal year against expected revenues

- Promote a healthy work environment for staff and volunteers that is consistent with the Corporation's values
- Represent the Corporation externally to the community, government and media, and other organizations and agencies in ways that enhance the public image and credibility of the Corporation

The CEO shall provide leadership support to the Board in the discharge of its responsibilities and ensure that the Board is informed and supported in its work.

HÔPITAL Glengarry Memorial HOSPITAL

DECISION SUPPORT DOCUMENT FOR

☐ Board of Directors ☒ Board Committee – Governance ☐ Senior Leadership Team
☐ Other *(please specify):*

Date Prepared: October 23, 2026 Meeting Date Prepared for: November 12, 2026

Subject: Review Strategic Plan and Refresh

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 provide the committee with an annual update on the hospital's Strategic Plan (2023–2028) and to outline the process for future reviews and potential refreshes.

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 hospital's current Strategic Plan was launched in 2023 and provides the framework to guide priorities, decision-making, and resource allocation through to 2028. The plan was developed following extensive consultation with staff, physicians, partners, patients, and the community.

As part of the Board's governance responsibilities, an annual review of the Strategic Plan is required to monitor progress and ensure continued alignment with organizational priorities and the external healthcare environment. A strategic plan refresh is typically considered mid-cycle or when there are significant shifts in priorities, system-level changes, or emerging needs that warrant an update.

Current Status

The current Strategic Plan remains relevant and continues to guide hospital operations and strategic decision-making. As the plan approaches the final year of its five-year cycle, a formal refresh is not recommended at this time. However, the Board should begin considering the timing and approach for developing the next Strategic Plan. Management recommends initiating the consultation and stakeholder engagement process in Q4 of 2027/2028, with a view to launching the new Strategic Plan in 2028/2029.

Attached to this briefing note is a summary of progress against each strategic priority, highlighting key accomplishments, ongoing initiatives, and areas of focus for the coming year.

Next Steps

- Continue implementation of the 2023–2028 Strategic Plan with regular progress monitoring through quarterly Strategic Action reports.
- Plan for refresh in 2028 for implementation in 2028/2029.

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Strategic Plan Progress Table

Strategic Priorities		Actions

Quality & Safety
 	
Enrich the patient experience through quality, safe care that welcomes patients and families as partners in care.
	• Advance Person & Family Centred Care, ensuring the patient voice is embedded throughout hospital programs and services.
	• Provide culturally safe care for those who access our services and support health equity for racialized and marginalized people.
	• Support safe care by assessing and addressing risk throughout the organization.
	• Progress the implementation of the Best Practice Spotlight
	• Organization commitments with an interprofessional approach.
		• Recruited new PFAC members
		• Implemented having PFAC members sit on internal hospital committees
		• PFAC developed/implemented two initiatives:
		  o Partnership with library
		  o Completed training on ECP
		• Implemented Inclusion, Diversity, Equity, and Anti-Racism framework
		• Increased the use of medical directives for nursing staff, allowing for faster initiation of diagnostic tests and treatments before physician assessment. Undertake facility enhancements to support patient care and operational efficiency.
		• Developed a business case for Surgical Services at HGMH to support care close to home and wait time reduction in the region.
		• Implemented BPGs:
		  o Alternate Approaches to the Use of Restraints
		  o Delirium, dementia & Depression in Older Adults
		  o Care Transitions
		  o Person & Family Centred Care
		  o End-of-Life Care
		  o Oral Health
		  o Palliative Care
		  o Wound Care
		• Implemented the Essential Care Partner program
		• Implemented the HELP program
		• Implemented purposeful hourly rounding
		• Implemented Senior Leadership Team Patient Rounding
		• Advanced CT planning to project implementation.

		• Developed a new role to ensure the patient voice is within major projects and initiatives, by creating Patient Advisors for single opportunity focused roles.
People & Culture	• Recruitment & Retention • Diversity, Equity, Inclusion & Reconciliation • Safety & Wellness • Professional Leadership Development • Rewards & Recognition	• Developed a creative recruitment brand that markets the hospital to prospective talent in meaningful ways • Redeveloped the onboarding process for new hires • Initiated a Medical Student and Resident Program to provide hands-on learning experiences within our medical community. By collaborating with the Rural Ontario Medical Program (ROMP) and other academic partners, we will support initiatives such as Discovery Week for medical students and structured resident placements • Redesigned our performance evaluation process to create a more meaningful, transparent, and development-focused experience for our employees. • Developed an HR strategic plan • Created of IDEA committee to guide the framework • Enhanced leadership training with a dedicated focus on psychological safety in addition to management responsibilities. • Implemented leadership forums at the Leadership meetings • Implemented Management Bites sessions for management • Developed and implemented a standardized retirement and recognition program that celebrates staff members who are retiring from the hospital • Implemented a Learning Management System to standardize training delivery and monitor compliance • Advanced Non-Violent Crisis Intervention training to enhance de-escalation, and reduce workplace violence impact

		• Launched Gener Identity Training, and a corporate policy on Inclusion, Diversity, Equity, and Anti-Racism. • Advanced a psychological safety program to support staff through leadership accountability and targeted training.
Integration & Standardization	• Engage in opportunities within the Great River Ontario Health Team that focus on system integration & collaboration which enhance the patient, family, and provider experience. • Support patients and families through transitions in care with modernization, communication, and collaboration. • Develop and sustain programs and services that meet the needs of the communities we serve by exploring optimal resource utilization and virtual care opportunities.	• Collaborated with GR OHT to develop a plan and proposal that would see Enhanced Remote Care Monitoring by OH at Home integrated into our discharge process. • Explored viability of a Health Hub to support Primary Care, Emergency Department diversion, and sustainable physician recruitment and retention. • Fully transitioned to a new Electronic Medical Record (EMR) system by joining the Atlas Alliance and implementing the EPIC EMR platform. • Invested in critical upgrades to our information technology infrastructure. This year, we are enhancing system reliability and security by purchasing backup servers and an uninterruptible power supply (UPS) for our server environment. • Implemented a care model to support reduced wait times and enhance physician initial assessment times in the ED during peak periods • Advanced endoscopy service enhancement through targeted business development and revenue generation strategies
Future Planning	• Drive financial stabilization to address gaps in funding and identify new funding opportunities which support innovative care delivery models. • Leverage and enhance equipment & technology for our patients to receive care	• Continue advocacy that supports appropriate operational funding, and implementing efficiencies that reduce operating cost. • Worked collaboratively with MOH and Foundation to bring CT to HGMH • Submitted the pre-capital submission to support the future redevelopment and revitalization of the hospital

	close to home with support and collaboration from our partners. • Engage in infrastructure renewal & capital redevelopment planning processes.	• Developed an infrastructure renewal strategy to ensure infrastructure investment are sequenced and aligned with the long term development direction. • Implementing a culture and system of Environmental Stewardship to guide energy efficiency, waste reduction, and ensure sustainable operations.