

Item	Committee Responsibility	September	October	November	December	January	February	March	April	May	June	July	August	As Required
<b>1.0 RESOURCE AND PLANNING COMMITTEE</b>														
1.1 Annual budget assumptions	RP			X			X							
1.2 Review annual Internal Audit Plan	RP					X			X					
1.3 Operating Plan: Hospital Sector Stabilization Plan	B		X			X		X						
1.4 Year-end audit – Approve audited statements	B									X	X			
1.5 Operating Plan and Capital Plan	B						X	X						
1.6 Approve H-SAA and M-SAA	B							X						
1.7 H-SAA Declaration of Compliance, MSAA Declaration	B	X								X				
1.8 Attestation – BPSA Directives	B									X				
1.9 Hospital Report on Consultant Use	B									X				
1.10 Review financial reports and investment statements	RP/ B	X	X	X		X	X	X	X	X				
1.11 Investment Strategy and Review	B		X							X				
1.12 Review Capital Plan spending	RP/ B		X			X		X		X				
1.13 JOHSC	Q/B			X										
1.14 Occupational Health & Safety: Summary of incidents	Q/B			X										
1.15 OHS – Ministry of Labour Reports – ad hoc	RP													X
1.16 Succession Plan – review IN CAMERA	RP			X										
1.17 Business Continuity Plan	RP					X								
1.18 CFO report on certificate of compliance with legal and financial reporting	RP		X						X					
<b>2.0 AUDIT COMMITTEE</b>														
2.1 Year-end Audit- Recommend audited financial statements for approval at AM	A									X	X			
2.2 Evaluate auditors and recommend to members on appointment of auditors	A									X	X			
<b>3.0 GOVERNANCE – WHOLE BOARD</b>														
3.1 Approve Board work plan	B	X												
3.2 Appoint committee members and chairs (Post AM)	B										x			
3.3 Review and approve governance policies	B	X	X	X		X	X	X	X	X				
3.4 Approve by-law changes (ad hoc)	B										X			
3.5 Appoint board officers (immediately following AM)	B										X			
3.6 Set date for Annual Meeting	B									X				
3.7 Approve Annual Quality Improvement Plan	B							X						
3.7 Review board meeting evaluation survey results	B	X	X	X		X	X	X	X	X				
3.8 Board Education Plan	B	X				X				X				
3.9 Board Education	B	X	X	X			X	X	X					
3.10 Meetings without management (post-Board meeting, as needed)	B	X	X	X		X	X	X	X	X				
3.11 Appoint Professional Staff on recommendation of MAC – IN CAMERA	B	X	X	X		X	X	X	X	X				

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3.12 Risk Management	B			X						X				
3.13 Corporate Communication Plan	B			X										
3.14 Corporate Ethical Framework (available at every Board meeting)	B	X	X	X		X	X	X	X	X				
3.15 Business Continuity Plan	Q/B					X								
3.16 Approve Annual Report										X	X			
3.17 Auditor appointment for next fiscal year	RP/B										X			X
3.18 CEO Recruitment/Transition Planning	B		X	X	X		X	X	X	X	X			
3. CEO Objectives	B		X			X			X					
3.19 Accreditation Post Survey: Review and planning	B	X												
<b>4.0 QUALITY AND PATIENT SAFETY</b>														
4.1 Review draft Quality Improvement Plan	Q						X							
4.2 Review and approve final Quality Improvement Plan	B							X						
4.3 Review Corporate Balanced Scorecard	B	X		X			X			x				
4.4 Review and approve Annual Patient Safety Plan	Q									X				
4.5 Review patient satisfaction survey results (quarterly)	Q	x		X				X		X				
4.6 Critical Incidents Review (bi-annual)	Q			x					x					
4.7 Ethics Committee Report	Q		X											
4.8 Indigenous Cultural Safety Plan – report	Q		X											
<b>5.0 NOMINATING COMMITTEE</b>														
5.1 Director recruitment and nomination (and ad hoc)	N								X	X				X
5.2 Orientation of New Directors (ad-hoc)	N	X												X
<b>6.0 Executive Committee</b>														
6.1 CEO annual performance goals	E/B	X									X			
6.2 Chief of Staff annual performance goals	B	X				x	X	X						
6.3 CEO Evaluation -	E/B									X				
6.3 Approve performance-based compensation	B								X	X				
<b>7.0 STRATEGIC PLAN AND STRATEGIC DIRECTIONS</b>														
7.1 Operations Plan Progress Report	B			X			X			X				
7.2 Board retreat: Strategic Plan Review	B					X								

Committee Legend	
Board	B
Resource & Planning Committee	RP
Quality Committee	Q
Audit Committee	A
Nominating Committee	N
Executive	E

## **Board of Directors Education Plan, 2025-2026: proposed**

September: MOH Hospital Sector Stabilization Planning  
October: Members' Legal Requirements and Governance Principles  
November: Hospital Finance – OHA presentation  
Sources Documenting a Board's Governance  
Cybersecurity – Syn Klady  
Regional Shared Services Network – Angie  
Hospital Accountability, HSAA - Angie  
Red Lake Family Health Team – Pat Delf  
New Starts for Women and Transitional Housing -  
Red Lake Emergency Shelter – Josee Mantle

### **Board Retreat:**

Indigenous Cultural Safety: Seven Generations Institute  
Centre for Healthcare Ethics, Lakehead University

### **Ontario Hospital Association**

Board Governance – virtual sessions

## **POLICIES TO BE REVIEWED IN 2025-2026**

### **New Policies:**

CEO Succession Planning  
CEO Performance Evaluation and Compensation Policy  
Assessing Board Performance  
Board Agenda Development

### **For Review:**

Complaints Re: Chief of Staff or CEO (Next review date: Jan 31, 2026)  
Executive Limitations / Communication & Support to the Board (Next review date: Dec 20, 2026)  
Executive Limitations / Compensation & Benefits (Next review date: Dec 20, 2026)  
Board Code of Conduct (Next review date: July 11, 2026)  
Conflict of Interest (Next review date: March 24, 2026)  
Annual Director Declaration & Consent (Next review date: June 8, 2026)  
Board Representation (Next review date: October 26, 2026)  
Chief of Staff (Next review date: September 26, 2026)