

## NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)

<b>Policy and Procedure</b>		<b>Policy Number</b>	ADM-BO-028	
<b>Title</b> Board Communication Policy		<b>Policy category</b>	<input type="checkbox"/> <b>Departmental</b>	
			<input type="checkbox"/> <b>Organization Wide</b>	
		<input checked="" type="checkbox"/> <b>Board</b>		
		<b>Manual</b>		
		<input checked="" type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Minor</b>	<input type="checkbox"/> <b>Major</b>
<b>Origination Date</b>	Reviewed by Governance Committee February 23, 2017 Approved by Board of Directors March 9, 2017	<b>Developer</b> Manager, Communications & Volunteer Department		
<b>Effective Date</b> <small>(date this version came into effect)</small>	March 9, 2017			
<b>Cross References (NBRHC or legacy organization policies)</b> Media Policy (ADM-PR-003) Social Media Policy (ADM-PR-006) NBRHC Communications Strategy		<b>Comparable Policy from service provider within NBRHC Facility</b>		

**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.

<b>Index</b>	
1.0	Purpose
2.0	Policy Statement
3.0	Minor Revision History
4.0	Definitions
5.0	Materials Required
6.0	Procedure
6.1	Formal Board Communications
6.2	Informal Board Communications
6.3	Media Relations
6.4	Social Media
6.5	Legal Obligations
6.6	Considerations for Board and Staff Communications
6.6.1.	Board Meetings
6.6.2.	Committee Meetings
6.6.3.	Non-Voting Directors
6.6.4.	Staff Presentations
6.6.5.	One-on-one Discussions
7.0	Documentation
8.0	Appendices / Educational Materials
9.0	References
10.0	Content Experts / Stakeholders
11.0	Signing Authority

## **1.0 Purpose**

The purpose of this policy is to ensure effective communication with North Bay Regional Health Centre, its Directors, stakeholders and the general public.

This policy is in place to:

- provide a framework that outlines who should communicate with whom and when, and scope of communication with attention to potential conflict of interest and confidentiality;
- ensure clear and consistent protocols for all Directors to prevent any damage to stakeholders' and Directors' confidence;
- inform or involve stakeholders;
- respond to requests for information or reporting.

It is important that the Board communicates:

- a clear and united message, usually through the Board Chair;
- only on issues within the scope or authority of the Board;
- with consideration of the Board's responsibility to the public;
- consistent with other NBRHC policies and processes;
- with consideration to confidentiality obligations.

## **2.0 Policy Statement**

In recognition of NBRHC's mission, vision and values, the Communication Policy for its Board of Directors supports the standardization of practices, expectations and roles. The development and implementation of clear, consistent processes will be critical to ensuring effective, consistent messaging, protection of staff, physicians, volunteers, Board members and patients, and the preservation of the NBRHC brand and reputation.

## **3.0 Minor Revision History**

Not applicable.

## **4.0 Definitions**

Not applicable.

## **5.0 Materials required**

Not applicable.

## **6.0 Procedure**

### **6.1 Formal Board Communications**

- The President and CEO communicates on behalf of, and represents the organization.
- The Chair communicates on behalf of, and represents the Board of Directors of the organization.
- Individual members of the Board of Directors refer all enquiries to the designated spokesperson—typically the President and CEO or his/her designate; when in doubt, enquiries are referred to the Chair for Board matters, and to the President and CEO for all others. This applies to event invitations, media, public, management, staff and other stakeholder requests and communications.

### **6.2 Informal Board Communications**

- Individual Directors will inevitably and legitimately have informal communications with stakeholders, including staff members of the organization (see *Board and Staff Communications* below).
- In all these instances it is incumbent upon Directors to be explicitly clear that they are communicating in a personal capacity.
- If facts or information are shared with Directors through any of our NBRHC platforms (NBRHC blog or Facebook) or collateral (annual report, year in review), when appropriate it's important that this information is shared by Directors with our community—this factual and informal conversation is the most important step in ensuring the most accurate message is shared externally about our Health Centre.

### **6.3 Media Relations**

- In the interest of keeping Directors abreast of issues involving the organization, the President and CEO will ensure that they receive relevant media and other communication on the organization's activities and business.
- In instances where the issues are high profile or contentious, the President and CEO will ensure that Directors receive key messages at an appropriate time via email.
- As per the NBRHC Media Policy ([ADM – PR – 003](#)), Directors will refer any requests for media interviews to the Chair of the Board, President and CEO or the NBRHC Communications Department. Media requests

for information usually require a speedy response and will be handled on a priority basis.

- Occasionally, NBRHC may be required to respond during a crisis situation. The Emergency Response Plan would outline overall organizational protocol in an emergency situation.
  - The NBRHC *Crisis Communications Plan* will support the work done by the Incident Command Centre to provide stakeholders with up-to-date information during preparedness and response stages, identifying audiences and determining their information needs, establishing processes for information flow, and developing materials to support hospital communication roles.

#### **6.4 Social Media**

- Social Media refers to online tools that provide individual users and/or organizations with the ability to create and share content with online communities. This could include, but is not limited to Facebook, Twitter, video/photo sharing sites such as Instagram, YouTube, blogs etc.
- NBRHC's website and social media platforms will drive the engagement with stakeholders. The NBRHC Social Media Policy ([ADM – PR – 006](#)) provides direction on the proper use of social media on behalf of NBRHC and/or its programs and services.

#### **6.5 Legal Obligations**

- An annual report will be produced that details NBRHC's activities and financial performance from the preceding fiscal year.
- Directors should be familiar with the provisions in the Personal Health Information Protection Act affecting the collection, use or disclosure of personal information and personal health information as they apply to Board materials.
- Directors should be aware of the documents that the Corporations Act requires be made available to Corporation members.

#### **6.6 Considerations for Board and Staff Communications**

Communication between the Board and staff should be carried out with recognition of the distinct reporting relationship between the Board and the CEO as its only employee.

### **6.6.1 Board Meetings**

There are two situations that arise during Board meetings involving Director/staff communication. The first is where an agenda item is identified with a staff member other than the CEO as the presenter. In this case, questions to and/or dialogue with the named staff are appropriate. The Chair or the staff in question should redirect to the CEO or person delegated on a specific subject questions that go clearly beyond the topic being presented. The second situation involving general discussion will see questions to staff being directed through the Chair. The Chair will normally refer the questions to the CEO who may respond directly, may request a response from staff or may defer a response if internal discussion or decisions are required. The Chair may also defer a response based on his/her responsibility to ensure the effectiveness of the meeting.

### **6.6.2 Committee Meetings**

The relationship between the Chair of a Board Committee and the senior staff that is the primary support for the Committee (usually a Vice-President) is an important communication avenue. Interaction should only be with the VP and not with staff within the hospital departments which provide information to the committee. If there are issues with regard to the functioning of the committee the CEO should be advised quickly in order that feedback to the VP in question can be provided by the CEO. There is a choice about whether the communication to the CEO by the Director is informal or within the Board process, depending on the magnitude of the issue. The CEO can reasonably expect that feedback on staff performance is communicated to her/him privately.

### **6.6.3 Non-Voting Directors**

Recent regulatory changes have mandated non-voting Directors on hospital Boards: Chief Executive Officer; President of the Medical Staff; Chief Nursing Executive; and Chief of Staff. The latter two individuals are mandated as members of the Quality Committee; they are also members of the Senior Leadership Team.

The Chief of Staff, as chair of the Medical Advisory Committee, reports directly to the Board on that committee's legislated responsibilities for monitoring clinical care and for managing the credentialing of professional staff. The Chief Nursing Executive has always held the mandate of reviewing and ensuring continuing high quality nursing care. The regulation appointing this position as a non-voting Director and as a voting member of the board Quality Committee is evidence of the importance that the Ministry of Health puts on the role of nursing within overall quality of care. Directors

need to be sensitive to the multiple roles these individuals perform and adjust questioning appropriately.

#### **6.6.4 Staff Presentations**

There should be dialogue between Directors and any staff member making a presentation to the Board or a committee. However, there needs to be sensitivity on the part of Directors to keep questions directed to junior staff focused on the presentation and their role within the subject. Policy-related or corporate queries should be directed to the Board or Committee chair. (As described in the Board meetings section above)

#### **6.6.5 One-on-one Discussions**

It is inevitable with Directors that are visible within the hospital and North Bay that interactions with staff will occur. Staff and sometimes volunteers have used these occasions in the past to raise specific operational issues. Directors should listen carefully to the issue and commit to passing it along with the agreement of the staff or volunteer. It is appropriate for the Director to pass the agreed upon message to the CEO and to the Chair. Depending on the circumstances, it may be appropriate to also raise the issue at a closed Board session. This approach also holds for similar discussions with a member of the general public.

### **7.0 Documentation**

Not applicable.

### **8.0 Appendices/Educational Materials**

Not applicable.

### **9.0 References**

Media Policy (ADM-PR-003)  
Social Media Policy (ADM-PR-006)  
NBRHC Communications Strategy

### **10.0 Content Experts/Stakeholders**

<b>Content Expert/Stakeholder</b>	<b>Date Sent/Reviewed</b>
Governance Committee	February 23, 2017
Board of Directors	March 9, 2017

### **11.0 Signing Authority Approval**

<b>Position</b>	<b>Date Signed</b>

Chair, Board of Directors	
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