



Health Services Provider Series



Governance for Health Services

(Draft for Public Review)



Standards Council of Canada
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Any suggestion aimed at improving the contents of this Standard may be sent to publications@healthstandards.org

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National Standard of Canada is a standard developed by a Standards Council of Canada (SCC) accredited Standards Development Organization, in compliance with requirements and guidance set out by SCC. More information on National Standards of Canada can be found at www.scc.ca.

SCC is a Crown corporation within the portfolio of Innovation, Science and Economic Development (ISED) Canada. With the goal of enhancing Canada's economic competitiveness and social well-being, SCC leads and facilitates the development and use of national and international standards. SCC also coordinates Canadian participation in standards development, and identifies strategies to advance Canadian standardization efforts.

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Preface

The CAN/HSO 1001:2020 *Governance for Health Services* standard is a revision of the HSO 1001 *Governance* standard. The standard was revised to ensure it remains relevant to health and social services organizations.

The technical content of the standard is divided as follows:

- Developing Clear Direction for the Organization
- Building an Effective Governing Body
- Overseeing Organizational Activities, Outputs, and Outcomes
- Being Accountable and Reflective

The content was prepared by HSO Governance Working Group, with oversight by HSO TC002 Leadership and Governance Technical Committee, under the authority of the HSO Standards Steering Committee.

The technical content of the standard consists of clauses, criteria, and guidelines.

- **Clause:** Introductory statement for a set of criteria. It is not a goal statement.
- **Criterion:** A requirement that is to be evaluated. May be referred to as a sub-clause.

In this standard, criteria use the following auxiliary verbs.

- **Shall/Should not:** is used to express a requirement. A provision the user is obliged to satisfy to comply with the standard.
- **Should/Should not:** is used to express a strong recommendation that is expected to be followed unless there is a strong reason not to.
- **May/Need not:** is used to express permissible provisions within the limits of this standard.
- **Guideline:** Additional information to help understand the criterion. It does not contain new information of evaluation content.

This standard will be undergoing periodic maintenance. HSO will review and publish this standard on a schedule not to exceed five years from the date of publication.

Standard Type: This standard is intended to be used as part of a conformity assessment.

HSO's People Centred Care (PCC) Guiding Principles

HSO is committed to working closely with people around the world who share our passion for achieving quality health services for all.

PCC is defined by the World Health Organization as “an approach to care that consciously adopts individuals’, carers’, families’ and communities’ perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people”. As such, a people-centred care philosophy guides both the development process and content of HSO’s standards. PCC calls for a renewed focus on the interaction and collaboration between people, much like what is suggested by those who use the expression “relationship-centred care” where it is acknowledged that stronger and more intentional connections lead to improved decision-making and teamwork, higher morale, decreased hospitalizations and improved trainee competence.

As an organization striving to develop the best health and social services standards for improved health outcomes, PCC truly reflects our mandate.

HSO’s principles of people-centred care are based on patient partners guiding principles, standards development guiding principles and new principles added to cultural safety and humility charter that all play a part in providing safe, high quality care in all health and social services sectors. These principles are HSO’s basis for people-centred care.

HSO's principles of people-centred care are:

1. **Integrity and relevance:** Upholding the expertise of clients and families in their lived experiences of care; Planning and delivering care through processes that make space for mutual understanding of needs/perspectives and allow for outcomes that have been influenced by the expertise of all.
2. **Communication and trust:** Communicating and sharing complete and unbiased information in ways that are affirming and useful; Providing timely, complete, and accurate information to effectively participate in care and decision-making.
3. **Inclusion and preparation:** Ensuring fair access to care and opportunities to plan and evaluate services to people from diverse backgrounds and contexts; Encouraging and supporting clients and families to participate in care and decision-making to the extent that they wish.
4. **Humility and learning:** Encouraging people to share problems and concerns in order to promote continuous learning and improvements; Promoting system improvement over individual blame and judgement.

Disclaimer

HSO standards are not intended to replace clinical or best practice guidelines. The intention of this publication is not to contravene existing national, provincial, or territorial legislation/regulation.

Although the intended primary application of this standard is stated in its Scope, it is important to note that it remains the responsibility of the users to judge its suitability for their particular purpose.

We ask that all comments address the technical content regarding the clauses, criteria and guidelines within the standard. Please note, any comments that do not address the technical content will not necessarily be integrated into the final draft.

Governance for Health Services

0 Introduction

Strong health and social services organizations and systems require effective governance to support the delivery of safe, quality, and people-centred services to all individuals in their jurisdictions (Baker & Axler, 2015). While governance functions can be incorporated at various levels within and external to an organization, governing bodies such as boards of directors provide a formal mechanism of corporate governance (Brown, Dickinson, & Kelahera, 2018). A governing body has a legal and constitutional responsibility to oversee the activities of the organization that are critical for its success (Governance Institute of Australia, 2016).

Governing bodies of health and social services organizations provide oversight of, and demand accountability from, organizational leaders regarding their decisions and actions. They ensure that organizations provide services that address community and population health needs; maximize client experience, satisfaction, and outcomes; and reduce the per capita cost of health care (Institute for Healthcare Improvement, 2019). Governing bodies also hold organizations accountable for ensuring the health of their human resources (Saltman, Durán, & Dubois, 2011; Stapenhurst & O'Brien, n.d.). Governing bodies must integrate the policies and objectives of jurisdictional health systems with the operations of their organizations (Saltman et al., 2011).

CAN/HSO 1001:2020 *Governance for Health Services* is intended to help governing bodies of health and social services organizations meet the need for excellence in governance practices in an ever-changing environment that requires a stronger degree of accountability. The standard is intended to be used in conjunction with CAN/HSO 2001 *Leadership for Health Services* which applies to organizational leaders.

The standard emphasizes the importance of reflecting diverse perspectives in a governing body, including the clients and families who regularly use the organization's services. It outlines the processes by which a governing body functions, and defines the broad range of a governing body's responsibilities while acknowledging that the approach a governing body takes to address its responsibilities differs according to the organization's size, structure, mandate, and governance model.

In organizations that do not have governing bodies, executive leaders may be directly involved in governance activities. Other organizations may have a division of responsibilities between organizational leaders and governing bodies. In some jurisdictions, government may be involved in certain governance responsibilities; in this case, the governing body is expected to remain involved in overseeing the governance process.

1 Scope

1.1 Purpose

CAN/HSO 1001:2020 *Governance for Health Services* specifies the responsibilities of governing bodies of health and social services organizations to effectively oversee the activities of the organizations and hold the organization accountable for achieving excellence in the delivery of care. The intent is to ensure the delivery of safe, quality, people-centred care that maximizes value for the community, clients, and families; health and social services providers; and the health system. The standard addresses responsibilities of the committees of governing bodies.

The standard provides:

- Organizations with the responsibilities they must require of their governing bodies for the oversight of the delivery of safe, quality, people-centred care
- Policy makers with a blueprint to stipulate the requirements for and capabilities of governing bodies of organizations in their jurisdictions
- External assessment bodies with measurable requirements to include in assessment programs
- Clients and families with information about what they can expect from governing bodies of organizations in their community, and the ways in which they can become involved in the governance of an organization

1.2 Applicability

CAN/HSO 1001:2020 *Governance for Health Services* is intended to be used by governing bodies of public and private health and social services organizations. The standard also provides guidance for organizations that do not have a governing body and those that have a shared model of governance between the governing body and organizational leaders and/or the government.

2 Normative References

There are no normative reference publications in this standard.

3 Terms and Definitions

3.1 Definitions

Please follow the link to obtain a full list of our standards glossary: <https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf>

Accountability: Having responsibility for, and being able to answer to a person or group regarding, assigned obligations (Mihalicz, 2017).

Client experience: “The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care”(Wolf, 2010)

Client satisfaction: The degree to which services provided met the client’s expectations. Clients who have similar care experiences may still have different levels of satisfaction, as they may have different expectations of how care should be provided (Agency for Healthcare Research and Quality, 2017).

Community - People with common sets of characteristics that the organization is responsible for providing services to. Community is inclusive of all groups of people within the organization’s service mandate. Different groups of people may have different access and functional needs and therefore may require different types and levels of services and supports. Community is inclusive of people and populations that are vulnerable. Community is inclusive of under-served populations, Indigenous communities, cultural groups, and minority populations. It is inclusive of all ages, gender, health status, ability, race, ethnicity, culture, history, and migration, employment and socioeconomic status. The people in a community contribute to the diversity of that community.

Organizational culture: Encompasses the values, behaviours, attitudes and feelings that contribute to the unique social and psychological environment of an organization (“organizational culture”, n.d.).

Cultural safety: An outcome of respectful engagement that is based on recognizing and working to address inherent power imbalances in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care (First Nations Health Authority, n.d.).

Evidence-informed: Informed by a combination of findings from scientific research and published literature, best practices based on expert opinion, knowledge gained from testing assumptions and evaluating lived experience, and cultural knowledge.

Executive leader: The senior-most leader of the organization (e.g., the chief executive officer) and head of the senior leaders. The executive leader reports to the governing body.

Governing body: A group of people charged with the legal responsibility for governing an organization. The governing body’s role is to provide formal oversight of the organization’s decisions and those who are accountable for its performance (Baker, Denis, Pomey, & MacIntosh-Murray, 2010).

Inclusion or inclusive approach: Intentional identification and involvement of all groups within a community that an organization serves with the aim to reduce barriers to communication, collaboration, and access to care. Some examples of barriers may be based on language, geography, access to transportation, stigma and discrimination, socioeconomic factors, age, gender identity, health status, ability, race, ethnicity, culture, colonial legacies, minority status, migration status, and employment status.

Integrated quality improvement plan: A documented commitment to stakeholders to achieve specific improvements in quality and the actions that will be taken to do so (Health Quality Ontario, n.d.). In an integrated quality improvement plan, an organization’s actions to improve quality are cohesive and coordinated across the organization. An organization’s quality improvement plan must with its integrated risk management framework, as they inform each other.

Integrated risk management framework: An overall approach to managing organizational risks in a cohesive, continuous, proactive, and systematic manner. It helps the organization monitor, understand, manage, communicate, and minimize the impact of risk from an organization-wide perspective. The framework integrates risk management into the organizational culture. An organization's integrated risk management framework must align with its integrated quality improvement plan, as they inform each other.

Leaders or organizational leaders: Individuals in an organization who work in a formal or informal management capacity to guide, manage, or improve their team, unit, organization, or system (Dickson & Tholl, 2014). Leaders are inclusive of executive and senior leaders. For the purpose of this standard, members of the organization's governing body are not included in the term "leaders."

Mandate: The activities and services that an organization or group is committed or obligated to perform, provide, or fulfill (Literacy Basics, 2013).

Mission: See *Vision, mission, and values*.

Organizational health and safety: Inclusive of the concepts of client safety as well as staff health and safety in the workplace that are interrelated. It is a key responsibility shared by the organization and everyone in it (clients, families, visitors, staff, contractors, volunteers, and community members) to prevent harm to themselves and others around them; and to ensure each other's physical and psychological safety and wellness. Organizational health and safety is about creating a mutually respectful, safe and healthy environment for everyone in the organization who is participating in providing, receiving, and supporting care. See also *Cultural safety*.

Privileges: The rights and access granted to clinical practitioners to provide care within an organization (Government of Ontario, 2019).

Regularly: Carried out in consistent time intervals. The governing body defines the appropriate time intervals for various activities based on best available knowledge and adheres to those schedules (Health Standards Organization, 2018).

Senior leaders: Individuals who are in the senior-most positions in an organization. They are accountable for the management and smooth working of the organization including strategy, operations, clinical services, finance, and information technology. Senior leaders include the executive leader.

Skills matrix or competency matrix: A map of skills that are required or desired to exist within a team. It may be presented in a grid format. A skills matrix helps the users visualize the skills, competencies, perspectives, and expertise that a team requires. It is also a way to identify which are met and which are missing and need to be obtained through hiring or training. (Academy to Innovate HR, 2019).

Stakeholders: A person with an interest in or concern for the organization and its services. Stakeholders may be internal or external (Health Standards Organization, 2018). An organization's internal stakeholders may include staff, clients, families, volunteers, contractors; external stakeholders may include the community, other health and social services and partner organizations, governmental and non-governmental organizations, funders, shareholders.

Values: See *Vision, mission, and values*.

Vision, mission, and values: The vision is what an organization aspires to be in the future. The mission is what the organization has committed to doing at the present time to realize its vision. The values guide the organization's behaviour and decision making as it strives to fulfill the mission and realize the vision. All three must be aligned to set the strategic direction of the organization.

Vulnerable populations: People or populations who are at increased or disproportionate risk for harmful health outcomes, unfairly high impacts from risks, discrimination, ill-treatment, abuse, and force as a result of inequitable access to the resources needed to address health risks, lack of power or social status, oppression, poverty, reduced competence or decision-making capacity, fragile health, and inadequate access to care (Winnipeg Regional Health Authority).

3.2 Abbreviations

HSO: Health Standards Organization

PCC: people-centred care

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3.3 Quality Dimensions

HSO Quality Framework: Health and social services stakeholders around the world are committed to delivering the best quality possible. However, given the rapidly changing environment and the numerous challenges facing all health and social service sectors, quality can sometimes be perceived as complicated and difficult to achieve. Using a quality framework – also known as a structure underlying quality – provides common language as to what it means and brings focus on its key elements.

HSO Standards are based on the HSO Quality Framework. The framework consists of eight quality dimensions that all play a part in providing safe, high quality care in all health and social services sectors. These dimensions are the basis for the standards, whereby each requirement (criterion) is linked to one of the eight quality dimensions. In this way, the underlying focus of each criterion is clear, and users of the standards understand the intent of the criterion.

These are the quality dimensions that underlie HSO's quality framework:



Population Focus: Work with my community to anticipate and meet our needs



Accessibility: Give me timely and equitable services



Safety: Keep me safe



Worklife: Take care of those who take care of me



Client-centred Services: Partner with me and my family in our care



Continuity of Services: Coordinate my care across the continuum



Appropriateness: Do the right thing to achieve the best results



Efficiency: Make the best use of resources

These dimensions provide a common language about health care quality. The quality dimensions are strongly related to each other, can be mutually supporting, and help to ensure balance within the framework. At the same time, there may be a stronger emphasis on a particular dimension if the case/situation requires it.

HSO encourages health and social services professionals and policy-makers to explore this framework and use the dimensions of quality for strategic planning, program and service delivery, and evaluation and quality improvement activities. Ultimately, the quality framework will help health care providers assess and improve the health care services they deliver to patients and clients.

4 Developing Clear Direction for the Organization

4.1 The governing body works with organizational leaders and stakeholders, including clients and families, to develop the vision, mission, and values for the organization.



- 4.1.1 The governing body shall have a mechanism to ensure that stakeholders are regularly consulted to confirm the organization's mandate and core services in order to maintain a common understanding of performance expectations.

Guidelines:

The organization's mandate may be defined in law. When it is not, the mandate may be determined through agreements with government, funders, and other stakeholders so there is a common understanding of performance expectations.

The governing body ensures that outcomes of regular consultations and discussions with stakeholders about the organization's mandate and core services are recorded, such as in performance or accountability agreements between the organization and its stakeholders, as appropriate.

The organization's mandate is reflected in its vision, mission, and values that outline the organization's responsibilities to the community.



- 4.1.2 The governing body, with the organizational leaders and stakeholders, shall develop and regularly review the organization's vision, mission, and values.

Guidelines:

In new organizations, the governing body is responsible for developing the organization's vision, mission, and values. In existing organizations, the governing body is responsible for regularly reviewing and re-assessing the organization's vision, mission, and values.

The governing body works with the organizational leaders to meaningfully collaborate with identified stakeholders (e.g., staff, volunteers, clients, families, the community, partner and related organizations, policy makers) using an inclusive approach to develop and regularly review the organization's vision, mission, and values. As part of systems-based and people-centred care approaches, the organization seeks to co-design its vision, mission, and values with its stakeholders.

The governing body works with the organization to ensure that the vision, mission, and values:

- Are consistent with the provision of high-quality and safe care
- Are integrated with the jurisdictional vision, where one exists
- Reflect the organization's mandate and value to society, including how it defines and creates value for clients, families, and the community (e.g., that hospitals have the potential to make communities healthier by leveraging their stature and resources to provide health services to clients and families, hiring local workers and contractors, increasing representation and diversity, buying locally, and building new clinical facilities)
- Emphasize the potential benefit of cooperating with other organizations

The governing body reviews information (e.g., financial reports, community needs assessments, regulations) about the organization, its stakeholders, and the jurisdiction and uses it to make evidence-informed decisions when developing and reviewing the organization's vision, mission, and values.

In some jurisdictions, this process may be the responsibility of government; however, the governing body oversees the process.



- 4.1.3 The governing body shall have a mechanism to ensure that a strategic plan is developed that is consistent with the organization's vision, mission, and values.

Guidelines:

The governing body oversees and monitors the organization's strategic planning process. The governing body provides guidance as needed to ensure the organization identifies specific goals and objectives in the strategic plan.

The governing body provides input into the organization's strategies to address issues related to achieving its mandate (e.g., client flow, variation in service demand).



- 4.1.4 The governing body shall work with the organizational leaders to conduct an ongoing environmental scan to identify changes and ensure that the strategic plan, goals, and objectives are adjusted as needed.

Guidelines:

The governing body works with the organizational leaders to conduct an environmental scan that includes the identification and consideration of factors that may signify changes, challenges, and risks in the organization's environment.

The environmental scan considers all factors that might affect the organization and its ability to achieve its goals and objectives, such as new changes or challenges in stakeholder needs, government policies, geo-politics, regulations and economics, costs of goods and services, population growth, population age, size of workforce, availability of technology, automation of processes, and others.

The governing body reviews the results of the environmental scan with the organizational leaders to understand the potential impact on the organization, and guides the leaders on adjusting the strategic plan, goals, and objectives based on the results, as needed.

Not every change in the environment results in a change to the organization's strategic plan, goals, and objectives. The governing body and the organizational leaders set criteria to determine the conditions under which the plan should be changed, based on the potential impact to the organization.



- 4.1.5 The governing body shall have a mechanism to ensure that timeframes and accountabilities to execute the strategic plan and achieve the goals and objectives are defined.

Guidelines:

In some jurisdictions, defining timeframes and accountabilities may be the responsibility of government; however, the governing body oversees the process.

5 Building an Effective Governing Body

5.1 The composition of the governing body is defined and transparent.

5.1.1 The governing body shall determine its membership size.

Guidelines:

The size of the governing body will depend on a number of factors, including the size of the organization, its risk profile, and services offered. For example, some governing bodies may have as few as three members, or some may have an average of eight to twelve members.

5.1.2 The governing body shall define and achieve its objectives regarding its composition.

Guidelines:

In defining its objectives regarding its composition, the governing body considers its roles and responsibilities; its areas of decision making; and the organization's strategic plan, goals, and objectives.

As part of its objectives regarding its composition, the governing body defines:

- The mix of skills (which may be defined in a skills matrix) it requires to support the organization's vision, mission, and values and carry out its governance responsibilities (e.g. overseeing quality and safety, legal, financial, technological, marketing, fundraising, and sustainability functions of the organization). The skills matrix may evolve in response to changes in the organization's vision, mission, and values.
- The personal attributes that members should possess, which should include integrity, high ethical standards, sound judgment, strong interpersonal skills, and a strong commitment to the organization and its success.
- The diverse perspectives that it wishes to reflect, including those of the organization's stakeholders (e.g. the clients and families who regularly use the organization's services, the community inclusive of minority groups and vulnerable populations, and health care providers); and the diversity in the community that the organization serves (e.g., race, culture, gender identity).
- The balance it requires between adding new members who bring fresh perspectives and retaining experienced members who have corporate history, memory, and knowledge.
- Its governing structure, including its mechanism to create committees under its oversight. When the governing body needs specific expertise on a complicated or technical issue or a decision that falls under its governance responsibilities, it creates an ad-hoc or standing committee to work and advise on the subject (e.g., human resources, audit, quality and safety, ethics, risk). The composition of each committee is determined based on the skills matrix that outlines the skills required for the committee to fulfill its purpose. Committee members may or may not be members of the governing body.

The governing body ensures that it achieves its objectives regarding its composition. Where gaps exist, the governing body identifies ways to fill them. For example, if the governing body is too small, or if membership is full before the governing body achieves the diversity, skills, or expertise it requires, the governing body identifies alternate ways


to bring diverse perspectives and required skills to discussions. This may include recruiting non-voting members with the required diversity or skills, consulting with stakeholder advisory councils, or diversifying committee membership. Another example is if the balance of old and new members is a challenge to maintain, the governing body may establish the position of past chair to retain the outgoing chair as a member of the governing body for an additional term, to provide continuity.

If government is responsible for selecting governing body members, the governing body provides input into the required diversity, skills, and expertise and oversees the process.

The governing body establishes a renewal cycle that supports its composition objectives and ensures that membership terms expire in an orderly manner.

The governing body takes succession planning into account and develops a succession planning policy and process to identify candidates who meet its composition objectives.

When the governing body is appointed by government, defining the membership renewal cycle and succession planning may be the responsibility of government; however, the governing body oversees the process.


- 
- 5.1.3 The governing body shall establish and follow a transparent process to select and appoint its members and chair.

Guidelines:

The governing body follows a transparent process to engage with the community using an inclusive approach to promote participation on the governing body and ensure its membership reflects the diverse perspectives of the organization's stakeholders.

The governing body maintains transparency to help ensure it is not taken over, for example, by special interest groups. The governing body's selection process is consistent with the organization's vision, mission, and values.

When the organization's governing body is appointed by government, the selection or appointment of the chair and members may be the responsibility of government; however, the governing body oversees the process.

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- 5.1.4 The governing body should not have voting members who are staff members of the organization or who have a contractual, business, or personal relationship with the organization or other members of the governing body.

Guidelines:

Conflicts of interest can arise when governing body members are not independent from the organization or when they have contractual, business, or personal relationships with the organization or other members of the governing body.

In some organizations, achieving a membership that does not have contractual, business, or personal relationships with the organization or other members of the governing body may be difficult or impossible, depending on legal requirements. In such cases, the governing body establishes clear policies and procedures to address real or perceived conflicts of interest and retain its independence from the organization.



- 5.1.5 The governing body shall create committees as needed, monitor their work, and regularly review their purpose.

Guidelines:

When the governing body needs in-depth expertise on a specific matter or issue (e.g., quality and safety, human resources, audits, ethics, risk) to help it make decisions, it may create a committee (sometimes called a subcommittee, advisory committee, task force, or working group) to advise or work on the matter.

The governing body ensures that each committee has a clear purpose, terms of reference and defined reporting requirements, and regularly reviews them to prevent the existence of unnecessary or stagnant committees and to hold the committees accountable. Depending on their purpose, committees may be standing, meaning they are used on a continual basis, or ad hoc, meaning they are created for a limited period.

The governing body determines the membership of a committee based on the skills matrix. Members of the governing body may participate on a committee if they fit with its purpose; however, the governing body may also select committee members from outside the governing body. It may also include clients and families as committee members to ensure their voice is heard in governance matters.

Membership on different committees of the governing body is varied to ensure objectivity and diverse perspectives.

5.2 The policies, responsibilities, and terms of engagement of the governing body are defined.



- 5.2.1 The governing body shall define and regularly review its roles, responsibilities, and legal obligations.

Guidelines:

The governing body ensures that its roles and responsibilities, including its legal obligations, support the vision, mission, and values of the organization.

The governing body is accountable to the stakeholders for the quality of services provided by the organization. It is responsible for overseeing the quality, safety, legal, financial, technological, marketing, fundraising, and sustainability functions of the organization. It supports the organization to achieve its vision, mission, and values, consistent with the governing body's mandate and accountability to the stakeholders.

Where there is more than one level of governance, the governing body ensures that roles and responsibilities are defined and understood at each level, and that information flows in a timely, transparent, and consistent manner between levels. The governing body coordinates and integrates its work with each level.

When government is involved in oversight of the organization, the scope of authority and division of roles and responsibilities of the governing body and the government are defined, whether by government only or by government in collaboration with the governing body.



- 5.2.2 The governing body shall develop, implement, monitor, and regularly update, as needed, documentation that identifies the conditions under which the governing body operates.

Guidelines:

The documentation, which may include a charter, constitution, bylaws, or policy documents, clarifies the division of responsibilities between the governing body, the organizational leaders, and government. The documentation is consistent with the governing body's mandate, roles, responsibilities, accountabilities, and the organization's ethics framework. The governing body ensures all its operating documents align with each other.

The documentation of roles and responsibilities of the governing body, as well as policies and procedures that support the roles and responsibilities, may be referred to as a policy manual.

In some jurisdictions, the division of responsibilities between the governing body and the leaders is defined in law.

The documentation includes policies on term lengths and limits and may also address compensation. Governing body members may or may not be financially compensated for their time. When compensation is provided, the governing body ensures that it is done transparently and does not occur at a level that might create real or perceived conflicts of interest and interfere with the independence of its members.

Where the governing body is appointed by government, developing and updating documentation, including policies and bylaws, may be the responsibility of government. If so, the governing body oversees the process.



- 5.2.3 The governing body shall define and document the roles and responsibilities of its members, including the chair.

Guidelines:

Roles and responsibilities of members include expected attendance requirements and compensation, if applicable. The governing body documents member roles and responsibilities in, for example, position descriptions or terms of reference.

Governing body positions may include chair, vice chair, secretary, treasurer, and committee chair. Each position requires a position description.

When government is responsible for setting the roles and responsibilities of the chair, the governing body is aware of these roles and responsibilities.



- 5.2.4 The governing body shall have a mechanism to ensure that members sign a statement that acknowledges their roles and responsibilities and includes expectations of the position and legal obligations.

Guidelines:

The statement covers:

- Fiduciary duty and duty of care to the organization
- Guidelines for behaviour including communication and interaction with other members of the governing body, the organizational leaders, staff, clients and families, and the community

- Preparation for and attendance at meetings
- Confidentiality
- Compliance with the organization's ethics framework, including disclosure of conflicts of interest
- A commitment to being informed about the organization and representing the interests of the organization
- A commitment to self-evaluation and evaluation of the governing body
- A commitment to orientation and ongoing education



5.2.5 The governing body shall adopt a code of conduct for its members.

Guidelines:

The code of conduct is based on a code of ethics that describes the minimum expectations of conduct from its members with respect to honesty and integrity in the professional setting. It is aligned with the organization's ethics and values.

The code of conduct outlines expected, acceptable, and unacceptable behaviours of all its members. It addresses conflict of interest; the protection and appropriate use of the organization's assets; confidentiality of information obtained through the member's role on the governing body; compliance with laws and regulations; and the obligation to report to the governing body a breach of the code of conduct, or illegal or unethical behaviour.



5.2.6 The governing body shall have a policy and process to address actual or perceived conflict of interest.

Guidelines:

A conflict of interest occurs when individuals have competing professional or personal interests that may make it difficult for them to fulfill their duties fairly. The governing body has a policy for what constitutes a conflict of interest, the process for declaring conflicts of interest, and the steps that may be taken to resolve or mitigate the effects of the conflict of interest.

The governing body's conflict of interest policy and process is aligned with the code of conduct and code of ethics. The policy and process enable the governing body to understand, identify, declare, and resolve all conflicts of interest in a transparent manner, to safeguard against intended or unintended manipulation in favour of special interests, as warranted.



5.2.7 The governing body shall define its meeting frequency and adhere to the defined schedule.

Guidelines:

The governing body establishes the frequency during which it will meet in a given year, including an annual general meeting and special meetings in the given year, as required.



- 5.2.8 The governing body shall have a mechanism to ensure its members are able to access required information prior to meetings, with enough time for members to be able to prepare for meetings and be ready to make informed decisions.

Guidelines:

The governing body sets expectations (e.g., in the terms of reference) about the amount of time members require to be able to review information and documentation prior to meetings so they can be prepared. The governing body ensures the members' time requirements are met.



- 5.2.9 The governing body shall develop, implement, monitor, and regularly update, as needed, an orientation for new members.

Guidelines:

The governing body may include the following information in the orientation:

- The governing body's composition
- The formal governance structure
- The governing body's policies and bylaws
- The organization's vision, mission, and values
- The organizational leaders, staff and other stakeholders
- The organization's operations and working environment
- The organization's ethics framework, philosophy, strategic plan, and progress toward its goals for people-centred care
- The governing body's roles and responsibilities for oversight of organizational functions



- 5.2.10 The governing body shall have a mechanism to provide its members with ongoing governance development and education.

Guidelines:

The governing body provides ongoing education to help its members maintain or improve their skills and increase their understanding of the organization, its sector, and its governance practices. This helps members fulfill their individual roles and responsibilities as well as those of the governing body as a whole.

The governing body provides education that may be targeted to individual members or to the governing body as a whole, and may include topics such as education about clinical services, organizational health and safety including client and staff safety, social and psychological environments at work, people-centred care, risk management, quality improvement, quality and safety principles, understanding and using the organization's ethics framework, training on legal and financial responsibilities of the governing body and other governance training.

Governing body members complete education on an ongoing basis. Education may take place as part of regular meetings (e.g., speakers or presentations from the organizational leaders); as part of an annual retreat (e.g., team building activities); or in separate educational sessions (e.g., conferences, courses, certifications).



5.2.11 The governing body shall have a defined decision-making process.

Guidelines:

The governing body follows a decision-making model that:

- Promotes equal participation and open and respectful sharing and discussion of diverse perspectives
- Includes a defined and transparent process for reaching decisions (e.g., if the process is based on consensus, a clear definition of consensus is developed)
- Includes defined mechanisms to ensure independence of the governing body from the organization.
- Ensures members can access the information they need to inform their discussions and decisions
- Is aligned with the organization's ethics framework, where one exists
- Considers a variety of factors (e.g., organizational health and safety factors, not just financial factors)
- Has policies resolve conflicts of interest among legal, fiduciary, and social responsibilities
- Aims to maximize value for clients and families as defined by the organization
- Is guided by research, evidence, and principles of ongoing quality improvement

The governing body identifies topics that require collaborative decision making with other stakeholders such as government, funders, and other health organizations, and ensures that ethical and transparent decision-making practices are followed by all involved.

Some jurisdictions may develop or recommend governance frameworks or decision-making guidelines that are specific to the local context and comply with jurisdictional laws and regulations.

6 Overseeing Organizational Activities, Outputs, and Outcomes

6.1 The governing body oversees and supports senior leaders in achieving the organization's mandate.



6.1.1 The governing body shall have a mechanism to ensure that the organization maintains and follows a human resources business continuity plan for the senior leaders of the organization.

Guidelines:

The governing body ensures that the organization's human resources planning includes business continuity planning for senior leaders and key operational positions, such as senior leaders responsible for operations, clinical services, finance, and information technology. These may be known as chief executive officer, chief operating officer, chief nursing officer, chief information officer, chief financial officer, chief medical officer, chief of staff, or similar titles.

The governing body ensures that the organization's human resources business continuity planning for human resources goes beyond planning to hire new senior leaders externally. It should include a talent management strategy intended to ensure operational and business continuity. It should demonstrate the organization's commitment to

developing and supporting its leaders to pursue opportunities for advancement and can minimize the impact of a departure of a key person by having other internal candidates prepared to step into the role.

- 6.1.2 The governing body shall oversee the recruitment and selection of the executive leader.

Guidelines:

The governing body maintains and follows a human resources business continuity plan to recruit an executive leader for the organization.

The governing body may have an emergency and a longer-term human resources business continuity plan. The emergency plan allows the governing body to appoint an interim executive leader should an emergency arise (e.g., the current executive leader is taken ill). The longer-term plan looks three to five years ahead, to prepare for a possible planned exit by the current executive leader.

The governing body and the executive leader should engage in regular and at least annual formal discussions about human resources business continuity planning for the executive leader role.

In organizations where the executive leader is appointed by an external body such as government or is specified in law, the governing body plays a role in identifying potential candidates and in the screening, nomination, and selection process.

- 6.1.3 The governing body shall develop, implement, monitor, and regularly update, as needed, the roles and responsibilities of the executive leader.

Guidelines:

The governing body describes the roles and responsibilities of the executive leader in a position description. The description clarifies the division of responsibilities between the executive leader and the governing body. The governing body should seek input from the executive leader to develop or update the position description.

The position description includes the executive leader's accountability to the governing body for the quality and safety of services provided by the organization, as well as the executive leader's role in supporting the organization to achieve its mission, vision, and values, consistent with the organization's mandate and accountability to its stakeholders. The description also outlines the executive leader's obligation to advance people-centred care.

- 6.1.4 The governing body shall set performance objectives for the executive leader.

Guidelines:

The performance objectives that are set for the executive leader are measurable, related to the organization's strategic goals, and reflective of the organization's purpose and role in the health system and in society.

The governing body sets the performance objectives in collaboration with the executive leader and reviews them regularly.



- 6.1.5 The governing body shall evaluate the executive leader's performance and achievements at least annually.

Guidelines:

The governing body's process to evaluate the executive leader's performance includes seeking input from the organizational leaders, including the executive leader, as well as from stakeholders (including partner organizations) identified by the governing body.

As part of the performance evaluation, the governing body measures the executive leader's performance against the set performance objectives and holds the executive leader accountable for the organization's performance in the areas of quality and safety.

When the executive leader reports to government rather than the governing body, the governing body works closely with government officials to conduct the executive leader's performance evaluation.

If there are concerns about the executive leader's performance, or if the governing body deems it appropriate, it may conduct an evaluation more frequently.



- 6.1.6 The governing body shall develop, implement, monitor, and regularly update, as needed, an individual development plan for the executive leader.

Guidelines:

The governing body supports the executive leader's professional development by valuing time spent on professional development, budgeting funds for this purpose, making suggestions for professional development opportunities to address knowledge or skill gaps, and including periodic 360-degree reviews as part of the executive leader's performance evaluation, in collaboration with the executive leader.



- 6.1.7 The governing body shall define the measures and processes it will use to regularly review the organization's performance.

Guidelines:

The governing body, with the organizational leaders, selects system-level process and outcome performance measures to review the organization's performance. The measures are linked to the organization's quality improvement and safety priorities and its strategic goals and objectives.

The governing body, with the organizational leaders, defines a process, including the frequency, to review the performance measures, based on the governing body's schedule to regularly evaluate the organization's performance.



6.2 The governing body oversees the mandate of the organization and holds the organization accountable for achieving it.

6.2.1 The governing body shall have processes to identify and oversee organizational functions that fall within the governing body's mandate.

Guidelines:

The governing body's mandate may include oversight of functions such as audit, finance, risk management, information technology, divesting of assets, quality of care, quality improvement, client safety, workplace health and safety, talent management, and sustainability.

The governing body ensures that the organization has established policies in the areas where the governing body has oversight, and that the organizational policies align with laws and regulations.

The processes that the governing body uses to monitor the organization's functions may include defining the number of meetings where the given functions will be discussed and setting regular opportunities to receive updates on the organization's activities from the organizational leaders.

Depending on the size and structure of the governing body, the functions may be overseen by the governing body or by governing body committees.



6.2.2 The governing body shall have a process to determine which corporate policies require the governing body's oversight.



6.2.3 The governing body should have a mechanism to ensure that the organization adopts and consistently applies an evidence-informed framework that supports management excellence and accountability.

Guidelines:

Using an evidence-informed framework for management excellence and accountability helps the governing body ensure the organization is well managed by setting out the conditions for strong organizational performance. The framework considers management's accountability for ethics and values, and its accountability to its stakeholders including clients and families.



6.2.4 The governing body shall have a mechanism to ensure the organization is creating value for clients and families.

Guidelines:

The governing body ensures that the organization's decision-making processes are designed to create value for clients and families and are aligned with the organization's ethics. The governing body ensures that the organization collaborates with clients and families to define value, and to identify opportunities to create and maximize value for clients and families.

The governing body may use indicators of value, such as patient-reported outcome measures, patient-reported experience measures, and other established measures of quality to monitor the organization's progress in creating value for clients and families.



- 6.2.5 The governing body shall have a mechanism to ensure the long-term sustainability of the organization.

Guideline:

The governing body, through its monitoring role, ensures the long-term sustainability of the organization from a quality of service, reputation, valued employer, and financial perspective.



- 6.2.6 The governing body shall have a mechanism to ensure the development, implementation, monitoring, and regular updating, as needed, of an integrated quality improvement plan.

Guidelines:

An integrated quality improvement plan incorporates risk and utilization management; performance measurement, including monitoring of strategic goals and objectives; people-centred care; client safety; workplace health and safety; and quality improvement. It recognizes that these activities are interrelated and therefore need to be coordinated.

The governing body ensures that the organization collaborates with staff, clients, and families in developing, implementing, monitoring and updating the integrated quality improvement plan, and that the plan supports the implementation of innovative approaches to improve care and service delivery.

The governing body may review performance information from a balanced scorecard provided by the organizational leaders to oversee the progress of quality improvement initiatives in the organization. A balanced scorecard is a tool that the organizational leaders may use as part of the integrated quality improvement plan to align performance measurement and quality improvement with goals and objectives, or to translate the strategy into operational actions. The scorecard tracks and communicates progress over time toward the performance and quality improvement targets. It may provide the governing body with performance information on financial issues, client and staff experience, and internal systems or processes.



- 6.2.7 The governing body shall have a mechanism to ensure the development, implementation, monitoring, and regular updating, as needed, of an integrated risk management framework to maintain continuity of operations.

Guidelines:

The governing body ensures that the organization identifies and manages operational and clinical risks in a cohesive, continuous, proactive, and systematic manner, to ensure the essential functions of the organization are able to continue in any circumstances.

Operational risks may include risks related to:

- Resources
- Finances
- Budget
- Capital planning
- Property and physical infrastructure
- Reputation
- Credentialling
- Competition
- Liability and insurance protection

- Corporate governance
- Human or other resources
- Workplace health and safety
- Contracted services
- Research and innovation
- Compliance with standards
- Policies, laws or regulations
- Political environment
- Information systems and technology
- Organizational data retention and destruction
- Cybersecurity
- Information access management and protection
- Privacy and security of client information
- Emergency and disaster preparedness
- Contract management

Clinical risks may be related to:

- Client safety
- Infection prevention and control
- Laboratory services

The governing body ensures that the organizational leaders inform the governing body about real or potential risks facing the organization and guides the organization to incorporate risk management approaches into the strategic plan. The governing body is responsible for overseeing the response to internal and external environmental changes that fall under the governing body's mandate.

In organizations where there is no governing body, the organizational leaders take responsibility for integrating risk management into organizational decision making.



- 6.2.8 The governing body shall have a mechanism to ensure the development, implementation, monitoring, and regular updating, as needed, of a business continuity plan.

Guidelines:

The governing body ensures that the organization has a business continuity plan that includes planning for emergencies and disasters, long-term sustainability for the broader community, and preventive measures related to organizational risks as identified in the integrated risk management framework.



- 6.2.9 The governing body shall have a mechanism to ensure the development, implementation, monitoring, and regular updating, as needed, of a human resources strategy for the organization.

Guidelines:

The governing body oversees the organization's risks related to human resources by staying informed about human resources issues facing the organization and ensuring that it regularly and at least annually reviews the human resources strategy.

The human resources strategy aims to have the organization's workforce reflect the population served as much as possible. This may be a long-term aspirational goal in some settings.

The governing body ensures that the human resources strategy includes a performance management strategy and a talent management strategy to encourage staff retention (e.g., by recognizing top performers and by building the capacity of staff to fill leadership roles through education, training, coaching, and mentoring).



- 6.2.10 The governing body shall have a mechanism to monitor the organizational culture.

Guidelines:

The organizational culture that can be seen in the social and psychological environment of the organization should reflect the organization's values. Ideally, staff should feel comfortable performing their duties, feel supported by their leaders, be generally happy at work, and be relatively free from work-related stress or worry. In addition, staff should feel motivated to perform their duties well and improve systems. They should also be encouraged to learn from mistakes and safety incidents in a way that is unbiased, fair, consistent, and supportive, thereby promoting further incident reporting and improving quality and safety.

To monitor the culture, the governing body may use mechanisms such as executive leader 360-degree evaluations, staff satisfaction surveys, complaints processes, and other similar tools.



- 6.2.11 The governing body shall develop, implement, monitor, and regularly update, as needed, the compensation model for staff, within its authority.

Guidelines:

The governing body uses a holistic view of compensation to develop and update the compensation model, taking into consideration cost of living increases, bonuses, benefits, and allowances. In some jurisdictions the compensation model will be dictated by laws and regulations.



- 6.2.12 The governing body should have a mechanism to ensure the development, implementation, monitoring, and regular updating, as needed, of workplace health and safety programs.

Guidelines:

The governing body ensures it is kept up to date by the organizational leaders on the organization's workplace health and safety programs. It holds the organizational leaders accountable for the effectiveness of the programs.

Workplace health and safety programs include approaches to address risks to staff, volunteers, clients, families, and visitors to the organization, including supporting physical and psychological safety and preventing workplace violence, harassment, and discrimination.

Jurisdictional laws and regulations may play a role in shaping workplace health and safety programs.



- 6.2.13 The governing body shall comply with legal requirements and have a mechanism to ensure the organization's compliance with legal requirements.

Guidelines:

The governing body receives and reviews regular reports from the organizational leaders on legal compliance (e.g., semi-annually, annually).

In cases where laws or regulations are at odds with the organization's vision, mission, and values, the governing body applies its decision-making model to determine whether it needs to play an advocacy role or update the organization's vision, mission, and values, as appropriate.

In cases where there is a conflict of interest between the governing body's social responsibility and its legal and fiduciary responsibilities to the organization, the governing body has a responsibility to balance the two obligations in alignment with the organization's ethics, while minimizing liability for any acts by the organization.



- 6.2.14 The governing body shall regularly review and approve the organization's capital and operating budgets.

Guidelines:

The governing body reviews the capital and operating budgets at least annually, including resource allocation (e.g., across populations, geographic regions, continuum of service) and technological investments.

Prior to granting approval, the governing body considers the impact of budget-related decisions on the organization's sustainability and ability to fulfil its mandate, achieve its strategic goals and objectives, and provide high-quality and safe care. The governing body considers whether budget-related decisions comply with laws and regulations. The governing body also considers whether budget-related decisions reflect input from clients and families, as well as information about the organization's performance in the areas of quality and safety.

Some amount of risk in an organization's budget is to be expected and is desirable. The governing body determines, with the organizational leaders, the level of risk tolerance in the budget. In private for-profit organizations, risks may also include potential market share and competition.



- 6.2.15 The governing body shall define the review and approval process for the organization's capital investments and major asset purchases.

Guidelines:

The governing body defines management's authority regarding investments and purchases, and reviews and approves major purchases (as defined by the governing body), taking into consideration the organization's risk management approach and in alignment with the organization's strategic plan.

The governing body's role in approving capital investments and major purchases will depend on laws and regulations, the governance model, and any executive limitations.

The governing body evaluates its review and approval process at least annually.



- 6.2.16 The governing body shall regularly review the integrity of, and approve, the organization's financial statements, internal controls, and financial information systems.

Guidelines:

The governing body reviews and approves the policies and standards to which the organization must adhere, to ensure the organization's financial systems and processes are reliable, appropriate, and complete.

In some jurisdictions, financial policies and standards are legislated.



- 6.2.17 The governing body shall regularly review the organization's financial strategy and performance.

Guidelines:

The governing body reviews the organization's financial performance in the context of its strategic plan. Key performance areas may include resource use, operational efficiencies, and quality and safety. The governing body's review goes beyond looking simply for a balanced budget. It also looks for the maximization of service delivery for every dollar spent, and opportunities for improvements toward the achievement of the organization's vision, mission, values, and strategic goals.

The governing body also anticipates the organization's future financial needs and potential risks, such as shifts or trends in funding, sudden increases in service needs, and insurance coverage, and ensures the organization has strategies to address these in its risk management plans. Financial risk management strategies vary depending on whether the organization is publicly funded, private not-for-profit, or private for-profit, but the governing body ensures that organization develops them with input from stakeholders, including clients and families.

As part of the strategies, the governing body may guide the organization to explore sharing resources with partner and other organizations, negotiating with the funding authority to obtain additional resources, identifying services that may be contracted or referred to other providers or organizations, approving plans to raise additional resources through fundraising or donors, or exploring the costs of the organization's services and the impact of changing those costs to generate additional revenue.

The governing body considers laws and regulations when reviewing and approving recommendations in financial reports from the organizational leaders.



- 6.2.18 The governing body shall have a mechanism to ensure that the organization has policies and procedures for information management including information security and privacy protection.

Guidelines:

The governing body ensures that the organization's information management policies and procedures (i.e., for collection, use, disclosure, sharing, and destruction) comply with laws and regulations, and protect privacy and security of information in its information systems (e.g. human resources information).



- 6.2.19 The governing body shall have a mechanism to ensure that the organization has policies and procedures to protect the privacy and security of client information, while appropriately sharing client information to improve client experience, client satisfaction, and quality of care.

Guidelines:

Clients have the right to access their own health information. Additionally, sharing client information between service providers improves the experience and quality of care provided.

The governing body ensures that the organization has policies and procedures to protect client information so it can only be accessed by the client or shared on a need-to-know basis within the team or circle of care. Client consent is received before sharing client information, and information is shared in compliance with laws and regulations.

The governing body also ensures that there is a policy that promotes the responsible use of social media by clients and staff.



- 6.2.20 The governing body should have a mechanism to ensure that the organization has policies and procedures to conduct research, including policies promoting patient-oriented research.

Guidelines:

If the organization is involved in conducting or facilitating research in the organization as part of its mandate, the governing body ensures that the research policies and procedures align with people-centred care principles and the organization's ethics and values.

Patient-oriented research refers to the inclusion of clients and families as part of the research team from inception of the research question to completion of the research and reporting. The organization's research policies promote patient-oriented research and provide guidance about how to achieve it.

In jurisdictions where there may be legislative implications or organizational risks with conducting research, the governing body ensures that the organization conducts any research as per laws and regulations.



- 6.2.21 The governing body shall have a mechanism to ensure that the organization prioritizes environmental sustainability in its operations.

Guidelines:

The governing body ensures, for example, that the organization implements initiatives to reduce its environmental and carbon footprint and considers environmental sustainability in the design of its facilities and delivery of its services.

6.3 The governing body fosters an organizational culture of safety.



6.3.1 The governing body shall promote an organizational culture of safety.

Guidelines:

A culture of safety encompasses the safety of everyone in the organization, including clients, visitors, volunteers, and staff. It includes workplace health and safety and cultural safety. It is reflective of a no-blame culture where everyone is encouraged and feels comfortable coming forward and reporting safety incidents.

The governing body defines what safety means for the organization, including defining organizational measures of safety and establishing organizational safety reporting mechanisms.



6.3.2 The governing body shall develop, implement, monitor, and regularly update, as needed, a policy that supports people to report unsafe or inappropriate activities in the organization.

Guidelines:

The policy is explicit about protecting those who come forward and raise concerns or provide information on unsafe or inappropriate activities in the organization, including illegal or unethical activities.



6.3.3 The governing body shall have a mechanism to ensure action is taken to address safety issues, and the impact of the action taken is monitored.

Guidelines:

The governing body maintains an ongoing awareness of safety issues in the organization and monitors organizational performance measures of safety through regular safety reporting mechanisms.

The organization provides the governing body with regular safety reports that summarize safety incident data. The reports include trend analyses, identification of areas for improvement, and recommended actions and mitigation strategies for which the governing body holds the organization accountable. When the organization is determining recommended actions and mitigation strategies, the governing body encourages the organization to consider the rights of clients to make an informed choice to live with risk, in alignment with their treatment goals.

The format of safety reports may be flexible (e.g., briefing notes if the situation is not urgent, or an official action plan if it is urgent).

Safety reporting mechanisms include providing clients and families with a mechanism to file complaints with and escalate complaints to the governing body. The governing body should regularly hear about quality and safety incidents directly from the clients and families who experience them.

6.4 The governing body oversees a process for credentialing health care providers and granting and renewing privileges, as appropriate.



- 6.4.1 The governing body shall have a mechanism to ensure that a documented process is followed for credentialing health care providers within the organization.

Guidelines:

Credentialing refers to the assessment and verification that health care providers possess the necessary credentials (that is, training and competencies) to fulfill their roles. The governing body ensures that the organization's human resources department has a process for credentialing health care providers working in the organization.



- 6.4.2 The governing body shall have a mechanism to ensure that a documented process is followed to grant, regularly review, and renew privileges for health care providers.

Guidelines:

Structures to grant privileges vary across jurisdictions. This process may be carried out by a committee (e.g., Medical Advisory Committee), an individual (e.g., chief medical officer), or a regional body.

Whatever structure is used, the governing body ensures that the process to grant privileges considers the credentials of the health care provider, ensures the privileges align with the organization's mandate and scope of services, and ensures that the privileges are supported by enough resources to provide safe care. Privileges granted to health care providers may be generally applicable to their practice in the organization; may be specific to the service or procedure offered by the health care provider; or may be specific to the context in which they provide services.

The governing body ensures that the process outlines situations under which health care providers may apply to add new clinical privileges, and those under which the organization may cancel or restrict a health care provider's privileges to maintain alignment with the organization's service delivery and resource allocation plans.

As part of the process to grant, review, and renew privileges, the governing body ensures that timeframes for review and renewal of privileges are set and documented; outcomes from performance reviews are used to inform the renewal of privileges as appropriate; and privileges can be renewed, added, or altered, as required.



- 6.4.3 The governing body shall have a mechanism to ensure that a documented process is followed to regularly evaluate the performance of health care providers who have been granted privileges and address any performance issues identified.

Guidelines:

The governing body ensures that performance evaluations of health care providers who have been granted privileges are focused on setting and monitoring progress toward professional and skill development goals. It ensures that the performance evaluation process requires clear performance targets to be set for each provider so they are aware of what is expected of them and can share their professional development goals with the governing body as part of the process. The performance evaluations can include measures of skills, performance, outcomes, and behaviours.

The governing body ensures that the performance evaluation process also includes steps to address identified performance issues, including addressing restriction of privileges, suspension of privileges, removal of privileges, or cancellation of appointment.

The performance evaluations support the organization's vision, mission, values, and mandate, as well as its accountability to stakeholders. The evaluations also advance the organization's people-centred care goals.



- 6.4.4 The governing body shall have a mechanism to ensure that documented processes to appeal decisions regarding privileges are followed.

6.5 The governing body develops and strengthens relationships with stakeholders including the community.



- 6.5.1 The governing body shall have a mechanism to ensure the organization develops and maintains a culture of people-centred care.

Guidelines:

Developing partnerships with and engaging clients and families as participants in care improves client experience and is linked to improved health outcomes. The governing body members are educated about the principles of people-centred care and ensure the organizational culture is focused on people-centred care.

To oversee a culture of people-centred care in the organization, the governing body establishes mechanisms to hear from and incorporate the voices of clients and families on an ongoing basis (e.g., by establishing client and family advisory committees and receiving regular reports from them, by inviting community health boards to present, by hearing directly from clients and families about their experiences with the organization). There are clear lines of communication between the governing body and the organization's client and family advisory committee, whereby the governing body receives direct feedback and reports back to the committee on the discussion and actions that resulted from the feedback.

The governing body ensures the organization keeps it up to date on the organization's people-centred care priorities and initiatives.

The governing body evaluates the organization's people-centred care initiatives in a variety of ways, such as by reviewing client experience results, measuring the number of teams that have implemented the organization's people-centred care philosophy and how they have done so, monitoring the number of client and family members actively participating on advisory committees, or by other means.



- 6.5.2 The governing body shall work with the executive leader to develop, implement, monitor, and regularly update, as needed, a communication plan for the organization.

Guidelines:

The communication plan should address internal and external communication and may constitute two separate plans.

The plan includes:

- Key messages: The information that needs to be shared (e.g., the strategic plan; organization goals and objectives; decisions that affect day-to-day operations or how services are delivered; changes in the external environment that impact the organization's services or create risks or opportunities; and changes in the governing body's membership, structure, or operations)
- Target audience: The stakeholders with whom the information needs to be shared (e.g., clients and families, team members, partners, the community)
- Strategies: The goals of sharing the information and how the information will be shared to meet the goals (e.g., how to ensure messages are clear and consistent, how to ensure communication between the organization and its stakeholders is open and two-way)



- 6.5.3 The governing body, with the executive leader, should anticipate, regularly assess, and respond to stakeholders' needs related to the organization and its services.

Guidelines:

To anticipate and assess stakeholder needs, including their interests and reasonable expectations, the governing body works with the executive leader to identify the organization's stakeholders (e.g., governments or other funding authorities, foundations, unions, clients and families, shareholders, partner or similar organizations, interest or volunteer groups, professional bodies and associations, contractors or contracting agencies, referral organizations, and the community as a whole). The governing body's network of stakeholders will vary depending on the organization's model of governance, the type of organization, whether the organization is private or public, and the organization's role in the social and political environment.

The governing body and executive leader consult with and encourage feedback from stakeholders to learn about their characteristics, priorities, interests, activities, and potential to influence the organization. The governing body may seek input from stakeholders and the community through public forums, consultations on new or changing services, or at annual general meetings.

Based on this information, the governing body and executive leader seeks ways to respond and increase collaboration with stakeholders who share common objectives or who provide services to the same populations or client groups. The governing body has a mechanism to balance competing interests and priorities, when needed.

The governing body prioritizes accountability relationships (e.g., relationships with government).



- 6.5.4 The governing body, with the organizational leaders, shall promote the organization and demonstrate the value of the organization's services to stakeholders including the community.

Guidelines:

Advocacy is a shared responsibility among the governing body, the organizational leaders, and staff.

The governing body and the organizational leaders play an important role in ensuring that the community and government are aware of the organization's services and the organization's role in the community. By advocating or encouraging support for the

organization, the members of the governing body can increase the profile of and bring recognition to the organization.

In consultation with the organizational leaders, the governing body determines its level of involvement and the scope of its advocacy activities. Activities may include participating in community events (e.g., fundraisers, campaigns), supporting healthy public policy to address the determinants of health (e.g., smoking bans in public places, environmental health laws), communicating the results of quality improvement initiatives, demonstrating performance in areas of stakeholder interest, and raising community awareness about issues.



- 6.5.5 The governing body, with the organizational leaders, shall share reports about the organization's performance and quality of services with staff, clients, families, the community served, and other stakeholders.

Guidelines:

The governing body and the organizational leaders establish the frequency of performance reporting. The reports include information about current performance, opportunities for improvement, and plans or initiatives to improve performance.



- 6.5.6 The governing body shall have a mechanism to ensure the development, implementation, monitoring, and regular updating, as needed, of a process to manage and report on complaints and compliments received by the organization.

Guidelines:

The governing body ensures that the organization has a process to monitor and follow up on complaints and compliments received from staff, clients and families, the community, and other stakeholders.

The governing body ensures the process includes steps to provide the governing body with a summary report of complaints received by the organization.

The process also includes steps to escalate individual complaints and report them to the governing body on a case-by-case basis. The governing body follows up on complaints that have been escalated to it.

7 Being Accountable and Reflective

- 7.1 **The governing body is accountable to the organization's stakeholders.**



- 7.1.1 The governing body should develop, implement, monitor, and regularly update, as needed, a policy on what the governing body is expected to publicly disclose.

Guidelines:

While disclosure expectations continue to evolve, most governing bodies are expected to disclose information about:

- Membership and processes for identifying new members
- Number of members
- Scope of authority and roles and responsibilities

- Committees and subcommittees, including terms of reference and membership
- The roles and responsibilities of the chair
- The roles and responsibilities of individual members and the process to assess their performance, their attendance, and compensation if applicable
- The position description of the executive leader and the process to evaluate the executive leader 's performance
- The ethics framework and the process to disclose conflicts of interest;
- Orientation and education of its members
- The process to collaborate with clients and families
- The organization's communication plan and practices of public disclosure



7.1.2 The governing body shall record and archive the records of its activities and decisions.

Guidelines:

The governing body keeps records of its activities and decisions made to maintain continuity and build corporate memory. This includes records of private governing body meetings.

The records include a summary of discussions, rulings by the chair, motions, minutes, results of votes, and lists of documents referenced during meetings.



7.1.3 The governing body shall establish a process to share the records of its activities and decisions with the organization.

7.2 The governing body evaluates its effectiveness.



7.2.1 The governing body shall have a process to evaluate its performance and effectiveness at least annually and use the results to make improvements as needed.

Guidelines:

The governing body conducts or participates in regular evaluations of its and its committees' effectiveness.

Where the organization's governing body is appointed by government, evaluations may be the responsibility of the government; however, the governing body oversees and participates in the process.

Evaluations can include formal self-evaluations and external evaluations of:

- The role, structure, and composition of the governing body and its committees (e.g., responsibilities, reporting, size, skill mix) and how they contribute to the overall effectiveness of the governing body
- The overall health of the governing body and its committees (e.g., turnover, members' confidence in presenting perspectives that are contrary to the majority to ensure open, honest discussions)
- The processes and performance of the governing body and its committees (e.g., activities and outcomes related to the governing body's fulfillment of core responsibilities and governance functions; its decision-making processes, including the use of research and evidence to make decisions and the usefulness and appropriateness of the information it receives to make decisions; its succession planning processes to ensure sustainability of the governing body)

- The processes used to promote a culture of people-centred care and collaborate with clients and families

The governing body's evaluation processes foster honesty. This may be done by using defined standards for evaluation; seeking feedback from governing body members or the executive leader; evaluating processes to make sure the processes make the best use of members' time and skills; and reviewing achievements and results relative to the strategic plan, goals, and objectives. The processes may also include mechanisms to review research and leading practices in governance and to make comparisons with the governing bodies of other similar organizations, also known as benchmarking.

The governing body discusses the evaluation results and uses the results to make improvements where necessary and taking into consideration the effect on governance function.



- 7.2.2 The governing body shall evaluate the performance of the governing body chair at least annually, and provide feedback to the chair based on the results.

Guidelines:

The governing body evaluates the performance of the governing body chair using set evaluation criteria that include consideration of the chair's achievement of roles and responsibilities, adherence to the values and ethics of the organization and governing body, and contribution to meetings.



- 7.2.3 The governing body chair shall evaluate the contribution of individual members at least annually, and provide feedback to them based on the results.

Guidelines:

The evaluation of individual governing body members includes whether the member attends, is prepared for, and actively participates in meetings; the member's knowledge of the organization, its strategic direction, and its operational environment; adherence to the values and ethics framework of the organization and governing body; and whether the member follows through on obligations between meetings (e.g., participation in committee work).



- 7.2.4 The governing body shall prepare an annual report of its achievements and share the report with stakeholders.

Guidelines:

The governing body's report of its achievements is written in accessible language and is shared with organizational leaders, staff, government, the community, and other stakeholders.

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