Listowel Wingham Hospitals Alliance
Board of Directors Meeting Minutes
Wednesday, May 27, 2026

LMH Sarah Ave Building / Microsoft Teams

PRESENT	Laura Phillips (V)	Dr. Stephen Vander Klippe (V)	**STAFF PRESENT**	Rhonda Scheeringa
	Mike Miller (V)	Dr. Sean Henderson (V)		Dawood Amjad
	Monica Dey	Dr. Terry Suggitt		
	Sheena Haines	Esther Millar		
	Stacey Ash	Rosalea Beyersbergen		
	Kailey Fallis	Susan McLaughlin		
	Erin Hall	Jessica Weber		
	Mark Foxton	Justine Leslie		
ABSENT			**GUESTS**	Lidia Czubak
REGRETS	Derek Mendez		**REGRETS**	

1. CALL TO ORDER

1.1 Quorum

Chair S. Ash called the Board of Directors meeting to order at 1730 hours.

1.2 Declaration of Conflict of Interest

There were no conflicts of interest declared.

1.3 Approval of Agenda

Moved by: M. Foxton **Seconded by: J. Weber**

THAT the LWHA Board of Directors approves the Agenda for Wednesday, May 27, 2026, as circulated.

MOTION: CARRIED

2. PREVIOUS MINUTES

2.1 Approval of Previous Meeting Minutes

Moved by: M. Foxton **Seconded by: M. Dey**

THAT the LWHA Board of Directors approves the previous Board of Directors Meeting Minutes of Wednesday, April 22, 2026, as circulated.

MOTION: CARRIED

3. CONSENT AGENDA MATTERS

3.1 Approval of Consent Agenda Items

Moved by: S. Haines **Seconded by: J. Weber**

THAT the LWHA Board of Directors approves the following Consent Agenda reports as circulated:

- WDH Foundation Report
- Balanced Scorecard
- Huron Perth & Area Ontario Health Team – Quarterly Update – May 2026
- Board Meeting Evaluation
  https://www.surveymonkey.com/stories/SM-qkwGwXXiMFVPSLAoKco20A_3D_3D/

MOTION: CARRIED

4. BUSINESS ARISING FROM PREVIOUS MINUTES

4.1 Business Arising from Previous Minutes

4.1.1 Finance Update – D. Amjad

An update was provided regarding the 2025–2026 year-end financial position. Preliminary results indicate an operating surplus at both sites, supported by Ministry funding, cost containment measures, and ongoing financial stewardship efforts. Final year-end reporting will be presented in June.

Discussion also included the improved cash position, ongoing management of cash flow risks, and planned follow-up reporting related to the approved budget. The status of cash failure support funding and its implications for future financial planning were also reviewed.

An update was provided regarding the external audit process. It was noted that the audit had progressed well, with all auditor inquiries addressed. Discussion also emphasized the importance of clearly identifying significant financial risks and cash flow considerations within future audit reporting.

Ongoing discussions with Ontario Health and the Ministry regarding additional funding opportunities were also noted.

5. MATTERS REQUIRING DECISION: NEW BUSINESS

5.1 Sub-Committee Report: Community Relations, Communications & Strategy Committee – S. Ash

- Committee Update – May 11, 2026
- Minutes – May 11, 2026 (attached)
- Strategic Plan - Q4 Report (attached)
- Strategic Scorecard – Q4 (attached)

Update noted planning for regular advocacy and engagement meetings with municipal leaders, with future meetings expected to align with key municipal conferences where appropriate.

The recent Ministry site visit was also discussed. Positive feedback was received regarding staff leadership and the breadth of expertise required within rural healthcare settings. It was noted that

Ministry representatives identified Huron Perth's focus on regional solutions and collaboration as a significant strength, and a model not commonly observed elsewhere in the province.

Moved by: E. Hall **Seconded by: J. Weber**

THAT the LWHA Board of Directors receives the update and associated materials from the Community Relations, Communications & Strategy Committee and approves the Committee minutes.

MOTION: CARRIED

5.2 Sub-Committee Report: Quality, Patient Experience & Social Accountability – J. Leslie

The Quality Improvement Plan close-out process was reviewed, including revisions to the supply chain component, which will be reflected in the Q4 reporting package.

Critical incident reporting processes and opportunities to enhance reporting to both the Quality Committee and Medical Advisory Committee were discussed. The Integrated Risk Management Report was reviewed, with funding pressures, recruitment and retention of single-incumbent leadership positions, and physician recruitment and retention identified as the highest-rated organizational risks.

Patient experience activities were reviewed, including recruitment of new members to the committee. Key themes arising from patient feedback included wait times, communication regarding discharge and care planning, and billing-related concerns, with billing processes being addressed through the 2026-2027 Quality Improvement Plan.

Appeals remain underway for two accreditation standards related to medication management and diagnostic imaging and will not impact the organization's Exemplary Standing designation.

Moved by: K. Fallis **Seconded by: M. Miller**

THAT the LWHA Board of Directors receives the update from the Quality, Patient Experience & Social Accountability Committee and approves the Committee minutes.

MOTION: CARRIED

5.3 Terms of Reference – S. Ash

Moved by: S. McLaughlin **Seconded by: M. Foxton**

THAT the terms of reference for the LWHA Resource and Audit Committee are revised to remove the Chairs of the Hospital Foundations as of June 1.

MOTION: CARRIED

Moved by: S. McLaughlin **Seconded by: M. Miller**

That the LWHA Board of Directors approves the terms of reference for the following sub-committees as amended for the term of one year:

- Community Relations, Communications & Strategy Committee
- Executive Committee
- Governance & Ethics Committee
- Quality, Patient Experience & Social Accountability Committee
- Resource & Audit Committee

MOTION: CARRIED

5.4 Sub-Committee Structure Review

The Governance & Ethics Committee recommendation to maintain the current sub-committee structure for an additional year was reviewed. The Board requested that administrative input regarding the resources required to support the structure be considered as part of any future evaluation.

Moved by: S. McLaughlin **Seconded by: J. Weber**

THAT the LWHA Board of Directors, prior to endorsing the new sub-committee structure, receive input from the administration to support the new governance structure.

MOTION: CARRIED

5.5 Special Board Meeting – June 2026 – S. Ash

Discussion occurred regarding the volume of matters anticipated for consideration in June. To support timely consideration of these matters, the Board approved scheduling a Special Board Meeting on June 10, 2026.

Moved by: M. Millar **Seconded by: S. McLaughlin**

THAT the LWHA board of Directors adds a special board meeting on Wednesday, June 10 to take place in Wingham

MOTION: CARRIED

6. MATTERS FOR DISCUSSION

6.1 No Matters for Discussion

7. INFORMATION ONLY ITEMS

7.1 Senior Team Report – E. Millar, J. Leslie, R. Scheeringa

The CEO provided an update regarding the recent Ministry site visit, which highlighted the organization's role in regional healthcare delivery, service capacity, and collaboration across Huron Perth. Advocacy efforts related to oncology services continue through regional working groups. An update was also provided regarding Ontario Health West priorities, OHT strategic planning activities, and alignment with future organizational strategic planning.

The VP of Clinical Services and Quality/CNE provided an update regarding the unexpected failure of an endoscopy scope cabinet at WDH. Replacement equipment is being provided at no cost, and interim measures have been implemented to maintain service continuity. Ongoing reductions in

overtime expenditures were also noted, supported in part by the availability of CT services in Wingham and reduced patient transfers.

The VP of Human Resources provided an update regarding the EDIA-R Committee's work to develop a smudging policy, supported by community engagement and cultural education to ensure the final approach is meaningful and appropriate.

7.2 LMH Chief of Staff Report – Dr. Suggitt

The LMH Chief of Staff provided an update regarding physician staffing within the Emergency Department, noting improved stability and support from regular locum coverage. Redevelopment planning activities and ongoing physician quality improvement initiatives were also reviewed.

An update was provided regarding physician leadership activities through the CPSO and opportunities to support sharing of quality improvement initiatives across hospitals. Professional Staff By-law review and clarification work is also underway.

Electronic physician documentation continues to progress well, with physicians remaining responsible for reviewing and validating their documentation. The WDH CT scanner was also noted as beneficial in supporting service continuity during planned and unplanned downtime at LMH.

7.3 WDH Chief of Staff Report – Dr. Vander Klippe

The WDH Chief of Staff provided an update regarding Medical Advisory Committee discussions, which included opportunities to improve the efficiency of physician credentialling processes, particularly for physicians already credentialled at other organizations. Related discussions are also occurring at the regional Chiefs of Staff table.

Recruitment activities were reviewed, including interest expressed in internal medicine and geriatric services. An update was also provided regarding the planned departure of Dr. Mousa and transition planning to support continuity of care for affected patients.

7.4 Accreditation Update – Governing Body Assessment – L. Czubak

An update was provided regarding the transition to a collaborative accreditation model through the Huron Perth and Area Ontario Health Team. Benefits of the model include greater alignment, shared resources, harmonized policies, and collaborative quality improvement initiatives across the eleven participating organizations.

The Board was advised that accreditation activities will occur on a more continuous basis throughout the accreditation cycle rather than through periodic intensive review periods. A Governing Body Assessment will be distributed to Board members to support governance quality improvement planning and accreditation requirements.

Moved by: By consensus

THAT the LWHA board of Directors agrees to participate in the Ontario Health Teams (OHT) Governing Body Assessment.

MOTION: CARRIED

8. OTHER BUSINESS

8.1 **No Other Business**

9. IN-CAMERA SESSION

Moved by: K. Fallis **Seconded by: R. Beyersbergen**

THAT the LWHA Board of Directors meeting move to 'In-Camera' session and that staff remain.

MOTION: CARRIED

10. RESOURCES & INFORMATION

11. OTHER BUSINESS

- Wednesday, June 10, 2026
- WDH Boardroom / Microsoft Teams
- 1730 Hours

12. ADJOURNMENT

Moved by: E. Hall **Seconded by: R. Beyersbergen**

THAT there being no further business the LWHA Board of Directors meeting be adjourned at 2032.

MOTION: CARRIED

13. BOARD ONLY

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Stacey Ash, Chair Esther Millar, Secretary