

<b>Document Name:</b>	Framework for Board Accountability & Transparency		
<b>Document Number:</b>	BOD.06.002.0.25		
<b>Review Period:</b>	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	<b>Manual:</b> Governance Policy Manual	
<b>Classification:</b>	Board of Directors	<b>Section:</b> Relationships	
<b>Owner:</b> President & CEO	<b>Signing Authority:</b> Board of Directors		

## POLICY STATEMENT:

This Policy sets out the accountability of the Board of Directors of Hôpital Glengarry Memorial Hospital (HGMH).

The duty of the board is to make decisions that are in the best interests of the corporation. Decisions that are in the best interests of the corporation will be decisions that further the hospital's mission, move it towards its vision, are consistent with its values, but also discharge its accountabilities.

## PROCEDURE:

The Board governs the Corporation through the direction and supervision of the business and affairs of the Corporation in accordance with its By-Laws, vision, mission and core values, governance policies and applicable laws and regulations.

The Board adheres to a model of governance through which it provides strategic leadership and direction to the Corporation by establishing policies, making governance decisions, monitoring performance related to the key dimensions of the Corporation's mission, as well as evaluating its own effectiveness and by building relationships within the health system.

To guide the board in making decisions in the best interests of the corporation, the board has confirmed the following accountabilities of the corporation:

<i>To patients and families</i>	<i>For quality services, patient safety, patient and family-centered care and best practices.</i>
<i>To the community we serve</i>	<i>For efficient utilization of resources, clear communication, transparent processes, advocacy, and expectation management.</i>
<i>To the Ministry of Health</i>	<i>For compliance with applicable legislation, regulation and policies, including funding policies for capital.</i>
<i>To the Ontario Health</i>	<i>For performance of HSAA, participation in OH-led initiatives, expenditure management and performance management.</i>
<i>To donors</i>	<i>For financial stewardship.</i>
<i>To staff and volunteers</i>	<i>For establishing and communicating expectations and providing a safe work environment.</i>
<i>To health system partners</i>	<i>For cooperation and collaboration.</i>
<i>To members of the corporation</i>	<i>For complying with the by-laws and applicable legislation as it governs the corporation, and for the achievement of its mission and vision in a manner consistent with its values and accountabilities.</i>

Through the provision of outstanding healthcare and demonstrating our commitment to operate in a medically, socially and financially responsible manner HGMH shares our performance in an open and transparent manner.

Effective: Apr 2025	Last review/revision: Apr 2025	Next review: Apr 2028
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To maintain HGMH's commitment to accountability and transparency, the Board adopts the framework below to earn the trust of those it is accountable.

<b>Process or Action Required by Legislation</b>	<b>Contributes to or Demonstrates</b>		
	<b>Accountability</b>	<b>Transparency</b>	<b>Engagement</b>
<i>Entering into a Hospital Service Accountability Agreement (HSAA)</i>	X		
<i>Post HSAA in a conspicuous place and on website</i>	X	X	
<i>Public Reporting of Quality-of-Care Indicators (as required under the Public Hospitals Act, Regulation 965)</i>	X	X	
<i>Annual Audited Financial Statements</i>	X	X	
<i>Engage community of diverse persons and entities when setting plans and priorities (required under Local Health System Integration Act)</i>	X	X	X
<i>Public Sector Salary Disclosure Act compliance</i>	X	X	
<i>Quality Improvement Plans (required under Excellent Care for All Act)</i>	X	X	
<i>Quality Improvement Plan available to the public, and Ontario Health (Excellent Care for All Act)</i>	X	X	X
<i>Executive Compensation linked to Performance Improvement Targets in Quality Improvement Plan (Excellent Care for All Act) (pay for performance) and described in the Quality Improvement Plan</i>	X	X	
<i>Patient Declaration of Values/Rights and Responsibilities (Excellent Care for All Act) developed after consultation with the public and make publicly available</i>	X	X	X
<i>Patient Relations Process (Excellent Care for All Act) to reflect Patient Declaration Values and to be publicly available</i>	X	X	X
<i>Patient Satisfaction Surveys (Excellent Care for All Act)</i>	X	X	X
<i>Employee/Staff Satisfaction Surveys (Excellent Care for All Act)</i>	X		X
<i>Critical Incident Reporting (Public Hospitals Act, Regulation 965)</i>	X	X	
<i>Appointing investigator or supervisor under Public Hospitals Act</i>	X	X	
<i>Value for money audits by Auditor General</i>	X	X	
<i>Broader Public Sector Accountability Act and Directives requirements</i>			
• <i>Not using public funds to engage lobbyists</i>	X		
• <i>Reporting on use of consultants</i>	X	X	
• <i>Managing expense claim reporting</i>	X	X	
• <i>Setting expense claim rules</i>	X	X	
• <i>Setting procurement standards</i>	X	X	
• <i>Establishing allowable perquisites rules</i>	X		
• <i>Creating compliance reports</i>	X	X	
<i>Freedom of Information and Protection of Privacy Act</i>		X	

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<b>Voluntary Processes</b>			
<i>Annual Reports</i>	X	X	
<i>Town Hall Forums or Targeted Focus Groups</i>	X	X	X
<i>Open Recruitment Process for Board</i>	X	X	X
<i>Open Board Meetings</i>	X	X	X
<i>Open Annual Meetings of Members</i>	X	X	X
<i>Policies for Responding to Media Enquiries</i>	X	X	X
<i>Website</i>	X	X	X
<i>Relationship-building with stakeholders (foundation, volunteers, Ontario Health, Ministry, local government, academic, partners, provincial and federal elected members of government)</i>	X	X	X
<i>Publications (such as information booklets, pamphlets, newsletters, including those issued by a hospital's foundation or volunteer organization)</i>	X	X	
<i>Community Advisory Councils or Committees (including community liaison committees or advisory committees for input from broader community or input based on stakeholders, services or special interest groups)</i>	X	X	X
<i>Patient &amp; Family Advisory Committee member on Board of Directors</i>	X	X	X
<i>Presentations to Community and/or Stakeholder Groups</i>	X	X	X
<i>Accreditation Process through Accreditation Canada</i>	X		

## REFERENCES:

1. OHA Guide to Good Governance