

# Fundamentals of Governance Tools

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## **Tools – Board Structure and Processes**

**Note: These tools are provided as samples only. They are a combination of tools that have been created and used by Family Health Teams or Nurse Practitioner-Led Clinics, and generic tools from a variety of sources. They are intended to serve as examples that you can use to develop the tools that best serve the needs of your organization.**

**There are still a number of tools to be identified or developed for this toolkit including:**

- **Patient satisfaction survey**
- **Sample code of conduct**
- **Sample performance review templates**
- **Other**

## Sample Board Member Job Description

### Mission and Vision

The \_\_\_\_ FHT/NPLC ' mission is to .....

Our vision statement is ...

### Position

The Board supports the work of the FHT/NPLC and provides oversight, leadership and stewardship of the organization. While day-to-day operations are led by the Executive Director, the ED-Board relationship is a partnership, and appropriate involvement of the Board is both critical and expected.

### Responsibilities and obligations

- Loyalty to the corporation
- Exercise the powers and discharge the duties of the office honestly, in good faith and in the best interest of the corporation
- Exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances
- Regular attendance at and participation in Board and Committee meetings
- Actively participate with other Board members to accomplish the responsibilities of the Board (see Board Responsibilities)
- Build a collegial working relationship with other Board members and the Executive Director
- Participate in board orientation, committee orientation, board retreats and board education sessions.
- Knowledge of and compliance with relevant organizational policies and procedures including but not limited to Board Code of Conduct, Board Conflict of Interest Policy, Board Confidentiality Policy
- Positively represent the FHT/NPLC in the community when asked to do so by the Board Chair
- Positively represent the FHT/NPLC to all patients, partners, stakeholders, staff and community members that the board member comes into contact with
- Participate in board evaluations and annual performance reviews
- Contribute to effective governance through
  - Reading materials in advance of meetings and coming to meetings prepared to contribute to discussions
  - Offering constructive contributions to board and committee discussions
  - Contributing special expertise and skills
  - Demonstrating respect for other board members and staff
  - Respecting the decision of the majority of board members
  - Respecting the role of the board chair

**Accountability**

A director's responsibility is to the corporation. The director is not solely accountable to any special group or interest and shall act and make decisions that are in the best interest of the FHT/NPLC.

**Board Term**

(Note: this is specified in the corporate ByLaw)

**Qualifications**

- A commitment to and understanding of the FHT/NPLC's vision, mission and goals
- Personal qualities of integrity, respect for the organization and other Board members and staff, professionalism
- Extensive professional experience with executive leadership accomplishments in medicine, business or community development
- Diplomacy and an ability to cultivate relationships, facilitate partnerships, build consensus

Service on the Board is without remuneration, except for the reimbursement of travel or accommodation costs incurred in relation to Board Members' duties.

## Sample Position Description – Lead Physician/Medical Director

The Lead Physician/Medical Director reports to the Board of Directors and has primary responsibility for oversight of the development and delivery of Family Health Team programs and services. This position is generally a one-year appointment, reviewed annually by the Board. The Lead Physician/Medical Director is a clinician; may be one of the physicians from the physician association, or may be one of the interdisciplinary health professionals.

### Responsibilities and Accountabilities

- Primary role is to oversee day to day clinical activity of the FHT
- Supports the Executive Director to monitor/oversees the clinical activities of the interdisciplinary health providers
- Provides clinical input in to goals, strategy
- Is a member of the Professional Advisory Group (if there is one)
- Contributes to strategic planning
- Leads the development and implementation of best clinical practice in context of FHT's strategic plan
- Ensures appropriate clinical policies and procedures are in place; monitors patient safety and quality issues
- Leads the FHT in setting and measuring clinical goals and objectives
- Contributes to the hiring, supervision and oversight of interdisciplinary health professionals
- Contributes to the budgeting process
- Leads constructive timely conflict resolution when necessary

### Qualifications

- A commitment to and understanding of the FHT/NPLC's vision, mission and goals
- Personal qualities of integrity, respect for the organization and other Board members and staff, professionalism
- Exceptional interpersonal, liaison and communication skills.
- Proven ability to lead, encourage and motivate staff in a team environment.

## Sample Finance and Audit Committee Terms of Reference

### FINANCE AND AUDIT COMMITTEE Draft Terms of Reference (date)

#### PURPOSE

To assist the Board in carrying out its duties in regard to financial reporting and legal compliance.

#### ACCOUNTABILITY

As a committee accountable to the Board, the Finance and Audit Committee will report regularly to the Board.

#### MEMBERSHIP

- (x number) Board members
- The Committee may include one member from outside the Board (eg. A community member with financial designation or a FHO member)
- The Committee Chair will be a Board member and will be named by the Board
- Typically, the Chair of the Committee will be the agency's Treasurer
- The Executive Director shall not be a member of the Committee but may be requested to provide information to the Committee on a regular basis. (Option: ED and Board Chair are ex-officio)

#### FUNCTIONS/TASKS

1. Develop and recommend to the Board the organization's approach to financial management and issues.
2. Recommend financial policies and procedures to promote a culture of integrity throughout the organization, including reviewing compliance of the organization with legislative and regulatory requirements.
3. Assessment of the performance of financial management.
4. Liaison with the external auditor.
5. Review of audit findings and the annual financial statements.
6. Review of interim financial information including at least quarterly review of operating budget results, variance between budget and actual results and proposed action.
7. Review of accounting policies.
8. Review of the appointment of the external auditors and their fees.
9. Ensuring that recommendations arising from the audit reports are acted upon by management.
10. Examination of any financial matters referred to the Committee by the Board.

**MEETINGS**

Frequency: As required by the Chair, but not less than four times annually.

Minutes: To be kept in minute books at the FHT office with copies circulated to committee members and Board Chair after each meeting.

**EVALUATION**

Formally on an annual basis prior to the AGM and informally at each meeting.

## Sample Nominating/Governance Committee Terms of Reference

### **NOMINATING/ GOVERNANCE COMMITTEE** **Draft Terms of Reference** **(Date)**

#### **PURPOSE**

To build and maintain a comprehensive and effective governance structure that guides and supports the organization.

#### **ACCOUNTABILITY**

As a committee accountable to the Board, the Nominating/ Governance Committee will report regularly to the Board.

#### **MEMBERSHIP**

- (x number of) Board members
- Executive Director (ex officio)
- The Committee Chair will be a Board members and will be named by the Board
- The Committee may increase its membership as necessary to include community and partners

#### **FUNCTIONS/TASKS**

1. Develop and recommend to the Board the organization's approach to governance issues
2. Recommend policies and procedures to promote a culture of integrity throughout the organization, including reviewing compliance with the codes of conduct of the Board
  - a. Recommend to the Board revision of existing and adoption of new Board policies as required to ensure support for the accomplishment of Organization's goals and mission. (Note: operational procedures do not typically require Board approval unless they directly impact the Board or its individual members eg. cheque signing policy)
  - b. Ongoing review and revision of policies once every three years or sooner as occasion warrants (eg. new legislative requirements). At the beginning of each cycle, the Committee will set out a schedule for policy review
  - c. Review policies regarding director indemnification and protection, including director and officer insurance.
  - d. Regular review of the corporation's Bylaw to ensure relevance and compliance
3. Help ensure the Board's and organization's compliance with all applicable government legislation and other regulations.
4. Oversee the Board's relationship with management

5. Identify, interview and recommend to the Board potential nominees for the Board and Committees
  - a. Identify gaps in skills, qualification and experience for Board/Committee membership
  - b. Review the attendance and participation of Board members at meetings
  - c. Present a proposed list of candidates for election to the AGM
6. Lead the Board through an annual self-assessment process.
7. To ensure an orientation program is provided to new Board members.
8. Identify the need and opportunities for board development and learning and incorporate it into a board work plan.

#### **MEETINGS**

Frequency: As required by the Chair, but not less than four times annually.

Minutes: To be kept in minute books at the Centre with copies circulated to committee members and Board President after each meeting.

#### **EVALUATION**

Formally on an annual basis prior to the AGM and informally at each meeting.

## Sample Quality Assurance Committee Terms of Reference

### QUALITY ASSURANCE COMMITTEE Draft Terms of Reference (Date)

#### PURPOSE

To provide the Board with advice and guidance respecting the quality and performance of programs and services provided by the organization.

#### ACCOUNTABILITY

The Quality Assurance Committee shall report to the Board of Directors.

#### MEMBERSHIP

A minimum of \_ and maximum of \_ Board members  
Executive Director (ex-officio)  
\_\_\_ staff members who serve in a clinical capacity

#### FUNCTIONS/TASKS

1. Oversee the development and implementation of an organization-wide quality framework.
2. Oversee the development and implementation of performance indicators to measure the quality of care provided by the organization.
3. Oversee the development of and review the annual Quality Improvement Plan; provide recommendations to the Board
4. Review the performance indicators and related reports to monitor and evaluate the quality of care being provided in order to observe trends; to identify problem issues; and to create a culture of continuous quality improvement in the provision of services.
5. Regularly report any concerns to the Board of Director and propose actions to address concerns.
6. Periodically review reports with respect to unusual occurrences, sentinel events and critical incidents and report to the Board.
7. Review major adjustments to any programs to ensure that the quality of care and access are not reduced or compromised.
8. Identify areas and make recommendations to the Board where opportunities exist to improve quality of service and access.
9. Review, evaluate and report to the full Board annually on the credentials and privileges of members of the medical staff.

#### MEETINGS

Frequency: Monthly

Minutes: To be kept in the Minute Book and circulated to Committee members and the Board President one week after each meeting.

### **EVALUATION**

Formal evaluation on an annual basis

Informal evaluation ongoing.

## Sample Human Resources Committee Terms of Reference

### Human Resources Committee\*\*\* Draft Terms of Reference

#### **PURPOSE**

To provide the Board with advice and guidance regarding human resource policies and issues.

#### **ACCOUNTABILITY**

As a committee accountable to the Board, The HR Committee will report at a minimum quarterly to the Board of Directors.

#### **MEMBERSHIP**

- A minimum of (x number) Board members.
- The Committee may include one member from outside the FHT as appointed by the Board.
- The Executive Director will be an ex-officio member.

#### **FUNCTIONS/TASKS**

1. Developing and monitoring HR policies, and recommending changes or additions to policies as required.
2. Review the staffing pattern at minimum annually and make recommendations of any changes to the HR allocation in sufficient time for inclusion into the annual budget submission to the Ministry of Health and Long term Care.
3. Review and recommend to the Board the recruitment of any new, ie previously unfilled, positions.
4. Recommend recruitment and retention strategies to ensure the FHT is able to hire and retain the best staff.
5. Ensure that the FHT meets all of its regulatory and statutory obligations with respect to the employment of staff (eg., Occupational Health and Safety, Bill 168, Canada Revenue Agency and employer remittances, etc).
6. Responsible for ensuring effective employee engagement.
7. Recommend strategies to ensure the FHT offers a safe, welcoming, professional environment for all staff.
8. Ensure that all staff receive regular performance reviews.
9. Review, evaluate and report to the full Board annually on the credentials of clinical members of the staff.
10. Review the performance of the Executive Director on an annual basis (Note: this task may be assumed by the Board Chair, particularly in the absence of an HR Committee)

**MEETINGS**

Frequency: As required by the Chair, but not less than four times annually.

Minutes: To be kept in minute books at the FHT office with copies circulated to committee members and Board Chair after each meeting.

**EVALUATION**

Formally on an annual basis prior to the AGM and informally at each meeting.

\*\*\*Note: Many Family Health Teams, NPLCs and boards are not large enough to warrant an HR Committee, nor to have a committee for each functional area (e.g. finance, HR, governance, IT, etc). A possible strategy to address this is to develop a Resources Committee, with responsibility for overseeing the organizations resources, including HR.

## Board of Directors – Skills Matrix

All Directors should:

- Embrace the shared vision, mission and values of the organization
- Be known for their honesty and integrity
- Be able to admit to mistakes and learn from them
- Embrace and lead change
- Be a team player; can follow as well as lead
- Be a constructive, creative problem solver
- Have critical thinking skills
- Be objective

**Schedule A-Appendix 2 «Legal\_Name»**

**Skills-Based Board Matrix**

| <u>Board Members</u>  | Board Member 1 | Board Member 2 | Board Member 3 | Board Member 4 | Board Member 5 | Board Member 6 | Board Member 7 |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Name  |                |                |                |                |                |                |                |
| Current Position on FHT Board   |                |                |                |                |                |                |                |
| Years on FHT Board  |                |                |                |                |                |                |                |
| <b>Knowledge, Skills, Experience</b><br>Indicate your knowledge, skills and experience for each category:<br>• Advanced = 3<br>• Good = 2<br>• Fair = 1<br>• None = 0 |                |                |                |                |                |                |                |
| Strategic Planning  |                |                |                |                |                |                |                |
| Clinical Skills*  |                |                |                |                |                |                |                |
| Program Development   |                |                |                |                |                |                |                |
| Human Resources Management  |                |                |                |                |                |                |                |
| Financial Management/Audit  |                |                |                |                |                |                |                |
| Risk Management   |                |                |                |                |                |                |                |
| Quality Improvement   |                |                |                |                |                |                |                |
| Performance Measurement   |                |                |                |                |                |                |                |
| Governance/Accountability Management  |                |                |                |                |                |                |                |
| Other** (specify)   |                |                |                |                |                |                |                |
| Other** (specify)   |                |                |                |                |                |                |                |
| Other** (specify)   |                |                |                |                |                |                |                |
| Comments (optional)   |                |                |                |                |                |                |                |

\*Clinical skills that could come from clinicians affiliated with the FHT or from elsewhere in the community

\*\*Other categories can include Legal, Dispute Resolution, Conflict of Interest, Public Complaints, IT, Community Relations, Capital Planning

|  |  |
|--|--|
| <b>Where there are gaps in the categories above (i.e. score of 0 or 1 for all board members), how does the organization plan to acquire these skills in other ways? E.g. community members/external resources on board committees, or special advisors to support the board.</b> |  |
|--|--|



# Board Self-Evaluation Questionnaire

A Tool for Improving Governance  
Practice  
For Voluntary and Community  
Organizations

Name \_\_\_\_\_ (optional) For period from \_\_\_\_\_ to \_\_\_\_\_

Non-Profit Sector Leadership Program  
College of Continuing Education VERSION II



# Board Self-Evaluation Questionnaire

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Questions should be answered by all board members. When completed individually the results of Sections A, B and C should be compiled, shared and discussed by the whole board to determine an average group answer to each question and an overall section rating. Section D should be answered by board members alone but not shared with the group. Sections A, B and C should also be completed by the **Executive Director or CEO**. This version also includes Section E, which provides feedback to the Chair of the Board.

*Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).*

## **A. How Well Has the Board Done Its Job?**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Our organization has a three to five-year strategic plan or a set of clear long range goals and priorities.                                   | 1 | 2 | 3 | 4 | 5 |
| 2. The board's meeting agenda clearly reflects our strategic plan or priorities.   | 1 | 2 | 3 | 4 | 5 |
| 3. The board has insured that the organization also has a one-year operational or business plan.   | 1 | 2 | 3 | 4 | 5 |
| 4. The board gives direction to staff on how to achieve the goals primarily by setting or referring to policies.                                 | 1 | 2 | 3 | 4 | 5 |
| 5. The board ensures that the organization's accomplishments and challenges are communicated to members and stakeholders.                        | 1 | 2 | 3 | 4 | 5 |
| 6. The board has ensured that members and stakeholders have received reports on how our organization has used its financial and human resources. | 1 | 2 | 3 | 4 | 5 |
| 7. _____   | 1 | 2 | 3 | 4 | 5 |

**My overall rating (add together the total of the numbers circled):**

R Excellent (28+) R Very Good (20-27) R Good (15-19)

R Satisfactory (12-18) R Poor (7-11)

**B. How Well Has the Board Conducted Itself?**

Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Board members are aware of what is expected of them.  | 1 | 2 | 3 | 4 | 5 |
| 2. The agenda of board meetings is well planned so that we are able to get through all necessary board business. | 1 | 2 | 3 | 4 | 5 |
| 3. It seems like most board members come to meetings prepared.   | 1 | 2 | 3 | 4 | 5 |
| 4. We receive written reports to the board in advance of our meetings.   | 1 | 2 | 3 | 4 | 5 |
| 5. All board members participate in important board discussions.   | 1 | 2 | 3 | 4 | 5 |
| 6. We do a good job encouraging and dealing with different points of view.                                       | 1 | 2 | 3 | 4 | 5 |
| 7. We all support the decisions we make.   | 1 | 2 | 3 | 4 | 5 |
| 8. The board has taken responsibility for recruiting new board members.  | 1 | 2 | 3 | 4 | 5 |
| 9. The board has planned and led the orientation process for new board members.                                  | 1 | 2 | 3 | 4 | 5 |
| 10. The board has a plan for director education and further board development.                                   | 1 | 2 | 3 | 4 | 5 |
| 11. Our board meetings are always interesting.   | 1 | 2 | 3 | 4 | 5 |
| 12. Our board meetings are frequently fun.   | 1 | 2 | 3 | 4 | 5 |

My overall rating:

- U Excellent (50+)    U Very Good (40-    U Good (30-49)  
 U Satisfactory (20-29)    U Poor (10-

**C. Board's Relationship with Executive Director**

Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. There is a clear understanding of where the board's role ends and the Executive Director's begins.  | 1 | 2 | 3 | 4 | 5 |
| 2. There is good two-way communication between the board and the Executive Director.   | 1 | 2 | 3 | 4 | 5 |
| 3. The board trusts the judgment of the Executive Director   | 1 | 2 | 3 | 4 | 5 |
| 4. The Board provides direction to the Executive Director by setting new policies or clarifying existing ones.   | 1 | 2 | 3 | 4 | 5 |
| 5. The board has discussed as communicated the kinds of information and level of detail it requires from the Executive Director on what is happening in the organization | 1 | 2 | 3 | 4 | 5 |
| 6. The board has developed formal criteria and a process for evaluating the Executive Director   | 1 | 2 | 3 | 4 | 5 |
| 7. The board, or a committee of the board, has formally evaluated the Executive Director within the past 12 months   | 1 | 2 | 3 | 4 | 5 |
| 8. The board evaluates the Executive Director primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy.              | 1 | 2 | 3 | 4 | 5 |
| 9. The board provides feedback and shows its appreciation to the Executive Director on a regular   | 1 | 2 | 3 | 4 | 5 |
| 10. The board ensures that the Executive Director is able to take advantage of professional development opportunities.   | 1 | 2 | 3 | 4 | 5 |
| 11. _____  | 1 | 2 | 3 | 4 | 5 |

**My overall rating:**

U Excellent (45+)    U Very Good (39-44)    U Good (29-38)  
 U Satisfactory (20-28)    U Poor (11-19)

## **D. Performance of Individual Board Members (Not to be shared)**

Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I am aware of what is expected of me as a board member   | 1 | 2 | 3 | 4 | 5 |
| 2. I have a good record of meeting attendance.  | 1 | 2 | 3 | 4 | 5 |
| 3. I read the minutes, reports and other materials in advance of our board meetings.                          | 1 | 2 | 3 | 4 | 5 |
| 4. I am familiar with what is in the organization's by-laws and governing policies                            | 1 | 2 | 3 | 4 | 5 |
| 5. I frequently encourage other board members to express their opinions at board meetings                     | 1 | 2 | 3 | 4 | 5 |
| 6. I am encouraged by other board members to express my opinions at board meetings.                           | 1 | 2 | 3 | 4 | 5 |
| 7. I am a good listener at board meetings.  | 1 | 2 | 3 | 4 | 5 |
| 8. I follow through on things I have said I would do.   | 1 | 2 | 3 | 4 | 5 |
| 9. I maintain the confidentiality of all board decisions.   | 1 | 2 | 3 | 4 | 5 |
| 10. When I have a different opinion than the majority, I raise it.  | 1 | 2 | 3 | 4 | 5 |
| 11. I support board decisions once they are made even if I do not agree with them.                            | 1 | 2 | 3 | 4 | 5 |
| 12. I promote the work of our organization in the community whenever I had a chance to do so.                 | 1 | 2 | 3 | 4 | 5 |
| 13. I stay informed about issues relevant to our mission and bring information to the attention of the board. | 1 | 2 | 3 | 4 | 5 |

My overall rating:

U Excellent (55+) U Very Good (45-54) U Good (32-44)  
U Satisfactory (20-31) U Poor (13-19)

## **E. Feedback to the Chair of the Board (Optional)**

Circle the response that **best** reflects your opinion. The rating scale for each statement is: Strongly

Disagree (1); Disagree (2); Maybe or Not Sure (3); Agree (4); Strongly Agree (5).

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The board has discussed the role and responsibilities of the Chair.                                    | 1 | 2 | 3 | 4 | 5 |
| 2. The Chair is well prepared for board meetings.   | 1 | 2 | 3 | 4 | 5 |
| 3. The Chair helps the board to stick to the agenda.  | 1 | 2 | 3 | 4 | 5 |
| 4. The Chair ensures that every board member has an opportunity to be heard.                              | 1 | 2 | 3 | 4 | 5 |
| 5. The Chair is skilled at managing different points of view.   | 1 | 2 | 3 | 4 | 5 |
| 6. The Chair can be tough on us as a group when we get out-of-line.                                       | 1 | 2 | 3 | 4 | 5 |
| 7. The Chair knows how to be direct with an individual board member when their behaviour needs to change. | 1 | 2 | 3 | 4 | 5 |
| 8. The Chair helps the board work well together.  | 1 | 2 | 3 | 4 | 5 |
| 9. The Chair demonstrates good listening skills.  | 1 | 2 | 3 | 4 | 5 |
| 10. The board supports the Chair.   | 1 | 2 | 3 | 4 | 5 |
| 11. The Chair is effective in delegating responsibility amongst board members.                            | 1 | 2 | 3 | 4 | 5 |
| 12. _____   | 1 | 2 | 3 | 4 | 5 |

**My overall rating:**

U Excellent (45+)   U Very Good (35-44)   U Good (25-34)  
 U Satisfactory (20-33)   U Poor (11-19)

## Board of Directors & Committees – Sample Self-Assessment Tool (2)

### Family Health Team/Nurse Practitioner-Led Clinic

**Note: this tool accompanies Board policy on evaluation**

**Includes:**

**Board self-assessment**

**Board member self-assessment**

**Committee assessment**

## Family Health Team Board Self-Assessment Tool

This survey should be completed by all Board members and the results compiled.

For period **April 1, 201\_** to **March 31, 201\_**

- 0 = No Comment
- 1 = Strongly disagree
- 2 = Disagree
- 3 = Somewhat agree
- 4 = Agree
- 5 = Strongly agree

| Question  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| <b>Roles and Responsibilities</b>   |   |   |   |   |   |   |
| 1. The Board understands its role in  |   |   |   |   |   |   |
| a. Strategic planning   |   |   |   |   |   |   |
| b. Financial oversight  |   |   |   |   |   |   |
| c. Quality  |   |   |   |   |   |   |
| 2. The Board effectively performs in  |   |   |   |   |   |   |
| a. Strategic planning   |   |   |   |   |   |   |
| b. Financial oversight  |   |   |   |   |   |   |
| c. Quality assurance  |   |   |   |   |   |   |
| 3. The Family Health Team has a three- to five-year strategic plan or a set of clear long range goals and priorities.         |   |   |   |   |   |   |
| 4. 3. The Board develops an annual work plan with reference to the organization’s strategic directions and the Board’s role   |   |   |   |   |   |   |
| 5. The Board follows its annual work plan   |   |   |   |   |   |   |
| 6. The Board gives direction to staff on how to achieve the goals primarily by setting or referring policy.                   |   |   |   |   |   |   |
| 7. The Board understands and performs its governance role and does not become overly involved in management issues            |   |   |   |   |   |   |
| 8. The Board understands and considers its accountability to funder(s)  |   |   |   |   |   |   |
| 9. The Board makes decisions that are consistent with the FHT’s vision, mission and values                                    |   |   |   |   |   |   |
| 10. The Board ensures the strategic plan is being implemented and makes decisions that are consistent with the strategic plan |   |   |   |   |   |   |
| 11. The Board is kept well informed and up to date about  |   |   |   |   |   |   |
| a. The organization’s operations including  |   |   |   |   |   |   |

| Question  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| finance   |   |   |   |   |   |   |
| b. Current trends and issues in primary health care delivery  |   |   |   |   |   |   |
| c. The Board's governance role  |   |   |   |   |   |   |
| d. Other relevant policy, legislation & information   |   |   |   |   |   |   |
| <b>Board Composition and Quality</b>  |   |   |   |   |   |   |
| 12. The Board is the right size for effective discussion  |   |   |   |   |   |   |
| 13. All Board members have an opportunity to contribute   |   |   |   |   |   |   |
| 14. The Board identifies the skills and qualities that are required to perform the Board's role                               |   |   |   |   |   |   |
| 15. The Board has clear and transparent recruitment practices for new directors.  |   |   |   |   |   |   |
| 16. New Board members are recruited on the basis of skills, knowledge, experience and required qualities                      |   |   |   |   |   |   |
| 17. Board terms allow for Board turnover to appropriately balance board continuity and new contributions                      |   |   |   |   |   |   |
| 18. The Board reflects the diversity of the community served  |   |   |   |   |   |   |
| 19. Board members receive orientation that prepares them to contribute effectively  |   |   |   |   |   |   |
| 20. Board members understand their fiduciary obligations and  |   |   |   |   |   |   |
| a. Act in the best interest of the organization   |   |   |   |   |   |   |
| b. Avoid conflicts  |   |   |   |   |   |   |
| c. Speak with one voice   |   |   |   |   |   |   |
| d. Follow Board governance policies   |   |   |   |   |   |   |
| 21. Board members work well together  |   |   |   |   |   |   |
| 22. Board members have an opportunity to participate in ongoing education programs.   |   |   |   |   |   |   |
| 23. The Board has a succession plan in place for the Board Chair and the Executive Director/CEO                               |   |   |   |   |   |   |
| 24. The Board dedicates time to strategic thinking and discussions in addition to attending to its fiduciary responsibilities |   |   |   |   |   |   |
| <b>Board Committees</b>   |   |   |   |   |   |   |
| 25. The Board has the right committees  |   |   |   |   |   |   |
| 26. Committee Terms of Reference are periodically reviewed  |   |   |   |   |   |   |

| Question  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 27. Committee work plans are established annually and align with Board work                               |   |   |   |   |   |   |
| 28. The Board respects the work of its committees and does not redo committee work                        |   |   |   |   |   |   |
| 29. Committee members are assigned based on skill and experience  |   |   |   |   |   |   |
| 30. Committee reports are timely  |   |   |   |   |   |   |
| 31. Committee reports are effective in providing necessary information to the Board                       |   |   |   |   |   |   |
| 32. Each committee evaluates its own performance and results are acted upon                               |   |   |   |   |   |   |
| 33. Committee chairs are evaluated and the results are taken into account in committee chair assignments. |   |   |   |   |   |   |
| <b>Meetings</b>   |   |   |   |   |   |   |
| 34. Meeting materials are received sufficiently in advance to be thoroughly reviewed by Board members     |   |   |   |   |   |   |
| 35. Materials are appropriate and prepare directors to make decisions                                     |   |   |   |   |   |   |
| 36. Meetings are structured so there is sufficient time for discussion of decision items                  |   |   |   |   |   |   |
| 37. The Board deals with <i>in-camera</i> business appropriately  |   |   |   |   |   |   |
| 38. Board agendas focus on items that are within the Board's role   |   |   |   |   |   |   |
| 39. Minutes accurately reflect board discussions and processes  |   |   |   |   |   |   |
| 40. The Board meets the right number of times   |   |   |   |   |   |   |
| 41. The board meets at the right time of day  |   |   |   |   |   |   |
| <b>Board Chair (note this section can be confidential)</b>  |   |   |   |   |   |   |
| 42. The Board Chair conducts the meeting in a way that moves the business of the Board forward            |   |   |   |   |   |   |
| 43. The Chair allows adequate time for debate and discussion  |   |   |   |   |   |   |
| 44. The Chair ensures all sides of an issue are heard   |   |   |   |   |   |   |
| 45. The Chair ensures the Board has the necessary information or advice to make decisions                 |   |   |   |   |   |   |
| 46. The Board Chair invests in building relationships with  |   |   |   |   |   |   |
| a. The Executive Director/CEO   |   |   |   |   |   |   |
| b. The Directors  |   |   |   |   |   |   |
| 47. The Board Chair and the Board understand the Chair's role as the spokesperson for the Board           |   |   |   |   |   |   |
| 48. The Chair represents the Board and  |   |   |   |   |   |   |

| Question  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| organization in the community and helps to build strong relationships with key stakeholders   |   |   |   |   |   |   |
| <b>Board Efficiency and Performance</b>   |   |   |   |   |   |   |
| 49. Board members contribute their skill and experience   |   |   |   |   |   |   |
| 50. Board members respect and value the views of all members of the Board   |   |   |   |   |   |   |
| 51. Board members come prepared   |   |   |   |   |   |   |
| 52. Board members treat each other with courtesy and respect  |   |   |   |   |   |   |
| 53. Board members respect the confidentiality of Board discussions  |   |   |   |   |   |   |
| 54. Board members declare conflicts as required   |   |   |   |   |   |   |
| 55. Board members are aware of and adhere to the Board Code of Conduct  |   |   |   |   |   |   |
| <b>Board's Relationship with Executive Director</b>   |   |   |   |   |   |   |
| 56. There is clear understanding of where the Board's role ends and the Executive Director's begins   |   |   |   |   |   |   |
| 57. There is good two-way communication between the Board and ED  |   |   |   |   |   |   |
| 58. The Board provides direction to the ED by setting new policies or clarifying existing ones  |   |   |   |   |   |   |
| 59. The Board has discussed and communicated the kinds of information and level of detail it requires from the ED                           |   |   |   |   |   |   |
| 60. The Board has developed formal criteria and a process for evaluating the ED   |   |   |   |   |   |   |
| 61. The Board or a committee of the Board has formally evaluated the ED within the past 12 months   |   |   |   |   |   |   |
| 62. The Board evaluates the ED primarily on the accomplishment of the organization's strategic goals and priorities and adherence to policy |   |   |   |   |   |   |
| 63. The Board provides feedback and shows its appreciation to the ED on a regular basis   |   |   |   |   |   |   |
| 64. The Board ensures that the ED is able to take advantage of professional development opportunities.                                      |   |   |   |   |   |   |

Additional comments:

List three things the Board could do to improve the understanding and performance of its role.

- 1.
- 2.
- 3.

## The Family Health Team Board Member Self-Assessment

| Question  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 1. I have a good understanding of the Family Health Team operations   |   |   |   |   |   |   |
| 2. I understand the organization's Vision, Mission and Values   |   |   |   |   |   |   |
| 3. I am familiar with the strategic plan and take it into account in Board decisions                          |   |   |   |   |   |   |
| 4. I understand the difference between the governance role of the Board and the role of managers and staff    |   |   |   |   |   |   |
| 5. I understand the Board's role and annual work plan   |   |   |   |   |   |   |
| 6. I understand and respect the roles of Committees   |   |   |   |   |   |   |
| 7. I apply my skills and experience   |   |   |   |   |   |   |
| 8. I listen and consider the views of others  |   |   |   |   |   |   |
| 9. I prepare for meetings   |   |   |   |   |   |   |
| 10. I ask questions that will help me make a decision   |   |   |   |   |   |   |
| 11. I express my views even when I may be in the minority   |   |   |   |   |   |   |
| 12. I respect the decision of the majority  |   |   |   |   |   |   |
| 13. I meet or exceed the attendance requirements  |   |   |   |   |   |   |
| 14. I contribute to the Committees on which I serve   |   |   |   |   |   |   |
| 15. I follow through on things I say I will do  |   |   |   |   |   |   |
| 16. I promote the work of the Family Health Team in the community whenever I have a chance to do so           |   |   |   |   |   |   |
| 17. I stay informed about issues relevant to our mission and bring information to the attention of the Board. |   |   |   |   |   |   |

Other:

I wish to continue on the Board

I am interested in the following Committees:

I am willing to serve as a Committee chair

I am interested in becoming Board Chair

## Family Health Team

### Committee Self Assessment Tool

| Question  | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| <b>Terms of Reference and Composition</b>   |   |   |   |   |   |   |
| 1. The Committee has clear and appropriate terms of Reference                               |   |   |   |   |   |   |
| 2. The Committee has the right number of members  |   |   |   |   |   |   |
| 3. The Committee has members with the skills and expertise that are needed by the Committee |   |   |   |   |   |   |
| <b>Committee Management</b>   |   |   |   |   |   |   |
| 4. The Committee meets at the appropriate time of day                                       |   |   |   |   |   |   |
| 5. Committee members receive adequate orientation to the Committee                          |   |   |   |   |   |   |
| 6. The Committee receives adequate support from management/staff of the organization        |   |   |   |   |   |   |
| 7. Information is received sufficiently in advance of meetings                              |   |   |   |   |   |   |
| 8. There are an adequate number of meetings/year  |   |   |   |   |   |   |
| <b>Committee Effectiveness</b>  |   |   |   |   |   |   |
| 9. The Committee is working effectively   |   |   |   |   |   |   |
| 10. The Committee has an annual work plan   |   |   |   |   |   |   |
| 11. The Committee performed its annual work plan  |   |   |   |   |   |   |
| <b>Chair Effectiveness</b>  |   |   |   |   |   |   |
| 12. The Chair is prepared for Committee meetings  |   |   |   |   |   |   |
| 13. The Chair keeps the meetings on track   |   |   |   |   |   |   |
| 14. The Chair fairly reports the Committee's work to the Board                              |   |   |   |   |   |   |
| 15. The Chair encourages participation and manages discussion                               |   |   |   |   |   |   |
| <b>Overall Committee Performance</b>  |   |   |   |   |   |   |
| 16. Overall, I am satisfied with my contribution to the Committee                           |   |   |   |   |   |   |
| 17. Overall, I am satisfied with the Committee's contribution to the Board.                 |   |   |   |   |   |   |

Comments and suggestions for improvement to Committee processes:

Date completed:

## Sample Conflict of Interest – Policy and Procedure

### **POLICY TITLE: Conflict of Interest**

#### **PURPOSE:**

Directors must at all times ensure that they are acting in the best interest of the Corporation. This policy provides guidelines for Directors.

Refer also to Human Resource Policies and Corporate ByLaw #1, Article \_\_\_\_.

#### **POLICY:**

Members of the Board of Directors will declare an actual or apparent conflict of interest before discussions or decisions about any matters in which they or anyone with whom they have a close personal relationship could directly or indirectly benefit or where such a benefit could be perceived.

#### **PROCEDURE:**

1. At the start of each Board meeting, following approval of the agenda, the Chair shall ask for declaration of any conflict of interest relating to any of the agenda items.
2. If a Board member declares a real, potential or perceived conflict of interest the declaration shall be recorded in the minutes. Perceived conflicts of interest are situations in which internal or external stakeholders could interpret actions of the board member as being in conflict.
3. Any Board member with a conflict of interest shall recuse (remove) him/herself from the room for discussion of the agenda item. The Board member shall not discuss nor vote on the issue. The Board member shall not discuss the issue with any other Board member at the time of the meeting or subsequently.
4. If a Board member is not certain he/she is in a conflict of interest position, the matter may be brought before the Chair, Executive Committee or Board for advice of guidance.
5. If there is any question or doubt about the existence of a real or perceived conflict, the Board will determine, by vote, if a conflict exists. The person potentially in conflict shall be absent from the discussion and vote.
6. It is the responsibility of other Board members who are aware of a real, potential or perceived conflict of interest on the part of a fellow Board member to raise the

issue for clarification, first with the Board member and, if still unresolved, with the Board Chair.

7. Board members may be required to complete a statement of potential conflicts, listing such details as personal and business interests that may relate to operations of the FHT/NPLC.

The Board member must abstain from participation in any discussion of the matter, shall not attempt to personally influence the outcome, shall refrain from voting on the matter and, unless otherwise decided by the Board, leave the meeting room for the duration of any such discussion or vote.

## Sample Board Code of Conduct

(adapted from OHA Guide to Good Governance)

Approval Date:  
Last revision date:

### **Purpose**

The FHT/NPLC is committed to ensuring that in all aspects of its affairs it maintains the highest standards of public trust and integrity.

### **Application**

This Code of Conduct applies to all directors, including ex-officio directors and non board members of board committees.

### **Directors' Duties**

All directors of the FHT/NPLC stand in a fiduciary relationship to the FHT/NPLC corporation. As fiduciaries, directors must act honestly, in good faith, and in the best interests of the hospital corporation.

Directors will be held to strict standards of honesty, integrity and loyalty. A director shall not put personal interests ahead of the best interests of the corporation.

Directors must avoid situations where their personal interests will conflict with their duties to the corporation. Directors must also avoid situations where their duties to the corporation may conflict with duties owed elsewhere.

All directors must respect the confidentiality of information about the corporation.

### **Best Interests of the Corporation**

Directors must act solely in the best interest of the corporation. All directors, including ex-officio directors, are held to the same duties and standard of care. Directors who are nominees of a particular group must act in the best interest of the corporation, even if this conflicts with the interests of the nominating party.

### **Confidentiality**

It is recognized that the role of director may include representing the FHT/NPLC in the community. Such representations must be respectful of and consistent with the director's duty of confidentiality. Unless otherwise designated or delegated, the Board chair is the only official spokesperson for the board. Every director, officer and employee of the



## Sample Board Action Calendar

| Month  | Quarter | Board Item(s)*   |
|--------|---------|--|
| April  | 1       | Board evaluation   |
| May    |         | Audit completion & review<br>Patient satisfaction survey   |
| June   |         | Executive Director evaluation<br>AGM<br>Quarterly performance review – balanced scorecard  |
| July   | 2       |  |
| August |         |  |
| Sept   |         | Annual review of strategic plan<br><br>Board orientation   |
| Oct    | 3       | Review of governance policies (review policies on 3-year rotational basis)<br><br>Quarterly performance reviews – balanced scorecard review, Q1 & 2 financials, QI |
| Nov    |         | Risk management review & assessment  |
| Dec    |         |  |
| Jan    | 4       | Quarterly performance review – balanced scorecard & Q3 financials, QI  |
| Feb    |         | Quality improvement plan – review & approval   |
| March  |         | Budget review & approval<br>Establish Nominations process  |

\* Board focus

Routine board business takes place at every board meeting

Assumes board meetings monthly except July and August

## Sample Delegation of Authority Policy

Date of creation:

Revisions:

Policy No:

### Purpose

The Delegation of Authority Policy is a policy that has been established by the Board of Directors of the (name) FHT/NPLC to:

- Set out matters specifically reserved for determination by the Board and those matters delegated to management;
- Set out matters reserved for specific roles in the organization;
- Establish expense approval limits by role.

The functions exercised by the Board and those delegated to management are subject to ongoing review to ensure that the division of functions remains appropriate.

### Matters reserved for the Board

Matters specifically reserved for the Board include:

- Final decisions about organizational strategy and policies
- Matters involving financial amounts above a certain limit
- Approval of contracts and obligations above a specified limit
- Succession planning for Board positions and the position of Executive Director
- Approval of or changes to the annual budget
- All matters with the potential to have a material impact on the reputation of the organization.
- In coordination with the Executive Director, represent the organization externally to the community, government, media and other stakeholders in ways that enhance the public image and credibility of the organization.
- Approval of the Quality Improvement Plan, as jointly developed by the board and management.

### Matters delegated to management

Other than as expressly provided in this policy, all matters not specifically reserved for the Board and necessary for the day-to-day management of the organization, and the implementation of corporate objectives, are delegated to management. Management may sub-delegate where appropriate. The organization's policies and procedures provide guidance on the execution of specific roles and responsibilities.

Management shall be responsible for:

- Ensuring that the organization's day-to-day operations including patient care are carried out in accordance with all legal and regulatory requirements
- Ensure that the organization's policies, practices and decisions are undertaken in a manner that is prudent, equitable and consistent with commonly accepted business practices and professional ethics
- Ensure that the organization's assets are protected, adequately maintained and not placed at unnecessary risk
- Ensure that Board approved priorities are reflected in the allocation of resources
- Ensure that budgeting is based on generally accepted accounting principles and that budgets are balanced
- Present information that may aid the Board in developing and approving strategic decisions.
- Promote a healthy work environment for staff that is consistent with the organization's values
- In coordination with the board, represent the organization externally to the community, government, media and other stakeholders in ways that enhance the public image and credibility of the organization.

### Reporting by Management to the Board

As part of the framework established by this policy, management is required to report regularly to the Board concerning the authority exercised.

Reports by management shall cover such areas as quality performance, financial performance, risk management, human resource issues and other items related to organizational operations.

Management must report to the Board on a regular basis on serious occurrences, and patient or staff complaints.

### Expenditure Approval Policy

Board approval shall be required for

- All capital and/or operating expenditures in excess of \$5,000
- Disposal of assets in excess of \$10,000
- Staff hires or contracts outside of the approved budget
- Opening of new bank accounts

The Executive Director shall approve

- All budgeted capital and/or operating expenditures up to \$5,000
- Disposal of assets up to \$10,000
- Staff hires or contracts within the approved budget
- All operating expenditures incurred in the ordinary course of business and within the approved operating budget

The FHT/NPLC shall have a banking policy that confirms approved signatories for all contracts, purchase orders, cheques and expenditures.

#### **Communication on behalf of the organization**

Unless otherwise explicitly noted, any verbal or written communication with media, regulatory bodies, or other entities that may have an impact on the organization are limited to:

- The Board Chair
- The Executive Director

#### **Temporary Delegation of Authority**

Any role may temporarily delegate their authority to another role in case of absence. The board must be informed of the delegation and the period for which it will be in force.

#### **Review**

The Board will review the contents of, and compliance with, this policy regularly.

## Sample Board Work Plan

### How to use this template:

The FHT/NPLC board should identify priorities annually for the improvement of board governance and board performance. The number of priorities identified should be manageable (e.g. 4 – 5 per year). Priorities might include, for example:

- Improving the effectiveness of board meetings
- Increasing the number and quality of stakeholder relationships
- Creating a Community Advisory Committee
- Undertaking board education and training
- Creating board committees
- Building a skills-based board
- Undertaking board evaluation
- Etc.

| <b>Governance/Performance Goal<br/>(Identify priorities for improvement of governance policy and/or practice)</b> | <b>Activities<br/>(Identify what activities the FHT will undertaken to meet the goal)</b> | <b>Measurement Indicators<br/>(Measureable targets)</b> | <b>Responsibility<br/>(Individual(s) who will assume responsibility)</b> | <b>Timeline<br/>(Indicate month or quarter in which activities will occur)</b> |
|---|---|---|--|--|
| 1.  |   |   |  |  |
| 2.  |   |   |  |  |
| 3.  |   |   |  |  |
| 4.  |   |   |  |  |

## Sample Balanced Scorecard (Basic)

Note: this sample is for illustration only and should be adapted to fit your own environment and circumstances.

How to create a balanced scorecard for your organization:

1. Establish the performance dimensions that you wish to measure. In the sample below, the dimensions are adapted from those developed by strategy experts Kaplan and Norton. Your performance dimensions and indicators should relate to your Strategic Plan, your agreement with the Ministry, and other key guiding documents.
2. Identify specific performance indicators that can be measured for each dimension.
3. Measure where you are today and use that measurement as a baseline.
4. Set specific targets and performance goals for each indicator.
5. Report (to the Board) quarterly on your progress toward each indicator.
6. Identify specific action to be taken to achieve objectives.

## Sample Balanced Scorecard (Basic)

Note: these are examples only. Dimensions, indicators and targets will be tailored to your own organization.

| Dimension  | Indicator(s)                | Baseline             | Target                       | Actual |    |    |    | Comments/notes |
|--|-----------------------------|----------------------|------------------------------|--------|----|----|----|----------------|
|  |                             |                      |                              | Q1     | Q2 | Q3 | Q4 |                |
|  |                             |                      |                              |        |    |    |    |                |
| <b>Financial</b>                                 | Balanced budget             |                      |                              |        |    |    |    |                |
|  | Actual vs. budget           |                      | Variance +/-5%               |        |    |    |    |                |
|  |                             |                      |                              |        |    |    |    |                |
|  |                             |                      |                              |        |    |    |    |                |
| <b>People and Learning<br/>(Human Resources)</b> | Recruitment targets         | 70% positions filled | All positions filled by Q3   |        |    |    |    |                |
|  | Staff evaluations           |                      | All staff evaluated          |        |    |    |    |                |
|  | Staff turnover              |                      | <10% year-over-year          |        |    |    |    |                |
|  | Staff satisfaction          |                      |                              |        |    |    |    |                |
|  | Training & development      |                      |                              |        |    |    |    |                |
|  |                             |                      |                              |        |    |    |    |                |
|  |                             |                      |                              |        |    |    |    |                |
| <b>Patients and Stakeholders</b>                 | Patient satisfaction survey |                      |                              |        |    |    |    |                |
|  | Incident reports            |                      |                              |        |    |    |    |                |
|  | Patient complaints          |                      | Complaints handled <48 hours |        |    |    |    |                |
|  |                             |                      | # complaints                 |        |    |    |    |                |
|  |                             |                      |                              |        |    |    |    |                |
|  |                             |                      |                              |        |    |    |    |                |
| <b>Service Quality &amp;</b>                     | Incident reports            |                      | # reports                    |        |    |    |    |                |
|  | Patient satisfaction        |                      | Survey results >80%          |        |    |    |    |                |

| Dimension | Indicator(s)    | Baseline | Target   | Actual |    |    |    | Comments/notes |
|-----------|-----------------|----------|--|--------|----|----|----|----------------|
|           |                 |          |  | Q1     | Q2 | Q3 | Q4 |                |
| Safety    | Access targets  |          | Third next available                               |        |    |    |    |                |
|           |                 |          | Program wait lists                                 |        |    |    |    |                |
|           | Program targets |          | Program enrolment                                  |        |    |    |    |                |
|           |                 |          | Program success rates<br>(e.g. smoking cessation)  |        |    |    |    |                |
|           |                 |          | Note: consider success indicators for all programs |        |    |    |    |                |

Red indicates unmet performance targets

Yellow indicates lack of progress, cautions, unmet targets within a range of acceptability (to be defined)

Green indicates target performance met

## **Tools – Executive Leadership**

## Sample Reference Checking Questions

1. Please describe your relationship with \_\_\_\_\_. Were you a direct supervisor?
2. What were his/her primary responsibilities?
3. Please comment on his/her work habits, performance, work style.
4. Why did \_\_\_\_\_ leave his/her employment?
5. If you were in a position to re-hire, would you re-hire \_\_\_\_\_? If not, why not?
6. What distinguished \_\_\_\_\_ from his/her co-workers?
7. What would be the ideal work environment and job for \_\_\_\_\_?
8. Did you ever have any concerns about \_\_\_\_\_ performance?
9. Would you recommend \_\_\_\_\_ for employment?
10. Plus questions relating directly to the job description:
  - a. Eg. Did \_\_\_\_\_ report to the Board of Directors? Were there ever any conflicts between \_\_\_\_\_ and the Board? How were these dealt with?
  - b. Did \_\_\_\_\_ have direct responsibility for budget performance? How was financial performance monitored?
  - c. Etc. – relate to specifics of the job description and expectations
11. Strengths/weaknesses

## Sample Reference Checking Questions (2)

The following sample questions suggest the types of information you might seek from references about potential job candidates. Consult applicable legislation to ensure you are asking questions that respect individual privacy and human rights.

### Background questions

1. How long have you known X?
2. What was your relationship with X?
3. When did you work with X and for how long?

### Validating interview or resume information

1. What type of projects was X involved with?
2. How did X contribute to the projects?

### Focusing on the candidate's competencies

1. How did X interact with co-workers?
2. Can you give examples of X taking the initiative to help a colleague without first being asked?
3. Please describe two examples of X going beyond the call of duty?
4. Can you provide an example of a time that X was required to use strategic thinking skills?
5. What are three of X's strengths?
6. In what areas do you feel X may need further development?
7. Please rank, on a scale of one to ten, the following abilities:
  - Writing skills
  - Verbal presentations
  - Professionalism
  - Ability to work in teams
  - Leadership qualities
  - Ability to work under pressure or respond to competing deadlines
  - Conflict resolution skills

*Note: The abilities identified above are examples. You will want to identify areas and abilities that are critical to the position that you are trying to staff.*

### Assessing personal suitability

1. What is the ideal career/perfect job for X?

2. In what type of work environment would X thrive? Where would X struggle?
3. Why did X leave your group?
4. If you had the option would you hire X again?
5. Is there anything else we should know before we make a hiring decision?

## Executive Director Position Description – Sample

### Family HealthTeam/NursePractitioner-Led Clinic

**Note: the following position description has been written for a Family Health Team. For NPLCs, substitute terminology as necessary.**

#### Position Title: EXECUTIVE DIRECTOR

##### **MANDATE:**

The Family Health Team (FHT) provides an approach to primary health care that brings together a team of health care providers to co-ordinate the highest possible quality of care for the patient. The FHT will consist of physicians, nurse practitioners, nurses, other health care professionals, and administrative support working collaboratively, each utilizing their own experience and skills to provide enhanced care to the Team's patients. The Executive Director (ED) position is central to the successful operation of the FHT. It is a position of leadership, requiring excellent interpersonal skills, planning skills and management expertise. The FHT operates within a shared administrative and clinical leadership model. In fulfilling the FHT's mandate, the ED works in close collaboration with the Lead Physician to ensure that primary health care objectives are achieved. The ED works with the Board of Directors to develop strategic plans for the FHT, and provides formal progress reports on the implementation of these plans. The ED ensures that the appropriate policies (set by the Board), procedures, systems and other infrastructure are in place to sustain a disciplined patient focused results-based organization. The ED develops strategic partnerships with public and private sector organizations to continuously enhance the impact of FHT's programs and services.

##### **ACCOUNTABILITY:**

The ED is accountable to the Board of Directors of the FHT for the effective and efficient management of the day-to-day operations and the delivery of the FHT's services. The ED works under the direction of the Board of Directors in implementing the Board's decisions and manages daily operations in addition to seeking, planning and coordinating resources for sustainability. The ED will report to the Chair of the Board of Directors.

##### **SUPERVISION:**

The ED will have supervisory responsibilities for the following employees of the FHT as outlined in the Human Resource Section found below.

- Nurses and other Regulated Health Professionals

- Other allied Health Professionals
- Administrative Staff
- Information Services Staff

|                               |
|-------------------------------|
| <b>MAIN RESPONSIBILITIES:</b> |
|-------------------------------|

### **STRATEGIC PLANNING AND IMPLEMENTATION**

- Assists the Board in developing and implementing strategic plans that fulfill the mission and mandate of the FHT. Strategic plans guide the development of programs and services and the ongoing operation of the FHT.
- Translates, on an annual basis, the Board’s goals, objectives and strategic directions into operational plans and activities.
- Develops the relevant metrics (key performance indicators) and reports (“scorecards”) to track progress on the strategic plan, and reports results quarterly to the Board.

### **COMMUNITY RELATIONSHIPS**

- Builds collaborative working relationships with stakeholders, including hospitals, Ministry of Health and Long-Term Care, LHIN, CCAC, community agencies, other FHTs, local government and provincial agencies.
- Represents the FHT on various committees and networks at the local, regional, and provincial levels to address evolving infrastructure needs in primary care.
- Identifies and creates opportunities for new partnerships in the public and private sector that benefit the FHT.
- Develops, implements and maintains an effective communication and public relations strategy to provide information and promote services and the positive value of the FHT.

### **HUMAN RESOURCES**

- Determines the organizational structure of the organization (number and type of roles) within the staff complement determined by the Ministry of Health and Long-Term Care.
- Develops, implements and maintains effective strategies and programs for staff recruitment, retention, performance management, development and training, and succession planning to ensure maximum productivity and service continuity.
- Determines training and development needs of staff based on current and emerging competency requirements, and allocates resources appropriately (including coaching and mentorship programs).

- Conducts performance reviews and provides on-going performance feedback and coaching to direct reports.
- Creates a culture of wellness by initiating and supporting programs that benefit the psychological and physical health of employees (e.g., seminars on healthy eating, ergonomic assessments).

## **FINANCIAL MANAGEMENT**

- Ensures the development and implementation of a sound financial management plan, which balances service delivery and funding requirements. This will include preparation of the business plan and annual budget, the control of expenditures within the approved budget, provision of financial reports and other statements to the Board of Directors and the Ministry of Health and Long-Term Care, and compliance with audit recommended actions.
- Recommends changes to the pension and benefits plans based on financial analysis of cost effectiveness.
- Develops, implements and maintains an effective process for facilities management, purchasing and information management systems.
- Develops, implements and maintains effective internal control and due diligence processes to manage risk. (e.g., business continuity planning, insurance, regulatory obligations, etc.)

## **PROGRAMS AND SERVICES DEVELOPMENT**

- Reviews and approves all short-term and long-term IT infrastructure plans and improvements for the FHT related to capital investments and operational needs (e.g., Website, EMR, Patient Registries, Self Management, linkages to labs and hospitals). Secures Board approval as required.
- Ensures that appropriate systems are in place to enhance service provision and protect patient confidentiality.
- Ensures that appropriate quality assurance systems are in place to measure and monitor the quality of the FHT's activities, including patient satisfaction and compliance with standards.
- Ensures required program delivery reports for the Ministry of Health and Long-Term Care are accurate, outcome-based, and submitted on time.
- Develops plans to continuously improve programs and delivery.
- Participates in research activities aimed at innovative approaches to care, database development and practice-based initiatives.

## COMPETENCY PROFILE

### ORGANIZATIONAL LEADERSHIP

- Clearly and confidently communicates the FHT's strategic plans and priorities, and how the contribution of each employee is aligned to the bigger picture.
- Continually upholds the FHT vision, mission and values to guide the team's decisions.
- Demonstrates a clear and compelling vision of the possibilities to expand the current reach of the FHT.
- Demonstrates visibility, optimism, and focus, especially in challenging circumstances (e.g., funding changes, pandemics); confidently guides the FHT in meeting challenges head on.
- Creates a team culture that energizes employees around the mission of improving health in the community.
- Shares information as openly as possible with all stakeholders (e.g., Board, employees) to ensure others have the full advantage of as much information as possible to make informed decisions ; is transparent about what can and cannot be communicated
- Demonstrates the social responsibility of creating a healthy workplace, consistent with the mission of the FHT to promote health and disease prevention.

### COACHING AND MENTORSHIP

- Is quickly able to assess a situation, and provide appropriate leadership
- Demonstrates strong coaching and mentorship skills; actively supports and invests the time and energy to develop others.
- Holds others accountable to a high standard of performance, while providing them with the visible support to succeed.
- Creates an inclusive and high performing culture by actively engaging employees in the decision-making process through active listening, positive and respectful challenging, and encouragement of ideas; clearly values others' input while taking accountability for the final decision.
- Demonstrates accessibility and approachability to provide the required guidance and direction; makes visible efforts to connect with employees in different work locations.
- Recognizes individual and team successes in a way that highlights the accomplishment and is personally meaningful to the employee.

### STRATEGIC AND CRITICAL THINKING

- Explores issues from a very broad perspective, weighing the various options in the context of clearly articulated priorities and values.
- Is able to clearly discern and articulate the relevant operational issues to the Board, and provide the required background to support their decision-making; similarly, is able to communicate the impact of Board activity and decisions to employees to

facilitate internal alignment.

- Demonstrates the ability to translate strategy into realistic and achievable implementation plans.
- Demonstrates a strong understanding of current and emerging community needs, and the on-going sustainability and potential of programs in the context of a changing and complex environment.
- Is able to critically evaluate population based data to inform future program development.
- Demonstrates flexibility and decisiveness in revising plans to accommodate or capitalize on new information (e.g., does not rigidly implement in light of new information).
- Is able to clarify and distil salient points from complex information to focus own and others' thinking and decision-making; is able to provide thoughtful analysis on the implications of different options.

#### **OPERATIONAL EXCELLENCE**

- Demonstrates a sound sense of priorities, and manages time appropriately to achieve the best outcomes.
- Establishes, monitors and enforces high quality standards to maintain a highly professional results-oriented organization.
- Demonstrates a sound knowledge of the policies, legislation and practices that govern the operation of the FHT (e.g., MOH strategic plan, LHIN planning and how the FHT aligns).
- Demonstrates a solid understanding of employers' obligations, and fundamental knowledge of all aspects of Human Resources (e.g., employment legislation); is able to make tough decisions (e.g., hours of work, termination) based on a sound rationale, and consistent philosophy.
- Demonstrates an understanding of how to develop an ethical business model, including determination of the right funding models.
- Demonstrates an understanding of how to develop and interpret budgets, and exercise fiscal responsibility in the allocation of budget.
- Demonstrates a working knowledge of the community health system including the different "players" (e.g. hospitals, universities, physician's clinics), their intersections, decision models, and political hotspots.
- Demonstrates general current knowledge about disease management and health promotion to evaluate the proposed outcomes of new and evolving programs.

#### **ETHICS**

- Demonstrates honesty, integrity, accountability and appropriate transparency in all

situations.

- Is thorough and diligent in pursuing and selecting partners (both internal and external) that reflect the values of the FHT.
- Conducts oneself in a manner that upholds the values and reputation of the FHT
- Is uncompromising in holding the line on policies and procedures, not “bending rules” that have the potential to undermine the community’s confidence in the FHT.
- Holds others to a consistently high standard; communicates and reinforces key expectations.
- Demonstrates sensitivity to diversity in the workplace; values and embraces all backgrounds.

### **RELATIONSHIP SKILLS**

- Actively networks to develop and maintain relationships and partnerships that support and advance the work of the FHT.
- Researches, and strives to understand the unique needs and interests of community partners (e.g., physicians), to create mutually beneficial partnerships; is able to find the common ground on which to build win-win outcomes.
- Demonstrates political acuity and sensitivity in communication and negotiation; is able to alter style to fit and resonate with different audiences (e.g., Board, employees, physicians).
- Builds trust and goodwill by generously sharing information, the FHT’s resources, and advice among community partners.

### **EDUCATION, EXPERIENCE AND SKILLS**

- A successful track record of six (6) or more years at the senior management level in health or public administration.
- A graduate degree in a business or health-related discipline, or a suitable combination of education and experience.
- Experience working directly with a Board of Directors.
- Exceptional interpersonal, liaison and communication skills.
- Proven abilities in building a new organization for a new initiative, including knowledge and direct experience in:
  - Site / space development and facilities planning;
  - policy and program development delivery;
  - strategic planning; and
  - finance and human resources management.
- Proven ability to lead, encourage and motivate staff in a team environment.
- Exceptional change management and organizational development skills.
- Exceptional patient service skills and patient focus.
- Strong technology skills. Proficiency in computer applications: Windows, Microsoft Office programs, Email and Internet Research.
- Demonstrated commitment to continual learning.

## **JOB REQUIREMENTS**

- Must be able to travel and hold a valid driver's license.
- Must be able to work outside regular business hours.
- Must be able to adhere to all FHT policies and procedures.

## Tools – Resources

### Sample Risk Management Matrix

| Dimension/Definition  | Potential Risk Factors -<br>(specific examples)  | Likelihood |   |   | Mitigation Strategies  | Responsibility |
|---|--|------------|---|---|--|----------------|
|   |  | L          | M | H |  |                |
| <b>Strategy/Governance/Organizational Policy</b>  |  |            |   |   |  |                |
| <ul style="list-style-type: none"> <li>Risk that the organization structure, accountabilities, or responsibilities are not designed, communicated or implemented to meet the organization's objectives</li> </ul>                           | <ul style="list-style-type: none"> <li>FHO priorities not aligned</li> <li>MOHLTC priorities change</li> </ul>       |            |   |   | <ul style="list-style-type: none"> <li>Strategic planning</li> </ul>   |                |
| <ul style="list-style-type: none"> <li>Risk that culture and management commitment do not support the formal structures/systems/operations</li> </ul>   |  |            |   |   |  |                |
| <ul style="list-style-type: none"> <li>Risk that strategies and policies fail to achieve required results</li> </ul>  |  |            |   |   |  |                |
| <b>Operational (Care/Service Delivery Risks)</b>  |  |            |   |   |  |                |
| <ul style="list-style-type: none"> <li>Risk that services will not get completed or delivered in a timely manner, as expected. Includes business continuity risk.</li> </ul>  | <ul style="list-style-type: none"> <li>Inability to meet performance targets</li> <li>Pandemics/outbreaks</li> </ul> |            |   |   | <ul style="list-style-type: none"> <li>Regular reviews of performance</li> <li>Emergency preparedness plan</li> </ul>            |                |
| <b>Human Resources (people) risk</b>  |  |            |   |   |  |                |
| <ul style="list-style-type: none"> <li>Risk that capable and motivated staff will not be available to get the job done. This could be caused by resignations, turnover, inability to hire, lack of skills, strikes, injury, etc.</li> </ul> | <ul style="list-style-type: none"> <li>Chronic vacancies</li> <li>Sudden departures</li> </ul>                       |            |   |   | <ul style="list-style-type: none"> <li>Recruitment &amp; retention strategy</li> <li>Compensation policy &amp; review</li> </ul> |                |

|  |  |  |  |   |
|--|--|--|--|---|
| <ul style="list-style-type: none"> <li>Recruitment/retention (qualified workforce)</li> </ul>  |  |  |  | <ul style="list-style-type: none"> <li>Succession plan</li> </ul>   |
| <b>Client/Patient/Stakeholder Satisfaction</b>   |  |  |  |   |
| <ul style="list-style-type: none"> <li>Risk of failure to meet expectations of patients/clients, partners, the community, the broader public, other ministries, etc.</li> </ul>                        | <ul style="list-style-type: none"> <li>Failure to meet quality goals and targets</li> </ul>  |  |  | <ul style="list-style-type: none"> <li>QI Plan and regular review</li> <li>Patient satisfaction survey</li> </ul>                                       |
| <b>Reputational/Public Perception Risk</b>   |  |  |  |   |
| <ul style="list-style-type: none"> <li>Loss of reputation/Loss of confidence</li> <li>Poor public/media perception (bad press, media)</li> <li>Related consequences (e.g., lost of funding)</li> </ul> | <ul style="list-style-type: none"> <li>Unfavourable publicity</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Communication and public relations strategy</li> <li>Crisis management policy, including social media</li> </ul> |
| <b>Patient Safety Risks</b>  |  |  |  |   |
| <ul style="list-style-type: none"> <li>Risk of causing harm</li> <li>Risk of lawsuits from injured patients or their families</li> </ul>   | <ul style="list-style-type: none"> <li>Poor/missed diagnoses, treatment</li> <li>Adverse events</li> </ul>                         |  |  | <ul style="list-style-type: none"> <li>Critical incident reporting policy</li> <li>Education &amp; training</li> <li>Chart audits</li> </ul>            |
| <b>Legal/Compliance Risk</b>   |  |  |  |   |
| <ul style="list-style-type: none"> <li>Risk that initiatives or actions will contravene a statute, regulation, contract or that the organization will be litigated against</li> </ul>                  | <ul style="list-style-type: none"> <li>Abuse</li> <li>Failure to file (reports, financials)</li> <li>Privacy violations</li> </ul> |  |  | <ul style="list-style-type: none"> <li>Compliance checklist</li> <li>Executive Director performance appraisal</li> </ul>                                |
| <b>Information Risk</b>  |  |  |  |   |
| <ul style="list-style-type: none"> <li>Risk that information produced or used, is incomplete, out-of-date, inaccurate, irrelevant or inappropriately disclosed (right to privacy)</li> </ul>           | <ul style="list-style-type: none"> <li>Privacy violations</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Privacy policy</li> </ul>  |
| <b>Financial Risk</b>  |  |  |  |   |
| <ul style="list-style-type: none"> <li>Risk of financial losses, overspending or the inability to meet budgets and plans</li> <li>Foundations/fundraising</li> </ul>                                   | <ul style="list-style-type: none"> <li>Fraud</li> <li>Cash flow</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Financial policies</li> <li>Audit policy</li> <li>Procurement policy</li> </ul>                                  |
| <b>Technology risks</b>  |  |  |  |   |

|  |   |  |  |  |   |  |
|--|---|--|--|--|---|--|
| <ul style="list-style-type: none"> <li>• Risk that information technology infrastructure does not align with the business requirements, and does not support availability, access, integrity, relevance and security of data. Includes business continuity risk</li> <li>• Risk that technology choice impedes capacity to support quality improvement and research (e.g. difficult to extract data)</li> <li>• Risk that technology is incompatible with other, relevant, organizations (could impact future networking needs)</li> </ul> | <ul style="list-style-type: none"> <li>• System crashes</li> <li>• Privacy breaches</li> </ul>                      |  |  |  | <ul style="list-style-type: none"> <li>• Planned redundancy</li> <li>• Privacy policy</li> <li>• Chart audits and checks</li> <li>• Ensure procurement requirements include data extraction and compatibility needs; speak with local organizations about their selection process and compatibility issues</li> </ul> |  |
| <b>Culture</b>   |   |  |  |  |   |  |
| <ul style="list-style-type: none"> <li>• Risk that organizational culture threatens continuous quality improvement, performance</li> </ul>   | <ul style="list-style-type: none"> <li>• Lack of collaboration</li> <li>• Poor morale, toxic environment</li> </ul> |  |  |  | <ul style="list-style-type: none"> <li>• Performance reviews</li> <li>• Code of conduct</li> <li>• Satisfaction surveys</li> </ul>  |  |

\*dimensions and definitions from “A Family Health Team’s Guide to Risk Management”, sponsored by the SouthEast Toronto FHT, 2009/2010