

POLICY NUMBER: GP - 16
ISSUING AUTHORITY: Board of Directors
Date: Issued December 19, 2012
Reviewed February 8, 2021
Revised June 21, 2019



SUBJECT:

Governance Process

BOARD EDUCATION AND SELF EVALUATION

POLICY:

1. The Board recognizes that continual updating of skills and awareness of new issues are vital to a member's contribution to the Board. Therefore, it is expected that:

1.1. New Board members receive an orientation to ensure familiarity with health issues, the organization's structure and issues, and the Board's process of governance.

1.2. Board members have ongoing opportunity for continued training and education to enhance their governance capabilities.

1.2.1. Development includes but is not limited to the following types of Board approved events/activities:

- ❖ Attendance at Provincial & Regional Orientations
- ❖ Attendance at Conferences and Forums
- ❖ Organizing and attending Board Education and Workshop events, including virtual/on-line

Conferences are open for all Board members to express an interest in attending; however, the number of Board members approved to attend may be limited.

Where a limited number of attendees is identified and more than that number of Board members express an interest, names will be drawn by lot. Where Board members have already attended once within their current term, those members are ineligible unless there is a vacancy.

Where Board members' terms end prior to the event date, those Board members names would not be eligible.

1.2.2. All Board member(s) attending development events provide a written and/or verbal report to share the key messages/individual learning/reinforcement that occurred as a result of attending the event to share knowledge with the Board at the Board meeting following the event.

2. The Board establishes a process to facilitate evaluation of the Board and individual Board members.

2.1. The Board conducts a self-evaluation at least annually:

- 2.1.1. The Board may request senior management and/or an external party to assist it in making this self-evaluation.
 - 2.1.2. The Board evaluates itself primarily in relation to Governance Process (GP), Board CEO Linkage (BC) policies and Accreditation Canada standards.
 - 2.1.3. The Board discusses and interprets the outcome of the self-evaluation.
 - 2.1.4. The Board formulates a work plan, which will highlight specific goals and objectives for improvement of identified areas.
 - 2.1.5. The Board uses the current 'Annual Board Self-Assessment' questionnaire as a tool.
- 2.2. The Board evaluates Board performance at its regular monthly Board meetings by:
- 2.2.1. Completing the attached post-meeting evaluation form. Completed forms are given to the Recording Secretary for compilation. Compiled information is monitored by the Board at its next regular Board meeting.
 - 2.2.2. Board members may provide verbal feedback (Board Performance Evaluation) against Board policy at the 'Option to Move Into In-Camera' item of the main public meeting agenda.
 - 2.2.3. Board member tasked with monitoring policy and reviewing the monthly self-assessment is also tasked with generating a challenge question when reviewing the evaluation form from the previous Board meeting.
- 2.3. Each Board member completes an individual self-assessment annually:
- 2.3.1. Board members are provided with self-assessment forms in September and asked to complete them by the November Board meeting.
 - 2.3.2. Board Chair or designate will conduct an in person or telephone meeting with each Board member to provide feedback.
 - 2.3.3. All feedback meetings will be completed by April.



Board of Directors

Board Member Self Evaluation Form

Appendix B

Name: _____

Evaluation Period: _____

<p>Rating Scale: on a scale of 1 to 4, with 4 being Excellent and 1 being Poor, please indicate your perceptions and evaluations of your work performance, based on the following criteria:</p>	
<p>4 = Excellent 3 = Good 2 = Fair 1 = Poor</p>	
	Numerical Rating
I am aware of what is expected of me as a board member.	
I have a good record of meeting attendance.	
I read the minutes, reports and other material in advance to board meetings.	
I am familiar with the organizations by-laws and governing policies.	
I am a good listener at board meetings.	
When I have a different opinion than the majority, I raise it. However, I respect and abide by board decisions.	
I maintain confidentiality of all board decisions.	
I work positively and cooperatively with the Board.	
I am collegial and respectful of other board members.	
I understand the difference between governance and management of the organization.	
I represent the interests of the whole health region rather than the specific interests of any constituency, association or corporation.	
I communicate with the Chair in advance of the meeting when planning to introduce significant or new information or material at a board meeting.	
I appropriately represent the Board of Directors when attending community groups by actively listening and learning.	
I provide a written or verbal report with key messages and learnings as a result of attending an event or workshop.	
I participate in continued training and education to enhance my governance capabilities.	
<p>Other Comments:</p>	



Board of Directors

Annual Self-Assessment Tool

Number of Documents Compiled:

Date Reviewed/Completed by Board of Directors:

Board Chair Signature:

Introduction

The purpose of the Board of Director's self-assessment is to enable the Board to maintain and improve the quality of its governance performance and leadership skills. It should be noted that self-assessment is an integral and ethical process of governance, not a discretionary process.

One of the Board's governance principles, as stated in policy, is that its performance must be monitored rigorously against policy criteria. Most Board agendas therefore include an evaluation of some aspect of the governance process. Additionally, the Board rates itself at every meeting against established indicators.

This questionnaire is a tool intended to provide a summary analysis of the Board's performance – an opportunity to take a special moment every year to reflect on overall Board functioning. The tool is designed to allow individual Board members to give their assessment of the Board's effectiveness relating to Accreditation Canada governance standards. The results will be compiled in aggregate and provided in summary form for review by the full Board.

As well, the annual self-assessment tool is an instrument for the Board's development plan. It is designed to stimulate Board discussions focusing on issues needing the Board's attention. Every year the Board would also assess how well its development plan has progressed.

As part of the annual assessment process, the Board determined it would also complete a governance skills matrix (Appendix A) that sets out the appropriate combination of skills and personal attributes to enable the Board to form a view as to its effectiveness.

Process:

- Board members each receive an Annual Self-Assessment document. (January)
- Board members complete document individually and return completed documents to the Recording Secretary at the next Board meeting. (February)
- Recording Secretary compiles information into one document.
- A copy of the compiled document to be shared/discussed at the next Board meeting. (March)

Part A – Accreditation Canada Governance Functioning Tool¹

	Governance Structures and Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting Comment
1.	We regularly review, understand, and ensure compliance with applicable laws, legislation and regulations.						
2.	Governance policies and procedures that define our role and responsibilities are well-documented and consistently followed.						
3.	We have sub-committees that have clearly-defined roles and responsibilities.						
4.	Our roles and responsibilities are clearly identified and distinguished from those delegated to the CEO and/or senior management. We do not become overly involved in management issues.						
5.	We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision-making.						
6.	Disagreements are viewed as a search for solutions rather than a “win/lose”.						
7.	Our meetings are held frequently enough to make sure we are able to make timely decisions.						
8.	Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work (as applicable).						
9.	Members come to meetings prepared to engage in meaningful discussion and thoughtful decision-making.						
10.	Our governance processes make sure that everyone participates in decision-making.						
11.	Individual members are actively involved in policy-making and strategic planning.						
12.	The composition of our governing body contributes to high governance and leadership performance.						
13.	Our governing body’s dynamics enable group dialogue and discussion.						

¹ Accreditation Canada 2011

	Governance Structures and Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting
							Comment
	Individual members ask for and listen to one another's ideas and input.						
14.	Our ongoing education and professional development are encouraged.						
15.	Working relationships among individual members and committees are positive.						
16.	We have a process to set bylaws and corporate policies.						
17.	Our bylaws and corporate policies cover confidentiality and conflict of interest.						
18.	We formally evaluate our own performance on a regular basis.						
19.	We benchmark our performance against other similar organizations and/or national standards.						
20.	Contributions of individual members are reviewed regularly.						
21.	As a team, we regularly review how we function together and how our governance processes could be improved.						
22.	There is a process for improving individual effectiveness when non-performance is an issue.						
23.	We regularly identify areas for improvement and engage in our own quality improvement activities.						
24.	As a governing body, we annually release a format statement of our achievements that is shared with the organization's staff as well as external partners and the community.						
25.	As individual members, we receive adequate feedback about our contribution to the governing body.						
26.	Our chair has clear roles and responsibilities and runs the governing body effectively.						
27.	We receive ongoing education on how to interpret information on quality and patient safety performance.						
28.	As a governing body, we oversee the development of the organization's strategic plan.						

	Governance Structures and Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting Comment
29.	As a governing body, we hear stories about clients that experienced harm during care.						
30.	The performance measures we track as a governing body give us a good understanding of organizational performance.						
31.	We actively recruit, recommend and/or select new members based on needs for particular skills, background, and experience.						
32.	We have explicit criteria to recruit and select new members.						
33.	Our renewal cycle is appropriately managed to ensure continuity on the governing body.						
34.	The composition of our governing body allows us to meet stakeholder and community needs.						
35.	Clear written policies define term lengths and limits for individual members, as well as compensation.						
36.	We review our own structure, including size and sub-committee structure.						
37.	We have a process to elect or appoint our chair.						

At each of regular meetings the Board engages in a Sacred Moment. Please indicate how this practice impacts on governance functioning.

Similarly, how are Insightful Discussions contributing to Board dialogue at regular meetings

Part B – Adapted from Accreditation Canada Governance Standards²

(Elements of standards generally addressed above in the Governance Functioning Tool, or frequently referenced in various forms within the standards, are not repeated in this section)

	AC Std	FUNCTIONING AS AN EFFECTIVE GOVERNING BODY	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting Comment
1.	1.3 3.1	The governing body approves, adopts, and follows the ethics framework used by the organization.						
2.	1.4	The governing body adopts a code of ethical conduct for its members.						
3.	2.3	The roles and responsibilities of the chair are described in a position profile, terms of reference, or by-laws.						
4.	2.6	Each member of the governing body signs a statement acknowledging their role, responsibilities and legal duties.						
5.	3.4	The governing body has processes in place to oversee the functions of audit and finance, quality and safety, and talent management.						

Comments:

	AC Std	DEVELOPING A CLEAR DIRECTION FOR THE ORGANIZATION	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	n
6.	4.1 4.2 5.1 5.2	When developing or updating the vision, mission and values statement, the governing body and the organization's leaders seek input from organization staff and stakeholders, including partners and clients.						
7.	4.3	With the CEO, the governing body consults regularly with government or its shareholders to confirm the appropriateness of the organization's mandate and core services and to develop a common understanding about performance expectations.						

² Accreditation Canada 2014

	AC Std	DEVELOPING A CLEAR DIRECTION FOR THE ORGANIZATION	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting Comment
8.	4.4 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.						

Comments:

	AC Std	SUPPORTING THE ORGANIZATION TO ACHIEVE ITS MANDATE	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting Comment
9.	7.1	The governing body oversees the recruitment and selection of the CEO.						
10.	7.2	The governing body establishes and follows a policy on CEO compensation.						
11.	7.3	The governing body develops and updates the position profile for the CEO.						
12.	7.4	In partnership with the CEO, the governing body sets performance objectives for the CEO and reviews them annually.						
13.	7.5	The governing body supports and commits resources to the ongoing professional development of the CEO.						
14.	7.6	The governing body has a mechanism to receive updates or reports from the CEO.						
15.	7.7	The governing body, with the input of the organization's leaders, evaluates the CEO's performance and achievements annually.						
16.	7.8	The governing body has a succession plan for the CEO.						
17.	7.9	The governing body oversees the development of the organization's talent management plan.						

	AC Std	SUPPORTING THE ORGANIZATION TO ACHIEVE ITS MANDATE	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Rating
18.	8.0	The governing body has an effective system of financial planning and control which supports achievement of the strategic goals and objectives.						
19.	8.1 8.4	The governing body approves the organization's capital and operating budgets, capital investments and major equipment purchases.						
20.	8.2 8.3	The governing body ensures the integrity of the organization's financial statements, internal controls, and financial information systems.						
21.	8.5 8.6	The governing body oversees the organization's resource allocation decisions and assesses the risk and benefits as part of its regular planning cycle.						
22.	8.7	When approving resource allocation decisions, the governing body evaluates the impact of the decision on quality and safety.						
23.	8.8	The governing body anticipates the organization's financial needs and potential risks, and develops contingency plans to address them.						
24.	8.9	The governing body addresses recommendations in financial reports and from the CEO and the organization's leaders.						
25.	9.0	The governing body fosters and supports a culture of client safety throughout the organization.						
26.	9.1	The governing body adopts client safety as a written strategic priority for the organization.						
27.	9.2	The governing body monitors organization-level measures of client safety.						
28.	9.3 9.4	The governing body regularly reviews the frequency and severity of adverse events and near misses and uses this information to understand trends, client and safety issues in the organization, and opportunities for improvement.						

Comments:

	AC Std	BEING ACCOUNTABLE AND ACHIEVING SUSTAINABLE RESULTS	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	on ng
29.	10.0 10.1 10.2	The governing body strengthens relationships with stakeholders and the community.						
30.	10.3 10.4 10.5 10.6	The governing body works with the CEO to establish, implement, and evaluate a communication plan for the organization that includes opportunity for feedback.						
31.	11.0	The governing body works with the CEO to reduce the risks to the organization and promote ongoing quality improvement.						
32.	11.1	REQUIRED ORGANIZATIONAL PRACTICE: The governing body demonstrates accountability for the quality of care provided by the organization.						
33.	11.1.1	The membership of the governing body has knowledge of key quality and safety principles, by recruiting members who have this knowledge or providing access to education						
34.	11.1.2	The governing body includes quality as a standing agenda item at all regular meetings.						
35.	11.1.3	The governing body identifies the key system- level indicators it will use to monitor the quality performance of the organization.						
36.	11.1.4	At least quarterly, the governing body monitors and evaluates the quality performance of the organization against agreed-upon goals and objectives.						
37.	11.1.5	The governing body uses information about the quality performance of the organization to make resource allocation decisions and set priorities and expectations.						
38.	11.1.6	As part of their performance						

	AC Std	BEING ACCOUNTABLE AND ACHIEVING SUSTAINABLE RESULTS	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A	Requires Review/Discussion at Board Meeting	Comment
		evaluation, senior leaders who report to the governing body (e.g. the CEO, Chief of Staff) are held accountable for the quality performance of the organization.							
39.	11.3	The governing body works with the CEO and the organization's leaders to develop an integrated quality improvement plan.							
40.	11.4	The governing body ensures that an integrated risk management approach and contingency plans are in place.							
41.	11.5	The governing body monitors and provides input into the organization's strategies to address client flow and variations in service demands.							
42.	11.7	The governing body demonstrates a commitment to recognizing staff, service providers, volunteers, and students for their quality improvement work.							
43.	12.0	The governing body regularly monitors and evaluates the organization's performance against agreed-upon goals and objectives.							
44.	13.1	The governing body publicly discloses information about its governance processes, decision-making, and performance.							
45.	13.2	The governing body's activities and decisions are recorded and archived.							
46.	13.3	The governing body shares the records of its activities and decisions with the organization.							
47.	13.6	The governing body regularly evaluates the performance of the board chair based on established criteria.							
48.	13.8	ACCREDITATION CANADA REQUIRED INSTRUMENT: The governing body regularly assesses its own functioning using the Governance Functioning Tool.							

Comments:

Identifying Strengths and areas for improvement:

Our greatest strengths as a Board are:

Suggestions for improvements the board should consider making to the way it governs:

What has been the highlight of the past year for you as a Board Member?

Annual Health Plan – Board Development

Consistent with its strategic, fiduciary, and oversight responsibilities, the Southern Health-Santé Sud Board of Directors recognizes that Board development is a continuous process. (State objectives defined by the Board of Directors for the fiscal year xxxx-xxxx)

Are you satisfied with the Board's progress in accomplishing its objectives?

What other goals or objectives should the Board of Directors consider in its development?

