

Governance and Nominating Committee Meeting Agenda

Date: Wednesday, June 3, 2026
 Time: 17H30 - 18H30
 Location: Boardroom / Microsoft Teams

Time	Agenda Item	Board Item	Attachment
17:30	1. Call to Order		
(1 min)	1.1 Confirmation of Quorum		
(1 min)	1.2 Adoption of the agenda		P. 1-2
(1 min)	1.3 Declaration of Conflict of Interest (Policy BOD.05.003.X.XX)		
17:33	2. Report from the Last Meeting		
(1 min)	2.1 Approval of Previous Meeting Report - May 13, 2026		P. 3-4
(1 min)	2.2 Business Arising from Report		
(1 min)	2.3 Committee Workplan Review		P. 5
17:36	3. Matters for Discussion/Decision		
(5 min)	3.1 Review Board Education Plan (L. Boyling) THAT the Governance and Nominating Committee recommend to the Board of Directors the education sessions for 2026/2027 as presented.	D	P. 6
(5 min)	3.2 Review Board Orientation (R. Allred-Hughes) THAT the Governance and Nominating Committee recommend to the Board of Directors the Board Orientation as presented.	D	P. 7-8
(5 min)	3.3 Review Committee Schedule and Membership for 2026-2027 (L. Boyling) THAT the Governance and Nominating Committee recommend to the Board of Directors the 2026-2027 committee and Board meeting schedule and the committee membership as presented.	D	P. 9-10
(5 min)	3.4 Review Committee Work Plans (R. Alldred-Hughes) THAT the Governance and Nominating Committee recommend to the Board of Directors the Board Committee Work Plans as presented.	C	P. 11-13
(5 min)	3.5 Policies for Review (R. Alldred-Hughes) 3.5.1 Board and Committee Expenses (BOD.04.001) THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board and Committee Expenses policy as presented. 3.5.2 Board of Directors Orientation Program (BOD.05.015) THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board of Directors Orientation Program policy as presented.	C	P. 14 P. 15-16 P. 17
18:01	4. Matters for Information		
(5 min)	4.1 Review Board Member Attendance (L. Boyling)	C	P. 18-21
18:06	5. Date of Next Meeting		
	September 2026		
18:02	6. Adjournment		

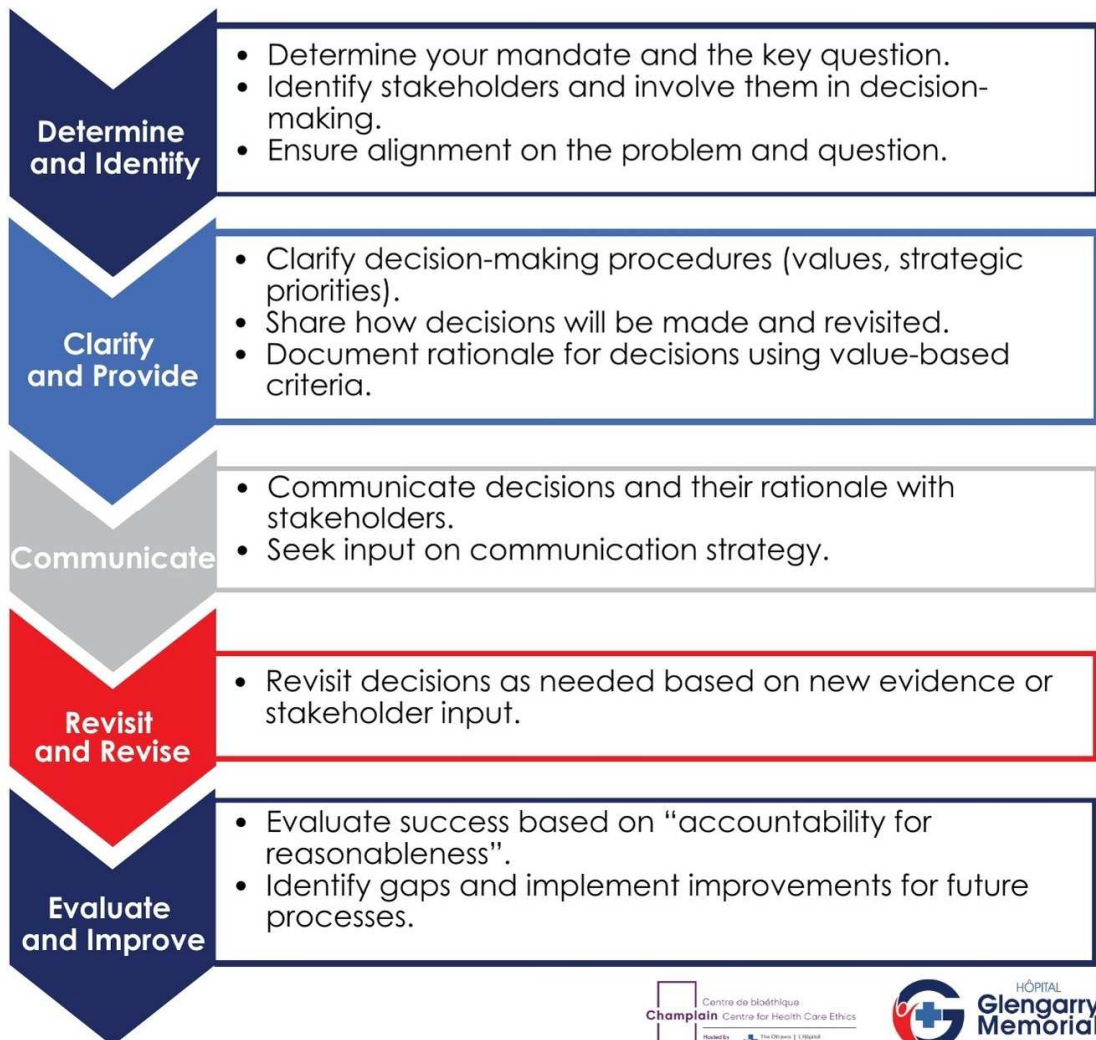
Board Item: Matters for Discussion/Decision (D) or Consent Agenda (C)

Accountability for Reasonableness (A4R) Ethical Decision Making Framework Steps

Values that Optimize Fairness in the Process of Decision-Making



A4R Action Steps



REPORT OF THE GOVERNANCE AND NOMINATING COMMITTEE

May 13, 2026 at 6:00PM Boardroom/MS Teams

Present: L. Boyling C. Larocque, Back-Up Chair Dr. S. Robertson
R. Alldred-Hughes, CEO G. McDonald

Regrets: Dr. G. Raby

Summary of Discussion

Approval of the Agenda

The agenda was reviewed.

Moved By: G. McDonald

Seconded By: L. Boyling

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 March 11 and April 9, 2026, were shared.

Moved By: Dr. S. Robertson

Seconded By: L. Boyling

THAT the meeting reports be approved as presented.

CARRIED

Business Arising from Report

There was no business arising from the report.

Committee Work Plan

The work plan was reviewed and remains on track.

Matters for Discussion/Decision

Annual General Meeting Preparation

Draft AGM Agenda

Re-election is for new members and those whose terms are up. The meeting following the AGM is where members are constituted.

Committee Chair Report

Last year, committee chairs were asked to report on the work that was done over the course of the board cycle. It was agreed that this was well received and that this process continue again this year.

Board Candidates

Five interviews took place in which three were selected. B. Pulice, M. Nichols, and K. McTaggart.

Moved By: L. Boyling

Seconded By: Dr. S. Robertson

THAT the Governance and Nominating Committee recommend to the Board of Directors the nomination of new Directors during the Annual General Meeting as presented.

CARRIED

Review Progress on Strategic Actions
The Q4 strategic actions were reviewed.

Moved By: Dr. S. Robertson
Seconded By: G. McDonald

THAT the Governance and Nominating Committee review and receive the Q4 Strategic Actions as presented.

Two items remain on track as the work remains ongoing. It has been a successful year with lots accomplished.

CARRIED

Policies for Review
Two policies were reviewed.

Minutes of Regular and In Camera Meetings (BOD.05.014)
The policy was reviewed

Moved By: Dr. S. Robertson
Seconded By: L. Boyling

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Minutes of Regular In Camera Meetings policy as presented.

There were no changes to the policy at this time.

CARRIED

Board Award of Excellence (BOD.06.011)
The policy was reviewed.

Moved By: Dr. S. Robertson
Seconded By: L. Boyling

THAT the Governance and Nominating Committee recommend to the Board of Directors the approval of the Board Award of Excellence policy as presented.

There were no changes to the policy at this time.

CARRIED

Matters for Information
Inclusion, Diversity, Equity & Anti-Racism Update

It was noted that the report is operational and doesn't include the items that the board undertook around IDEA.

Committee Effectiveness Survey to be sent out May 14, 2026

This will be delayed by one week and a two-week timeline will be given.

Next meeting: June 3, 2026

K-L. Massia, Recorder

Governance and Nominating Committee Annual Work Plan 2025-2026



Deliverable	MRP	Occurrence	OCT	NOV	JAN	MAR	MAY	JUN
STRUCTURE/PROCESSES								
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	✓					
Review Board Education Plan for following Board Cycle	Chair	Annually						X
Review/Revise Corporate and Professional Staff Bylaws (as needed)	Chair	Annually			✓			
Review Board Member Attendance	Chair	Twice yearly			✓			X
Plan AGM	Chair	Annually					✓	
Review Board Orientation	Chair	Annually						X
Review CEO and COS Succession Plan Framework	Chair	Annually			✓			
DIRECTOR RECRUITMENT AND SELECTION								
Administer Board Personal Assessment Survey/Board Succession	Admin	Annually			✓			
Review Board Succession Plan <ul style="list-style-type: none"> • Identification of number of new members required • Identification of selection criteria based on skills matrix 	Chair	Annually				✓		
Review Skills Matrix	CEO	Annually		✓				
Complete Skills Matrix	Board	Annually			✓			
Start recruitment process (April)	Admin	Annually				✓		
Recommendation of New Directors to the Board		Annually					X	
Review Following Years Committee Schedule and Membership		Annually						X
ACCREDITATION								
Governance Standards Review	Chair	Every meeting	✓	✓	✓			
Inclusion, Diversity, Equity & Anti-Racism Update	Chair	Bi-Monthly	✓		✓		✓	
Review Communication Plan	Chair	Annually	✓					
PERFORMANCE								
Review Performance Evaluation Questionnaire for CEO and COS	Chair	Annually		✓				
Review Committee Effectiveness Survey Questions	Chair	Annually			✓			
Administer Committee Effectiveness Survey	EA	Annually					✓	
Review Peer to Peer Survey Questions	Chair	Annually				✓		
Administer Peer to Peer Surveys	EA	Annually					X	
STRATEGIC PLAN AND STRATEGIC DIRECTIONS								
Review Strategic Plan and Refresh	CEO	Annually		✓				
Review Progress on Strategic Actions	CEO	Quarterly	Q1	Q2	Q3		Q4	
Review next fiscal years Strategic Actions						✓		
POLICY REVIEW								
CEO and COS Performance Evaluation (New)	CEO		✓					
Meeting of Directors Without Management (New)	CEO		✓					
Acts, Legislations, and Compliance Reporting (New)	CEO		✓					
Patient and Family Engagement (New)	CEO			✓				
Signing Authority and Approval (BOD.04.005)	CEO				X			
Regular Meetings of the Board and Notice (BOD.05.013)	CEO					✓		
Communication & Hospital Spokesperson (BOD.05.018)	CEO					✓		
Minutes of Regular and In Camera Meetings (BOD.05.014)	CEO						✓	
Board Award of Excellence (BOD.06.001)	CEO						✓	
Board and Committee Expenses (BOD.04.001)	CEO							X
Board of Directors Orientation Program (BOD.05.015)	CEO							X
ESTIMATED PREPARATION TIME FOR MEETING			1H	1H	1H	1H	1H	1H

Revisions since prior report:

- Signing Authority and Approval policy was reviewed in January 2025 for Accreditation and will be removed from this workplan

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 22, 2026 Meeting Date Prepared for: June 3, 2026

Subject: Board Education Sessions 2026/2027

Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT* FOR DISCUSSION/INPUT FOR INFORMATION ONLY

PURPOSE

- The Governance Committee is responsible for setting yearly Board education sessions in collaboration with the CEO. This decision support document outlines the education sessions being recommended for the Board of Directors for 2026/2027.

RECOMMENDATION / MOTION

That the Governance & Nominating Committee recommend to the Board of Directors the education sessions for 2026/2027 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.

- Directors have a responsibility to be knowledgeable about the environment in which the hospital operates, and to support this responsibility education sessions are a great way for Board of Directors to obtain knowledge of the health care environment, hospital programs and services, as well as governance responsibilities.
- The OHA guide to good governance outlines that Director education should be facilitated using multiple mechanisms, and education sessions at regular board meetings is one of those opportunities.
- Other means of encouraging Director education includes Board retreats, The Governance Centre of Excellence, Ontario Hospital Association educational programming, and establishing a policy that permits and encourages directors to attend educational programs.
- Patient stories are also an incredible way to provide education to hospital Boards of Directors. Often there is great learning that can be shared through patient feedback and experience. It is an opportunity to demonstrate the systems and processes that are in place or are put into place based on the experience of our patients receiving care in hospital. For this reason, providing Board education with patient stories is part of the consideration coming forward to the Governance committee as alternating between traditional education and patient story education.

OPTIONS CONSIDERED & ANALYSIS

- Alternating with a patient story, the following is an outline of the options for Board Education for the 2026/2027 Board Cycle in no particular order:
 - Pay for Results (ED P4R)
 - Digital Health & Innovation (EMR & Cybersecurity)
 - Ethics in Healthcare
 - Product Evaluation Framework
 - Risk Management & Crisis Preparedness

DECISION SUPPORT DOCUMENT FOR

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

Date Prepared: May 22, 2026 Meeting Date Prepared for: June 3, 2026
 Subject: Board Orientation
 Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

The Governance & Nominating Committee is responsible for ensuring that a comprehensive orientation session is provided to all new Board members. By periodically reviewing the board orientation, areas for improvement and optimization can be identified.

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.

The board orientation serves as a pivotal onboarding mechanism for new directors, offering them a comprehensive understanding of their roles, responsibilities, and the organization’s governance framework among other important information.

Based on conversations that took place throughout this board cycle, the orientation agenda was revised and includes information that was deemed to be important to discuss during orientation.

Please consider any other feedback or adjustments to the orientation agenda. An opportunity to share your thoughts will be provided at this Governance committee meeting.

IMPLEMENTATION & COMMUNICATION PLAN

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

- Review Orientation Agenda – June 3, 2026
- Orientation slide deck will be updated accordingly
- Orientation will be scheduled for some time in August 2026

SUPPORTING DOCUMENTS/ATTACHMENTS

List any supporting documents or attachments

- Board Orientation Agenda

Agenda Item	Time	Responsibility
Welcome	10:00-10:15	
<i>Introductions</i>		Dr. Stuart Robertson
<i>Hôpital Glengarry Memorial Hospital Overview</i>		Robert Alldred-Hughes
HGMH Board of Directors	10:15-10:45	
<i>Roles & Responsibilities of the Board Chair, Vice Chair and Treasurer</i>		Dr. Stuart Robertson
<i>Roles and Responsibilities of the Board</i>		Dr. Stuart Robertson
<i>Responsibilities as a Director and Code of Conduct</i>		Dr. Stuart Robertson
<i>Board Structure & Accountability</i>		Dr. Stuart Robertson
<i>Board Mentorship</i>		Dr. Stuart Robertson
<i>Board Portal and HGMH Email Usage</i>		Dr. Stuart Robertson
<i>Board and Committee Meeting Attendance Requirement</i>		Dr. Stuart Robertson
<i>Board Surveys</i>		Dr. Stuart Robertson
Strategic Direction	10:45-11:20	
<i>Governance & Nominating Committee</i>		Louise Boyling
Hospital Planning Process		Robert Alldred-Hughes
<i>Boards Role in Strategic Planning</i>		Robert Alldred-Hughes
<i>Strategic Plan Overview</i>		Robert Alldred-Hughes
<i>Strategic Plan Monitoring</i>		Robert Alldred-Hughes
<i>Inclusion, Diversity, Equity & Anti-Racism (IDEA)</i>		Kayla MacGillivray
<i>Ethical Decision-Making Framework</i>		Robert Alldred-Hughes
Leadership	11:20-11:30	
<i>Leadership Structure</i>		Robert Alldred-Hughes
<i>People Overview</i>		Kayla MacGillivray
<i>Succession Planning</i>		Robert Alldred-Hughes
<i>Talent Management</i>		Kayla MacGillivray
Financial Viability	11:30-12:00	
<i>Finance, HR, and Audit Committee</i>		Charlotte Nagy
<i>Finances Operating & Capital</i>		Linda Ramsay
<i>Funding Committees of the Hospital / Foundation</i>		Robert Alldred-Hughes
<i>Hospital Services Accountability Agreement</i>		Robert Alldred-Hughes
<i>Enterprise Risk Management</i>		Robert Alldred-Hughes
<i>Health Information Systems</i>		Robert Alldred-Hughes
<i>Capital Redevelopment Planning</i>		Robert Alldred-Hughes
BREAK/HOSPITAL TOUR	12:00-12:30	
Relationships	12:30-12:40	
<i>Ontario Health Teams</i>		Robert Alldred-Hughes
<i>Partnerships</i>		Robert Alldred-Hughes
<i>Communications</i>		Robert Alldred-Hughes
Quality, Safety & Effectiveness	12:40-13:15	
<i>Quality & Patient Safety Committee</i>		Carole Larocque
<i>Medical Advisory Committee</i>		Dr. Lisa MacKinnon
<i>Boards Role in Credentialing and Re-Credentialing</i>		Dr. Lisa MacKinnon
<i>Quality Improvement Plan</i>		Robert Alldred-Hughes
<i>Accreditation</i>		Robert Alldred-Hughes
<i>Trillium Gift of Life Network (TGLN)</i>		Robert Alldred-Hughes
<i>Whistleblowing and Fraud Prevention</i>		Robert Alldred-Hughes
Other Board Committees	13:15-13:50	
<i>Executive Committee</i>		Dr. Stuart Robertson
<i>Executive Pay for Performance</i>		Robert Alldred-Hughes
<i>French Language Services Committee</i>		Carole Larocque
<i>Patient & Family Advisory Committee</i>		Robert Alldred-Hughes
Questions, Comments, Evaluation	13:50-14:00	

Aug 2026 (Q2)						
S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Report: Linda Sept 2026 (Q2)						
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Report: Rachel Oct 2026 (Q3)						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Report: Kayla Nov 2026 (Q3)						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Dec 2026 (Q3)						
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20	21	22	23	24	25	26
27	28	29	30	31		

Report: Linda Jan 2027 (Q4)						
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24	25	26	27	28	29	30
31						

Report: Rachel Feb 2027 (Q4)						
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28						

Report: Kayla Mar 2027 (Q4)						
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21	22	23	24	25	26	27
28	29	30	31			

Report: Linda Apr 2027 (Q1)						
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11	12	13	14	15	16	17
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25	26	27	28	29	30	

Report: Rachel May 2027 (Q1)						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Report: Kayla Jun 2027 (Q1)						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Jul 2027 (Q2)						
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25	26	27	28	29	30	31

Board Committees

4:00pm-8:00pm

Board of Directors

5:00pm-8:00pm

AGM

Last Thursday of June

Committee Schedule

Governance and Nominating:	October, November, January, March (recruitment in April if needed), May, and June
Finance, HR and Audit:	September, November, February, March, May, and June
Quality & Patient Safety:	September, November, February, March, April, and May
Executive:	October and April
French Language Services:	October and June

Board Retreat

Board Orientation (if needed)

HGMH Event

2026-27 BOARD COMMITTEE MEMBERSHIP



(X) = Minimum committee meetings / year	Governance (6)	Quality (6)	Finance & HR (6)	French Language Services (1)	Executive Com. (2)	Found. (10)	Past-Chair	Chair	Vice-Chair	Treasurer	Year Joined	Term Ending
L. Boyling	X by TOR		X by TOR		X			X			2021	2026
C. Nagy			Chair		X					X	2022	2027
C. Larocque	BU Chair			Chair	X				X		2022	2027
Dr. R. Cardinal		X		X							2023	2028
G. Peters		X	BU Chair								2023	2029
F. Desjardins			X	BU Chair							2024	2028
G. McDonald	Chair		X								2024	2027
H. Salib		Chair									2024	2027
D. Elie		X									2025	2028
M. Nichols	X										2026	2027
K. McTaggart	X										2026	2028
B. Pulice		X									2026	2029
Members / TOR	5	5	5	3	3							
Quorum per TOR	3	3	3	2	2							

As per Bylaw the Vice-Chair shall at the discretion of the Board Chair or the Board shall serve on at least one key Board Committee as the committee chair.

Fiscal Advisory Committee: no board member unless asked by CEO (TOR)

Executive & Joint Conference Committees: Chair, Vice-Chair, Treasurer, CEO and COS (minimum 1 meeting per year)

Governance and Nominating Committee Annual Work Plan 2026-2027



Deliverable	Legislation/ Accountability	MRP	Occurrence	OCT	NOV	JAN	MAR	MAY	JUN
STRUCTURE/PROCESSES									
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	✓					
Review Board Education Plan for following Board Cycle		Chair	Annually						X
Review/Revise Corporate and Professional Staff Bylaws (as needed)		Chair	Annually			✓			
Review Board Member Attendance		Chair	Twice yearly			✓			X
Plan AGM		Chair	Annually					X	
Review Board Orientation		Chair	Annually						X
Review CEO and COS Succession Plan Framework		Chair	Annually			✓			
Annual Board Code of Conduct & Conflict of Interest Review/Attestation	PHA; BPSAA								
DIRECTOR RECRUITMENT AND SELECTION									
Administer Board Personal Assessment Survey/Board Succession		Admin	Annually			✓			
Review Board Succession Plan <ul style="list-style-type: none"> • Identification of number of new members required • Identification of selection criteria based on skills matrix 		Chair	Annually				✓		
Review Skills Matrix		CEO	Annually		✓				
Complete Skills Matrix		Board	Annually			✓			
Start recruitment process (April)		Admin	Annually				✓		
Recommendation of New Directors to the Board			Annually						X
Review Following Years Committee Schedule and Membership			Annually						X
ACCREDITATION									
Governance Standards Review		Chair	Every meeting	✓	✓	✓			
Inclusion, Diversity, Equity & Anti-Racism Update		Chair	Bi-Monthly	✓		✓		X	
Review Communication Plan		Chair	Annually	✓					
PERFORMANCE									
Review Performance Evaluation Questionnaire for CEO and COS		Chair	Annually		✓				
Review Committee Effectiveness Survey Questions		Chair	Annually			✓			
Administer Committee Effectiveness Survey		EA	Annually					X	
Review Peer to Peer Survey Questions		Chair	Annually				✓		
Administer Peer to Peer Surveys		EA	Annually						X
STRATEGIC PLAN AND STRATEGIC DIRECTIONS									
Review Strategic Plan and Refresh		CEO	Annually		✓				
Review Progress on Strategic Actions		CEO	Quarterly	Q1	Q2	Q3		Q4	
Review next fiscal years Strategic Actions							✓		
POLICY REVIEW									
Senior Management Language Skills (BOD.02.002)		CEO		✓					
Developing, Reviewing, and Revising Board Policies (BOD.05.001)		CEO		✓					
Hospital Email Usage for Board of Directors (BOD.05.011)		CEO			✓				
Delegations of Authority to the President & CEO (BOD.05.012)		CEO			✓				
Inclusion, Diversity, Equity, and Anti-Racism (BOD.01.001)						✓			
CEO and COS Succession Planning (BOD.02.001)						✓			
Enterprise Risk Management (BOD.03.004)							✓		
Honorary Membership to the Corporation (BOD.05.016)							✓		
Investments (BOD.04.002)								✓	
Management of Endowment Funds (BOD.04.003)								✓	
Conflict of Interest (BOD.05.003)									✓
Acceptance of Tender Over Board-Approved Amount (BOD.04.004)									✓
French Language Services (BOD.01.002)									✓
ESTIMATED PREPARATION TIME FOR MEETING				1H	1H	1H	1H	1H	1H

Revisions since prior report:

Finance, HR & Audit Committee Work Plan 2026-2027



Deliverable	Legislation/ Accountability	MRP	Occurrence	Sep	Nov	Feb	Mar	May	Jun
STRUCTURE/PROCESSES									
Review Committee Effectiveness Survey Results		Chair	Annually	X					
Review/Recommend Annual Committee Work Plan to Governance for upcoming Board cycle		Chair	Annually					X	
Review/Recommend Committee TOR		Chair	Annually	X					
Declaration of Compliance		CEO	Monthly	X	X	X	X	X	X
FINANCIAL OVERSIGHT									
Review Financial Statements and Statistical Information	PHA; BPSAA	Chair	Monthly	X	X	X	X	X	X
Review Projections			Semi-Annually		X		X		
Review/recommend Audit Plan		Chair	Annually				X		
Review/recommend Audited Financial Statements	PHA	Chair	Annually						X
Recommendation of Auditor		Chair	Annually						X
Review/Recommend Draft Budget 2026-27	HSAA; PHA	Chair	Annually			X			
Review/recommend Capital Plan 2026-27	HSAA; PHA	Chair	Annually				X		
Review Investments	BPSAA	Chair	Bi-Annual		Q1/Q2			Q3/Q4	
Review Executive Expense Report		CFO	Bi-Annual		Q1/Q2			Q3/Q4	
Review Annual Borrowing Report	PHA					X			
PEOPLE/PARTNERSHIPS									
Review HR Metrics Report	Accreditation	CHRO	Quarterly	Q1	Q2	Q3		Q4	
Review Strategic HR Plan		CHRO	Annually			X			
Employee Engagement Survey Results	Accreditation	CHRO	Annually				X		
Enterprise Risk Management Review	Accreditation	CEO	Annually		X				
Board Award of Excellence Call for Nominations		Chair	Annually				X		
Board Award of Excellence Selection		Chair	Annually					X	
Review Talent Management	Accreditation	CHRO	Annually					X	
Review IDEA Framework		CHRO	Annually			X			
Review Whistleblowing Report	BPSAA	CEO	Annually	X					
Review Psychological Safety Program		CHRO	Annually						X
BUILDING/PROPERTY/INFRASTRUCTURE									
Ongoing Projects		CFO	As Occurs						
Epic Implementation Update		CEO	Monthly	X	X	X			
Capital Redevelopment Planning	MOH	CEO	As Occurs						
Cyber Security Report	PHIPA	CFO	Annually	X					
Update on Environmental Stewardship Program		CFO	Annually						X
Energy Scorecard Review	Broader Public Sector Energy Reporting Regulation	CFO	Annually		X				
CT Scan Update		CEO	As Occurs						
REGULATORY COMPLIANCE									
Complete Related Parties' Transaction Email – due May 31	BPSAA	EA	Annually						X
HSAA Declaration of Compliance	HSAA	CFO	Annually						X
BPSAA Attestation	BPSAA	CFO	Annually						X
ESTIMATED PREPARATION TIME FOR MEETING				1H	1H	1H	1H	1H	1H

Revisions since prior report:

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Quality & Patient Safety Committee Work Plan 2026-2027



Deliverable	Legislation/Accountability	MRP	Occurrence	Sep	Nov	Jan	Feb	Apr	May
STRUCTURE/PROCESSES									
Review/Recommend Committee Terms of Reference		Chair	Annually	X					
Review Committee Effectiveness Survey Results		Chair	Annually	X					
Review/Recommend Annual Committee Work Plan to Governance		Chair	Annually						X
MEDICAL AFFAIRS									
Professional Staff Appointment and Re-appointment Process Review	PHA	COS	Annually		X				
Review Professional Staff HR Plan	PHA	COS	Annually		X				X
Appoint professional staff on recommendation of Medical Advisory Committee	PHA	COS	Annually			X			
Review Student/Resident Placement Report		COS	Annually				X		
Review Hospital Services		COS	Annually/As Occurs					X	
Review Physician Engagement Survey Results		COS	Annually					Survey to be sent	X
Medical Advisory Committee Recommendations	PHA	COS	As Occurs						
EDUCATION									
Patient Story		CNE			X		X		X
Quality Initiatives		CNE		X		X		X	
QUALITY OVERSIGHT AND IMPROVEMENT									
Review QIP Dashboard	ECFAA	CNE	Quarterly	Q1	Q2		Q3		Q4
Recommend QIP Dashboard 2027-2028	ECFAA	CNE	Yearly				X		
Quality & Safety Scorecard		CNE	Quarterly	Q1	Q2		Q3		Q4
Review Patient Satisfaction Survey Results	ECFAA	CNE	Quarterly	Q1	Q2		Q3		Q4
Review Life or Limb Results		CNE	When available						
Review Complaints & Compliments Report	ECFAA	CNE	Quarterly			X			
PFAC Updates	ECFAA	CNE	Quarterly	X		X		X	
Review Critical Events and Never Events Report	PHA + Ontario Patient Safety Reporting requirements	CNE	Yearly			X			
BPSO Update	RNAO BPSO	CNE	Quarterly	X	X		X		X
Review Patient Quality & Safety Plan	ECFAA + Accreditation Canada Qmentum Standards	CNE	Yearly				X		
Review Status of Patient Safety Plan Actions		CNE	Bi-Annual		X				
Review Provincial Stroke Report Card	OH	CNE	When available						
Review Ethics Committee Updates		CNE	Yearly					X	
Review Trillium Gift of Life Report	Trillium Gift of Life Network Act	CNE	Quarterly	Q1	Q2		Q3		Q4
Boards Role in Legislative Oversight		CEO							
SAFETY / RISK / OPERATIONS									
Violent Incidents Report	OHSA	CHRO	Yearly					X	
Review Emergency Preparedness		CHRO	Yearly					X	
Review Business Continuity Plan		CEO	Yearly		X				
Privacy & Confidentiality Overview	PHIPA	HIS	Yearly	X					
Review HIROC Report		CEO	Yearly						X
ACCREDITATION									
Accreditation Updates		CEO	Bi-Annual			X		X	
Accreditation Standard Review		CNE	Quarterly						
ESTIMATED PREPARATION TIME FOR MEETING:				1.5H	1.5H	1.5H	1.5H	1.5H	1.5H

Revisions since prior report:

April 21, 2026

Document Name:	Board and Committee Expenses		
Document Number:	BOD.04.001.0.23		
Review Period:	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	Manual: Governance Policy Manual	
Classification:	Board of Directors	Section: Financial & Organizational Viability	
Owner:	President & CEO	Signing Authority: Board of Directors	

POLICY STATEMENT:

Board members required to travel outside the general Alexandria area on hospital business will be reimbursed for their travel following the submission of a claim for expenses in attending Board-approved meetings and events.

PROCEDURE:

1. Expenses shall be reimbursed consistent with the hospital policy entitled General Expense Policy (CO.02.022.0.11) and Gas/Travel Allowance Policy (CO.02.005.2.14):
 - i. mileage will be reimbursed at a rate consistent with the rate established for staff mileage.
 - ii. Using the most cost-effective form of travel is encouraged. Associated travel costs such as parking and taxi fare will be reimbursed.
 - iii. Reasonable accommodation will be reimbursed.
 - iv. All reasonable and customary meal expenses will be reimbursed. Costs incurred for alcoholic beverages will not be reimbursed. It is the responsibility of the person(s) approving the expenses to determine reasonableness.
 - v. All out of pocket expenses shall be supported by receipts.
 - vi. Registration fees for conferences, workshops and external meetings attended with Board approval will be reimbursed. Even in time-sensitive situations, approval of the Board Chair must be obtained.
2. The Board Chair shall approve board member expenses. The Vice-Chair shall approve the Board Chairs' expenses.
3. Payment of travel allowance will be paid to Board members on a quarterly basis upon submission of an approved *General Expense Statement for Staff and Board of Directors* (51-A-201-XX) approved and signed by the Board Chair.

Effective: Nov 2013	Last review/revision: April 2023	Next review: Apr 2026
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Note: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the Intranet prior to use.

CROSS-REFERENCED POLICIES:

Policy Number	Policy Name
CO.02.022.X.XX	General Expense
CO.02.005.X.XX	Gas/Travel Allowance

ASSOCIATED FORMS:

Form Number	Form Name
51-A-201-XX	General Expense Statement for Staff and Board of Directors

Note: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the Intranet prior to use.

Document Name:	Board of Directors Orientation Program		
Document Number:	BOD.05.015.0.23		
Review Period:	<input checked="" type="checkbox"/> 3 years <input type="checkbox"/> 1 year	Manual: Governance Policy Manual	
Classification:	Board of Directors	Section: Board Effectiveness	
Owner:	President & CEO	Signing Authority: Board of Directors	

POLICY STATEMENT:

Prior to the commencement of their first term, or as soon as is possible afterwards, each new Director is to be provided orientation by the Chief Executive Officer to their role as a member of the Board of Directors of Hôpital Glengarry Memorial Hospital.

PROCEDURE:

1. Each new Board will be provided electronic access to a shared drive with documentation that details of the Board Quality Program, Board Role, Board Structure and Process, The Hospital, and Hospital Partners and the Healthcare Environment. Should the Director require a device to access the material, a tablet will be loaned to the Director by the hospital.
2. Each new Board member shall attend a Board Orientation Session which includes a tour of the hospital and an overview of the purpose and functions of the Board, information about the hospital and our healthcare environment. During this session opportunities to ask questions pertaining to the hospital.
3. All Board members may attend educational seminars and hospital conventions as authorized by the Board.
4. All new Board members, during the orientation, are expected to sign a Board Member Pledge of Confidentiality (51-A-172-xx) and the Board Member Accountability Statement (51-A-174-xx).
5. Evaluation forms for the Orientation Program are to be completed by each new Trustee.
6. The Board may change the orientation Program for new Board members as required.

ASSOCIATED FORMS:

Form Number	Form Name
51-A-172-XX	Board Member Pledge of Confidentiality
51-A-175-XX	Board Member Accountability Statement

Effective: May 1994	Last review: May 2023	Next review: May 2026
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2025-2026 Board of Directors Attendance



Name	2025				2026						Total	%	
	*Jun	Sept	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun			
Dr. Stuart Robertson, Chair	P	P	P	P	P	P	P	P	P			8	100%
Louise boyling, Vice Chair	P	P	P	P	P	P	P	P	P			8	100%
Charlotte Nagy, Treasurer	P	A	P	P	P	P	P	P	P			7	88%
Carole Larocque	P	P	P	P	P	P	P	P	P			8	100%
Doug Elie	P	P	P	P	P	P	P	P	P			8	100%
Francois Desjardins	P	P	P	P	P	A	P	P	P			7	88%
Dr. Genevieve Raby	P	A	P	P	P	P	P	P	P			7	88%
Gerard McDonald	P	P	A	P	P	P	P	P	P			7	88%
Gordon Peters	P	A	P	P	P	P	P	P	P			7	88%
Heidi Salib	P	P	P	P	A	P	P	P	P			7	88%
Dr. Raynald Cardinal	P	P	P	A	P	P	P	P	P			7	88%
Total	11	8	10	10	10	10	11	11	0	0		73	92%

*Special Meeting

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025				2026						Total	%	
	*Jun	Sept	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun			
Robert Alldred-Hughes, CEO	P	P	P	P	P	P	P	P	P			8	100%
Dr. Lisa MacKinnon, COS	P	P	P	A	P	P	A	P				6	75%
Rachel Romany, CNE	P	P	P	P	P	P	A	A				6	75%
Total	3	3	3	2	3	3	1	2	0	0		82	83%

2025-2026 Governance Attendance



Name	2025		2026				Total	%
	Oct	Nov	Jan	Mar	May	Jun		
Louise Boyling	P	P	P	P	P		5	100%
Carole Larocque	P	P	P	P	P		5	100%
Dr. Genevieve Raby	A	P	P	A	P		3	60%
Gerard McDonald	A	P	P	P	P		4	80%
Dr. Stuart Robertson	P	P	P	P	P		5	100%
Total	3	5	5	4	5	0	22	88%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Oct	Nov	Jan	Mar	May	Jun		
Robert Alldred-Hughes, CEO	P	P	P	P			4	100%
Total	1	1	1	1	0	0	4	100%

2025-2026 Finance Attendance



Name	2025		2026				Total	%
	Sep	Nov	Feb	Mar	May	Jun		
Charlotte Nagy	P	P	P	P	P		5	100%
Francois Desjardins	P	P	A	P	A		3	60%
Gerard McDonald	P	P	P	P	P		5	100%
Gord Peters	P	P	P	P	P		5	100%
Dr. Stuart Robertson	P	P	P	P	P		5	100%
Total	5	5	4	5	4	0	23	92%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)

Name	2025		2026				Total	%
	Sep	Nov	Feb	Mar	May	Jun		
Robert Alldred-Hughes, CEO	P	P	P	P	P		5	100%
Total	1	1	1	1	1	0	5	100%

2025-2026 Quality Attendance



Name	2025		2026				Total	%
	Sep	Nov	Jan	Feb	Apr	May		
Carole Larocque	P	P	P	A	P	P	5	83%
Doug Elie	P	P	P	P	P	P	6	100%
Gord Peters	P	P	P	P	P	P	6	100%
Heidi Salib	A	P	P	P	P	P	5	83%
Dr. Raynald Cardinal	A	P	P	P	A	A	3	50%
Total	3	4	4	3	4	4	25	92%

Attendance rate of 75% required for Board Directors as per the Board Attendance policy (BOD.05.004)