



MINUTES OF THE OPEN MEETING OF THE LAKERIDGE HEALTH BOARD OF TRUSTEES HELD ON THURSDAY, NOVEMBER 20, 2025 (AJAX-PICKERING, 580 HARWOOD AVE. S., AJAX – CONFERENCE ROOM B&C /VIA MICROSOFT OFFICE TEAMS).

Voting Members:					
P	Bill Sims, Chair	P	Ivan DeJong	P	Ijade Maxwell Rodrigues
P	Christine Ashton	P	Tony Doyle	P	Steven Murphy
P	Melissa Belliveau	R	Mary Flindall-Simpson	P	Anuj Pasrija
P	Shashi Bhatia	P	Lorraine Gray	P	Dr. Kirk Stewart
P	Brian Bussiere	P	Peter Hobb		
P	Imtiaz Daniel	P	Duncan Mathieson		
Other Members:					
P	Cynthia Davis (Ex Officio)	P	Dr. Randy Wax (Ex Officio)	P	Dr. Aaron Frombach (Ex Officio)
P	Petrina McGrath (Ex Officio)	P	Dr. Julie Ann Francis (Ex Officio)	P	Sharon Pye, (Recorder)
P	Dr. Rebecca Wray				
Guests:					
P	Kirsten Burgomaster	P	Shara Santan	P	Trevor Stewart
P	Tabitha Carroll	P	Nancy Shaw	P	Brian Pollard
P	Julia Raudanskis	P	Dr. Nadia Ismiil	P	Cheri Smith
P	Trevor Stewart	P	Hannah ter Weeme	P	John Perenack
P	Melissa McLean				
P= Present R=Regrets TC= teleconference					

1. **BOARD EDUCATION SESSION: Governance for Quality and Safety, Dr. Ross Baker.**
2. **LAND ACKNOWLEDGEMENT**

I. Maxwell Rodrigues shared the Land Acknowledgement which included her reflections and commitment to reconciliation.

3. **CALL TO ORDER**

3.1 Strategic Planning at a Glance

The Strategic Plan at a Glance outlines the strategic directions and annual priorities. This document is included in the package each month and is meant as a reminder to help ensure the Board of Trustees remains aligned with the organization’s strategic goals and objectives.

3.2 IDEAA Impact Statement

The IDEAA impact statement is to ensure that activities and initiatives are designed and implemented in a way that promotes equity and reduces disparities or discrimination. Similar to the Strategic Plan at a Glance document we will post this within each package as a reference document for discussions and decisions.

3.3 Declaration of Conflict of Interest

B. Sims declared a conflict of interest for Item 4.1 Appointment of Chair.

### 3.4 Approval of Agenda

MOTION: It was MOVED by A. Pasrija and SECONDED by I. DeJong that the Board of Trustees approves the Open Agenda Board of Trustees meeting held November 20, 2025.

CARRIED

The Board will be shifting from a single Board Observer model to using a short post-meeting survey completed by all Trustees. Surveys will be distributed at the start of each meeting and should be filled out during or immediately after the session.

## 4. **DECISION/DISCUSSION**

At this time, chairmanship of the Open Board of Trustees meeting was passed to D. Mathieson, Vice Chair to temporarily preside over Item 4.1 Appointment of Chair.

### 4.1 Appointment of Chair

MOTION: It was MOVED by L. Gray and SECONDED by I. Maxwell Rodrigues that the Board of Trustees approves the appointment of B. Sims as the Chair of the Lakeridge Health Board of Trustees.

CARRIED

After the motion was carried, chairmanship of the Open Board of Trustees meeting was turned over to B. Sims, Chair to continue for the remainder of the meeting.

### 4.2 Federal Perspective on Health

M. McLean from HealthCareCAN presented on the Federal Perspective on Health, highlighting a strategic shift toward positioning healthcare as an industry rather than a cost centre to better align with current federal and provincial economic policy priorities. While government has not yet adopted this language, early signs such as health research investments being framed within economic growth suggest growing receptivity. This industry-oriented approach is also being adopted by partner hospitals.

Discussion emphasized the importance of demonstrating measurable outcomes, given governments' increasing focus on data-driven results. The presenter also outlined ongoing collaboration with key advocacy groups, including Research Canada, U15, Universities Canada, and a broader coalition of approximately 16 organizations, noting that coordinated messaging is essential to avoid fragmented advocacy. Trustees expressed appreciation for the presentation and the value of strengthened collaboration in advancing shared priorities.

### 4.3 Strategic Plan

J. Perenack and H. ter Weeme from Strategy Corp. shared a high-level presentation for an in-depth discussion regarding the development of the 2026–2031 Strategic Plan. Trustees emphasized the need for the organization to stay ahead of emerging trends both clinical and operational and to ensure that inputs such as the burden-of-illness data and stakeholder feedback are fully integrated into planning. The team outlined their engagement approach, which has focused on analyzing prior consultations and conducting targeted discussions with senior leadership and the Board to ensure alignment and accountability.

Trustees raised the importance of embedding innovation, community planning, and academic partnerships into the strategy, noting opportunities linked to the region's post-secondary institutions and the broader ecosystem surrounding the hospital. Members also highlighted the importance of positioning the organization not only as an acute care centre but as an integral partner in community health, mental health and addictions, transitional care, and primary care support. Trustees stressed that strengthening external relationships and clearly articulating the organization's broader community

impact must be central themes.

A significant portion of the discussion focused on telling the organization's story more effectively. Trustees noted that many achievements including surgical innovation, academic growth, advanced robotics, strong emergency department performance, and success within the Durham OHT are not widely known externally. Several members emphasized the need to highlight strengths, centres of excellence, and the organization's leadership role within the region. Strategy Corp acknowledged these gaps and affirmed that further conversations with SLT will be used to capture additional accomplishments and ensure a comprehensive picture.

Looking forward, Trustees also discussed the importance of planning boldly for future service needs, including tertiary and specialty services, particularly given rapid technological advancement and population growth in Durham Region. Members cautioned that without long-term visioning, the organization risks falling behind on opportunities that require years of preparation. The Board agreed that the strategic plan must guide clear priorities, balance ambition with feasibility, and provide a framework for senior leadership to deliver on the organization's future direction.

#### 4.4 Financial and Sustainability Update

The Board received the financial update for September, noting a deficit of \$26 million for the first six months of the fiscal year, which is slightly higher than half of the full-year budgeted deficit of \$49 million. The primary drivers of the variance from plan continue to be compensation and supplies. Within compensation, non-core costs such as orientation, return-to-work expenses, and benefits are contributing to the overage; dedicated working groups are actively reviewing and managing these pressures. Supply costs are also above plan, though a third-party review has been completed and reduction initiatives are underway. These pressures were partially offset by increased revenues in the GI program, higher patient revenue, and vacancies that remain unfilled either intentionally or as part of ongoing recruitment.

Key workforce indicators show positive trends. Overtime continues to perform well, sitting at or slightly below the provincial benchmark of 3%, and at its lowest point compared with the prior two years. Sick time is slightly elevated compared to recent years but remains within budget and close to the provincial average. Seasonal patterns remain consistent, and targeted monitoring and policy work continue to support sick-time management.

Scenario projections for year-end indicate a most likely deficit of approximately \$50–\$52 million, with a best-case outcome of \$47 million and a worst-case estimate of \$59 million. The range is driven primarily by surgical and diagnostic imaging volumes and the associated funding, as well as the success of ongoing cost-containment initiatives in both compensation and supplies. Cash on hand at the end of September was \$42 million, with a current ratio of 0.8. Cash levels are expected to continue declining as the deficit grows, with a projected year-end current ratio of approximately 0.6, subject to performance against the various scenarios.

## 5. **CONSENT AGENDA: FOR DECISION**

### 5.1 Board of Trustees Draft Open Meeting Minutes: October 23, 2025

MOTION: It was MOVED by S. Murphy and SECONDED by P. Hobb that the Board of Trustees approve the Board open meeting minutes for the Lakeridge Health Board of Trustees Meeting of October 23, 2025.

CARRIED

### 5.2 Recommended by Governance Committee

#### 5.2.1 Overview of Board Nominations Process

MOTION: It was MOVED by S. Murphy and SECONDED by P. Hobb that as

recommended by the Governance Committee, the Board of Trustees approves the recruitment process and timelines outlined for the 2026 Board Recruitment.

CARRIED

5.2.2 Ex-Officio Voting Rights

MOTION: It was MOVED by S. Murphy and SECONDED by P. Hobb that as recommended by the Governance Committee, the Board of Trustees approves that Ex-Officio members be added as voting members to the following Committees: Governance Committee, IDEAA Committee, Quality Committee, and Resources Committee.

CARRIED

5.2.3 Board Policy Review

MOTION: It was MOVED by S. Murphy and SECONDED by P. Hobb that as recommended by the Governance Committee, the Board of Trustees approves the modifications to the following policies:

- B3-21 Signing and Approval Authorities Policy
- B3-70 Communication Policy
- B4-30 Board Performance Reviews and Appraisals Policy
- B5-20 Board and Committee Meeting Attendance Policy
- B7-50 Travel, Conference and Hospitality Expense Policy
- B7-20 Review and Approval of Human Research at Lakeridge Health Policy

CARRIED

5.2.4 Board Chair & Vice Chair

MOTION: It was MOVED by S. Murphy and SECONDED by P. Hobb that as recommended by the Governance Committee, the Board of Trustees approves that the Board Chair and Vice Chair be added as voting members of the IDEAA Committee, Governance Committee, Quality Committee, and Resources Committee.

CARRIED

**6. CONSENT AGENDA: FOR INFORMATION**

MOTION: It was MOVED by S. Murphy and SECONDED by P. Hobb to receive the Lakeridge Health Board of Trustees November 20, 2025, Consent Agenda for Information Items 6.2 – 6.14.

- 6.1 Board Chair Report (Deferred)
- 6.2 Chief Executive Officer Report
- 6.3 Chief of Staff Report
- 6.4 Governance Committee Draft Meeting Minutes: November 5, 2025
- 6.5 Resources Committee Draft Meeting Minutes: November 7, 2025
- 6.6 Quality Committee Draft Meeting Minutes: November 6, 2025
- 6.7 IDEAA Committee Draft Meeting Minutes: November 4, 2025
- 6.8 Medical Advisory Committee Draft Meeting Minutes: October 28, 2025
- 6.9 Board Committees Chair Consolidated Report

- 6.10 Strategic Planning
- 6.11 2025/26 Q2 Corporate Scorecard & Performance Indicators
- 6.12 2025/26 Q2 Enterprise Risk Management (ERM)
- 6.13 2025/26 Q2 Corporate Watch Measures
- 6.14 2025/26 Q2 board Member Attendance & IDEAA Training Report

CARRIED

**MOTION TO MOVE IN-CAMERA**

MOTION: It was MOVED by D. Mathieson and SECONDED by S. Bhatia to move in-camera.

CARRIED

**7. IN-CAMERA MATTERS**

**MOTION TO COME OUT OF IN-CAMERA**

MOTION: It was MOVED M. Belliveau and SECONDED by Dr. K. Stewart to come out of in-camera.

CARRIED

**MOTION TO APPROVE ACTIONS TAKEN IN-CAMERA**

MOTION: It was MOVED by T. Doyle and SECONDED by B. Bussiere to accept actions taken in-camera.

CARRIED

**8. TERMINATION OF MEETING**

8.1 Next Meeting: December 18, 2025

8.2 Adjournment

MOTION: It was MOVED by A. Pasrija and SECONDED by L. Gray that the Board of Trustees approve adjournment of the meeting of November 20, 2025.

CARRIED

*B. Sims*

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Bill Sims, Chair