

	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input checked="" type="checkbox"/> Terms of Reference	Section Board Governance	Number 02-019
<b>Executive, Governance and Planning Committee – Terms of Reference</b>			
<b>Date Issued: October 2003</b> <b>Date Review/Revised: Jun. 2004, Sep. 2006, Oct. 2006, Nov. 2009, Sep. 2011, Sep. 2012, Aug. 2013, Sept. 2014, Oct. 2015, Oct. 2016, October 2017, Feb. 2019</b> <b>Next Review Date: February 2022</b>			
<b>Owner:</b> Board of Governors	<b>Reviewer(s):</b> Executive, Governance & Planning Committee	<b>Approver:</b> Board of Governors	
<b>Cross Reference:</b>			

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### **Policy**

#### **Membership**

Chair of the Board (*Chairperson of the Committee*) (*voting*)

Vice-Chair of the Board (*voting*)

Treasurer (*voting*)

Two other Board members (*voting*)

Chief of Staff (*non-voting*)

Site Director/Chief Nursing Executive (*non-voting*)

President & CEO (*non-voting*)

Chief Financial Officer (*non-voting*)

Recorder

#### **Frequency of Meetings**

The Committee shall meet a minimum of four (4) times a year and/or at the call of the Chair of the Committee.

#### **Responsibilities**

To the extent that the Board delegates these governance responsibilities to the committee, the committee is responsible for the following duties:

1. Assemble and review the names of potential nominees for the Board in accordance with the by-laws, considering the nominee's potential contributions to the Board and the Board's current requirements including the need for Board diversity.
2. Recommend a slate of nominees for directors to the membership of the corporation at the Annual General Meeting.
3. Participate in succession planning for director and officer positions on the Board and nominate officers for election or appointment to the Board.
4. Ensure there is a process for adequate orientation and provision of continuing education opportunities for the Board.
5. Ensure a process is in place to evaluate the Board's performance in relation to its responsibilities.
6. Periodically review and revise governance policies, processes and structures as required.

7. Ensure the development, ongoing monitoring and implementation of the hospital's strategic plan.
8. Set and review annual priorities for the hospital providing regular progress reports to the Board.
9. Lead in the evaluation of the Chief of Staff annually.
10. Perform such other duties as may be requested by the Board.
11. Exercise the full powers of the Board in all matters of administrative emergency (as determined by the Chair or delegate) reporting every action at the next meeting.
12. Review the financial statements of the corporation on a regular basis and make such recommendations to the Board as deemed appropriate. Review and recommend to the Board for approval a detailed annual Operating Plan for operating and capital revenues and expenditures for the ensuing fiscal year.
13. Advise the Board on the acquisition, development or disposal of land and modification of existing or the building of new structures.
14. Review such matters brought forth by the Administration and consider appropriate recommendations to be put forth for the consideration of the Board.
15. Review and advise or make recommendations to the Board on any matters as directed by the Board.
16. To establish a communications program that enables the Corporation to communicate with its members, stakeholders and public about hospital services including any expansion or restriction of services and responds to requests for information and interpretation of hospital policies as required.
17. Recommend a public relations program, which encourages a positive image of the hospital.
18. Ensure performance evaluation of CEO is conducted annually by Board Chair.
19. Be responsible for the naming of members of Committees not otherwise provided for in the by-laws.
20. To monitor Board and Committee attendance.
21. To review, revise, and recommend any amendments to the by-laws to the Board and membership.

### Evaluation

Annually (May) each committee member will complete committee self-assessment template (Appendix A). The results of the self-assessment will be utilized to measure and improve committee effectiveness.

The Chair of the committee will receive completed forms and report results to committee members at the following meeting.

### Related Documents

Appendix A Committee Self-Assessment

## APPENDIX A

**SOUTH HURON HOSPITAL ASSOCIATION  
Executive, Governance & Planning Committee**

**Committee Self-Assessment**

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
<b>Terms of Reference and Composition</b>					
1. The committee has clear and appropriate Terms of Reference					
2. The committee has the right number of members					
3. The committee has members with the skills and expertise that are needed by the committee					
<b>Committee Management</b>					
4. The committee meets at the appropriate time of day					
5. I received orientation to the committee that was helpful to me as a member of the committee					
6. The committee is receiving the support from hospital management that it requires					
7. Information is received sufficiently in advance of the meeting					
8. The committee meets the right number of times over the year					
<b>Committee Effectiveness</b>					
9. The committee is working effectively					
10. The committee performed its annual work plan					
<b>Chair Effectiveness</b>					
11. The chair is prepared for committee meetings					
12. The chair keeps the meetings on track					
13. The chair fairly reports on committee's work to the board					
14. The chair encourages participation and manages discussion					
<b>Overall Committee Performance</b>					
15. Overall, I am satisfied with my contribution to the committee					
16. Overall, I am satisfied with the committee's contribution to the board					

Comments and suggestions for improvement to committee processes:

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