

NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)

Guideline		Policy Number	ADM-BO-020	
Title Responsibilities of the Board		Policy category		<input type="checkbox"/> Departmental
				<input type="checkbox"/> Organization Wide
		<input checked="" type="checkbox"/> Board		
		Manual		Board
		<input type="checkbox"/> New	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Major
Origination Date		Developer		
Effective Date	Reviewed by Governance October 29, 2013, Approved by Board December 13, 2013 Reviewed by Governance September 2014, Approved by Board October 17, 2014 Reviewed by Governance October 27, 2016; Approved by Board on November 10, 2016 Reviewed by Governance on January 24, 2019 Approved by Board March 14, 2019	Governance Committee		
Cross References (NBRHC or legacy organization policies) Not applicable		Comparable Policy from service provider within NBRHC Facility Not applicable		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

1.0 Purpose

The purpose of this resource document is to ensure that the Board has a shared understanding of all aspects of its governance role.

2.0 Minor Revision History

Not applicable.

3.0 Definitions

Not applicable.

4.0 Materials Required

Not applicable.

5.0 Principles

5.1. Duty of Care

Each Director is responsible to act in the best interest of the corporation by acting honestly, in good faith, exercising power honestly; maintaining loyalty; and respecting confidentiality.

5.2. Fiduciary Responsibility

Governance

- Establish structures to facilitate the performance of the Board's role and to enhance individual Director performance;
- Recruit a skilled, experience and qualified Board;
- Ensure ongoing Board training and education;
- Evaluate annually Board structure, including Board recruitment processes, Board composition, committee evaluations, Terms of Reference review, processes for appointment of committee chairs, processes for appointment of Board officers and other processes and structures; Complete Board member evaluations annually;
- Complete overall Board functioning evaluation annually;
- Complete a Board Chair evaluation annually;
- Undertake a CEO recruitment and selection process; if necessary a CEO removal process;
- Evaluate the Chief Executive Officer, as per policy (ADM-BO-005 – President & CEO Performance Evaluation);
- Complete process for appointment of Chief of Staff;
- Annually evaluate the Chief of Staff;
- Ensure a current emergency succession plan for the CEO and senior management is available; Ensure that the CEO and Chief of Staff have succession plans for senior management and Professional Staff members;
- Review Policies and Procedures once every two years;
- Review and approve the Administrative by-laws annually at the Annual Meeting;
- Review and approve the Professional Staff By-Laws;
- Approve appointments and re-appointments of Medical staff as recommended by the Medical Advisory Committee.
- Ask pertinent questions for continuously improving the quality of the Board discussion;
- Develop and maintain work plans for all Board Committees.

5.3. Strategic and Generative Responsibilities

- Leads in the formulation and adoption of the organization's mission, vision and values;
- Reviews regular briefings and progress reports on the implementation of the strategic directions and initiatives;
- Ensures that organization decisions are consistent with the strategic plan, mission, vision and values; and Ethical Decision Making Framework
- Regularly conducts a review of the strategic plan as part of the Board planning cycle;
- Support partnerships for system level planning and services;
- Maintain a good working relationship with the North Bay Regional Health Centre Foundation.

5.4. Quality and Operational Performance

- Ensure that management has in-place robust systems for ensuring quality and performance monitoring;
- Approve the Quality Improvement Plan meeting legislative requirements;
- Review significant issues relating to care practices, safety, and clinical risks;
- Analyze critical incidents, and approve recommendations and action plans;
- Ensure that management has adequate plans and processes to maintain high performance standards relative to Accreditation Canada;
- Assess processes for surveying patient and staff satisfaction and approve resulting action plans;
- Monitor the effectiveness of staff education programs related to safety practices;
- Monitor the organization's activity and performance reported on by external quality review bodies;
- Review annually the organization's quality and satisfaction systems;
- Maintain a Risk Registry.

5.5. Financial Condition and Assets

- Review and approve an annual budget for capital and operating revenues and expenditures for the ensuing fiscal year;
- Review and approve Service Agreements including: the Hospital Service Accountability Agreement (H-SAA), Multi Sector Service Agreement and MCYS Service Agreements;
- Review monthly financial statements;
- Review and approve financial risk management and financial matters, including but not limited to insurance coverage & premium renewal, banking & credit facilities;
- Ensure management has a system in place to review internal and peer comparative and benchmarking measures;
- Ensure management has a plan for a safe, efficient and functional physical environment;
- Recommends to members approval of an Auditor on an annual basis.

6.0 References

ADM-BO-005 – President & CEO Performance Evaluation

7.0 Content Experts/Stakeholders

Content Expert/Stakeholder	Date Sent
Governance Committee	January 24, 2019
Board of Directors	March 14, 2019

8.0 Signing Authority Approval

Position	Date Signed
Chair, Board of Directors	