

<b>Chair / Acting Chair:</b>	Ms. Betty-Lou Souter
<b>Minutes taken by:</b>	Shirley Cohen
<b>Appointed record custodian:</b>	Christine Wignall

### OPEN SESSION

**Voting Trustees:** Ms. B.L. Souter, Mr. B. Lawler, Mr. P. DiPaola, Ms. N. Medulun-Burke, , Ms. A. Carter, Mr. G. Leach, Mr. J. Rollo, Bishop G. Bergie, Ms. R. McDonald, Ms. H. Irwin, Mr. F. Bagatto

**Non- Voting Trustees:** Dr. D. Ceglie, Ms. J. Hansen, Dr. G. Arvinte, Dr. W. Reimer

**Also Present:** Dr. Z. Ismail, Mr. B. Smith, Sister L. Dillon, Ms. K. Manzi, Mr. R. Mauro,

**Regrets:** Ms. M. Woodhead, Ms. A. Atkinson

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### Land Acknowledgement Statement:

*Let us take a moment to recognize and show our respect for the Indigenous Peoples on whose land we live and work. Hotel Dieu Shaver Hospital is situated on treaty land in Niagara. This land is steeped in the rich, traditional history and is the territory of Anishinaabeg (ah-ni-shi-nah-bay), Haudenosaunee (hoe-D-no-show- knee), and Attawandaron (atta-wan-da-ron) peoples. This territory is covered by the Upper Canada Treaties and the Dish with One Spoon Wampum Agreement. We recognize and deeply appreciate their historic connection to this territory and the contributions of Métis, Inuit, and other Indigenous peoples, in both shaping and strengthening the community in which we all live. May we continue to reconcile and flourish collectively.*

### **Decision Making Matrix / Reserved Powers**

The Corporate Decision Making Matrix and Reserved Powers of the Members of the Corporation are included in the package for information and reference.

#### **1. Call to Order & Opening Prayer**

The meeting was called to order. Quorum was achieved. A warm welcome was extended to new Trustees, Ms. R. McDonald and Ms. H. Irwin. Bishop Bergie opened the meeting with a prayer.

Brief discussion ensued regarding HDS ID badges, noting that Trustees who do not have a badge could contact with Human Resources to arrange a time for a photo and badge.

Trustees were advised to contact Mr. Brock Smith if they experience any difficulty in accessing the Board portal. It was suggested that the Board package for voting Trustees be sent out via email as well as being uploaded to the Board portal.

### **Declaration of Conflicts**

This item allows trustees the opportunity, based on the approved agenda, to express a conflict of interest with any items. No conflicts were expressed at this time.

### **Presentation – Capital Expansion Update**

Mark Reynolds, Director of Planning, Capital Expansion Project, provided an overview of work done to date regarding the capital expansion and upcoming milestones. The project timeline was reviewed, noting a 2033 opening day goal.

Considerable negotiations with the Ministry and submission of relevant data analysis have taken place over the summer, resulting in the Ministry and Ontario Health endorsing 190 beds. It was noted that the building design and site plan will be configured to allow for an increase above that when growth requires further expansion. Every patient room will be fully accessible with its own bathroom and shower.

The planned number of beds will be designated as follows:

- A total of 7 units with 30 beds each spread across 2 hospital wings
  - 120 Complex Care beds (4 units)
  - 60 High Intensity Rehab beds (2 units)
  - 10 End-of-Life / Palliative Care beds (1 unit)

Detailed input from the Functional Program User Groups continues to be compiled and forwarded to the architect. Square footage for Inpatient and Outpatient Services, Meeting Space/Education, Clinical Support, Administration/Support Services and General Support Services was reviewed. The estimated capital budget was presented, noting the hospital share as \$80,000,000; costing will be further appraised this fall.

A Catholic Chapel is planned as well as appropriate spaces for multi faith and Indigenous use. It was confirmed there will be a dedicated space for volunteers.

Mr. Reynolds was thanked for his informative and well received presentation.

### **POLICY REVIEW – III-120 – Supply Chain Code of Ethics**

Mr. Z. Ismail presented the Supply Chain Code of Ethics policy, with Last Review and Last Revision dates of May 2025. Also reviewed was Appendix A, the Supply Chain Code of Ethics, which outlines Personal Integrity and Professionalism, Accountability and Transparency, and Compliance and Continuous Improvement.

A listing of the 27 Hotel Dieu Shaver procurement policies, including the above policy, was presented; all policies have been updated. The following policies underwent additional revision to align with current guidelines:

- III-110 Hospital Purchasing Procurement General
- III-110-03 Hospital Purchasing Procurement Procedure Thresholds
- III-110-14 Hospital Purchasing Non-Discrimination

Information on means of procurement per procurement value for Goods and Consulting Services was presented for information. Training of the procurement team is planned.

Pending approval by the Board of Trustees, the updated Supply Chain Code of Ethics Policy will be uploaded to the HDS intranet.

**Motion**                      **Moved by:**                      **Mr. B. Lawler**  
   **Seconded by:**                      **Ms. N. Medulun-Burke**

**“That the Board of Trustees approves the Supply Chain Code of Ethics Policy as presented.”**

**CARRIED.**

## **2. CONSENT AGENDA (includes Minutes, Reports & Information)**

No items within the Consent Agenda were identified to be moved to the Strategic Agenda.

*On a move forward basis, questions that may arise during pre-meeting review of the materials are requested to be submitted to allow staff the opportunity to prepare responses.*

### **○ Board of Trustees meeting minutes, June 10, 2025**

The minutes were presented, reviewed, and approved through the Consent agenda motion.

### **○ Medical Advisory Committee minutes, June 25, 2025**

The minutes were presented, reviewed and approved through the Consent agenda motion.

**Motion**                      **Moved by:**                      **Mr. J. Rollo**  
   **Seconded by:**                      **Ms. A. Carter**

**“That the Consent Agenda items be approved.”**

**CARRIED**

**3. Business Arising**

The response letter dated June 18, 2025 to Ms. B.L. Souter from Ms. E. Bowes, Interim President of CHI regarding the Catholic Health International annual requirements, was presented for information.

**4. Correspondence:****Pre-circulated:**

- Daily news
- Letters of thanks/Acknowledgements

**6. STRATEGIC AGENDA**

Minutes:

- **Nominating, Board Membership, Evaluation Committee minutes, August 12, 2025**

The minutes dated August 12, 2025 were presented for review. In addition, motions that were carried at the Nominating, Board Membership, Evaluation Committee meeting, with recommendations for Board approval, were reviewed.

<b>Motion</b>	<b>Moved by:</b>	<b>Bishop B. Bergie</b>
	<b>Seconded by:</b>	<b>Mr. J. Rollo</b>

**“That the Nominating, Board Membership, Evaluation Committee minutes dated August 12, 2025, be approved.”**

**CARRIED**

<b>Motion</b>	<b>Moved by:</b>	<b>Ms. A. Carter</b>
	<b>Seconded by:</b>	<b>Mr. B. Lawler</b>

**“That, subject to acceptance by the individual trustees, the following committee appointments are endorsed by the Board of Trustees and will be forwarded to the Members of the Corporation for approval, as required:**

- **Mission, Ethics Committee – Halley Irwin**
- **Audit Committee – Rena McDonald**
- **Governance Accreditation & Strategic Planning Committee – Norma Medulun-Burke”**

**CARRIED**

**Motion**                      **Moved by:**                      **Mr. John Rollo**  
   **Seconded by:**                      **Ms. R. McDonald**

**“That the Board of Trustees endorses and recommends to the Members of the Corporation, the term for at-large trustee, Madeline Woodhead, be extended for 3 years.”**

**CARRIED**

**Motion**                      **Moved by:**                      **Mr. J. Rollo**  
   **Seconded by:**                      **Ms. A. Carter**

**“That the Board of Trustees endorses the commencement of recruitment of 2-3 at-large Trustees for election by the Members of the Corporation effective in calendar year 2026.”**

**CARRIED**

- **Governance Accreditation & Strategic Planning Committee minutes, June 5, 2025**

The minutes dated June 5, 2025, were presented for review.

**Motion**                      **Moved by:**                      **Mr. B. Lawler**  
   **Seconded by:**                      **Bishop B. Bergie**

**“That the Governance Accreditation & Strategic Planning Committee minutes June 5, 2025, be approved.”**

**CARRIED**

- **Quality Improvement Committee minutes, August 26, 2025**

The minutes dated August 26, 2025 were presented for review. It was noted that successful fall prevention strategies were reflected by a decrease in the number of falls.

**Motion**                      **Moved by:**                      **Mr. J. Rollo**  
   **Seconded by:**                      **Ms. N. Medulun-Burke**

**“That the Quality Improvement Committee minutes dated August 26, 2025, be approved.”**

**CARRIED**

## **7. Business Arising**

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**8. Reports/Other Business**

- **Leadership Report – September 2025**
- **Communications/PR Report – September 2025**
- **Foundation Report – September 2025**

The reports were presented and reviewed.

**-2025 SAA Local Obligations IHE and EIDA-R Submission**

The HDSHRC response to Ontario Health's questionnaire regarding SAA local obligations on advancing Indigenous Health Equity and EIDA-R (Equity, Inclusion, Diversity, and Anti-Racism) for 2024/2025 was reviewed. Current health equity strategies were outlined as they pertain to internal initiatives as well as community engagement. The document will be shared with the Diversity, Equity & Inclusion Committee to ensure alignment of current guidelines, training and goals going forward.