

ACCREDITATION MHA GOVERNANCE QMENTUM PROGRAM - 2021

FUNCTIONING AS AN EFFECTIVE GOVERNING BODY

1.0 The roles, responsibilities, and legal obligations of the governing body are defined and followed.		
1.1	The roles, responsibilities, and legal obligations of the governing body are defined and regularly reviewed.	<ul style="list-style-type: none"> ✓ Policy 3.1 – Role & Responsibility of Board of Directors ,Policy 2.2 Position Description for elected and Ex-officio directors ✓ Bylaws ✓ Board Committee Terms of Reference
1.2	There is written documentation that identified the governing body's roles and responsibilities, as well as how those roles and responsibilities are carried out.	<ul style="list-style-type: none"> ✓ Policy 3.1 – Role & Responsibility of Board of Directors ✓ Committee Terms of Reference ✓ Board and Committee Work Plans
1.3	The governing body approves, adopts, and follows the ethics framework used by the organization.	<ul style="list-style-type: none"> ✓ Ethics Framework Flow sheet attached.* ✓ Accountability Sign Offs (H-SAA, M-SAA) ✓ Procurement Policies
1.4	The governing body adopts a code of ethical conduct for its members.	<ul style="list-style-type: none"> ✓ Board Policy 3.3 Code of Conduct for Directors ✓ Board policy 3.4 Disclosure of wrongdoing (Whistleblower Policy)
1.5	There is a process to develop the governing body's by-laws and policies and update them regularly.	<ul style="list-style-type: none"> ✓ Governance Committee Terms of Reference – responsible to review, revise and recommend amendments to the Board.
1.6	The governing body's bylaws and policies are consistent with its mandate, roles, responsibilities, accountabilities and the organization's ethics framework.	<ul style="list-style-type: none"> ✓ Board's policies outline board responsibilities ✓ Bylaws are consistent with mandate of board ✓ Process for accountable ethical decision-making accountability outlined in ethical framework document.
2.0 The governing body has the appropriate membership to fulfill its role.		
2.1	The mix of background, experience, and competencies needed in the governing body's membership is identified.	<ul style="list-style-type: none"> ✓ Board Skills Matrix ✓ Policy 2.7.2 Board of Directors Succession Planning ✓ Knowledge based board
2.2	There are established mechanisms for the governing body to hear from and	<ul style="list-style-type: none"> ✓ Community members on Board committees ✓ NRC Surveys ✓ Patient Complaints/Compliments (RL Solutions)

	incorporate the voice and opinion of clients and families.	✓ Hospital dashboards
2.3	The governing body includes clients as members, where possible.	✓ Community members on Board committees, Policy 2.2A Position Description for Community Committee members ✓ Clinical Services Planning – community members on panels
2.4	There is a documented process that is followed to elect or appoint the chair of the governing body.	✓ Policy 2.8 - Selection of Board Officers, Committee Chairs, Committee Members ✓ Policy 2.9 – Board Nomination Process Policy
2.5	The roles and responsibilities of the chair are described in a position profile, terms of reference, or by-laws.	✓ Bylaws – Article 6 – 6.02 – Duties of the Chair ✓ Policy 2.1 – Position Description for Board Chair
2.6	There are written criteria and a defined process for recruiting and selecting new members of the governing body.	✓ Board of Directors Succession Planning – Policy 2.7.2 ✓ Board Skills Matrix ✓ Policy 2.9 – Board Nomination Process Policy
2.7	New members of the governing body receive an orientation before attending their first meeting.	✓ Board and committee member annual orientation scheduled normally late August/early September. ✓ Policy 1.3 – New Board Member Orientation
2.8	Each member of the governing body signs a statement acknowledging his or her role and responsibilities, including expectations of the position and legal duties	✓ Declaration of Understanding of Confidentiality & Conflict of Interest form signed annually by Board members and Community members.
2.9	Members of the governing body receive ongoing education to help them fulfill their individual roles and responsibilities and those of the governing body as a whole.	✓ Regular monthly education sessions at Board meetings ✓ Board Retreats – at least annually ✓ GCE – OHA and other pertinent Educational Conferences
2.10	The governing body's membership policies and/or by-laws address term length and limits, attendance requirements, and compensation.	✓ Bylaws – 4.07 Term Limits, 4.07 b(l) attendance, 4.13 No remuneration ✓ Board Attendance Policy
2.11	The governing body's renewal cycle supports the addition of new members	✓ Policy 2.7.2 Board of Director Succession Planning

	while maintaining a balance of experienced members to support the continuity of corporate memory and decision-making.	<ul style="list-style-type: none"> ✓ Many potential board members are introduced to the board initially as community members on committees. ✓ Bylaws – 4.07 Term Limits ✓ Governance Committee maintains list of potential committee members and expertise they bring to the board. ✓ Board succession plan to ensure that the introduction of new members to the board is complemented with experienced board members.
3.0	There is a defined and formal process for decision-making.	
3.1	The ethics framework and evidence-informed criteria are used by the governing body to guide decision-making.	<ul style="list-style-type: none"> ✓ MHA Directors are a knowledge-based board all with specific skill sets, expertise and experience ✓ Committees of the Board review in detail all matters requiring board decision and bring recommendation with supporting documentation to board for discussion and final decision
3.2	Areas where decision-making is shared with government, funding authorities, and other health organizations are identified.	<ul style="list-style-type: none"> ✓ Work collaboratively with SW LHIN / Ontario Health and our peer and regional hospitals ✓ Strategic Plan and Clinical Services Plan includes the community and other healthcare partners to help identify patient needs and optimize partnerships and relationships
3.3	The information required to support decision-making is available and accessible to the governing body.	<ul style="list-style-type: none"> ✓ Recommendations provided to the board through briefing notes outlining the background and history, current state and recommendations moving forward. ✓ Motions are tracked for all decisions made by the Board.
3.4	The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.	<ul style="list-style-type: none"> ✓ Board Committees – Resources, Quality, Patient Safety and Risk Management Committee, and the Governance Committee oversee the respective functions. The Committees ultimately share information with Board as a whole. All decisions are brought forward to the Board for approval.
3.5	Required information and documentation is received in enough time to prepare for meetings and decision-making.	<ul style="list-style-type: none"> ✓ Board and Committee Agendas and related information is provided to the Board and Committees 7 days in advance of the meeting to allow members adequate time to review documents in preparation for the meeting(s). Information is also posted to a Board portal.

3.6	The governing body reviews the type of information it receives to assess its appropriateness in helping the governing body to carry out its role.	<ul style="list-style-type: none"> ✓ Policy 3.1 The Roles and Responsibilities of the Board of Directors outlines the responsibilities of the Board and the overall governance of the affairs of the MHA. ✓ The Board ensures that the information received and subsequent decisions made are consistent with the strategic plan and mission, vision and values.
4.0	The governing body works with the organization's leaders to develop the organization's mission statement.	
4.1	The governing body works in collaboration with the organization's leaders to develop the organization's mission statement.	<ul style="list-style-type: none"> ✓ Board Retreat during Strategic Planning Process – review of information gathered by facilitator including stakeholder consultations for brainstorming session to develop MHA's mission.
4.2	When developing or updating the mission statement, input is sought from team members and external stakeholders, including clients, families, and partners.	<ul style="list-style-type: none"> ✓ The development of the MHA 2015-19 Strategic Plan and Clinical Services Plan 2016-2019 were developed following consultation with staff, physicians, external stakeholders including municipal representation and partners. In July 2019, the plan was refreshed and extended to 2022. MHA will be facilitating a Strategic Planning exercise internally in the fall of 2021 with our Hospital Foundations.
4.3	Government or the organization's shareholders are regularly consulted to confirm the appropriateness of the organization's mandate and core services and to develop a common understanding about performance expectations.	<ul style="list-style-type: none"> ✓ Clinical Services Plan was developed based on the input, insight and feedback received from all disciplines at the table. ✓ Short and long-term recommendations for improvements and enhancements or future development and program planning were identified.
4.4	The organization's mission statement is regularly reviewed and revised as necessary to reflect changes in the environment, scope of services, or mandate.	<ul style="list-style-type: none"> ✓ During the Strategic Planning process, it was agreed that MHA's Mission was still relevant - to provide the healthcare we would expect for our own families. This was refreshed by the Board in June 2019.
5.0	The governing body defines and models the organizational values.	
5.1	The governing body works with the organization's leaders to define or update the organization's values statement.	<ul style="list-style-type: none"> ✓ Board retreat held with senior leaders to build new strategic plan – confirm mission, vision, values, establish corporate direction (pillars) and establish site-specific goals

5.2	The governing body collaborates with the organization's leaders to seek input from team members, clients, and families to define or update the organization's values statement.	<ul style="list-style-type: none"> ✓ Values renewed from 2010 Strat Plan as they were still relevant. ✓ Our actions are guided by five cores principles. SERVE Safety for our patients, staff and visitors Excellence in our performance Respect for everyone all the time Value in all that we do Enthusiasm as our way of life
5.3	The governing body provides oversight of the organization's efforts to build meaningful partnerships with clients and families.	<ul style="list-style-type: none"> ✓ Board leadership cultivates corporate relationships with stakeholders – e.g. Western Ontario Health Team. Southwest Ontario Aboriginal Health Access Centre, regional peer hospitals
5.4	The governing body monitors and evaluates the organization's initiatives to build and maintain a culture of client and family-centered care.	<ul style="list-style-type: none"> ✓ Quality, Patient Safety and Risk Management Committee – quarterly reports through dashboard and RL Solutions (patient incident reporting) tool ✓ Monthly patient stories shared at quality committee and board meeting
5.5	The governing body has a formal process to understand, identify, declare, and resolve conflicts of interest.	<ul style="list-style-type: none"> ✓ Policy 3.7 Conflict of Interest ✓ MHA Bylaws 4.08 Conflict of Interest
6.0	The governing body oversees a strategic planning process to develop the organization's vision and set the strategic plan, goals, and objectives.	
6.1	The governing body oversees the strategic planning process and provides guidance to the organization's leaders as they develop and update the organization's vision and strategic plan.	<ul style="list-style-type: none"> ✓ The Board was engaged in the development of the MHA 2015-19 Strategic Plan and Clinical Services Plan 2016-2019 were developed following consultation with staff, physicians, external stakeholders including municipal representation and partners. In July 2019, the plan was refreshed and extended to 2022. MHA will be facilitating a Strategic Planning exercise internally in the fall of 2021 with our Hospital Foundations.
6.2	The governing body, in consultation with the organization's leaders, identifies timeframes and responsibility for achieving the strategic goals and objectives.	<ul style="list-style-type: none"> ✓ Goals identified in Strategic Plan are accompanied by measurable objectives to support strategic goals, some with specific timelines for completion.

6.3	The governing body works with the organization's leaders to conduct an ongoing environmental scan to identify changes and new challenges, and ensures that the strategic plan, goals, and objectives are adjusted accordingly.	✓ In depth, environmental scan was conducted and is ongoing in relation to program usage. Ongoing analysis continues as it related to the orthopaedic hip/knee replacements and trauma cases transferred due to the financial impact of providing these services.
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SUPPORTING THE ORGANIATION TO ACHIEVE ITS MANDATE

7.0	The governing body recruits, selects, supports, and evaluates the CEO and ensures an organizational talent management plan is in place.	
7.1	The governing body oversees the recruitment and selection of the CEO.	✓ Policy 2.7.3 – when filling President & CEO position on a permanent basis, the Executive Committee will be charged with acting as the search committee
7.2	The governing body follows a policy on CEO compensation.	✓ Policy 2.6 CEO Compensation ✓ There is a ministry mandated Executive Compensation Framework as well as Executive compensation is linked to targets laid out in the quality Improvement Plan.
7.3	The governing body develops and updates the position profile for the CEO.	✓ Policy 2.3 President & CEO Position Description – reviewed by Governance every 3 years. If changes to the job description occur, appropriate updates will be made.
7.4	In partnership with the CEO, the governing body sets performance objectives for the CEO and reviews them annually.	✓ Board Chair conducts annual Performance Review and develops performance objectives in collaboration with the CEO for the upcoming year. The board received regular CEO progress report on the CEO goals at the Board meeting.
7.5	The governing body supports and commits resources to the ongoing professional development of the CEO.	✓ Professional Development is outlined in CEO Contract. ✓ Policy 1.2 – Board of Directors Continuing Education – annual budget for board education
7.6	The governing body has a mechanism to receive updates or reports from the CEO.	✓ President & CEO provides monthly report to the Board of Directors ✓ Email correspondence throughout the month is forwarded to the Board should the need arise.

7.7	The governing body, with the input of the organization's leaders, evaluates the CEO's performance and achievements annually.	✓ 360° annual CEO Evaluation externally in 2020 and in 2021 done through survey monkey and reported to the Executive Committee and the Board. Results and comments are compiled for discussion with the CEO by the Board Chair. In addition to the Board, direct reports and Foundation leaders provide input into this evaluation.
7.8	The governing body has a succession plan for the CEO.	✓ Policy 2.7.1 Executive Succession Planning Policy
7.9	The governing body oversees the development of the organization's talent management plan.	✓ Policy 2.7.3 President & CEO Succession Plan – procedure for unexpected absence or emergency succession, interim succession and succession plan.
8.0	The governing body oversees a process for granting and renewing privileges to health care providers.	
8.1	A documented process is followed for granting privileges.	✓ Checklist with requirements for privileges is completed for each application. Completed applications are then reviewed by the Credentials Committee, who in turn make recommendations for approval to the Medical Advisory Committee. The Chief of Staff presents the applications for privileges in camera to the board of directors with a recommendation for approval on behalf of the MAC.
8.2	A documented process is followed to review and evaluate the performance of health care professionals who have been granted privileges.	✓ Chief of Staff conducts annual physician performance reviews for all active and associate privileged physicians.
8.3	A documented process is followed for reviewing and renewing privileges (including processes for addition of new privileges or alteration of privileges) on a regular basis.	✓ Annual reapplication for privileges outlines requirements that physicians must meet. Reapplications are then reviewed by the Chief of the Department with a recommendation to the Chief of Staff. Chief of Staff forwards letters of recommendation to Credentials Committee for review and recommendation to the Medical Advisory Committee for Approval. The Chief of Staff, on behalf of the MAC, will make recommendations to the Board of Directors outlining the annual privileges applications.

8.4	There is a documented process to address any performance issues identified with health care professionals with privileges.	✓ Medical Staff Bylaws Article 3 Suspension and Revocation of Privileges
8.5	The governing body verifies that documented processes for appeals of decisions regarding privileges are followed.	✓ Legal counsel consulted to ensure proper process is followed in such cases.
9.0	The governing body has an effective system of financial planning and control, which supports achievement of the strategic goals and objectives.	
9.1	The governing body approves the organization's capital and operating budgets.	<ul style="list-style-type: none"> ✓ Board Resources Committee receives in depth presentation of annual capital and operating plans and then makes recommendation to Board of Directors for final approval. ✓ A master capital list, delineated by site, is developed and centrally maintained and updated throughout the year. ✓ The status of the operating plan for the current year for the Board is reviewed monthly by the Resources Committee, who then relay changes to the board. The Board approves Capital and Operating Budgets annually.
9.2	The governing body ensures the integrity of the organization's financial statements, internal controls, and financial information systems.	<ul style="list-style-type: none"> ✓ An independent accounting firm conducts annual audits of the financial statements and controls in place annually. ✓ Hospital CFO and Finance Manager and team prepare year-end statements for review by the External Auditors. ✓ Audited statements are posted on external website.
9.3	The governing body reviews the organization's financial performance in the context of the strategic plan and key performance areas such as utilization, risk, and safety.	✓ The Board reviews and approves reports from Board Resources and Quality Committees
9.4	The governing body reviews and approves the organization's capital investments and major equipment purchases.	✓ Resources Committee recommends approval of the annual Capital Plans of the organizations to the Board of Directors for final approval.

9.5	The governing body oversees the organization's resource allocation decisions as part of its regular planning cycle.	<ul style="list-style-type: none"> ✓ Ensures resource allocation relates back to MHA Strategic Plan and Clinical Services Plan.
9.6	When reviewing and approving resource allocation decisions, the governing body assesses the risks and benefits to the organization.	<ul style="list-style-type: none"> ✓ E.g. Orthopaedic Program – in depth review of current program – client base – additional procedures and related costs ✓ OB Program – growing the program – initial investment with OB/GYN, equipment – promoting the program – potential gain based on stats
9.7	When approving resource allocation decisions, the governing body evaluates the impact of the decision on quality, safety and client experience.	<ul style="list-style-type: none"> ✓ Approvals take into consideration strategic plan and clinical services plan, which was developed through a consultative process including visioning and use of advisory panels that engaged staff, physicians and community stakeholders. ✓ Also cognizant of capital and operating budgets, evolving Ministry policies and regional LHIN/Ontario Health planning to provide the best care for our patients.
9.8	The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.	<ul style="list-style-type: none"> ✓ Ongoing capital planning with contingency lists and associated risks to address ongoing needs.
9.9	The governing body addresses recommendations in financial reports and from the CEO and the organization leaders.	<ul style="list-style-type: none"> ✓ Operating and capital planning developed by leaders with recommendations to the governing body.
10.0	The governing body fosters and supports a culture of client safety throughout the organization.	
10.1	The governing body adopts client safety as a written strategic priority for the organization.	<ul style="list-style-type: none"> ✓ Values in MHA Strategic Plan – <i>Safety for our patients, staff and visitors.</i>
10.2	The governing body monitors organization-level measures of client safety.	<ul style="list-style-type: none"> ✓ Safety issues logged in RL Solutions – quarterly reports to Quality, Patient Safety and Risk Management Committee.
10.3	The governing body addresses recommendations made in the organization's quarterly client safety reports.	<ul style="list-style-type: none"> ✓ Onsite security has been implemented at both MHA sites by external company. ✓ QIP outlines efforts to improve staff safety and workplace violence. ✓ MHA has established a workplace violence task team.

		<ul style="list-style-type: none"> ✓ Workplace Violence Prevention Program and Workplace Harassment Training as well as use of zero tolerance signage ✓ Utilization of Behavioural Supports Ontario (BSO) team from London to assist with exit seeking and aggressive patients
10.4	The governing body regularly reviews the frequency and severity of safety incidents and uses this information to understand trends, client and team safety issues in the organization, and opportunities for improvement.	<ul style="list-style-type: none"> ✓ Safety Incidents reviewed quarterly at Quality, Patient Safety and Risk Management Committee Meetings and reported to the Board.
10.5	The governing body regularly hears about quality and safety incidents from the clients and families that experience them.	<ul style="list-style-type: none"> ✓ Patient Survey results ✓ Complaints and Compliments (Patient Story monthly at Board and also at quarterly Quality meetings)

BEING ACCOUNTABLE AND ACHIEVING SUSTAINABLE RESULTS

11.0 The governing body strengthens relationships with stakeholders and the community.		
11.1	The governing body works with the CEO to identify stakeholders and learn about their characteristics, priorities, interests, activities, and potential to influence the organization.	<ul style="list-style-type: none"> ✓ Internal and External stakeholders engaged in developing Strategic Plan and Clinical Services Plan. ✓ Environmental scan of catchment ✓ Regular municipal engagement of councils
11.2	In consultation with the CEO, the governing body anticipates, assesses, and responds to stakeholders' interests and needs.	<ul style="list-style-type: none"> ✓ FCHS Vision – development of a health hub ✓ Surgical Services – look at decanting some day surgeries to FCHS from SMGH ✓ Grow the SMGH OB program
11.3	The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization.	<ul style="list-style-type: none"> ✓ Internal – CEO email messages, staff meetings, Leadership meetings – info shared with staff by Managers, Intranet, newsletters ✓ External – Media Releases, Foundation Newsletters, Website
11.4	The communication plan includes strategies to communicate key messages to clients and families, team	<ul style="list-style-type: none"> ✓ Roll out /Communication Plan for Strategic Plan and Clinical Services Plan – MHA Family, physicians and external stakeholders – video posted to external website – consistent message to stakeholders

	members, stakeholders, and the community.	
11.5	The governing body promotes the organization and demonstrates the value of its services to stakeholders and the community.	✓ Demonstrated through external engagement of partners and community in development of the Strategic Plan and Clinical Services Plan.
11.6	The governing body regularly consults with and encourages feedback from stakeholders and the community about the organization and its services.	✓ Demonstrated through external engagement of partners and community in development of the Strategic Plan and Clinical Services Plan. ✓ Meetings with partners to explore opportunities for collaboration. (e.g. SOAHAC)
11.7	The governing body, in collaboration with the organization's leaders, share reports about the organization's performance and quality of services with teams, clients, families, the community served, and other stakeholders.	✓ Mandatory reporting <ul style="list-style-type: none"> • ECFAA – Executive Compensation • HQO (Health Quality Ontario) • Audited Financial Statements • Wait Time Strategy • CIHI

12.0 The governing body works with the CEO to reduce risks to the organization and promote ongoing quality improvements.		
12.1	REQUIRED ORGANIZATIONAL PRACTICE: The governing body demonstrates accountability for the quality of care provided by the organization.	✓ Annual Quality Improvement Plan developed annually. Plan is posted on external website. ✓ QIP – indicators to measure quality of care – senior leadership compensation tied to achievement of targets

Tests for compliance

12.1.1 Minor	The governing body is knowledgeable about quality and safety principles, by recruiting members with this knowledge or providing access to education.	✓ Knowledge based board – recruited based on areas of expertise, areas of representation and work/experience with diverse populations ✓ OHA Educational Resources available ✓ Monthly Board Education at regular meetings
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12.1.2 Major	Quality is a standing agenda item at all regular meetings of the governing body.	✓ Patient Story shared at every board meeting. Dashboard updates presented to Quality Committee and Board quarterly.
12.1.3 Major	The key system—level indicators that will be used to monitor the quality performance of the organization are identified.	✓ Quality Improvement Plan lists the indicators MHA measures to monitor the quality performance of the organization. Quarterly reports and trends are presented to the Quality Committee and Board of Directors.
12.1.4 Major	At least quarterly, the quality performance of the organization is monitored and evaluated against agreed-upon goals and objectives	✓ Quarterly dashboards showing current as well as previous 4-quarter indicator results presented and discussed at Quality Committee of the Board.
12.1.5 Minor	Information about the quality performance of the organization is used to make resource allocation decisions and set priorities and expectations.	✓ Information about resources costs and comparisons with other organizations shared through Resources. Ongoing conversations about services we provide and associated costs.
12.1.6 Major	As part of their performance evaluation, senior leaders who report to the governing body (e.g., the CEO, Executive Director, Chief of Staff) are held accountable for the quality performance of the organization.	✓ Compensation directly tied to achievement of quality indicators of the corporations.
12.2	The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.	<ul style="list-style-type: none"> ✓ Annual Quality Improvement Plan developed by the organization's leaders for approval by the Board of Directors. ✓ Accountabilities for leadership tied to the QIP.
12.3	The governing body ensures that an integrated risk management approach and contingency plan are in place.	✓ Quarterly dashboards listing QIP Indicators, achievements, targets and target source.
12.4	The governing body receives summary reports of client and family complaints received by the organization.	✓ RL Solution Data Report is presented to Quality annually. Comparison stats for the past 5 years are also shown.

12.5	The governing body monitors and provides input into the organization's strategies to address client flow and variations in service demands.	<ul style="list-style-type: none"> ✓ MHA is a participant in patient access and flow initiative. ✓ Regular meetings with LHIN to address discharge planning for ALC patients for placement. ✓ Promotion of FCHS Adult Day Program with CCAC – increased referrals to program.
12.6	The governing body promotes learning from results, making decisions that are informed by research and evidence, and ongoing quality improvement for the organization and the governing body.	<ul style="list-style-type: none"> ✓ Benchmarking with other organizations – what do we do well. What can we improve? ✓ Lean Initiatives
12.7	The governing body demonstrates a commitment to recognizing team members for their quality improvement work.	<ul style="list-style-type: none"> ✓ Annual Staff Service Awards ✓ Annual Hats Off Awards – recognizes individuals and teams for outstanding quality, special merit, excellence in service delivery, spirit and the board of director's award.
13.0	The governing body regularly evaluates the performance of individual board members and its performance as a whole.	
13.1	The governing body publicly discloses information about its governance processes, decision-making, and performance.	<ul style="list-style-type: none"> ✓ Senior Leaders contracts posted on the external website. ✓ Salaries over \$100,000 are posted on the external website. (Public Sector Salary Disclosure) ✓ Board membership is posted on the MHA website ✓ Applications for potential board members to apply are posted. Most applications however are submitted following conversations with a board member about interest in participating on the board.
13.2	The governing body's activities and decisions are recorded and archived.	<ul style="list-style-type: none"> ✓ A record of Minutes of Board and Committee meetings motions and recommendations are kept by the corporate office
13.3	The governing body shares the records of its activities and decisions with the organization.	<ul style="list-style-type: none"> ✓ CEO provides updates through staff meetings, management team meetings, CEO message via email and posted through Intranet (MHA Insider), etc.

13.4	The governing body follows a process to regularly evaluate its performance and effectiveness.	✓ Board completes annual self-evaluation survey through GCE Governance.
13.5	The governing body conducts or participates in an assessment of its structure, including size and committee structure.	<ul style="list-style-type: none"> ✓ Board Executive recently reviewed the Board Committee structure to ensure the terms of reference were current and relevant. As a result of this review, the Planning Committee was discontinued, Finance was changed to Resources and Quality was expanded to include Quality, Patient Safety and Risk Management. ✓ The Governance Committee and Board approve the Committee Terms of Reference on an annual cycle based of EOI and Skills matrix.
13.6	The governing body regularly evaluates the performance of the board chair based on established criteria.	✓ There is a section to evaluate the Board Chair in the GCE Survey. Monthly Board evaluations where directors are asked if there are any areas/opportunities for Improvement for the Chair.
13.7	The governing body regularly reviews the contribution of individual members and provides feedback to them.	<ul style="list-style-type: none"> ✓ Attendance and education is monitored for all board members and reported to the Governance Committee. ✓ Board Chair provides an opportunity to meet with each board member annually to obtain the board member's view about the Board, their contributions, aspirations, etc.
13.8	ACCREDITATION CANADA REQUIRED INSTRUMENT: The governing body regularly assesses its own functioning using the Governance Functioning tool.	✓ GCE Survey completed annually by Board members and results reviewed by the Governance Committee and reported to the Board. Responses for MHA benchmarked with other hospitals.
13.8.1	The governing body monitors its team functioning by administering the Governance Functioning Tool at least once every accreditation cycle.	✓ Survey completed annually in early 2021.
13.8.2	The governing body has taken action based on its most recent Governance Functioning Tool results.	✓ Board education is planned on yearly cycle and education scheduled for each board meeting. The Governance Committee has defined additional policies and procedures in 2020/21.

13.9	The governing body prepares an annual report of its achievements.	✓ Annual Reports are prepared by the Board Chair, CEO, Governance Committee and Chief of Staff.
13.10	The governing body identifies and addresses opportunities for improvement in how it functions.	✓ Meetings are monitored for both length and frequency. Consent Agendas are used to maximize time. Packages are sent to members one week in advance of the meeting to provide an opportunity to prepare and packages are posted on an online Board portal.