

**Timeline (guide):**

- 4:30 Site Tour (with HSNS staff and clients)
- 5:15 Call to order
- 5:15 Dinner and discussion with staff and clients
- 5:45 Regular board meeting

Standard Meeting Documents

- [Consent agenda information \(what is it and how is it used?\)](#)
- [Motions cheat sheet](#)
- [Board Governance Decision Matrix](#)
- [Policy 22 – Code of Conduct](#) (reference to Conflict of Interest)
- Meeting Minutes
- Board Reports
 - Board Executive (no report)
 - Finance & Investment (no report)
 - Nominating (no report)
 - Policy & Governance (no report)
- CEO Report to the Board

Additional Meeting Documents

- Risk Operational Plan 2025-26
- Patient Safety Plan 2025-26 one pager
- Cybersecurity: Information Management, Risk and Privacy Overview
- Integrated Quality Care & Patient Safety Scorecard Q2 and summary report

Board of Directors

Bernard, Miranda	P	Kaur, Anuroop	P	Rizzetto, Maria (Vice Chair)	R
Bhangale, Chirag	P	Affoo, Rebecca	P	Sullivan, Vickie (Co-Vice Chair)	P
Frost, Jon	P	Landy, Mark (Chair)	P	Vossen, Emma	P
Grant, John	P	MacLean, Matthew	P	Mason-Browne, Anne (CEO)	R
Haley, Matthew (Sec-Treasurer)	P	Nakhla, Nardeen	R	Leslie, Kimberlee (Exec. Assistant)	P

Guests:

- Mr. Bob Kolanko, Director of Finance and Operations (P)
- Dr. Greg Noel, Director of Adult and Mi'kmaq Hearing and Speech Services (P)
- Dr. Sharon Walker, Director of Pediatric and Autism Hearing and Speech Services (P)
- Ms. Ferne Mardlin-Smith (Patient Advisor to the Board) (P)
- Ms. Courtney Douglas (Patient Advisor to the Board) (R)
- Ms. Alayne MacDonald (Communication Partner for Patient Advisor) (P)
- Ms. Danielle Doucette (Manager) (P)
- HCC Staff: Ms. Linda Allan (P), Ms. Allison DeBow (P), Ms. Emily Finch (P), Mr. Isaac Gallant (P), Ms. Teri Bolivar (P), Ms. Katelyn Dunn (P), Ms. Ashley Tucker-McIntosh (P)
- HCC clients: Jessie (P), Donald (P)

Present: (P)**Videoconference: (V)****Regrets: (R)****Absent: (A)**

5:15 pm	1. Call to Order The meeting was called to order at 5:15 PM.
5:15 pm	Dinner and discussion with HCC staff and client(s) There was continued discussion with HSNS staff and clients. Highlights included: <ul style="list-style-type: none"> • Client's sharing their story and their journey with HSNS • Transition of the site to the new location • Improvement in the ability to provide services <p>Staff and clients were thanked for the site tour and the insightful discussion. At this time, HCC staff, manager and clients left the meeting.</p>
5:45 pm	2. Consent Agenda <ul style="list-style-type: none"> 2.1 Board meeting agenda 2.2 Previous meeting minutes 2.3 Board Executive Report (no report) 2.4 Committee Reports (no reports) <ul style="list-style-type: none"> • Finance & Investment • Nominating • Policy & Governance <p>MOTION: that the Board of Directors approve the consent agenda. Motion was moved and seconded. Motion carried.</p>
5:50	3. Announcements <ul style="list-style-type: none"> 3.1 Regrets: Ms. Rizzetto, Ms. Mason-Browne, Ms. Nardeen 3.2 Declarations of potential conflict of interest: None 3.3 Other: None
6:05	4. Quality Care and Patient Safety <ul style="list-style-type: none"> 4.1 Risk Operational Plan and Patient Safety Plan 2025-26 <p>Dr. Greg Noel and Mr. Bob Kolanko presented the Risk Operational Plan 2025-26. The presentation included an introduction to the Risk Plan, the patient safety plan and how it feeds into the risk plan, and cybersecurity. Dr. Noel and Mr. Kolanko spoke in more detail about the items of high risk to the organization:</p> <ul style="list-style-type: none"> • Inpatient services • Cybersecurity <p>Q: As an organization that is reliable on one funder, why is the finance risk issue (#9) marked as green?</p> <p>A: It is green because HSNS does not foresee any issues on the horizon regarding funding. HSNS is not at risk of not being able to meet obligations and not at risk for capital needs.</p> <p>Q: Regarding risk item #6, how do you plan on addressing the long-range strategy and how will you address this with staff?</p> <p>A: HSNS has consulted with staff over the last 18 months and Ms. Mason-Browne and Dr. Noel have also met with DHW regarding the issue. This information is</p>

outlined in the business case (on adult services) to the government. HSNS is working on developing a triage tool to help support staff.

Q: The Board has approved the innovations project. Is it up and running and will it provide support for adult services?

A: The project is up and running. HSNS is currently working on recruiting and training volunteers. A report on the project is planned for May 2026.

Q: If a client has a referral for communication while an inpatient and they are not seen as an inpatient and are then referred to outpatient services, how are they triaged?

A: They are triaged by priority if we were not able to complete a full communication assessment. Inpatients who got help and then transferred to outpatient would be triaged as regular.

Q: What are the numbers for inpatient referrals?

A: They have grown to about 300% over the last couple of years.

Q: Can you explain #12a (information management/technology)?

A: This risk item is looking at the outdated technology and moving to an integrated solution between finance, payroll and HR systems.

Follow-up Q: Do you know what the cost for this system?

A: We do not know the cost at this time.

Q: Regarding cybersecurity, do staff who are onboarded take the course?

A: Yes, staff take the cybersecurity training as part of onboarding. Current staff take a re-fresh of the course annually.

Q: What about cybersecurity for the Board? Are you thinking about giving access to the Board to the SharePoint platform?

A: Would need to look at the logistics of this.

Follow-up Q: Does the IWK board have access to their share program?

A: We would need to look into this.

Q: Regarding OPOR, where does HSNS lie in the role out?

A: Currently, HSNS involvement is limited to staff who work within teams who provide care at IWK or NSH. After the current project scope is completed in 2026, and OPOR look at the next steps – this is where HSNS will be.

4.2 Integrated Quality Care & Patient Safety Scorecard Q2

Dr. Sharon Walker presented the Q2 scorecard, highlighting:

- The high pediatric wait times due to high number of vacancies/leaves in HRM.

Q: Are the 6.2 FTE vacancies in Core SLP services or does it include autism?

A: It is just core SLP.

	<p>Q: in terms of caseload, what is the percentage of that population represents of all pediatric cases (autism)? A: 2 yrs ago, it was about 40%. Do not know the current percentage.</p> <p>Q: On the incident rate out of total visits, is it consistent across all zones? A: The incident rate represents the province. It is an increase from the last quarter due to the changeover to Clearview and the ability to report incidents electronically and anonymously.</p> <p>Q: If Clearview is anonymous, are you able to get zone/site data? A: If it is a patient safety issue, it would be site specific. We are looking at making changes to the system to allow us to better pull data.</p> <p>Q: What is the context for the iPad theme? A: HSNS uses iPads as an alternate way to facilitate communication between guardians and children. There are apps that they use and because we are integrated with NS Health platforms, we need to meet their cybersecurity. HSNS is working on revising the PIA statement and will be re-submitted to NS Health IT.</p> <p>Q: There is an increase in data security and privacy incidents, are these related to the iPad issues? A: Some of them are related. Others are errors in communication (not privacy breaches), for example, communications going to the incorrect doctor.</p> <p>Q: Is there anything we can do to make an individual comfortable in reporting incidents if they want to remain anonymous? A: Management responds to all requests and if the report is anonymous, we start with small trustworthy steps. We try to be able to support staff in reporting and to get the appropriate people involved.</p>
6:40	<p>5. Strategic Plan The Board discussed the scope of the RFP and the length of the new plan.</p> <p>The Board decided on the following:</p> <ul style="list-style-type: none"> • 5 year plan <ul style="list-style-type: none"> ○ 5 years provides time for staff and the Board to achieve goals. • Flexible plan to allow annual review of objectives and goals • Engagement with partners and the community • Include mission, vision and values review <p>MOTION: that the Board of Directors have a special session to be scheduled for early January with the specific purpose of completing the strategic plan tender. Motion moved and seconded. Motion carried.</p> <p>ACTION: Ms. Leslie will poll the Board to determine the date of the special meeting.</p> <p>At this time, Ms. Mardlin-Smith, Patient Advisor, and her communication partner (Ms. MacDonald) left the meeting.</p>

6:55	6. Board Executive 6.1 CEO Recruitment Update This item was moved to be discussed during the in-camera session.
7:00	7. CEO Report 7.1 Monthly Update Dr. Greg Noel provided the monthly CEO update, on behalf of Ms. Mason-Browne, highlighting Accreditation and the exemplary status. Dr. Noel thanked the Board, management and staff for their exemplary work.
7:10	8. Nominating Committee 8.1 Update There is a individual who has expressed interest in joining the Board. The bylaws allow the Board to bring in someone onto the Board to fill a position. This will be further discussed at the next meeting.
7:15	9. Old Business None
7:20	10. New Business None
7:25	11. Members' Comments This is Dr. Affoo's last meeting and the Board thanked Dr. Affoo for her participation in the Board for the last couple of months. The Board also thanked the staff for arranging the site tour and the discussion with the clients.
7:30	12. In-camera session MOTION: that the Board of Directors move to in-camera session. Motion carried MOTION: that the Board of Directors move to adjourn the in-camera session. Motion carried.
7:45	13. Date of next meeting: January 29, 2026 (Hybrid – members can attend at the HSNS Provincial Office. Dinner will not be provided.)
7:45	14. Adjournment MOTION that the Board of Directors move to adjourn the meeting. Motion carried. Meeting adjourned at 8:05 PM.