



**Campbellford
Memorial Hospital**

**Campbellford Memorial Hospital
Board of Directors Open Meeting - Minutes
Tuesday, March 31st, 2026 @ 4:00 PM**

PRESENT: Carrie Hayward (Chair), Jeff Hohenkerk, Liz Mathewson, Marg Carter, Dr. Dimitri Louvish, Doug Hunt, Glen Wood, Heather Campbell, Jennifer Glover, Dr. Danish Chippa, June Tutak, Michael Bunn, Liz Mathewson, Sandra Conley, Dr. Ellen Buck-McFadyen, Greg Clarke

REGRETS: Fiona Harrington, Trish Wood

GUESTS: Peter Mitchell (Recorder), Jessica Brandon, Adam Kolisnyk

1. CALL TO ORDER

Carrie Hayward called the meeting to order at 4:19 PM.

1.1 Land Acknowledgement

Carrie Hayward offered a Land Acknowledgement.

1.2 Confirmation of Quorum

A Quorum was confirmed.

1.3 Approval of Agenda

Motion: Be it resolved that the agenda be approved as circulated.

Moved by: Glen Wood

Seconded by: Liz Mathewson

Carried.

1.4 Declaration of Conflicts of Interest

No conflicts were declared.

2. PATIENT STORY

VP Patient Care Heather Campbell presented two separate patient stories to the board.

3. CONSENT AGENDA

(The following items/recommendations have been identified as part of the consent agenda for the regular meeting. Directors are encouraged to contact the Board Chair, CEO or EA to the CEO/Board in advance of the meeting if there are questions about a listed consent agenda item. Any Director may request that any of the Materials be moved to the Board or Committee meeting agenda.)

3.1 Summary of Motions in Consent Agenda

Motion: Be it resolved that the Consent Agenda be approved as amended, including all motions listed in section 3.1 - Summary of Motions in Consent Agenda.

Moved by: Liz Mathewson

Seconded by: June Tutak

Carried.

3.2 Board of Director Meeting Minutes of January 27th, 2026

3.3 Communication & Engagement Plan

3.4 Redevelopment Communications and Community Engagement Committee Terms of Reference (Policy 5-410)

3.5 Consent Agenda (Policy 5-025)

3.6 CEO Position Description (Policy 2-020)

3.7 Chief of Staff Position Description (Policy 2-060)

3.8 Quarterly Compliance Certificate

3.9 Operating Statements – Year to Date January 31st, 2026

3.10 H-SAA (Hospital Service Accountability Agreement)

3.11 M-SAA (Multi-Sector Service Accountability Agreement)

3.12 Auxiliary Report

3.13 Foundation Report

3.14 Ontario Health Team – Northumberland Update

4. BUSINESS ARISING/COMMITTEE MATTERS

4.1 Governance Committee Report

The Governance Committee Chair, Michael Bunn, presented the Governance Committee report, which had been circulated prior to the meeting. Mr. Bunn highlighted recent policy updates, confirming that no fundamental changes were made to any policies. He informed the Board that the Nomination Subcommittee will convene later in April to review applications submitted for Board membership.

Mr. Bunn further reported that the Director Liability Policy will be revised to address updates regarding directors' obligations to demonstrate the absence of a criminal record. The anticipated revision will likely require a criminal record check; however, failure to pass the check will not automatically disqualify a candidate from Board membership. Additionally, a Director Removal Policy will be developed, and the Director Declaration Form will be updated to ensure consistency and alignment with these changes.

An update was also provided regarding the Board Portal, with the plan to have the portal operational for the commencement of the new Board year in September.

4.2 Quality Committee Report

Quality Committee Chair Liz Mathewson reported that the Quality Committee's report had been distributed in advance of the meeting. She proceeded to highlight several favorable outcomes identified from recent patient experience surveys, underscoring areas of improvement and patient satisfaction.

4.2.1 Quality Improvement Plan (QIP), 2026/27

The Board was advised that the primary change from the prior year's Quality Improvement Plan was an increased emphasis on dementia care.

Motion: Be it resolved that the Board of Directors approves the 2026/2027 Quality Improvement Plan (QIP) as recommended by the Quality Committee.

Moved by: Sandra Conley

Seconded by: Marg Carter

Carried.

4.3 Resource & Audit Committee Report

Resource & Audit Committee Chair Glen Wood presented the committee report that was circulated prior to the meeting. Chair Carrie Hayward acknowledged the work of the HR team as reflected in the information noted in the report.

4.3.1 Operating Budget 2026/2027

The Operating Budget for 2026/2027 was formally presented to the Board of Directors for approval. It was reported that the budget reflects a projected deficit of \$3 million. During the discussion, it was emphasized that the anticipated increase in base funding will not sufficiently offset the rising costs attributed to inflation. The Board discussed the context of the Provincial Budget, which included a 4% increase in hospital base funding. However, the hospital has been instructed to budget for only a 2% increase, with the additional 2% considered as targeted funding that will be allocated at a later date.

Motion: Be it resolved that Board of Directors approve the 2026/2027 Operating Budget as recommended by the Resource & Audit Committee.

Moved by: Jennifer Glover

Seconded by: Greg Clarke

Carried.

4.3.2 Capital Budget 2026/2027

Committee Chair Glen Wood noted that the Foundation has fully agreed to fund the \$1 million capital budget. The board expressed their gratitude to the Foundation and the Auxiliary for consistently meeting funding requirements for the Capital Budget.

Motion: Be it resolved that Board of Directors approve the 2026/2027 Capital Budget as recommended by the Resource & Audit Committee.

Moved by: June Tutak

Seconded by: Marg Carter

Carried.

4.3.3 Community Accountability Planning Submission (CAPS) Budget

The Community Accountability Planning Submission (CAPS) Budget was presented to the Board for approval.

Motion: Be it resolved that the Board of Directors approve the 2026/2027 Community Accountability Planning Submission (CAPS) Budget as recommended by the Resource & Audit Committee.

Moved by: Greg Clarke

Seconded by: Marg Carter

Carried.

4.3.4 Director Liability

Chair Glen Wood of the Resource & Audit Committee provided a summary of the briefing note that had been distributed in advance of the meeting. He informed the Board that the Governance Committee will review and determine the necessary education or training for directors, with the objective of ensuring all directors clearly understand the principles and responsibilities involved in making decisions in good faith.

5. NEW BUSINESS

5.1 CEO Succession Plan

CEO Jeff Hohenkerk informed the Board that the CEO Succession Plan had been circulated as part of the meeting materials. He additionally confirmed that he had provided the Board Chair with the name of his recommended candidate to serve as Acting CEO in the event of an unexpected vacancy.

The Board acknowledged receipt of the plan and there were no further questions.

5.2 Accreditation Survey

Directors were informed that they are required to complete a governance survey for the accreditation process and that the link to the survey will be sent to directors once the survey is live.

6. REPORTS

6.1 Chair Report

Chair Carrie Hayward reported on her recent participation in various meetings, including municipal council sessions. She acknowledged that additional meetings are forthcoming and expressed gratitude to the members of both the board and the foundation board for their attendance and support at these events.

Chair Hayward also provided an update on ongoing internal and community engagement sessions. She noted that a future visioning session is scheduled for next week, to which all directors have been invited. Additional engagement events will be organized in the near future.

Chair Hayward further informed the Board of the severance application submitted by Jim Curle concerning the property intended for donation. She advised that a public meeting regarding the severance will take place on April 7th and encouraged any directors interested in attending to do so.

6.2 President/CEO Report

CEO Jeff Hohenkerk elaborated on Chair Hayward's earlier remarks, emphasizing that the municipal councils visited to date have demonstrated considerable support. He proceeded to provide an overview of recent population and illness trends published by the Ontario Hospital Association (OHA). CEO Hohenkerk indicated that these trends are being addressed during presentations to municipal councils and serve as justification for collaborative planning regarding the future hospital. He further noted that the cited studies are instrumental in shaping the plans for the new hospital facility.

6.3 Chief of Staff Report

Dr. Dimitri Louvish reported to the Board that the Medical Affairs team had recently conducted their inaugural Grand Rounds session, focusing on strategies for obesity management across various clinical settings. He further noted that the event was well attended by a diverse group of health professionals.

7. CORRESPONDENCE

8. NEXT MEETING DATE – April 28th, 2026

9. MOTION TO ADJOURN THE OPEN MEETING

Moved by: Marg Carter

Seconded by: Sandra Conley