

TITLE:	Board Evaluations		
Manual/Policy #:	V-B-8 (formerly IV-A-09 and -10)	Division:	CPDMH
Original Issue:	May 2000	Issued by:	Board Chair and Board Secretary
Previous Date Reviewed:	March 2016	Approved by:	Board of Directors
Last Date Reviewed:	January 2021	Cross References:	

1. POLICY STATEMENT:

As part of its commitment to good governance for the Organization, the Board of Directors will establish, approve and annually review a process for evaluating its performance.

2. SCOPE:

This policy applies to all Directors, including ex-officio and Honourary Directors, and to all non-Board members of committees established by the Board or the by-laws.

3. GUIDING PRINCIPLES:

As stewards of a key community health care provider whose funding includes taxpayer dollars and donations, the Board has a responsibility to optimize its performance and address issues that are impeding optimal Board performance.

All evaluations will be conducted respectfully and in the spirit of continuous improvement.

Contributions of volunteer time by individual Board members are valued and appreciated but do not obviate the need for good governance.

4. DEFINITIONS: N/A

5. PROCEDURE:

The Board will evaluate its performance through completion of the following evaluations:

- Board Evaluation (annually)
- Board Chair Evaluation (annually)
- Director Self Evaluation (annually)
- Director Peer Evaluation (every two years)
- Committee Evaluation (annually)
- Board Meeting Evaluation (every meeting)
- Accreditation Canada's Governance Functioning Tool – once every Accreditation cycle

5.1 Board, Board Chair and Director Self/Peer Evaluations

- (a) The Governance & Nominating Committee (“the Committee” will review the evaluation tools annually at its November meeting and if changes are suggested will provide a recommendation to the Board of Directors for consideration and approval at its November meeting.
- (b) The Committee will lead and implement the Board, Director Self/Peer and Board Chair evaluations. The entire process will be completed by the June Board Meeting.
- (c) In addition to the annual survey, every two years the Director Self-evaluation will include a Peer Evaluation. The entire process will be completed by the June Board Meeting.
- (d) The Committee will receive and discuss the results of the surveys at its May meeting
- (e) An annual Report from the Governance Committee on the results of the evaluations, key issues, recommended action for improvement and identification of future Board leadership candidates will be provided to the Board of Directors at its June meeting.
- (f) If any issues arise regarding the structure, performance and/or processes of the Board as a whole, its Committees and its individual Directors the Committee will recommend improvements to the Board for consideration.
- (g) Confidential and respectful communication by the Board Chair and CEO in giving feedback to individuals to recognize their contribution and opportunities for improvement will be held in the month after the Board meeting at a mutually convenient time
- (h) External resources may be used as appropriate to ensure an effective process.

5.2 Committee Evaluations

- a) All members of every committee will be provided with an annual Committee Evaluation to be completed prior to the Committee’s May meeting.
- b) Results will be tabulated into one report and provided to the Committee and the Governance & Nominating Committee for review at their respective May meetings.
- c) Any suggested changes for improvements of the structure, performance and/or processes of the Committee will be brought forward for discussion at the Committee’s meeting in September.

5.3 Board Meeting Evaluation

- a) Board Directors will be provided with an evaluation to be completed at the end of every Board Meeting.
- b) Results will be tabulated into one report and provided to the Chair and CEO for review prior to the next meeting of the Board of Directors.
- c) The report will be included in the following month’s Board of Directors Meeting Package for information.

6. REFERENCES:

Bluewater Health Policy E-19 Board Evaluation

Cambridge Memorial Hospital Policy 2-D-40 Evaluation of Board, Committees and Individual Performance

7. APPENDICES: N/A

Evaluation: This policy will be reviewed every two years.