

## Governance and Nominating Committee Meeting Agenda

Date: Wednesday, November 13, 2024

Time: 17H00 - 18H00

Location: Boardroom / Microsoft Teams

Time	Agenda Item	Attachment
<b>17:00</b>	<b>1. Call to Order</b>	
(1 min)	1.1 Confirmation of Quorum	
(1 min)	1.2 Adoption of the agenda	P. 1
(1 min)	1.3 Declaration of Conflict of Interest	
<b>17:03</b>	<b>2. Report from the Last Meeting</b>	
(1 min)	2.1 Approval of Previous Meeting Report - September 11, 2024	P. 2-4
(1 min)	2.2 Business Arising from Report	
(1 min)	2.3 Committee Workplan Review	P. 5
<b>17:06</b>	<b>3. Matters for Discussion/Decision</b>	
(5 min)	<p>3.1 Review Board Committee Terms of Reference (L. Boyling)</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the Finance, HR, and Audit Committee Terms of Reference as presented.</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the Quality and Patient Safety Committee Terms of Reference as presented.</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the Executive Committee Terms of Reference as presented.</p>	P. 6-18
(10 min)	3.2 Review Skills Matrix (R. Alldred-Hughes)	P. 19-20
(5 min)	3.3 Review Governance Accreditation Standard (R. Alldred-Hughes)	P. 21
(5 min)	<p>3.4 Review Communication Plan (R. Alldred-Hughes)</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the Terms of Reference for Board Committees as presented.</p>	P. 22-31
(15 min)	3.5 Documents for Review: (R. Alldred-Hughes)	
	<p>3.5.1 Exemption from some Active Privilege Requirements (CO.01.043)</p> <p>THAT the Governance and Nominating Committee approve the archiving of the Exemption from Some Active Privilege Requirements policy.</p>	P. 32-34
	<p>3.5.2 Confidentiality for Board and Committee Members (GO.01.009)</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the amended Confidentiality for Board and Committee Members policy.</p>	P. 35-36
	<p>3.5.3 Education Conferences/Conventions (GO.02.001)</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the amended Education Conferences/Conventions policy.</p>	P. 37-39
	<p>3.5.4 Handout Board of Directors (L. Boyling)</p> <p>THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board of Directors handout as presented.</p>	P. 40-42
<b>17:46</b>	<b>4. Date of Next Meeting</b>	
(1 min)	Wednesday, January 15, 2025	
<b>17:47</b>	<b>5. Adjournment</b>	

## REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

September 11, 2024 at 5:00PM Boardroom / MS Teams

Present: L. Boyling, Chair  
G. McDonald

G. Peters  
R. Alldred-Hughes, CEO

Dr. S. Robertson

Regrets: C. Larocque

### Summary of Discussion

#### **Approval of the Agenda**

The agenda was reviewed.

Moved By: Dr. S. Robertson

Seconded By: G. Peters

THAT the agenda be approved as presented.

**CARRIED**

#### **Declaration of Conflict of Interest**

There were no conflicts declared.

#### **Approval of Previous Meeting Report**

The meeting report from May 8, 2024, was shared.

Moved By: Dr. S. Robertson

Seconded By: G. Peters

THAT the meeting report be approved as presented.

**CARRIED**

#### **Business Arising from Report**

There was no business arising from the report.

### Matters for Discussion/Decision

#### **Review Terms of Reference**

The Terms of Reference were reviewed.

Moved By: G. Peters

Seconded By: G. McDonald

THAT the Governance and Nominating Committee recommend to the Board of Directors the Governance and Nominating Committee Terms of Reference as presented.

Amendments were made to the Terms of Reference, removing the review of the performance of the CEO and COS as this is now under the responsibility of the Executive Committee. Diversity, Equity, & Inclusion were added as a responsibility to this committee.

**CARRIED**

#### **Review Committee Effectiveness Survey Results**

The committee effectiveness survey results were reviewed. It was noted from the survey that

Directors would like the Chair to ask for more participation as well as to ensure that new Directors are well oriented to committees.

To help with that, new Directors have now been paired with a Mentor to ensure they have full support.

Discussion ensued on the lack of understanding around ensuring proper succession planning for the Board. This process takes place in the spring each year through a survey in which Directors respond whether or not they will remain on the Board and what committees they are interested in being part of.

#### **Review Annual Committee Work Plan**

The committee work plan was reviewed.

Moved By: Dr. S. Robertson

Seconded By: G. McDonald

THAT the Governance and Nominating Committee review and approve the Annual Committee Work Plan for 2024-2025 as presented.

It was agreed that this is a great tool for committees to better understand what work is to be done throughout the year and remain on track. There have been some comments around the Peer-to-Peer survey questions, as such, this will be reviewed in January and finalized in March.

**CARRIED**

#### **Review Education Topics for Board of Directors**

The education topics were approved in the spring by the committee. These were brought back to see if any changes were wanted.

Moved By: G. Peters

Seconded By: Dr. S. Robertson

THAT the Governance and Nominating Committee accept the education sessions for 2024/2025 as presented.

It was agreed that the education topics selected will be interesting for the Board. Discussion ensued around wanting to see the bigger picture of how these all tie together, especially with Accreditation. Education sessions were changed last year following feedback received from the Board, however, it was agreed that macro education can be included as well.

**CARRIED**

#### **Review Governance Accreditation Standard**

The Accreditation standard 2.2, The operational conditions of the governing body are defined and documented, was reviewed and discussed. It was agreed that the review of the Corporate By-laws last year was great education for the Board. Committee work plans could be used as evidence to show what the Board reviews in a year. The Board signs off on the Confidentiality agreement yearly as well as the Code of Conduct. The committee would like to see crosswalks to Accreditation standards included in policies.

#### **Equity, Diversity, & Inclusion Update**

The IDEA committee has been hard at work and have developed a Land Acknowledgement statement with the help of the Native American Travelling College. This will be read for the first time on September 17<sup>th</sup> at the Indigenous ceremony which was also planned by the committee. This event will be open to the public. Micro trainings for the Board and Leadership team will commence in October and there will be a discussion period at each Board meeting on the trainings.

## Documents for review

### Disclosure Protection (Whistleblower) Policy:

The Disclosure Protection (Whistleblower) policy was due for review. Amendments were made to the policy to align with industry standards. The amendments include an outline of the procedure set out if a complaint is filed and there will now be a named compliance officer for the organization in addition to the reporting requirements. The title of the policy was amended for clarity. The policy will be renumbered to align with the new policy numbering system.

Discussion ensued and additional amendments will be made. Discussion ensued around item 2 under of the procedure in which it agreed that it could be hard to differentiate staff following normal procedure by going to their Manager as opposed to whistleblowing. The first sentence will be reworded as follows: *If the reporter brings forward a report to the attention of their Manager, Chief of Department, or the Human Resources Department, the recipient of the report shall forward the information promptly to the Compliance Officer.*

The policy will also be changed to reflect that the Board Chair will assume the responsibility of the investigation with the support of the Compliance Officer if the suspicion of misconduct involves the CEO. The taskforce may require external expertise to undertake the investigation if deemed appropriate.

The Board Attendance policy was also due for review in which there were three main amendments. These included strengthening the reason why board attendance is important, removing the policy being applicable to non-board members of the committee, and what happens if a Board member refuses to resign after being asked to do so for reasons of poor attendance.

Moved By: Dr. S. Robertson

Seconded By: G. Peters

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the following policies as amended: Whistleblowing and Board Attendance.

**CARRIED**

**Next meeting:** November 13, 2024

Directors were asked to let L. Boyling know if they are interested in sitting on the Foundation Committee as Board representation as the current Director has had to step down from that committee.

K-L. Massia, Recorder

# Governance and Nominating Committee Annual Work Plan 2024-2025



Deliverable	MRP	Occurrence	SEP	NOV	JAN	MAR	APR	MAY
<b>STRUCTURE/PROCESSES</b>								
Review Committee Effectiveness Survey Results	Chair	Annually	✓					
Review/Recommend Governance Annual Committee Work Plan to BoD	Chair	Annually	✓					
Review/Recommend Committee Terms of Reference to BoD	Chair	Annually	✓	X				
Review Board Education Plan	Chair	Annually	✓					
Revise Skills Matrix	Chair	Annually		X				
Review/Revise Corporate and Professional Staff Bylaws (as needed)	Chair	Annually			X			
Review Board Member Attendance	Chair	Twice yearly			X			X
Plan AGM	Chair	Annually					X	
Recommend Directors and Assign Committee Membership	Chair	Annually						X
Review Board Orientation	Chair	Annually						X
Review CEO and COS Succession Plan	Chair	Annually			X			
<b>DIRECTOR RECRUITMENT AND SELECTION</b>								
Administer Board Personal Assessment Survey (results due in March)	Admin	Annually			X			
Identification of number of new members required	Chair	Annually				X		
Identification of selection criteria based on skills matrix	Chair	Annually				X		
Start recruitment process	Admin	Annually				X		
Interviews		Annually					X	
Recommendation to the Board		Annually						X
<b>ACCREDITATION</b>								
Governance Standards Review	Chair	Every meeting	✓	X	X	X	X	X
Equity, Diversity & Inclusion Update	Chair	Bi-Monthly	✓		X		X	
Review Communication Plan	Chair	Annually		X				
<b>PERFORMANCE</b>								
Review Performance Evaluation Questionnaire for CEO and COS	Chair	Annually			X			
Review Committee Effectiveness Survey Questions	Chair	Annually			X	X	X	
Administer Committee Effectiveness Survey	EA	Annually						X
Review Peer to Peer Survey Questions	Chair	Annually			X	X	X	
Administer Peer to Peer Surveys	EA	Annually						X
<b>POLICY REVIEW</b>								
Disclosure Protection (Whistleblower) (CO.01.018)	CEO		✓					
Board Attendance (GO.01.002)	CEO		✓					
Confidentiality for Board and Committee Members (GO.01.009)	CEO			X				
Education Conferences/Conventions (GO.02.001)	CEO			X				
Code of Conduct (GO.01.010)	CEO				X			
Board of Director Nomination and Election (GO.01.016)	CEO				X			
Signing Authority and Approval (GO.02.007)	CEO				X			
Board Mentorship Program (GO.01.020)	CEO					X		
Framework for Ethical Decision Making Process (GO.01.021)	CEO					X		
Donor Recognition (GO.01.003)	CEO					X		
Board Application for Membership Process (GO.01.022)	CEO						X	
Appointment of Auditor (GO.02.006)	CEO						X	
Fraud Prevention (CO.01.049)	CEO						X	
Active Service Offer – Personnel and Bilingual Services (CO.01.030)	CEO							X

Revisions since prior report:

-

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee – Governance
  Senior Leadership Team
- Other (please specify):

Date Prepared: October 25, 2024 Meeting Date Prepared for: November 13, 2024

Subject: Annual Review Committee Terms of Reference

Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- This briefing note outlines revisions made to committee terms of reference which were all approved at the committee levels and are now being brought for consideration to the Governance committee for recommendation to the Board. All committee Terms of Reference are to be reviewed on an annual basis.

**RECOMMENDATION / MOTION**

- That the Governance and Nominating Committee recommend to the Board of Directors the Finance, HR, and Audit Committee Terms of Reference as presented.
- That the Governance and Nominating Committee recommend to the Board of Directors the Quality and Patient Safety Committee Terms of Reference as presented.
- That the Governance and Nominating Committee recommend to the Board of Directors the Executive Committee Terms of Reference as presented.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- Terms of Reference are reviewed annually by all Board Committees to ensure they remain relevant and effective in guiding the committee’s activities and responsibilities. The Governance and Nominating Committee oversees final review of all Committee Terms of Reference to ensure standardization.

**Finance, HR, and Audit Committee**

- The Finance, HR, and Audit Committee Terms of Reference were revised last year with the help of BLG with the work done by the hospital to be ONCA compliant.
- These now provide clear guidelines on the committee’s roles and responsibilities, ensuring that all essential duties are covered.

**Quality and Patient Safety Committee**

- The existing Terms of Reference continue to accurately reflect the roles, responsibilities, and membership of the Quality and Risk Management Committee. They provide clear guidelines on the committee’s functions, ensuring that all essential duties are covered.
- Committee name was changed to better reflect the committee’s responsibilities.



### **Executive Committee**

- The Executive Committee Terms of Reference were revised last year with the help of BLG.

### **SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Finance, HR, and Audit Committee Terms of Reference
- Quality and Patient Safety Committee Terms of Reference
- Executive Committee Terms of Reference

# TERMS OF REFERENCE



## Finance, Human Resources, and Audit Committee of the Board

<p><b>ROLE:</b></p>	<ul style="list-style-type: none"> <li>• Responsible on behalf of the board of directors (the “<b>Board</b>”) for oversight of financial matters and the annual external audit.</li> <li>• To provide oversight over the planning of construction, renovation and maintenance of infrastructure and associated equipment.</li> <li>• Assist the Board in fulfilling its obligations relating to human resources and compensation matters.</li> </ul>
<p><b>RESPONSIBILITIES:</b></p>	<p><b><i>Budget Planning and Oversight</i></b></p> <ul style="list-style-type: none"> <li>• Ensure that there are processes in place for the development of an annual operating budget and capital budget.</li> <li>• Review and recommend to the board financial assumptions used to develop operating budget, capital budget and strategic plan.</li> <li>• Review and recommend to the board the annual operating plan and budget, and the capital plan and budget;</li> <li>• Review on a routine basis financial performance and compare actual performance against budget including year-end projections.</li> <li>• Review and recommend to the Board plans developed by management to address variances between budget and actual performance.</li> <li>• Oversee implementation of plans to address variances and report to the Board.</li> </ul> <p><b><i>Long-Term Planning</i></b></p> <ul style="list-style-type: none"> <li>• Oversee and assess achievement of the financial aspects of the strategic plan.</li> <li>• Review and recommend to the Board multi-year financial goals and long-term revenue and expense projections.</li> <li>• Review, with management, industry developments and legislative changes that may have an impact on financial resources or performance and report to the Board.</li> </ul> <p><b><i>Asset Management</i></b></p> <ul style="list-style-type: none"> <li>• Ensure there are processes in place to manage the assets of the Corporation.</li> <li>• Review and make recommendations on material asset acquisitions not contemplated in the annual capital plan.</li> </ul> <p><b><i>Financial Transactions</i></b></p> <ul style="list-style-type: none"> <li>• Review and make recommendations to the Board on</li> </ul>

# TERMS OF REFERENCE



	<p>banking arrangements.</p> <ul style="list-style-type: none"><li>• Review and make recommendations to the Board on lines of credit and long-term debt.</li></ul> <p><b><i>Donations and Bequests</i></b></p> <p>Advise the Board on major gifts that involve donor recognition agreements and related policies.</p> <p><b><i>Investments</i></b></p> <ul style="list-style-type: none"><li>• Review and recommend to the Board the Corporation's investment policy.</li><li>• Oversee investment performance for compliance with the investment policy.</li></ul> <p><b><i>Internal Controls, Risk Management, and Oversight of Internal Audit</i></b></p> <ul style="list-style-type: none"><li>• Oversee, review, and make recommendations to the Board on management's risk management processes.</li><li>• Review and make recommendations on the adequacy of financial resources.</li><li>• Review and make recommendations on insurance coverage.</li><li>• Obtain reasonable assurance from management that the Corporation's financial accounting systems and financial reporting systems, including fraud prevention and risk management, are appropriately designed and that internal controls are operating effectively.</li><li>• Identify unusual risks and oversee management's plan to address unusual or unanticipated risks and make recommendations to the Board.</li><li>• Review and make recommendations on the quality and integrity of management's internal controls, including scope of work of the internal auditor and overseeing management's response and resulting action plans to address issues or deficiencies identified by internal auditor.</li></ul> <p><b><i>External Audit</i></b></p> <ul style="list-style-type: none"><li>• Recommend to the Board the external auditor for appointment or re-appointment by the members at the annual members' meeting.</li><li>• Annually review and make recommendations to the Board on the external auditor's remuneration.</li><li>• Meet with the external auditor to review the proposed scope of audit.</li><li>• Review, approve, and authorize management to execute the external auditor's engagement letter.</li></ul>
--	---

# TERMS OF REFERENCE



	<ul style="list-style-type: none"><li>• Oversee performance of the external audit as required, including ensuring the external auditor is receiving the assistance of management.</li><li>• Review audited financial statements and the external auditor's report and make recommendations to the Board.</li><li>• Meet with the external auditor and receive and review recommendations with respect to management, accounting systems, and internal control issues.</li><li>• At least annually, the elected director committee members shall meet with the external auditor without management present.</li><li>• Review non-audit services provided by the external auditor and other factors that might compromise the external auditor's independence and make recommendations to ensure independence.</li><li>• Review management's response to internal control recommendations of the external auditor and oversee implementation of internal control recommendations.</li></ul> <p><b><i>HUMAN RESOURCES</i></b></p> <ul style="list-style-type: none"><li>• Recommend an incentive-based compensation system for the chief of staff and the chief executive officer that is compliant with the legislative environment.</li><li>• Review, together with the chief executive officer and chief of staff, existing staff and physician management resources and plans, including recruitment and learning programs.</li><li>• Participate in the creation of the Corporation's strategic plan and provide input from a human resources perspective.</li><li>• Review on an annual basis the Corporation's human resources plan to ensure alignment with the strategic plan for the organization.</li><li>• Ensure coordination and alignment with the Corporation's medical advisory committee for physician human resource planning.</li><li>• Receive and review on a periodic basis a report on the human resources' performance indicators.</li></ul> <p><b><i>BUILDING AND PROPERTY</i></b></p> <ul style="list-style-type: none"><li>• Make recommendations to the board for the purchase of equipment, property, renovations to existing building or construction of new buildings.</li><li>• Make such recommendations in conjunction with the annual capital budget with exceptions for emergency purchases.</li></ul> <p><b><i>Compliance with Applicable Law</i></b></p> <ul style="list-style-type: none"><li>• Oversee compliance with accounting and financial, legal,</li></ul>
--	---

## TERMS OF REFERENCE



	<p>public disclosure, and regulatory requirements.</p> <ul style="list-style-type: none"> <li>• Approve material changes to accounting principles and practices as suggested by management with the concurrence of the external auditor.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Perform such other duties as may be requested by the Board from time to time.</li> </ul>
<b>CHAIR:</b>	<ul style="list-style-type: none"> <li>• Treasurer of the Board</li> </ul>
<b>MEMBERSHIP:</b>	<ul style="list-style-type: none"> <li>• The Treasurer</li> <li>• The Board Chair, or their designate</li> <li>• The Chief Executive Officer, <i>ex officio</i></li> <li>• The VP of Support Services and Chief Financial Officer, <i>ex officio</i></li> <li>• A minimum of three elected Directors of the Board (minimum one bilingual Director in English and French)</li> <li>• Invited guests may attend committee meetings at the invitation of the Chair</li> <li>• In accordance with the Ontario <i>Not-for-Profit Corporation Act</i>, 2010, the committee shall be comprised exclusively of directors of the Corporation, and the majority of committee members must not be officers or employees of the Corporation or any of its affiliates<sup>1</sup></li> </ul>
<b>MEETING PARTICIPATION</b>	<ul style="list-style-type: none"> <li>• Notice of the time and place of committee meetings shall be given to the external auditor.<sup>2</sup> The external auditor shall be entitled to attend committee meetings and to be heard, and shall attend every committee meeting if requested to do so by a committee member.<sup>3</sup></li> <li>• The Vice President of Support Services and Chief Financial Officer of the Corporation, <i>ex officio</i>, shall be invited to attend and participate in these meetings as a guest, but shall not have a vote.</li> <li>• The Chief Human Resources Officer, <i>ex officio</i>, shall be invited to attend and participate in these meetings as a guest, but shall not have a vote.</li> </ul>

<sup>1</sup> ONCA, s. 80(1), provides that a corporation may have an audit committee comprising one or more directors and the majority of the committee must not be officers or employees of the corporation or of any of its affiliates.

<sup>2</sup> ONCA, s. 80(2) provides that the corporation shall give the auditor notice of the time and place of any meeting of the audit committee. The auditor is entitled to attend the meeting at the expense of the corporation and be heard, and shall attend every meeting of the committee if requested to do so by one of its members.

<sup>3</sup> ONCA, s. 80(2).

## TERMS OF REFERENCE



<b>VACANCY:</b>	<ul style="list-style-type: none"> <li>When a vacancy occurs among the appointed members, the Chair of the board may appoint a member to fill the vacancy for the unexpired portion of the term.</li> </ul>
<b>VOTING MEMBERS :</b>	<ul style="list-style-type: none"> <li>Only board directors appointed to this committee may vote.</li> </ul>
<b>FREQUENCY OF MEETINGS AND MANNER OF CALL:</b>	<ul style="list-style-type: none"> <li>At least eight (8) times annually, at the call of the committee chair. Meetings may also be held at the call of the external auditor or a committee member.<sup>4</sup></li> </ul>
<b>QUORUM:</b>	<ul style="list-style-type: none"> <li>51% of voting members.</li> </ul>
<b>RESOURCES:</b>	<ul style="list-style-type: none"> <li>VP of Support Services and Chief Financial Officer</li> </ul>
<b>REPORTS TO</b>	<ul style="list-style-type: none"> <li>Board of Directors</li> </ul>
<b>DATE OF LAST REVIEW</b>	<ul style="list-style-type: none"> <li>March 2024</li> </ul>

---

<sup>4</sup> ONCA, s. 80(3) provides that the auditor or a member of the audit committee may call a meeting of the committee. Committee Terms of Reference/Board Finance, HR, and Audit Committee TOR Page 5 of 5

# TERMS OF REFERENCE



## Board Quality and ~~Risk Management~~Patient Safety Committee

<p><b>ROLE:</b></p>	<ul style="list-style-type: none"> <li>The Quality <u>and Patient Safety</u> Committee operates under the authority of the Board and is the Quality Committee for the purposes of the Excellent Care for All Act, 2010 (the “Act”). <del>The Quality Committee reports to the Board.</del></li> </ul> <p>The Quality Committees role is to:</p> <ul style="list-style-type: none"> <li>Assisting the Board in the performance of the Board's governance role for the quality of patient care and services; and</li> <li>Performing the functions of the Quality Committee under the Act.</li> </ul>
<p><b>RESPONSIBILITIES:</b></p>	<p>The Quality Committee, in accordance with the responsibilities in the Act, shall:</p> <p><b>Quality Oversight and Quality Improvement</b></p> <ol style="list-style-type: none"> <li>Monitor and report to the Board on quality issues and on the overall quality of services provided in the hospital, with reference to appropriate data including:             <ul style="list-style-type: none"> <li>Performance indicators used to measure quality of care and services and patient safety;</li> <li>Reports received from the Medical Advisory Committee identifying and making recommendations regarding systemic or recurring quality of care issues;</li> <li>Publicly reported patient safety indicators;</li> <li>Critical incident and sentinel event reports;</li> <li>Patient Satisfaction Survey Results;</li> <li>Complaints, source of complaints, and interventions;</li> <li>Quality Indicator Dashboard.</li> </ul> </li> <li>Consider and make recommendations to the board regarding quality improvement initiatives and policies;</li> <li>Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to employees, members of the professional staff and persons who provide services within the hospital, and subsequently monitor the use of these materials by such persons;</li> <li>Oversee preparation of the hospital’s annual quality improvement plan; and</li> <li>Perform such other responsibilities as may be provided under regulations under the Act.</li> </ol> <p><b>Critical Incidents and Sentinel Events</b></p> <p>“Critical incident” means any unintended event that occurs when a patient receives treatment in the hospital:</p> <ol style="list-style-type: none"> <li>That results in death, or serious disability, injury or harm to the patient; and</li> <li>Does not result primarily from the patient’s underlying medical condition or known risk inherent in providing treatment.</li> </ol> <p>In accordance with Regulation 965 under the Public Hospitals Act, receive from the Chief Executive Officer, at least twice a year, aggregate critical</p>

	<p>incident data related to critical incidents occurring at the hospital since the previous aggregate data was provided to the quality committee. Annually review and report to the board on the hospital's system for ensuring that, at an appropriate time following disclosure of a critical incident, there be disclosure as required by Regulation 965 under the Public Hospitals Act of systemic steps, if any, the hospital is taking or has taken to avoid or reduce the risk of further similar critical incidents.</p> <p>The quality committee shall review reports of sentinel events and oversee any plans developed to address, prevent or remediate such events.</p> <p><b>Compliance</b></p> <ul style="list-style-type: none"> <li>• Monitor the hospital's compliance with legal requirements and applicable policies of funding and regulatory authorities related to quality of patient care and services.</li> </ul> <p><b>Financial Matters</b></p> <ul style="list-style-type: none"> <li>• As and when requested by the board, provide advice to the board on the implications of budget proposals on the quality of care and services.</li> </ul> <p><b>Hospital Services Accountability Agreement and Hospital Annual Planning Submission (HAPS)</b></p> <ul style="list-style-type: none"> <li>• As and when requested by the board, provide advice to the board on the quality and safety implications of the hospital annual planning submission and quality indicators proposed to be included in the hospital's service accountability agreement or in any other funding agreement.</li> </ul> <p><b>Risk Management</b></p> <p>Review and make recommendations with respect to:</p> <ul style="list-style-type: none"> <li>• The hospital's standards on emergency preparedness;</li> <li>• Policies for risk management related to quality of patient care and safety; and</li> <li>• Areas of unusual risk and the hospital's plans to protect against, prepare for, and/or prevent such risks and services.</li> </ul> <p><b>Accreditation</b></p> <ul style="list-style-type: none"> <li>• Oversee the hospital's plan to prepare for accreditation.</li> <li>• Review accreditation reports and any plans that need to be implemented to improve performance and correct deficiencies.</li> </ul> <p><b>Professional Staff Process</b></p> <ul style="list-style-type: none"> <li>• Annually review with the chief of staff/chair of the medical advisory committee the appointment and re-appointment processes for the professional staff, including:             <ul style="list-style-type: none"> <li>○ Criteria for appointment;</li> <li>○ Application and re-application forms;</li> <li>○ Application and re-application processes; and</li> <li>○ Processes for periodic reviews.</li> </ul> </li> </ul>
--	---

# TERMS OF REFERENCE



	<p><b>Policy Implementation</b></p> <ul style="list-style-type: none"> <li>Oversee implementation of policies, processes and programs to ensure quality objectives are met and maintained.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Perform such other duties as may be assigned by the board from time to time.</li> </ul>
<b>CHAIR:</b>	<ul style="list-style-type: none"> <li>A member of the Committee appointed by the Board on the recommendation of the Board Chair or a committee established by the Board for that purpose.</li> <li>Term of office will be for a minimum of two (2) years.</li> </ul>
<b>MEMBERSHIP:</b>	<ul style="list-style-type: none"> <li>The Chief of Staff</li> <li>The Chief Executive Officer</li> <li>The Chief Nursing Executive</li> <li>One (1) health professional other than a nurse or doctor</li> <li>Five (5) voting board members (at least sufficient numbers to ensure that the majority of members on the Quality Committee are voting members of the hospital's board), and</li> <li>Such other persons as appointed by the hospital's board.</li> <li>One of the Board members sitting on this committee must be <u>Francophone bilingual in English and French</u></li> </ul>
<b>VACANCY:</b>	<ul style="list-style-type: none"> <li>When a vacancy occurs among the appointed members, the Chair of the board may appoint a member to fill the vacancy for the unexpired portion of the term.</li> </ul>
<b>VOTING MEMBERS:</b>	<ul style="list-style-type: none"> <li>Only Board Directors appointed to this committee may vote.</li> </ul>
<b>FREQUENCY OF MEETINGS AND MANNER OF CALL</b>	<ul style="list-style-type: none"> <li>At minimum, quarterly.</li> </ul>
<b>QUORUM:</b>	<ul style="list-style-type: none"> <li>51% of voting members.</li> </ul>
<b>RESOURCES:</b>	<ul style="list-style-type: none"> <li>VP of Patient Care, Quality &amp; Chief Nursing Executive</li> </ul>
<b>REPORTS TO</b>	<ul style="list-style-type: none"> <li>Board of Directors</li> </ul>
<b>DATE OF LAST REVIEW</b>	<ul style="list-style-type: none"> <li>September 2023</li> </ul>

# TERMS OF REFERENCE



## Executive Committee of the Board

<p><b><u>ROLES AND RESPONSIBILITIES:</u></b></p>	<ul style="list-style-type: none"><li>● <u>Act as a body with delegated authority to make certain decisions binding on the Corporation on matters of administrative urgency where the board of directors of the Corporation (the “Board”) is unable to convene; provided that, in accordance with the <i>Not-for-Profit Corporations, 2010</i>, the Executive Committee may not exercise any of the following Board powers:</u><ul style="list-style-type: none"><li>o <u>submitting to the members any question or matter requiring the approval of the members;</u></li><li>o <u>filling a vacancy among the directors or in the position of auditor;</u></li><li>o <u>appointing additional directors;</u></li><li>o <u>issuing debt obligations, except as authorized by the directors;</u></li><li>o <u>approving the financial statements of the Corporation;</u></li><li>o <u>adopting, amending, or repealing the by-laws of the Corporation; and</u></li><li>o <u>establishing contributions to be made, or dues to be paid, by the members.<sup>1</sup></u></li></ul></li><li>● <del>To exercise the full powers of the Board in all matters of administrative urgency, reporting every action at the next meeting of the Board.</del></li><li>● <del>To advise the Board on the performance and compensation of the CEO and COS</del></li><li>● <u>Develop a process to oversee performance, compensation, and succession planning for the chief executive officer and chief of staff by:</u><ul style="list-style-type: none"><li>o <u>developing a position description for the chief executive officer and chief of staff for Board approval;</u></li><li>o <u>overseeing chief executive officer and chief of staff recruitment, selection, and succession planning;</u></li><li>o <u>reviewing and recommending to the Board the chief executive officer’s and chief of staff’s annual</u></li></ul></li></ul>
--	--

<sup>1</sup> ONCA, s. 36(2).

# TERMS OF REFERENCE

	<p><u>objectives;</u></p> <ul style="list-style-type: none"> <li><u>o developing and conducting a process to review the performance of the chief executive officer and chief of staff and reporting the results to the Board; and</u></li> <li><u>o recommending chief executive officer and chief of staff compensation for Board approval.</u></li> </ul> <ul style="list-style-type: none"> <li><u>• Oversee the chief executive officer’s and chief of staff’s supervision of management and management succession plans.</u></li> <li><u>• Undertake such other activities as may be authorized by the Board, from time to time.</u></li> </ul>
<b>RESPONSIBILITIES:</b>	<ul style="list-style-type: none"> <li><del>• Make decisions binding on the Board in situations where it is not possible or practical to call a meeting of the Board, or where the Board has authorized the committee to act and report the decision at the next Board meeting;</del></li> <li><del>• Provide advice and support to the Chair, Chief Executive Officer, and Committee Chairs;</del></li> <li><del>• Review and approve the annual performance goals of the CEO and COS;</del></li> <li><del>• Determine the CEO and COS compensation; and</del></li> <li><del>• Undertake such other activities as may be authorized by the Board, from time to time.</del></li> </ul>
<b>CHAIR:</b>	<ul style="list-style-type: none"> <li>• Chair of the Board</li> </ul>
<b>MEMBERSHIP:</b>	<ul style="list-style-type: none"> <li>• Chair</li> <li>• Vice-Chair</li> <li>• Treasurer</li> <li>• Chief of Staff, and</li> <li>• Chief Executive Officer</li> <li>• Invited guests may attend committee meetings at the invitation of the eChair <u>but shall not have a vote.</u></li> <li>• One of the Board members sitting on this committee must be Francophone</li> </ul>
<b>VOTING :</b>	<ul style="list-style-type: none"> <li>• Only Members of the board may vote</li> </ul>
<b>FREQUENCY OF MEETINGS AND MANNER OF CALL:</b>	<ul style="list-style-type: none"> <li>• At the call of the Chair or direction of the Board</li> </ul>
<b>QUORUM:</b>	<ul style="list-style-type: none"> <li>• Shall be a majority of the members entitled to vote (2)</li> </ul>
<b>RESOURCES:</b>	<ul style="list-style-type: none"> <li>• <u>The Chief Executive Officer shall provide the Executive Committee with appropriate resources to perform its mandate.</u></li> </ul>
<b>REPORTS TO:</b>	<ul style="list-style-type: none"> <li>• <u>The Executive Committee is accountable to and reports to the Board of Directors. Minutes of Executive Committee</u></li> </ul>

# TERMS OF REFERENCE



	<u>meetings shall be provided to the Board promptly following each meeting.</u>
<b>DATE OF LAST REVIEW</b>	<ul style="list-style-type: none"><li>• October 202<del>4</del><u>3</u></li></ul>

**Approved by: Corporation of l'Hôpital Glengarry Memorial Hospital**

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee – Governance
  Senior Leadership Team  
 Other (please specify):

Date Prepared: October 25, 2024 Meeting Date Prepared for: November 13, 2024  
 Subject: Review of Skill Matrix  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing note is to outline the importance of the skills matrix as a governance tool for the hospital board and to highlight the rationale for conducting an annual review.

**RECOMMENDATION / MOTION**

- To be determined based on committee discussion.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

- Skills required of the board impact all committee and board functioning.

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- A skills matrix is a crucial tool for any hospital board as it ensures that the board comprises a diverse mix of competencies and perspectives necessary for effective governance and oversight.
- By assessing the skills and expertise of each board member, a skills matrix provides a clear, organized view of the board's collective strengths and any potential skill gaps that may need to be filled to advance the hospital's strategic priorities.
- Reviewing the skills matrix on an annual basis ensures that the board's composition aligns with the hospital's evolving needs and challenges. The healthcare landscape is rapidly changing, influenced by factors like technological advancements, regulatory shifts, and population health trends. An annual review enables the board to identify any emerging areas where additional expertise may be beneficial, such as digital transformation, data security, or health equity.
- This approach also supports proactive succession planning by identifying board members whose terms may soon end and anticipating skill sets that will need to be replaced or added.
- Ultimately, an annual skills matrix review is an essential governance practice. It enables the board to remain adaptable and capable, ensuring that all members are well-equipped to contribute effectively to the hospital's mission of providing outstanding care for our communities.

**Conversation Questions for Consideration by the Governance Committee:**

- Does the current skills matrix align with the current needs of the hospital, is there anything that could be removed, or are there skills that should be added?
- When thinking about next year's board recruitment, what skills will we be looking for from potential recruits to increase the skill competency of the Board?

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- 2024 Skills Matrix

# 2024-2025 Skills Matrix of the Board



Board Members		Knowledge, Skills, and Experience																							
		Indicates knowledge, skills, and experience for each category																							
		Advanced = 4				Very Good = 3				Good = 2				Fair = 1				None = 0							
Name	Year Joined	Finance	Business Mgmt	Human Resources Mgmt	Health Care Admin & Policy	Clinical	Government & Gov Relations	Political Acumen	Construction & Project Management	Legal	Strategic Planning	Risk Management	Information Technology	Accounting	Education	Research	Quality & Performance Management	Labour Relations	Board & Governance	Public Affairs & Communications	Ethics	Patient & Health Care Advocacy	Diversity Issues	Quality & Patient Safety Management	Stakeholder Engagement
Frank Wetering, Past Chair	Nov/14	1	1	0	0	0	0	0	4	0	0	1	3	1	0	3	3	0	0	0	3	0	2	0	1
Dr. Stuart Robertson	Jun/21	2	0	2	2	3	2	1	0	0	0	0	1	2	2	1	0	2	2	0	2	1	1	1	1
Louise Boyling	Jun/21	2	4	4	0	0	3	3	3	0	3	2	3	0	0	0	4	0	3	0	4	0	3	0	2
Charlotte Nagy	Mar/22	4	4	1	0	0	0	0	2	1	2	0	1	4	0	0	0	0	1	0	1	0	0	0	1
Carole Larocque	Jun/22	3	3	3	2	2	2	3	0	2	3	2	2	2	3	0	2	2	4	3	2	2	0	2	3
Francois Desjardins	Jun/24	0	0	0	0	0	0	0	0	0	2	0	3	0	4	4	0	0	0	0	3	0	0	0	0
Dr. Genevieve Raby	Oct/23	2	3	4	4	4	0	0	2	2	3	2	1	2	3	0	2	0	1	1	3	3	2	4	1
Gerard McDonald	Jun/24	3	4	4	1	1	4	4	2	2	4	3	3	2	2	2	3	3	4	3	4	1	3	1	2
Gordon Peters	Jun/23	3	4	3	0	0	4	3	3	0	4	3	3	3	0	1	3	2	4	3	3	0	1	0	2
Heidi Salib	Jun/24	1	0	1	2	4	0	0	0	0	2	4	2	0	0	0	4	0	2	0	1	1	2	3	0
Dr. Raynald Cardinal	Jun/23	2	3	3	3	3	3	3	3	0	3	3	2	2	0	3	3	0	2	0	3	3	0	3	3
Wendy Rozon	Jun/24	1	2	2	0	0	1	0	3	0	2	2	1	1	2	1	1	0	2	1	2	0	1	0	0
Average:		2	2	2	1	1	2	1	2	1	2	2	2	2	1	1	2	1	2	1	3	1	1	1	1
Max for elected members:		4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	3	4	3	4	3	3	4	3

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee - Governance
  Senior Leadership Team  
 Other (please specify):

Date Prepared: October 25, 2024 Meeting Date Prepared for: November 13, 2024  
 Subject: Accreditation Standard Feature  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- As part of the hospital’s efforts to embrace the new continuous model for Accreditation and embed it into our daily work, committees will feature 1-2 criteria from an Accreditation standard that applies to their committee’s work at each meeting
- These features will provide an opportunity for the committee to discuss the standard and how HGMH achieves compliance, identifies opportunities for improvement, while ensuring the committee is well-equipped to make informed decisions and recommendations related to quality

**STANDARD / CRITERIA FEATURED**

*Include the standard name, number(s), statement(s), guideline text, and other information if applicable*

Priority: **High Priority** | Quality Dimension: **Appropriateness**

1.1.7 The governing body ensures that the organization has effective mechanisms to address ethics in organizational decision making.

**Guidelines**

- The governing body supports the organization in the development of standardized mechanisms (e.g., an ethics framework) to define its ethics, to incorporate ethics into its values, processes, and decisions throughout the organization, and to manages its ethics issues. The governing body ensures that the organization is guided by its values and ethics in its decisions and manages its ethics issues in a manner that considers workforce, volunteer, client, and family perspectives, as well as providers’ moral responsibilities. The governing body receives and reviews regular reports from the organization on ethical issues and trends faced by the organization. It guides the organization on analyzing and using this information to identify improvement opportunities.

**DISCUSSION QUESTIONS**

*Choose 1-2 questions from the list below to guide discussion at your meeting, or create your own question(s)*

- What does the hospital already do to meet this standard?
- What new things can the hospital implement to meet this standard?
- How would you respond to a surveyor asking you a question about this standard?
- What evidence (i.e.: documentation) can support the hospital’s compliance with this standard?

DECISION SUPPORT DOCUMENT FOR

- Board of Directors                     
  Board Committee – Governance                     
  Senior Leadership Team  
 Other (please specify):

Date Prepared: October 28, 2024                      Meeting Date Prepared for: November 13, 2024  
 Subject: Communications Plan  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*                     
  FOR DISCUSSION/INPUT                     
  FOR INFORMATION ONLY

**PURPOSE**

- To review the hospital Communications Plan to ensure the plan aligns with organizational goals and communication needs.

**RECOMMENDATION / MOTION**

- That the Governance and Nominating Committee review and receive the Communications Plan as presented.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No     Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- Effective communication is essential to maintaining transparency both internally and externally to also help build and retain community trust.
- The hospital developed a communication plan in 2022.
- The communications plan serves as the framework for internal and external communications, guiding how and when we engage with staff, patients, families, community partners, and the public.
- The plan is reviewed annually to ensure compliance with legislative requirements (e.g., French Language Services Act, Accessibility for Ontarians with Disabilities Act, etc.), alignment with the hospital’s strategic priorities and key initiatives, and the adaptation to changing circumstances such a media trends.
- Recent updates to the Communication Plan include the plan expiry, which has been extended to 2028, and updated mission, vision, and values in order to align with the Strategic Plan.

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- The communication plan was launched in 2022. The revised version will be used for Accreditation.

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Communications Plan

# Communications Plan



HÔPITAL  
**Glengarry  
Memorial**  
HOSPITAL  
**2022-2028**

## Table of Contents

Background .....	3
Our Mission .....	3
Our Vision .....	3
Our Workplace Values .....	3
Executive Summary .....	3
Stakeholders .....	4
Planning Communication .....	4
Key Messages .....	5
Communication Tools .....	5
Corporate Publications .....	5
Annual Report .....	5
Patient Handbook .....	6
Program / Service Brochures and Posters .....	6
Digital Media .....	6
Corporate Website .....	6
Newsletters .....	6
Glentranet (intranet site) .....	6
Social Media .....	6
Media Relations .....	7
Evaluation .....	7



## Background

Established in 1965, Hôpital Glengarry Memorial Hospital (HGMH) recently celebrated its 50<sup>th</sup> anniversary. Over the years, the hospital has grown to provide vital services to the community, including acute care, complex continuing care, emergency services, stroke and geriatric rehabilitation, specialist clinics, and more.

HGMH is a 37-bed hospital established in Alexandria, Ontario, for over 55 years. HGMH provides acute care, 24-hour emergency services, outpatient services and rehabilitation to over 41,000 residents every year. Our team includes over 180 staff members, 50 Medical Staff members and 100 volunteers who all take pride in bringing quality health care to our local Eastern Ontario community.

### *Our Mission*

Delivering outstanding care for our communities.

### *Our Vision*

Providing your care, your way with seamless integration, innovation, and equitable access for our communities.

### *Our Values*

Our 'PACT' is our promise to have Passion, Accountability, Compassion & Teamwork at the heart of all we do, everyday.

## Executive Summary

Effective communication is the process of sharing ideas and information in such a way that the content is received and understood in the way it was intended. Goals of effective communication could include creating a common perception, changing behaviours, and acquiring and disseminating information.

For HGMH, effective communication means conveying the information of our organization, our programs and services, the issues faced within the hospital, its accomplishments, etc. to our community.

HGMH's Communications Plan is intended to guide the organization in communicating with its various stakeholders and ensure that the right people have the right information when they need it. This work requires that we provide information by the most appropriate method(s) to maximize clarity, conciseness, understanding, and transparency. All communication that is



public facing will be available in both official languages (English and French) to align with the hospital's designation as a French Language Service hospital.

## Stakeholders

- Patients and families (including Patient & Family Advisory Committee)
- Staff
- Credentialed professional staff
- Board of directors
- Volunteers
- Donors (through the HGMH Foundation)
- Healthcare community partners
- General public
- Media
- Local government - Mayors, Councils, MPs, MPPs
- Ontario Health East
- Ministry of Health and Long-Term Care

## Planning Communication

With each communication, the following questions should be considered:

- Why is this important to communicate? **(What is the purpose?)**
- With whom do we want to communicate? **(Who are the stakeholders?)**
- What do we want to communicate? **(What is the message?)**
- How do we want to communicate it and through which medium? **(What communication tools are to be used?)**
- What is the timeline of communications / presentations? **(Define when and who plans, prepares, and presents)**
- What needs to be developed? **(Develop material, ads, news articles, etc.)**

The answers to these questions will establish the **action plan** to communicate successfully with the intended audience. This action plan will focus on the messaging, making it possible to target the stakeholders accurately, providing structure to define who HGMH needs to reach and the medium. This process will make communication more efficient, effective, and long lasting. More importantly, flexibility is key in planning and being prepared to adapt messaging to ensure success.



## Key Messages

HGMH aligns its key messages with the four strategic priorities from its strategic plan:

- Quality and Safety
  - Enrich the patient experience through quality, safe care that welcomes patients and families as partners in care.
- People and Culture
  - Improve engagement by investing in the organizations people and empower a caring and positive culture for all.
- Integration and Standardization
  - Deliver standardized quality care in a cost-effective way through collaboration & integration opportunities.
- Future Planning
  - Invest in the sustainability of our equipment & infrastructure to support safe, quality care.

## Communication Tools

HGMH uses several methods to communicate, including:

- Patient and Family Advisory Committee meetings
- Website - [www.hgmh.on.ca](http://www.hgmh.on.ca)
- Social Media ([Facebook](#), [LinkedIn](#), [YouTube](#))
- Advertising (media releases, news stories, other publications)
- Community engagement / events
- Staff Forums
- Glentranet (Hospital Intranet)
- Town Hall Meetings
- Internal communications:
  - Bi-Weekly Blitz newsletter
  - Weekly Clinical Update newsletter
  - Monthly Physician newsletter

## Corporate Publications

### Annual Report

Following the Annual General Meeting, the hospital's annual report / update to the community is released electronically on the website and via social media.



### Patient Handbook

Our Patient Handbook is published annually at no cost to HGMH due to the sponsors who advertise in the publication. Hard copies are available for pick-up in high traffic areas (lobbies and waiting rooms), and electronically on the hospital's website. All admitted patients receive a copy of the Patient Handbook on admission.

### Program / Service Brochures and Posters

HGMH develops various brochures and posters on an as needed basis to promote programs, services, or provide patient and family education.

## Digital Media

### Corporate Website

HGMH's website is used to outline programs and services offerings, sharing news updates, and to provide the community with feedback opportunities. The website is maintained by the Communications Officer and continues to evolve with new and improved content as needed.

### Newsletters

Internal newsletters are produced and distributed to staff by email and on the intranet to ensure current information is disseminated on a regular basis. The Weekly Clinical Update includes up-to-the-minute information from the clinical managers, highlighting reminders about workflow changes, policy updates, upcoming education opportunities, etc. The Bi-Weekly Blitz is a general newsletter for all staff, which provides updates on internal wellness activities, community events, news from various departments, etc. The monthly physician newsletter is geared towards physicians and includes physician meeting dates, important departmental information, highlights around workflow changes, and policy updates.

### Glentranet (intranet site)

The Glentranet intranet site is the go to place for staff and physicians to find information including memos, reports, hospital committee information, policies and forms, etc., as well as newsletters.

### Social Media

Rapid information delivery on a 24/7 news cycle has moved us beyond traditional media to a vastly expanding social media reality. Guided by an internal social media policy, HGMH creates and maintains our presence on Facebook, LinkedIn, and YouTube. Pages are regularly updated with timely content, photographs, and videos related to hospital activities, services, disruptions, provincially recognized health topics, and wellness content.



Visual media is has proven an excellent support to ensure the broadest possible reach to our stakeholders, including photographs, infographics, and videos.

### CEO Communications

CEO communications with stakeholders is an important component to the HGMH communications plan which is designed to provide opportunities to increasing stakeholder engagement. Communication initiatives will allow for both two-way and one-way communication, centered around an approach to ensure CEO communications are *accessible, timely, relevant, and meaningful*. The following communication strategies will be used:

<b>Communication Tactic</b>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Twice Annual Virtual Town Hall - (and as needed)			✓							✓		
Four times a year Vlog (video blog)		✓			✓			✓			✓	
Round Table with Rob	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Regular Rounding on Units	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bi-Weekly Blitz CEO Corner		✓		✓		✓		✓		✓		✓
Bi-Weekly Blitz Board of Director Updates	✓		✓		✓		✓		✓		✓	

### Media Relations

We recognize that timely and accurate media attention can support recruitment and retention, employee and community engagement, reward and recognition, and fundraising and funding.

HGMH aims to communicate with media in a pro-active rather than a reactive manner via designated spokespersons. Planned media briefings occur during times of significant announcements to ensure local media has timely and accurate information available to report to the community.

### Evaluation

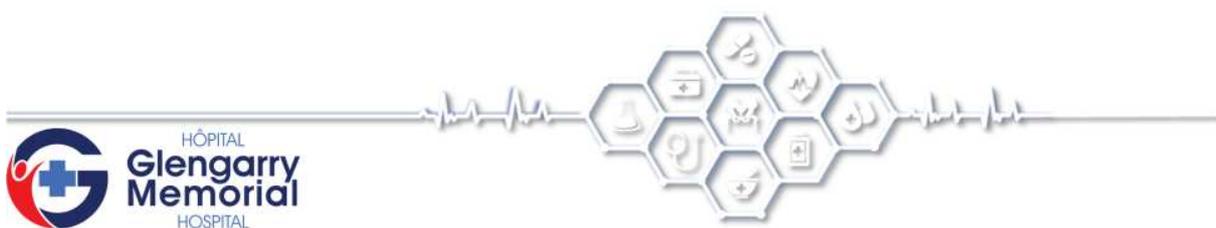
We acknowledge that it is extremely difficult to measure the impact of communications activities on stakeholders' perceptions, attitudes, and behaviours, and even more difficult to measure the impact of communications on HGMH's strategic goals. HGMH can look to other, more subtle, indirect ways of measuring the success of its communications efforts, including:

- Number and tone of media articles, editorials, and letters to the editor
- Feedback through the website, phone calls, and at meetings / presentations
- Employee feedback and employee surveys
- Input from our Patient & Family Advisory Committee



- Website visitors and monitoring hits on the pages that people visit
- Feedback from all stakeholders as part of regular meetings with these groups.

Strategies and tactics will be modified over time in response to these results and as new challenges and opportunities arise.



## Appendix A: Communications Schedule

- Annual Report: yearly in June
- Patient Handbook: revised yearly in September
- Clinical Update Newsletter: Weekly
- Biweekly Blitz Newsletter: Every two weeks
- Virtual Town Hall: June and January (and as needed)
- CEO Vlog: quarterly
- Round table with Rob (CEO): Monthly
- Regular rounding on units: At least monthly
- CEO Corner in Biweekly Blitz Newsletter: Every other month



DECISION SUPPORT DOCUMENT FOR

- Board of Directors
  Board Committee – Governance
  Senior Leadership Team  
 Other (please specify):

Date Prepared: October 25, 2024 Meeting Date Prepared for: November 13, 2024  
 Subject: Policy Reviews  
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT\*
  FOR DISCUSSION/INPUT
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing note is to provide an overview of the two policies up for review and highlight any material changes to each policy as well as propose archiving a policy that is no longer relevant.

**RECOMMENDATION / MOTION**

- That the Governance and Nominating Committee approve the archiving of the Exemption from some Active Privilege Requirements policy.
- That the Governance and Nominating Committee recommend to the Board of Directors the approval of the amended Ongoing Education, Conferences/Conventions policy as presented.
- That the Governance and Nominating Committee recommend to the Board of Directors the approval of the amended Confidentiality for Board and Committee Members policy as presented.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No  Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

Summary of amendments:

**Confidentiality for Board and Committee Members**

- A review was completed of the current Confidentiality for Board and Committee Members policy and there were only two minor adjustments to the policy that are recommended. Both changes are immaterial.

**Ongoing Education, Conferences/Conventions**

- The policy was amended to ensure that Board members have greater access to educational resources, supporting a well-informed and effective governance body capable of addressing complex issues.
- Recognizing the importance of continuous learning, the policy includes directional references to a dedicated budget rather than a specific amount within the operating budget to cover conference and convention expenses.
- By requiring orientation for new Directors and ongoing training for all, the changes reinforce the Board's commitment to strong governance, ensuring that Directors are fully prepared to fulfill their roles.

- The policy emphasizes accountability by requiring Directors to share knowledge from educational events, enhancing the collective expertise of the Board and fostering a culture of knowledge-sharing

#### **IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- Obtain Board Approval – November 28, 2024
- Update Board Policy Online
- Include updates in Board Orientation Material

#### **SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Exemption from some Active Privilege Requirements policy
- Confidentiality for Board and Committee Members policy Current
- Confidentiality for Board and Committee Members policy Revised
- Ongoing Education, Conferences/Conventions policy Current
- Ongoing Education, Conferences/Conventions policy Revised

**POLICY & PROCEDURE**

Exemption from Some Active Privileges' Requirements

**Glengarry Memorial Hospital**  
**Hôpital Glengarry Memorial**



**POLICY NUMBER: CO.01.043.0.12**

**POLICY TYPE: CORPORATE**

**SUBJECT: EXEMPTION FROM SOME ACTIVE PRIVILEGES' REQUIREMENTS**

**POLICY:** Physicians with active privileges who have office space leased on site may request to be exempt from the requirement to be on the backup roster once they reach 25 years' service to HGMH and a minimum combined donation to the hospital or Foundation of \$50,000. The physician would continue to provide inpatient services to his/her own patients.

Physicians with 30 years service to HGMH and a combined minimum donation to the hospital or Foundation of \$50,000 may retain their office space without the requirement to maintain active privileges.

It is understood that these physicians would still pay rent as required by the rental agreement.

**PROCEDURE:**

1. The physician requesting the exemption notifies administration in writing a minimum of 3 months in advance of the planned change in service provision.
2. The request is submitted to the Medical Advisory Committee for review and discussion of the backup roster schedule.
3. Following the recommended changes to the backup roster, the request is forwarded to the Board of Directors for approval.

---

Approved by: Board of Directors

Effective Date: March 6, 2012

Reviewed: \_\_\_\_\_

Revised

**POLICY NUMBER: GO.01.009.3.21**

**POLICY TYPE: GOVERNANCE (Administrative)**

**SUBJECT: CONFIDENTIALITY FOR BOARD AND COMMITTEE MEMBERS**

**POLICY:** The directors owe to the hospital a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the hospital received in their capacity as directors unless otherwise authorized by the board. Members will sign a Confidentiality Agreement.

Every director shall ensure that no statement not authorized by the board is made by him or her to the press or public.

This policy applies to all board and non-board committee members.

**PROCEDURE:**

***Confidential Matters***

1. All matters that are the subject of closed sessions of the board are confidential until disclosed in an open session of the board.
2. All matters that are before a committee or task force of the board are confidential unless they have been determined not to be confidential by the chair of the relevant committee or task force.
3. All matters that are the subject of open sessions of the board are not confidential.
4. Each member shall sign a Confidentiality Agreement (51-A-172-xx).

***Procedure for Maintaining Minutes***

1. Minutes of closed sessions of the board shall be recorded by the secretary or designate or if the secretary or designate is not present, by a director designated by the chair of the board.
2. All minutes of closed sessions of the board shall be marked confidential and shall be handled in a secure manner.
3. All minutes of meetings of committees and task forces of the board shall be marked confidential and shall be handled in a secure manner.
4. Notwithstanding that information disclosed or matters dealt with in an open session are not confidential, no director shall make any statement to the press or the public in his capacity as a director unless such statement has been authorized by the board.

---

Reference: Guide for Good Governance, OHA, 2015

Prepared by: Governance & Nominating Committee

Approved by: Board of Directors, April 15, 2010

Date Last Reviewed/Revised: March 2010    2015    July 2019    Dec 2021

**POLICY NUMBER: GO.01.009.3.21**

**POLICY TYPE: GOVERNANCE (Administrative)**

**SUBJECT: CONFIDENTIALITY FOR BOARD AND COMMITTEE MEMBERS**

**POLICY:** The directors owe to the hospital a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the hospital received in their capacity as directors unless otherwise authorized by the board. Members will sign a Confidentiality Agreement.

Every director shall ensure that no statement not authorized by the board is made by him or her to the press or public.

This policy applies to all board and non-board committee members.

**PROCEDURE:**

***Confidential Matters***

1. All matters that are the subject of closed sessions of the board are confidential until disclosed in an open session of the board.
2. All matters that are before a committee or task force of the board are confidential unless they have been determined not to be confidential by the chair of the relevant committee or task force or by the board.
3. All matters that are the subject of open sessions of the board are not confidential.
4. Each member shall sign a Confidentiality Agreement (51-A-172-xx).

***Procedure for Maintaining Minutes***

1. Minutes of closed sessions of the board shall be recorded by the secretary or designate or if the secretary or designate is not present, by a director designated by the chair of the board.
2. All minutes of closed sessions of the board shall be marked confidential and shall be handled in a secure manner.
3. All minutes of meetings of committees and task forces of the board shall be marked confidential and shall be handled in a secure manner.
4. Notwithstanding that information disclosed or matters dealt with in an open session are not confidential, no director shall make any statement to the press or the public in his-their capacity as a director unless such statement has been authorized by the board.



**POLICY NUMBER: GO.02.001.2.09**

**POLICY TYPE: GOVERNANCE (Financial)**

**SUBJECT: EDUCATION CONFERENCES / CONVENTIONS**

**POLICY:** An allowance for Board members to attend educational conferences and conventions will be included in the normal operation plan/budget process.

**PROCEDURE:**

1. The Board is allocated a budget of \$12,000 annually, subject to the cost of living adjustment annually, to cover registration travel, lodging and meals while attending conferences or conventions, subject to attached receipts.
2. Members will be responsible for their own alcoholic beverages.
3. All requests for education/conventions will be forwarded to the C.E.O.

---

Prepared by: Governance, Nominating Committee

Approved by: Board, ????? 2009

Effective Date: 12 September 2008

Reviewed: \_\_\_\_\_

Revised Nov 2009



**POLICY NUMBER: GO.02.001.2.09**

**POLICY TYPE: GOVERNANCE (Financial)**

**SUBJECT: ONGOING EDUCATION, CONFERENCES / CONVENTIONS**

**POLICY:** An allowance for Board members are encouraged to attend educational conferences and conventions to enhance Board Governance. will be included in the normal operation plan/budget process. The Board recognizes that the continuing education of the Directors is an important requirement of effective governance and that it is essential that Directors be fully informed on the background and context of the issues they are called upon to address. A firm commitment to continuing education is the responsibility of each Director and a factor to be considered in the election or re-election of a Director.

**PROCEDURE:**

1. New Directors shall receive a complete orientation to ensure familiarity with the Corporation's issues and structure, the Board's process of governance, and the Board's policies; and Directors shall have ongoing opportunity for training and education to enhance their governance capabilities.
2. Directors who attend conferences or educational events will make available the materials and knowledge to the Board.
3. The Board will establish and be accountable for an annual budget for its own governance functions, which shall include, in addition to the costs of Board and Board Committee meetings, funds for:
  - (i) director attendance at conferences and conventions;
  - (ii) resources / expertise to assist in governance improvement;
  - (iii) annual Board retreat and supporting costs; and
  - (iv) self evaluation surveys.
4. Reasonable expenses of attending and/or participating in such events will be reimbursed according to established policy and with prior approval of the Chair.

Prepared by: Governance, Nominating Committee

Approved by: Board, ????? 2009

Effective Date: 12 September 2008

Reviewed: \_\_\_\_\_

Revised Nov 2009



---

5. All requests for education/conventions will be forwarded to the Board Chair and CEO for consideration.

~~1. The Board is allocated a budget of \$12,000 annually, subject to the cost of living adjustment annually, to cover registration travel, lodging and meals while attending conferences or conventions, subject to attached receipts.~~

~~2. Members will be responsible for their own alcoholic beverages.~~

~~3. All requests for education/conventions will be forwarded to the C.E.O.~~

DECISION SUPPORT DOCUMENT FOR

- Board of Directors                     
  Board Committee – Governance                     
  Senior Leadership Team  
 Other (please specify):

Date Prepared: November 1, 2024                      Meeting Date Prepared for: November 13, 2024  
 Subject: Board Handout  
 Prepared by: Robert Aلدred-Hughes, President & CEO

- DECISION SOUGHT\*                     
  FOR DISCUSSION/INPUT                     
  FOR INFORMATION ONLY

**PURPOSE**

- The purpose of this briefing note is to inform the Governance Committee about a new informational handout created to educate and engage the public on the hospital’s Board of Directors.

**RECOMMENDATION / MOTION**

- That the Governance and Nominating Committee recommend to the Board of Directors the Board Handout as presented.

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No     Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue.*

- Louise Boyling, Vice Chair of the Board, developed a draft handout which was made into a pamphlet for the Boards consideration.
- To maintain an active, engaged, and diverse Board of Directors, engagement with the community is needed to present board membership as a meaningful opportunity for civic engagement. The public document was developed to support ongoing recruitment efforts and to ensure the board remains well-rounded and representative of the community.
- This new informational handout will be an effective tool to help attract qualified individuals from our community, while remaining consistent with our messaging.
- The handout will be available at the Board Open House and copies can be requested by Directors to share with members of the community and prospective board recruits.

**IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how the recommendation will be rolled-out and communicated to all key stakeholders.*

- If approved, the handout will be translated by the Translation Services and will be available in both English and French.

**SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

- Board Handout

## Join us in supporting our community

Being a Director of the Board is both a rewarding and impactful way to serve our community.

Through collaboration, thoughtful decision-making, and community engagement, directors have a direct and lasting impact on the well-being of the region, helping to ensure accessible, inclusive, and innovative healthcare for all.

Together, we can shape the future of healthcare in Glengarry.

Interested in becoming a volunteer Board Director?

## Contact



[www.hgmh.on.ca](http://www.hgmh.on.ca)



[info@hgmh.on.ca](mailto:info@hgmh.on.ca)



613-525-2222 ext. 4104



# Join our Board of Directors

Make a difference in Healthcare Leadership

20260 County Road 43  
Alexandria, Ontario  
K0C 1A0

# About Us

Our hospital is dedicated to providing quality, patient-centered care while fostering an inclusive environment for staff, patients, and the community. We are committed to continuous improvement, innovation, and ensuring equitable access to healthcare services.

Our volunteer Board of Directors play a vital role in setting strategic direction, providing oversight, and shaping the future of the hospital, ensuring that we fulfill the hospital's mission to provide quality healthcare in our rural community.



## Board Director Roles & Responsibilities

As a volunteer Board Director, you will contribute to the overall governance and strategic direction of the hospital. This includes:

- **Governance:** Provide oversight to the hospital's operations, ensuring compliance with legal, ethical, and community standards.
- **Strategic Planning:** Contribute to setting and reviewing long-term goals, financial plans, and priorities.
- **Support & Advocacy:** Act as an ambassador for the hospital, advocating for its mission within the community.
- **Selection, Supervision, and Succession Planning:** Ensures succession planning is in place for the Chief Executive Officer and Chief of Staff and recruits

## Expectations

Board Directors serve a two (2) year term (with the option for renewal) and are expected to:

- **Committee Participation**  
Directors serve on at least one committee in addition to attending Board meetings. Each committee requires pre-meeting preparation, including reading relevant materials and reports.
- **Meeting Attendance**  
Directors must attend at minimum 75% of meetings. Meeting times can vary between daytime and evening hours.
- **Event Participation**  
As leaders of the organization, Directors are encouraged to attend fundraising and community events. Your presence helps boost the hospital's visibility and engagement within the community.

## Time Commitment

Board meetings are held monthly and typically last two (2) to three (3) hours.

Schedules vary for committee meetings, depending on the committee, and are one (1) hour long plus the time required to read the materials prior to the meeting.

Several important events are held throughout the year. While not mandatory to attend, participation is appreciated.