LEADING FROM THE BOARDROOM

Bringing “LEADS in a Caring Environment” to Canadian Healthcare Boards

Dr. Graham Dickson
Garth Waite
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HealthCareCAN
17 York Street, Suite 100
Ottawa, Ontario
K1N 9J6
www.healthcarecan.ca
Foreword from HealthCareCAN

Leading healthcare reform in Canada has never been more important nor more challenging. Leadership is all about navigating through challenges of change and making difficult choices. HealthCareCAN views leadership as the key enabler of system performance and organizational success in providing high-quality, accessible, patient-centred care. Most agree that it requires leaders at all levels of an organization: from front-line, to mid, senior and executive levels. However, it is not enough to look for leaders within organizations – it is essential that leadership also come from the level of boards. Indeed, given the complexities of twenty-first century healthcare, it has never been more important for boards, whether elected or appointed, to work as one with senior staff who are themselves being called to lead. As such, being on the same page in terms of a common language and philosophy of leadership is essential.

This Monograph, Leading from the Boardroom, is a call to action – a call to revitalize leadership from our healthcare trustees. Essential to this, it provides the missing link in the LEADS leadership chain by mapping the highly adopted LEADS in a Caring Environment Leadership Framework to the role of trustee and the board.

This Monograph, which began with an advanced LEADS session held with the Health PEI staff and Board of Directors in September 2014, is a testament to HealthCareCAN’s own leadership role in “engaging others” and “developing coalitions” to “achieve system transformation” at the level of governance and health leadership in general. We couldn’t be more proud to have partnered with Health PEI, an early adopter of LEADS.

Being a trustee is a sacred calling and in the healthcare sector, is part of the public trust and as a promise to Canadians. The standard division of labour between “directors” doing the steering and staff sticking to the rowing falls short of what is required to be a successful, let alone, leading an organization in the not-for-profit world. What is required is a competent and committed board, equipped to not only uphold its fiduciary and strategic responsibilities, but one which is equipped to be “generative,” one which is capable of co-generating together and with its constituents: Canadians.

HealthCareCAN continues to invest in leaders. It is why we continue to lead in the development of essential new programs as part of our CHA Learning division. It’s why we have invested in the development of this Monograph. For it is only when the system is possessed of leaders at all levels that then the system will realize a whole much greater than the sum of its parts – much greater than any one leader.

This Monograph is not the end of the dialogue on the subject of leadership in the boardroom – we hope it is the beginning and serves as a call to action for all trustees as we meet and rise above the challenges of board stewardship into the future.

Bill Tholl
President and CEO
HealthCareCAN
Foreword from Health PEI

For Health PEI, health system leadership is viewed as a key enabler of system improvement, leading to better patient experiences, a robust culture of quality improvement, and sustainability of our healthcare system into the future. Health PEI was an early adopter of the LEADS framework. For our health authority, the LEADS framework was used as a development resource for leaders at all levels – including front line, mid-level, senior, and executive levels, as well as our Board of Directors.

The Board of Health PEI believes strong leadership is needed to assist healthcare organizations to fulfill their responsibilities to the public. The Board has been an ongoing proponent and supporter of the LEADS framework and has participated in LEADS training for its members as part of its own development. Our Board’s positive experiences with the LEADS framework provided part of the impetus for this monograph.

This monograph extends the LEADS Framework to the leadership context of the Boardroom. Modern healthcare is complex, the board role is challenging, and the pace of change is rapid. Healthcare boards and trustees bring a wealth of knowledge, skills, and experience, along with the community perspective, to healthcare organizations. We hope that boards and trustees find this monograph to be compelling as a call to action and useful as a resource to support them in their role as system partners, along with leaders at all levels, in the vital task of healthcare improvement.

Dr. Richard Wedge
Past CEO Health PEI
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1. **Introduction**

Never before has the task of serving on a healthcare board been more challenging. Change is constant, and the requirement for transformational change at a system level in Canadian healthcare continues to mount. Leaders at all levels, whether on the front line, in the executive suite, or the boardroom face new and unexpected demands.

This is a moment for boards and trustees to step up, not down. They have a vital leadership role in guiding and supporting healthcare system change. The concepts of governance and board leadership are evolving, however, and as a result, boards and trustees are sometimes unclear about their roles. Sometimes trustees do not feel as if their skills and talents are being fully used, even though they may have been recruited on the basis of exceptional knowledge or skill. In fact, some experienced board leaders have been heard to wonder aloud if healthcare boards are still relevant.

HealthCareCAN believes that healthcare boards have a very important leadership role to play in the transformation of Canadian healthcare. For the past decade, it, along with others, has emphasized leadership development for management as a key enabler of system transformation. The LEADS in a Caring Environment Capabilities Framework (LEADS Framework, Dickson & Tholl, 2014) has proven to be a valuable leadership development resource for healthcare management. HealthCareCAN believes the LEADS framework can be a useful resource for healthcare boards as well. HealthCareCAN has commissioned this monograph on behalf of its member organizations, in partnership with Health PEI and Dr. Graham Dickson, to create an essential resource to bolster today’s healthcare boards in their important governance leadership role.

The overall purpose of this monograph is to catalyze the revitalization of the leadership role for healthcare boards and trustees by bringing the LEADS Framework to the boardroom. In this work, we envision **four tangible calls to action** that will benefit healthcare boards, the organizations they govern, and the people on whose behalf they serve.

1. **A Common Leadership Language**: Regardless of role, the LEADS Framework provides a common vocabulary for Canadian healthcare leaders at all levels. The LEADS Framework can be scaled to various healthcare leadership roles and, to date, has been successfully applied to front line, middle, senior and executive leadership roles in healthcare management. This monograph applies the LEADS Framework to leaders of healthcare boards.
2. **A Common Development Platform**: Canadian healthcare boards govern in a wide range of contexts, with varying levels of responsibility, and differing levels of complexity. Nevertheless, the "job" of governance is common to all, and the concept of board leadership with respect to strategic and fiduciary responsibilities is well defined. The LEADS Framework provides a foundation for defining, assessing, and developing generative governance using the leadership capabilities for Canadian healthcare boards.

3. **Trustees Who are [Themselves] Leaders**: Boards are comprised of individual trustees. For boards to function at the highest level it will require trustees who themselves are capable of leadership. The Canadian healthcare system has many partners—providers, managers, governments, patients, and the public, at local, regional, provincial and national levels—who must find ways to work together collaboratively to realize successful health system transformation. Leadership—as represented by the LEADS Framework—enables those partnerships.

4. **A Leadership Imperative for Healthcare Boards**: Effective boards have a pivotal role to play in cultivating partnerships of trust and generating opportunities to envision, strengthen and co-create the high-performing healthcare system that Canadians expect and need. Generativity as a mode of governance will enable boards to see to the future and fulfill their promise.

We believe high performing boards can play an active leadership role in the system transformation of Canadian healthcare. From our perspective, high performing boards exercise effective leadership in their fiduciary, strategic and generative roles. While the capabilities related to fiduciary and strategic modes of governance are well defined, capabilities related to generative governance are less so. Further, the generative role which healthcare boards can play as key partners in system transformation has often been overlooked. The LEADS Framework, which is the predominant framework for health leadership in Canada, provides the language, lens and imperative to enable healthcare boards and trustees to bring these essential modes of governance leadership to life in the boardroom for the benefit of their organizations and those on whose behalf they govern.
2. Healthcare Governance—High Expectations

Modern healthcare boards have a challenging job. Healthcare is complex—reputedly the most complex human organization ever devised (Drucker, 2002) and is in a state of constant flux. A system shift or transformation is well underway. This call for change, progress on the shift, and implications for Canadian healthcare are well documented in numerous landmark reports (Romanow, 2002; Kirby, 2003; Naylor, 2015), as well as in books and articles by respected writers such as André Picard (2014), Jeffrey Simpson (2013), Harvey Lazar et al (2014); and Graham Dickson and Bill Tholl (2014).

Other countries have successfully navigated the challenges of healthcare renewal. They are reaping the rewards of improved health and healthcare. We in Canada, who have not navigated the change so successfully, are falling behind. The 2014 Commonwealth Study [Davis, Stremikis, Squires, & Schoen, 2014. p.v] compared measures of population health and healthcare system performance in 11 modern industrial countries. Despite the national pride we take in our healthcare system, Canada actually lags in comparison with other modern industrialized countries. And the onus is on healthcare governors, along with leaders at all levels to improve it.

Boards face high expectations. The public expects them, along with politicians and administrators, to address challenges related to rising costs, access to services, wait times, new health treatments and technologies, quality, safety and positive patient experiences. Hugh MacLeod in his experience as the former CEO of the Canadian Patient Safety Institute, noted a number of challenges facing boards.

1. **Director Capabilities**: Boards will be increasingly challenged to find and retain high-performance trustees skilled in leading a complex organization with multiple constituencies.
2. **Hot Seats**: The media, funder, regulators, community advocates, and the general public will be scrutinizing boards, their activities and decisions under a microscope.
3. **Advocacy Advocates**: Boards will be called upon more frequently to advocate forcefully and often for the interests of their organization in meeting growing challenges.
4. **Expansive Expertise**: Boards will be expected to be well educated about the challenges, issues and implications of a broad range of factors affecting organizational success.
5. **Flexible Futures**: Boards will need to develop the capacity to envision and efficiently direct the implementation of multiple strategies, which will change depending upon environmental shifts.
6. **Community Catalysts**: Boards will need to be adept at forging new partnerships and affiliations with traditional and non-traditional community stakeholders.
7. **Techno Trustees**: Boards will need to embrace emerging technologies that enable faster, more accurate strategic understanding and decision-making.
While there are high expectations of boards, their leadership role in relation to addressing or resolving the multiple, conflicting and overlapping priorities is often unclear, and the required capabilities—both for the board as a whole, as well as for members—are often ill-defined. Now, more than ever, Canadian healthcare boards need the following:

- a common vocabulary to describe and understand their leadership roles,
- a common language to support partnership and collaboration within and across systems including board to board,
- a common development framework to support assessment and learning to lead a broader transformational agenda,
- trustees who have leadership capabilities, including the ability to engage others,
- a capability to function in the generative mode as a complement to their fiduciary and strategic responsibilities

The LEADS Framework provides the resource to health care boards, enabling them to rise to their current challenges in ways which support and enable positive system change and contribute to better healthcare and health outcomes for Canadians.

3. The Canadian Healthcare Governance Landscape—A National Mosaic

While boards govern most, if not all, publicly funded healthcare organizations in Canada, a wide variety of board governance structures, processes, practices, approaches and contexts exist. For example, Alberta Health Services, which serves a population of 4.2 million, operates as a single provincial health authority overseen by a single provincial board. So does Prince Edward Island, population 150,000. Nova Scotia recently followed suit by dissolving nine health authorities and replacing them with the Nova Scotia Health Authority. In the majority of cases, Ministry-appointed trustees form the membership of these provincial boards, including those of Ontario’s Local Health Integration Networks (LHINs). However, elected members at least partially comprise a variety of other health boards, such as those of the Yukon Hospital Corporation, Horizon Health in New Brunswick, and various Ontario hospitals (e.g., Hamilton Health Sciences, University Health Network, and The Ottawa Hospital).

Those examples illustrate the wide variety of both contexts and approaches to healthcare governance across our country. If we were to include the array of governing and advisory boards affiliated with long term care, mental health, addiction services, community-based health organizations, and primary care teams/groups/practices, etc., as well as the wide variety of health and hospital associations at regional, provincial and national levels, the variety and range become staggering indeed. And this is without adding in the variety represented by advisory
councils, regulated healthcare professional associations and regulatory bodies empowered by legislation. Given the mix of governance in the great range of healthcare organizations, the LEADS Framework, and the common language it provides, is vital. It helps boards carry out some of their roles:

(a) Board-CEO relations: the board’s adoption of the LEADS Framework facilitates clearer communication of expectations.

(b) Board-to-board communications: a mechanism to promote collaboration and facilitate exchange and learning, despite divergent contexts or governance models.

(c) Board development: a foundation for a national development framework to support and strengthen the governance capacity of boards and trustees.

A national infrastructure is dedicated to promoting and supporting various dimensions of health system performance. This infrastructure includes national organizations dedicated to providing a voice on issues to all Canadians: HealthCareCAN, the Canadian Patient Safety Institute, the Canadian Agency for Drugs and Technologies in Health (CADTH), and Accreditation Canada, as well as healthcare professional organizations such as the Canadian Medical Association and Canadian Nurses Association. All of these organizations have used and/or endorsed the LEADS Framework. As a national healthcare leadership resource, it provides a potential link between the development needs of local boards and a national infrastructure that promotes and supports standards for health system performance and improvement. HealthCareCAN actively promotes and supports governance development for Canadian healthcare boards through its Governance Development Program (GDP). For HealthCareCAN, it was a natural fit to align the LEADS Framework as a resource to support board governance development.

4. A Revitalized Role for Healthcare Boards

The practice of effective governance has received a lot of attention over the past two decades. A number of high profile corporate system failures such as the Enron and WorldCom scandals gave rise to the 2002 Sarbanes-Oxley Act in the United States. In Canada, the Toronto Stock Exchange released its report Where Were the Directors? (1994). The increased emphasis on corporate governance washed over into the non-profit and public sectors as well, with reports such as Building on Strength: Improving Governance and Accountability in Canada’s Voluntary Sector (Panel on Accountability and Governance in the Voluntary Sector, 1999). In Canada, health governors were becoming highly attuned through a number of high profile healthcare crises linked to governance failures. Think back to the various headlines concerning the tainted blood scandal, delayed responses to infectious disease outbreaks, including SARS and ebola, not to mention the various hospital/health authority lawsuits, commissions, judicial inquiries, and reports in response to systemic crises related to financial stability, quality and safety and or
staffing/workplace stability. These crises triggered great interest in healthcare governance, and led to reports such as *Hospital Governance and Accountability in Ontario* (Quigley and Scott, 2004) and guides such as the *Guide to Good Governance: Not- for-Profit and Charitable Organizations* (Governance Centre of Excellence, 2005), which provided tools and templates for hospital boards. For its part, Accreditation Canada introduced Governance Standards and provided a Governance Functioning Tool as further supports for healthcare governors in recognition of the board’s critical role in healthcare quality and safety. And HealthCareCAN, through its professional development division, CHA Learning, made a strategic decision to invest in developing its Governance Development Program (GDP) to further bolster health boards with courses and resources—including this monograph.

While much attention has been given to the role of governance, there is no single Canadian healthcare governance model. To begin to address this, HealthCareCAN’s GDP offers the following definition of governance:

*Governance deals with the leadership, stewardship and overseeing of an organization. It concerns itself with the direction of an organization’s activities and includes policy-making, structure, decision-making processes and accountability mechanisms as well as operating values, behaviors, traditions and other elements of organizational culture* (HealthCareCAN, 2016).

This definition was originally created by Jim Nininger and Julie Swettenham of the Community for Excellence in Health Governance. In their original version of the GDP, they continued to refine this definition by applying the model of governance leadership developed by Chait, Ryan and Taylor (2005) to the context of healthcare governance.

Chait, Ryan and Taylor (2005) linked the management concept of leadership to the practice of board governance in non-profit organizations. Through this lens, they identified three modes of governance leadership: fiduciary, strategic, and generative. The **Fiduciary** mode of governance is the area of activity traditionally associated with board work. This mode emphasizes overseeing management and controlling risk with an overall concern for boundaries of ethics and prudence. The **Strategic** mode is focused on shaping the future of the organization. Under this mode, the board works in partnership with management to develop strategic direction, confirm the availability of good information and metrics to monitor progress and evaluate results. Effective strategic functioning presumes competence in the fiduciary area as well. The **Generative** mode, like the strategic, is future focused, but emphasizes challenging the status quo. The board ensures that the organization engages with its communities and clients; that it can solve external and internal challenges; and achieve both short-term results and long-term performance goals. Generative governance is about trusteeship, where the board works in relationships of trust with others and plays an active role in facilitating change at system and
societal levels. While board competence in the fiduciary and strategic modes is a foundational necessity for effective governance, strengthened generative capacity is a transformational resource for Canadian healthcare.

The GDP model applies the concepts of fiduciary, strategic and generative governance leadership modes developed by Chait, Ryan and Taylor (2005) to healthcare governance leadership. The model shows three additional attributes of effective board functioning, namely innovation, teamwork and trust. These attributes, along with the three modes of governance leadership, describe the board’s operations as those of a high-performing team, as well as the board’s impact on the broader system. Activities, capabilities and competencies related to fiduciary and strategic modes have received much attention over time and are well defined. For healthcare boards, the generative mode of governance leadership is an area of high promise, yet it still requires exploration and definition. To meet this challenge, the GDP has continued to expand on the concept of the generative mode of governance in its newest course, Generative Governance in the Health Sector. The current monograph aligns with the current and planned GDP and provides foundational resources, which map the leadership capabilities of healthcare boards and board members to the LEADS Framework.

5. Bringing LEADS to the Boardroom

The LEADS in a Caring Environment framework\(^1\) was originally developed as a leadership framework for healthcare management. The LEADS Framework is scalable to different levels of leadership, with a validated rubric for front line, mid-level, senior and executive levels of management leadership. This monograph extends the LEADS Framework to the leadership context of healthcare governance. The following skeleton provides a brief overview of the LEADS Framework, including the five domains and the principal capabilities associated with each.

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Lead Self:
- Be self-aware
- Manage self
- Develop self
- Demonstrate character

Engage Others
- Foster development of others
- Contribute to healthy organizations
- Communicate effectively
- Build teams

Achieve Results
- Set direction
- Align decisions with vision, values and evidence
- Take action
- Assess and evaluate

Develop Coalitions
- Build partnerships and networks to create results
- Demonstrate a commitment to customers and service
- Mobilize knowledge
- Navigate socio-political environments

Systems Transformation
- Demonstrate systems/critical thinking
- Encourage and support innovation
- Orient themselves strategically to the future
- Champion and orchestrate change

The remainder of this section is devoted to describing leadership capabilities of the full board and individual board members in relation to the LEADS Framework domains and capabilities. The LEADS framework has been widely adopted across Canada and internationally as the framework for healthcare leadership. This monograph extends the LEADS Framework to the leadership context of healthcare governance so that boards and trustees can fully contribute as key partners in this important task of Canadian healthcare renewal. [See also Appendix A]
## LEADS for Health Boards

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<th>LEADS Domain</th>
<th>Board Capabilities</th>
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<tr>
<td><strong>Self-Aware</strong></td>
<td>Board members must constantly be aware of their dual role while serving as governor: to be guided by their personal values, and at the same recognizing they are one component of a corporate whole, acting on behalf of those who it serves, to see to it that the organization achieves what it should and avoids what is unacceptable. Board members are aware of their own unique values, views and perspectives; are able to give them voice; and are able to do their best to hear the values, views and perspectives of others so that they can integrate those values in a group setting to come up with viable solutions, approaches and decisions. On the rare occasion this is not possible, board members are expected to act on conscience.</td>
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<tr>
<td><strong>Manage Self</strong></td>
<td>A board member demonstrates self-regard and emotional strength while giving difficult issues their due and by engaging with diverse and dissenting points of view without becoming overtly defensive when challenged, or overreacting to emotional issues.</td>
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<tr>
<td><strong>Lead Self</strong></td>
<td>Individual members assume responsibility for developing the skills and knowledge required to be an effective board member. Individuals regularly assess their own learning needs, in the context of the learning needs of the board as a whole, and integrate these needs into a self-directed annual development process.</td>
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<tr>
<td><strong>Develop Self</strong></td>
<td>Individual board members act ethically (e.g., recognize conflict of interest situations), make decisions consistently with their own values in concert with the values of the board, promote the values of governance excellence and model qualities such as honesty, integrity, resilience, and confidence. Board members contribute to policies and procedures, which guide how the board conducts its work as a body and how its members conduct their behaviour.</td>
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<tr>
<td><strong>Demonstrate Character</strong></td>
<td>The board supports, promotes and challenges development of itself as a group to achieve and maintain governance excellence, of its individual members to achieve excellence as governors/trustees, of its CEO and management cadre to achieve excellence as organizational leaders, and all others in the organization to achieve professional and personal excellence. To that end, it champions the creation of policies and procedures to guide organizational development.</td>
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<tr>
<td><strong>Foster Development of Others</strong></td>
<td>The board chair and members create a psychologically healthy and engaging environment where each person has meaningful opportunities to contribute. The board is supported by the organization to ensure that resources are available to fulfill their expected responsibilities. In the boardroom, trustees are engaged and treat each other with civility and respect. For the organization, the board will direct the CEO to ensure that workplaces are healthy and safe and that healthy workplace behaviours are supported and encouraged. Board members will model positive behaviours that contribute to workplace health—whether in the boardroom or the broader organization.</td>
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<tr>
<td>Communicate effectively</td>
<td>The board listens deeply and encourages an open exchange of information and ideas using appropriate communication media in the team environments and contexts within which it must operate. In the boardroom, trustees speak openly and effectively on their respective viewpoints, and they listen carefully to each other. The board works closely and collaboratively with the CEO. On the one hand, it carefully listens to advice, information, status, and results provided and or reported by the CEO. On the other hand, the board clearly communicates its direction, delegates responsibility, and provides feedback on results achieved. The board works with government policy-makers, communities, and the general public in order to understand health-related values, interests, and needs from numerous perspectives; integrate this information into its strategic direction; and communicate this direction in a responsive way.</td>
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<tr>
<td>Build Teams</td>
<td>The board uses multiple communication tools and approaches in intentional ways aligned with its purpose(s) for engaging individuals, groups and organizations. The board facilitates environments of collaboration and cooperation to achieve results in the team environments within which it must effectively operate. To support this, the board has in place structures and processes that build trust by supporting constructive group behaviours, including agendas, code of conduct, positive group norms and rules of order. It utilizes processes to engender creativity and innovative thinking; and has clearly understood processes to resolve conflict. The board chair has the skills and supports necessary to effectively manage meetings and group discussions. Where appropriate, it engages the CEO and senior management in making decisions as a team.</td>
</tr>
<tr>
<td>Set Direction</td>
<td>The board, jointly with senior management, in line with the policy direction of government, and consistent with the needs of local ownership, sets the strategic direction for the organization, including the vision, mission, values and strategic goals. Further, the board identifies, establishes, and communicates its expectations and outcomes to management in a clear and meaningful way. The board utilizes its vision, values and priorities, and best available evidence related to trends in health services delivery, technology, and therapeutics, to design and utilize strategic decision-making processes that are consistent with the strategic plan, provide guidance to the CEO, and provide ongoing advice to government on policy direction.</td>
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<tr>
<td>Strategically Align Decisions with Vision, Values, and Evidence</td>
<td>As required, the board will take steps to clarify the rationale underlying its strategic direction, and as required in the face of new and compelling evidence, adjust it and clarify expectations and outcomes for the organization with the CEO.</td>
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<tr>
<td>Achieves Results</td>
<td>The board will establish appropriate monitoring measures, evaluate outcomes, hold its members and others accountable for results achieved against benchmarks and correct the course as appropriate. As part of its accountability, the board will communicate results as well as its corrective steps to its funders, the general public, and key partners.</td>
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<th>Board Capabilities</th>
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<tr>
<td>Purposefully Build Partnerships and Networks to Create Results</td>
<td>The board creates connections of trust and shared meaning with individuals and stakeholder groups across the spectrum of its geographical footprint. It builds coalitions with stakeholder groups in order to promote and support population health outcomes as well as system performance in line with its strategic direction.</td>
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<tr>
<td>Develops Coalitions</td>
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<tr>
<td>Demonstrate a Commitment to Customers and Service</td>
<td>The board facilitates collaboration, cooperation and coalitions among diverse groups within the communities it serves (e.g., municipalities; community interest groups, etc., primary care doctors and specialist doctors) to gain perspectives to improve service. This means that the board will find a range of means and methods to learn about the patient/client experience, will define and establish its expectations concerning patient/client experience; and will clearly communicate those expectations to the CEO.</td>
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<tr>
<td>Mobilize Knowledge</td>
<td>The board employs methods to gather intelligence, encourage open exchange of information, and use quality evidence to influence action across the full system, spanning policy, governance, management, public, partner, and community levels. As a mobilizer of knowledge, the board may act as a catalyst for constructive conversations among multiple partners concerning current issues and the implications of current trends on future realities in light of credible knowledge, evidence, and information.</td>
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<tr>
<td>Navigate Socio-political Environments</td>
<td>The board is politically astute and effectively negotiates through conflict and mobilizes support. This means that the board has a strong depth of knowledge of political realities and trends, government processes, global policy direction, and community/public sentiments; is viewed as being a credible body that operates in an objective, fair and balanced way, and is able to maintain an environment where competing priorities are responded to in a way that respects operational realities and organizational mission.</td>
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<tr>
<td>Demonstrate Systems/Critical Thinking</td>
<td>The board thinks analytically and conceptually, questioning and challenging the status quo, to identify issues, solve problems and design and implement effective processes across systems and stakeholders. The board understands that healthcare is a dynamic, interactive and mutually interdependent system comprised of a complex array of stakeholders, community groups, and citizens.</td>
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<tr>
<td>Encourage and Support Innovation</td>
<td>The board creates a climate of continuous improvement and creativity aimed at systemic change. It requires the CEO to employ strategies to enable creative and innovative thinking internally to meet the health needs of its owners; and encourages the owners to generate productive change and reform commensurate with their health needs.</td>
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<tr>
<td>Orient Themselves Strategically to the Future</td>
<td>The board operates with a future focus; i.e., it is dedicated to enabling the organization it represents to respond to emergent trends, challenges, and demands within its area of responsibility. This approach does not preclude the board’s fiduciary and strategic responsibilities, but emphasizes a desire to co-create a sustainable healthcare system for current and future generations.</td>
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<tr>
<td>Champion and Orchestrate Change</td>
<td>The board employs processes and techniques to ensure that the organization works, in collaboration with outside stakeholders, to design and carry out appropriate roles and responsibilities to foster change. It stimulates and supports co-creative approaches to change commensurate with what is needed.</td>
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6. Conclusion

The call for transformation in the Canadian health system is clear. HealthCareCAN believes that healthcare boards have a vital and pivotal leadership role to play in healthcare transformation. Canadians are rightfully proud of our nation’s healthcare heritage and expect their healthcare system to perform at a world class level, providing access to high quality healthcare for a reasonable cost and in a way which contributes to overall health of our population. **To do this, we need trustees who are leaders.** This monograph extends the LEADS Framework to the leadership context of healthcare governance so that boards and trustees can fully contribute as key partners in healthcare renewal. Revitalizing the role of healthcare boards will take intention and deliberateness and it requires a generative capacity. **LEADS in a Caring Environment Capabilities Framework provides an essential leadership development resource to support and enable boards to achieve their promise.**
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APPENDIX A:
Healthcare Governance Leadership Profile—Board and Trustee Levels

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<th>LEADS</th>
<th>Board</th>
<th>Trustees</th>
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| **Lead Self** | The board acts as one, on behalf of its owners, to see to it that the organization achieves what it should and avoids what is unacceptable. Board members are aware of their own unique values, views and perspectives; are able to give them voice; and are able to hear the values, views and perspectives of others so that they can work in a group setting to come up with viable solutions, approaches and decisions.  
*Consistent with this, the board:*
  - Articulates a common purpose, values and future direction which is shared by all board members; and
  - Operates within an agreed-upon governance framework or approach which confirms its responsibilities and key results; its accountability relationship with the CEO, government and citizens; and how it will make decisions and carry out its work.
  - Has in place formal tools for group and member evaluation and feedback to support self-awareness, reflection, and growth. | The board member:
  - Reflects on his or her assumptions, values, and biases and the impact they have on his or her commitment to the defined board governance framework
  - Articulates his or her beliefs, assumptions, and perspectives where appropriate
  - Knows his or her strengths and limitations as it relates to the practice of board governance
  - Is conscious of the circumstances and situations in which his or her ability to act “as one” with other board members are challenged.
| **Manage Themselves** | The board demonstrates trust by giving difficult issues their due and by welcoming and respecting diverse and dissenting points of view. The board has in place structures and processes which support constructive group behaviours, including agendas, code of conduct, positive group norms and rules of order. The board chair has the skills and supports necessary to effectively manage meetings and group discussions. Consistent with this, the board | |
## LEADS in a Caring Environment: Healthcare Governance Leadership Profile

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|       | • Welcomes and respects diversity of opinions in decision-making in a manner which facilitates robust discussion in a safe environment;  
• Effectively uses tools and structures, such as codes of conduct, annual schedules, meeting agendas, and ethical decision-making processes to conduct its work and is disciplined regarding attendance and meeting processes;  
• Does not allow external circumstances to dictate board action unless deemed appropriate to do so;  
• Defines, confirms and implements an annual board agenda which outlines key board activities in relation to its key responsibilities, such as engagement, policy decisions, board evaluation, board education, and CEO monitoring. | professional affiliation(s), organizational mandate(s), and/or community affiliation(s) as it relates to his or her governance role;  
• Demonstrates equanimity in stressful or difficult situations;  
• Expresses hope and confidence in difficult times for the board;  
• Does not allow external circumstances to dictate board action unless deemed appropriate to do so;  
• Models effective work-life balance. | |
| **Develops Themselves** | The board promotes its own learning growth as a governing body as well as the learning growth of its members. The board regularly assesses its own learning needs and the learning needs of its members and integrates these learning needs into its annual development cycle. Consistent with this, the board:  
• Has a defined competency/capability profile which guides succession and recruitment efforts and board and board member assessment and development.  
• Has a defined process for assessing board functioning and performance and integrating this information into board development plans and processes.  
• Has clear processes and tools for board member orientation and ongoing member and board learning needs assessment. | The board member:  
• Understands how his or her individual capabilities contribute to the overall board competency/capability profile;  
• Seeks and receives feedback on performance and has plans for development/improvement;  
• Actively seeks opportunities to build and strengthen self-knowledge, industry/organization knowledge, understanding of ownership needs and requirements, environmental factors affecting trends, governance competencies and governance leadership capabilities;  
• Demonstrates an ability to learn from experience during his or her board tenure;  
• Asks a lot of questions to understand board and organization processes and operations. | |
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<td><strong>Demonstrate Character</strong></td>
<td><em>The board</em> acts ethically, makes decisions consistently with its own values, promotes the values of governance excellence and models qualities such as honesty, integrity, resilience, and confidence.*&lt;br&gt;Consistent with this, the board:&lt;br&gt;• Surfaces ethical issues when they occur, and devotes appropriate time and energy to resolving those issues in an ethical manner;&lt;br&gt;• Recognizes the challenges of character for the whole board that are implicit in fulfilling its responsibilities (e.g., caring and compassion for others; resilience; flexibility to adapt the course where appropriate; maintaining integrity to its values; honesty in its financial obligations; courage to stay the course where appropriate; and the ability to generate and maintain trust both internally and with its public;&lt;br&gt;• Manages risk prudently and effectively to ensure the organization delivers service in a safe and sustainable way in line with relevant standards;&lt;br&gt;• Articulates its values in board policy and has a code of conduct and policies that guide behaviours.</td>
<td><em>The board member:</em>&lt;br&gt;• Models and promotes the values of the organization;&lt;br&gt;• Contributes to the development of, and then adheres to the board’s code of conduct;&lt;br&gt;• Is conscious of personal conflicts of interest and (1) articulates a potential conflict, and/or (2) recuses themselves at times where a conflict may exist, or is perceived to exist;&lt;br&gt;• Articulates, when appropriate, how personal values influence his or her position on board issues;&lt;br&gt;• Retains fidelity to stated moral principles throughout board decision-making;&lt;br&gt;• Demonstrates sound and honest financial stewardship of board affairs;&lt;br&gt;• Has the courage to be a dissenting voice and or to permit dissent during problem solving and decision-making, but recognizes that leadership speaks with one voice once a decision has been made;&lt;br&gt;• Champions/models the value of caring and compassion in his or her dealings with others.</td>
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<td><strong>Engage Others</strong></td>
<td><em>The board</em> supports, promotes and challenges development of itself as a group to achieve and maintain governance excellence, of its individual members to achieve excellence as governors / trustees, of its CEO and management cadre to achieve excellence as administrative leaders, and all others in the organization to achieve professional and personal excellence.*&lt;br&gt;Consistent with this, the board:&lt;br&gt;• Has a defined process for board member succession,</td>
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### LEADS in a Caring Environment: Healthcare Governance Leadership Profile

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|       | orientation, assessment, feedback and development planning.  
- Has expectations that the CEO has policies and processes related to succession planning, talent management, and staff development within the organization in place to ensure leadership depth and continuity.  
- Encourages and supports CEO and executive development and has a succession planning process in place for the CEO. |       | Is willing to be coached or mentored for own professional/leadership development. |
| Contribute to the Creation of Healthy Organizations | The board creates engaging environments where others have meaningful opportunities to contribute and ensures that resources are available to fulfill their expected responsibilities. In the boardroom, trustees are engaged and treat each other with civility and respect. For the organization, the board will direct the CEO to ensure that workplaces are healthy and safe and that healthy workplace behaviours are supported and encouraged. Board members will model positive behaviours that contribute to workplace health. Consistent with this, the board:  
- Encourages an appropriate diversity of perspective and board member participation such that members participate, and feel respected, safe, and heard when they participate;  
- Monitors the boardroom climate and integrates this information to improve meetings and other board activities;  
- Has a policy regarding workplace health within the organization as an operational expectation and monitors performance indicators related to organizational health. | The board member:  
- Models organizational values, act consistently with board behavioural norms and expectations;  
- Treats each other with civility and respect;  
- Seeks and acts on feedback regarding opportunities to strengthen team skills;  
- Encourages active participation of all board members in board deliberations;  
- Shows understanding of, and respect for standards of the health professions and ensures they are not diminished through board action;  
- Monitors efforts of the CEO to measure and review the health of the organization’s staff, reviews performance in this regard, and takes action when appropriate |
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| Communicates Effectively | The board listens deeply and encourages an open exchange of information and ideas using appropriate communication media. In the boardroom trustees speak openly and effectively on their respective viewpoints, and they listen carefully to each other. The board works closely and collaboratively with the CEO. On the one hand, it carefully listens to advice, information, status, and results provided and or reported by the CEO. On the other hand, the board clearly communicates its direction, delegates responsibility, and provides feedback on results achieved. The board listens carefully to government policy-makers, communities, and the general public in order to understand health-related values, interests, and needs from numerous perspectives. Consistent with this, the board:  
  - Has effective internal communication processes so that members have the information they need in order to carry out their responsibilities and participate fully in meetings;  
  - Organizes and conducts its meetings effectively and efficiently and consistent with its role;  
  - Has well defined processes to link / communicate with the CEO. CEO expectations in relation to communication and support to the board are well defined and communicated  
  - Communication protocols and processes with the Ministry support respective roles and facilitate effective ongoing communication on system ends and strategies priorities and alignment of policy decisions.  
  - Champions and employs a strategic communication plan that is active and influential, and that utilizes technology and media effectively | The board member:  
  - Ensures that the vision—caring for patients and public—permeates all communications  
  - Keeps abreast of board information and attends meetings fully prepared to participate  
  - Participates fully and effectively in board meetings  
  - Communicates with the CEO, Ministry and others appropriately within the role assigned by the board.  
  - Communicates key messages in a manner consistent with board decisions, the strategic direction, and board policies.  
  - Listens carefully at board meetings, or when engaging with the public or outside agencies  
  - Practices the skills of dialogue when in-depth investigation of an issue is required  
  - Questions CEO, other board members, or public representatives effectively for deeper understanding |
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<td>Takes action to “hear” from the community and public re: their priorities for the health and wellness of the population the board serves.</td>
<td>The board facilitates environments of collaboration and cooperation to achieve results in the team environments within which it must effectively operate, namely as a group within its own boardroom, as a partner with senior management in steering the organization, and collaboratively with policy-makers to support effective policy-making and realization of policy direction. Consistent with this, the board:</td>
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| Build teams | - "Speaks with One Voice” once decisions are made, but encourages and seeks diversity and difference of perspectives during decision-making.  
- Has well defined and understood processes for conflict resolution and utilizes them when necessary.  
- Conducts regular board team planning and development meetings and establishes and follows an annual development plan.  
- Works effectively with senior/executive management to set the direction for, monitor performance of and report on the results achieved by the organization in a way that respects clearly defined roles and responsibilities;  
- Works effectively with government policy-makers to provide advice and input into policy direction, particularly in relation to short- and long-term implications for organization operations (quality, efficiency and access considerations), health outcomes, and community impact. |
| Trustees | The board member: |
| |
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| Knows factors that contribute to high performance teamwork, and systematically assesses the performance of the board relative to those factors.  
- Is sensitive to the need to encourage a contribution from each board member so as to maximize their unique perspective on issues.  
- Participates fully in board discussions in meetings and outside of meetings.  
- Declares personal values, interests, and conflicts which could influence perspective and opinions.  
- Speaks and acts in a manner consistent with board decision and direction, and effectively communicates that direction.  
- Board members speak clearly to present their distinct values, priorities and perspectives during board discussions but do so in a way which respects other members and agreed-upon group norms and processes; |
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<td>Achieve Results</td>
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<td>Align Decisions with Vision, Values, and Evidence</td>
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<td><strong>Consistent with this, the board:</strong></td>
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<td>• Has an ethical decision-making process which is values based, considers evidence and customer need, and clearly documents decisions, responsibilities and requirements.</td>
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<td>• Reviews strategic directions in relation to the evidence required to support decisions, and specifications as to how decisions will be documented.</td>
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<td>• Engage in “generative” discussions with the CEO [and where appropriate, others the board or CEO deem to involve], particularly in relation to strategies aimed at achieving organizational vision and results.</td>
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<td>• Requests and receives—from the CEO—appropriate briefing, information, and/or intelligence pertinent to decisions to be made and that require a values and evidentiary component to that briefing.</td>
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<td>• Requires the CEO to report on the effectiveness of key elements of the organization—human resource functions, budget functions, information management functions, research and knowledge generation and sharing, etc., and how they are aligned with strategic direction.</td>
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<td>• Conducts due diligence to ensure that all key elements of a health organization—human resource functions, budget functions, information management functions, research and knowledge generation and sharing, etc.—as designed and reported by the CEO—are aligned with strategic directions</td>
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| **Take Action to Implement Decisions** | The board monitors and stays abreast of government policy direction, health needs, values and priorities of the public and communities served, and best practice evidence related to health service delivery. The board will take steps to clarify the rationale underlying its strategic direction, and as required in the face of new and compelling evidence, adjust it and clarify expectations and outcomes for the organization with the CEO and communicate this to those on whose behalf it governs. Consistent with this, the board:  
- Systematically reviews the CEO’s [and organization’s] performance and takes supportive and/or rehabilitative action when appropriate.  
- Designs, approves, and implements action plans, consistent with decisions made, and holds itself and/or the CEO [as appropriate] accountable for their implementation.  
- Responds quickly and decisively when immediate circumstances suggest such action is warranted, but does so in a strategic context [i.e., long-term viability of the organization] | **The board member:**  
- Advocates for, and participates in, board deliberations that outline proposed actions, personal responsibilities, and accountabilities.  
- Accepts his or her responsibilities and accountabilities for actions that need to be taken commensurate with board decisions.  
- Acts commensurate with the principle that the board’s approved strategic direction is the board’s direction to the CEO, and that the CEO is responsible and accountable for achievement of acceptable results in relation to the strategic direction.  
- Argues for sufficient time and information to be provided to determine appropriate actions and to implement the best possible decisions. Takes personal responsibility to promote effective governance and directly participates in planning and activities which contribute to this.  
- Recognizes that the board speaks with one voice once a decision has been made, and personally advocates for the board’s decisions in the public arena.  
- Is willing to take action when the situation warrants it (i.e., crisis situations, or when the long-term viability of the organization is threatened). |
| **Assess and Evaluate** | The board acts in a manner consistent with its own policies and the values of the organization to yield effective, efficient, public-centred service. On the basis of this direction, the board will establish appropriate monitoring measures, evaluate outcomes, hold themselves and others accountable for results achieved against benchmarks and correct the course as appropriate. As part of its accountability, the board will communicate results as well as its corrective | **The board member:**  
- Champions clarification and use of appropriate indicators of performance that are relevant to the patient and community mandate of the board—in terms of outcome performance.  
- Monitors board compliance with regulatory |
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<td>steps to its funders, the general public, and key partners. Consistent with this, the board:</td>
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<td>requirements.</td>
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<td>• Engages the CEO to ensure appropriate, fair, accurate and meaningful performance indicators and interpretation rubrics are in place to assess and evaluate organizational/CEO performance, particularly in relation to quality and safety, finance, employee health and wellness, effectiveness of processes and procedures used to get results, and client/patient outcomes—keeping in mind their relevance to the public as well the organization;</td>
<td>• Takes time to review and explore the implications of key performance reports in terms of the viability of the current strategic plan and operations of the organization, and/or the need to make course corrections.</td>
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<td>• Systematically receives, analyzes, and utilizes key performance data to assess organizational performance in achieving stated results, and as required, to make necessary course corrections;</td>
<td>• Understands the monitoring metrics used by the organization as well as their meaning, implications and relevance.</td>
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<td>• Establishes and systematically conducts a fair and accurate evaluation protocol for the CEO related to: (1) organizational performance; (2) effective risk management; (3) CEO leadership ability and (4) accomplishment of goals in line with the strategic direction of the organization;</td>
<td>• Actively participates in board meetings by asking questions which promote improved board monitoring ability and/or CEO/organizational performance.</td>
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<td>• Involves the CEO in generative discussions to design and conduct the CEO evaluation process;</td>
<td>• Expects that reports to the board re: key performance indicators are presented in such a manner that they can be understood and used for decision-making within a board context.</td>
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<td>• Engages the CEO in discussions regarding the relevance and quality of monitoring data, indicators, and decision-making criteria regarding CEO performance and/or compliance with board direction;</td>
<td>• Adheres to defined roles and responsibilities in the CEO evaluative process. Does not politically interfere.</td>
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<td>• Monitors and evaluates its own performance and functioning as a board.</td>
<td>• Participates in generative discussions regarding CEO evaluation; monitoring and interpreting data and metrics; achievement of outcomes and or compliance requirements.</td>
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<td>• Champions the use of, and participates in, processes to evaluate board effectiveness as well as the design of and implementation of improvement tactics.</td>
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| Purposefully Build Partnerships & Networks to Create Results | The board creates connections of trust and shared meaning with individuals and groups across the spectrum in order to promote and support population health outcomes as well as system performance in line with its strategic direction. Consistent with this, the board:  
  - Identifies key organizations in its area of service that have a role to play in effective and seamless patient/community service and/or in facilitating achievement of the board’s strategic purpose.  
  - Develops formal agreements of shared purpose—of an appropriate nature—with governing bodies of provider organizations, community groups, and professional associations, when those organizations have a role in serving the board’s population. Monitors the efforts of the CEO to utilize formal approaches to consolidate appropriate coalitions to realize the organization’s strategic direction and desired results.  
  - Explores the potential of formal relationships with other social services, education, and the private sector when those relationships can support the efficiency, effectiveness, quality, safety or health impact of health service delivery.  
  - Supports coalitions built with academics and the community that are vital to the interests of its organization.  
  - Works to build trust between individuals representing the organizations in the coalition, and between organizational members. | Owner and Partner Focus. The board member:  
  - Knows who the board governs on behalf of and protects their identity and interest in all negotiations with outside groups.  
  - Participates in the development and implementation of efforts to engage key health sector organizations and groups.  
  - Is open to, and explores the potential of, relationships with organizations outside the health sector—social services, private enterprise (e.g., P3s), K-12 education, post-secondary institutions—when it is in the best interests of the member and board (or organization) to do so.  
  - Understands the mandate and interests of potential or current partners and stakeholders and how these intersect with the mandate and interests of the organization.  
  - Contributes effort to effectively negotiate formal strategic alliances and or partnerships if delegated to do this on the board’s behalf.  
  - Demonstrates consideration for the unique needs, circumstances, and priorities of coalition entities  
  - Is willing to dedicate time and resources—both personal and organizational—to maintaining and furthering ongoing coalition relations.  
  - Dedicates time and effort to processes established by the board to monitor the efforts of the CEO to build coalitions in support of the organization’s goals.  
  - Advocates for, and helps establish, processes to monitor the success of coalitions and takes steps to either continue them (when they are in the best interests of the board to do so) or close them |
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| Demonstrate a Commitment to Customers and Service | The board facilitates collaboration, cooperation and coalitions among diverse groups and perspectives aimed at learning to improve service. The board uses a range of means and methods to learn about the patient / client experience, defines and communicates those expectations to the CEO, and actively promotes the organization’s commitment to patient-client experience to the community.  
For example, the board:  
- Identifies the population it is serving and has an in-depth understanding of its health needs and values;  
- Employs formal processes to systematically link with the population it serves [i.e., evidence-based approaches, tools and methods to gather input] to inform the strategic direction and goals of the organization so that health needs and priorities are addressed;  
- In its interactions with the public, other organizations, and with government, advocates for, and makes decisions consistent with high quality patients, families and citizens care.  
- Provides clear direction to the CEO in relation to its expectations regarding engagement of the population it serves, particularly in relation to quality, safety and patient/client experience [e.g., effective standards and processes are in place and followed]. Utilizes the rigorous process that is in place to monitor organizational client quality, safety, and experience results.  
- Monitors operational policies and processes for | The board member:  
- Knows who is the customer of the organization.  
- Understands how the board can contribute to quality, safety and patient/client experience for that customer through stewardship of appropriate coalitions.  
- Participates effectively in board efforts to engage its customers and recipients of the organization’s services.  
- Is aware of relevant provincial and/or national priorities, standards and benchmarks and their relevance to the organization.  
- Is open to learning about the client/patient experience and uses this information to inform discussions on direction setting and monitoring.  
- Respects board-management delegation principles [i.e., through its direction to the CEO] and participates in dialogue and discussion relative to that principle aimed at monitoring coalitions built in relation to organizational performance. |
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<td>Mobilize Knowledge</td>
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*Relevant governance topics could include: health and service need trends of the population; best practices and priority areas for change within healthcare service delivery; effective health system leadership and governance; and trends within the broader political, economic, social and technological environment which may affect the healthcare industry or organization.*
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| ● Creates opportunities to discuss new knowledge with internal and external partners and explore its implications for healthcare outcomes at system and societal levels and the vision and goals of the organization;  | ● Challenges regulatory provisions that “get in the way” of effective knowledge sharing, as long as they respect the basic principles of privacy and freedom.                                                                 | **The board member:**  
- Has solid knowledge of the ownership of the organization, including demographic and health service trends and needs and a broad understanding of population values in relation to health service priorities.  
- Is sincere about the needs of his or her board and subsequently the population it serves. That sincerity underpins his or her interactions with political actors.  
- Has highly sophisticated interpersonal skills and enjoys interacting with others.  
- Takes initiative to develop and maintain effective politically oriented relationships.  
- Dedicates time and effort to the informal and social aspects of his or her role that help him or her to be well informed.  
- Develops personal relationships with key individuals in the coalitions that are necessary for board and organizational effectiveness.  
- Understands the role of government and policy-making processes in relation to the organization/board mandate and strategic direction.  
- Cultivates positive working relations with government partners and works collaboratively to share information and perspectives as a means to build                                                                                                                                 |
| Navigate Sociopolitical Environments                                | The board is politically astute and effectively negotiates through conflict and mobilizes support. This means that the board has deep knowledge of political realities and trends, government processes, global policy direction, and community/public sentiments; is viewed as a credible body that operates in an objective, fair and balanced way; and is able to maintain an environment where competing priorities are responded to in a way that balances operational realities and organizational mission.  | For example, the board:  
- Engages with government partners to ensure alignment of plans and priorities and to communicate quality, safety, and health outcome implications of various policy options;  
- Engages with government partners to advocate for the unique needs of its population, and for appropriate methodologies for service agreements, accountability, and board autonomy as it relates to serving its population’s needs;  
- Provides direction to the CEO such that the organization develops ongoing, systematic operational processes that facilitate realization of the coalition’s goals;  
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|       | • Establishes protocols for conflict resolution of disputes between coalition members;  
|       | • Has robust information about the population it serves, including statistical/demographic information, values assessments, health needs assessments, population health profiles, etc. and uses this information to inform/articulate the strategic direction and goals and to balance individual perspectives of sub-groups of the owners. | • support for key strategies and/or goals.  
|       | • Finds and takes advantage of informal opportunities to link directly with patients/clients to understand and learn from their experience so that this perspective can help them understand the value of coalitions under their stewardship. | |
| LEADS in a Caring Environment: Healthcare Governance Leadership Profile | The board thinks analytically and conceptually, questioning and challenging the status quo to identify issues, solve problems and design and implement effective processes across systems and stakeholders.  

*Consistent with this, the board:*  
• Has a wide range of knowledge about the community or region in which they govern and the public they serve;  
• Takes time, as a group, to critically examine the impact of current patterns and processes on future results, particularly in relation to the needs, expectations, and health outcomes of the public;  
• Adopts systems thinking (complex adaptive systems) perspectives, tools and methods to explore the complexity of health service delivery in their community;  
• Explores opportunities to engage the community and others at a societal level to assist with the transformation of health services and improve health outcomes;  
• Pushes up against traditional boundaries when those boundaries mitigate effective service delivery to the population served;  
• Explores implications of universality of care, quality of | The board member:  
• Has a strong knowledge about the health and wellness needs which the organization serves and the complex factors that influence the achievement of those needs in the community or region in which they are governing.  
• Thinks analytically and conceptually to identify patterns of social behaviour re: health and wellness that challenge governance of the organization, and explores effective processes for the board to deal with them.  
• Is able to apply a systems thinking (complex adaptive systems) perspective to the challenges of large-scale transformation that the board faces.  
• Understands the difference between mechanical systems (for simple and complicated problems) and organic systems (for large complex problems) and the different tools used to critically examine them.  
• Is able to imagine the implications of current patterns and processes on future outcomes.  
• Is open to multiple perspectives from the community, stakeholders, and other board members, and contributes their own when participating in board discussions on ways to engage with society in solving emergent health and wellness issues. |

**Systems Transformation**

**Demonstrates System/Critical Thinking**
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| care, appropriateness of care, and access to care for board policies and organizational strategy;  
- Consistently challenges assumptions held by the organization, policy-makers, partners, and population/ownership about population health needs / trends, health service priorities, and strategies;  
- Seeks approaches to address needs within sustainable resource levels using credible information. | • Is committed to universality of care for all members of its catchment area and commits to policy directions that will enhance access to care, quality of care, and appropriateness of care for the population it serves. | |
| Encourage and Support Innovation | The board creates a climate of continuous improvement and creativity aimed at systemic change.  
**Thinks Creatively and Promotes Innovation.**  
Consistent with this, the board:  
- Articulates its own position statement in support of practices of continuous improvement and creativity aimed at improving services to patients/clients in their care;  
- Expects the CEO to establish an innovation agenda for the organization, and to outline the methods by which that agenda will be achieved;  
- Advises and supports the CEO in creating policies, processes, and opportunities to stimulate innovation in health service delivery;  
- Supports the implementation of innovative programs and services that tackle societal needs addressed by its organization;  
- Utilizes tools and methods to generate creativity of thought and action as it relates to how the board governs itself, the organization, and the community it serves;  
- Adopts a reasonable risk-taking approach and rewards and recognizes innovation by the CEO/organization. | **The board member:**  
- Models creativity and openness to new ideas when seeking solutions, and balances immediate priorities with longer term/strategic goals.  
- Understands that public needs, expectations, and health outcomes are evolving, and that there is a great demand for personalization of care.  
- Knows the power of organizational culture in terms of how it can either block or facilitate the achievement of innovation.  
- Explores the processes of innovation and develops an appreciation for its value and contribution to improved healthcare.  
- Recognizes that technological innovation (e.g., new health technologies such as tiny pacemakers) and social media innovation (e.g., health apps and instant communication) can have a significant potential impact on health service delivery, and is curious about those potential impacts.  
- Is aware of the benefits and risks of different models of change and innovation as applied in a health context.  
- Exercises imagination and judgement, navigates complex situations with incomplete information. |
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<th>LEADS</th>
<th>Board</th>
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<tr>
<td><strong>Orient Themselves Strategically to the Future</strong></td>
<td>The board operates with a future focus, which does not preclude its other responsibilities but which emphasizes relationship building, knowledge sharing, and participation within a holistic/system context with the overall intent of working with multiple others to co-create a sustainable healthcare system for current and future generations. Consistent with this, the board:</td>
<td>and is prepared to make decisions where risks may not be fully known (i.e., knows the limitations of traditional risk management).&lt;br&gt;<strong>The board member:</strong>&lt;br&gt;• Understands the reality that change to improve quality and outcomes is continuous, and needs to be driven by a desired future state.&lt;br&gt;• Asks key questions regarding possible future trends, and explores their implications for the organization’s mandate as it relates to the sustainability of that mandate into the future.&lt;br&gt;• Is adept at conceptualizing futures and the trends and practices that must be considered in creating those futures.&lt;br&gt;• Actively champions systematic environmental scanning, and participates in board activities aimed at doing so.&lt;br&gt;• Explores and utilizes his or her experience and wisdom to make judgements re: the important issues that need to be addressed in order to shape the desired future.&lt;br&gt;• Identifies the values and practices of the past that need to be preserved and advocates for their retention.&lt;br&gt;• Seeks out knowledge about best practices that might be employed (or adjusted) to create the desired future.</td>
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<td>• Is oriented to the future and remains open to possibilities which more effectively address the evolving needs and priorities of the population served;&lt;br&gt;• Identifies shifts in trends, values, and technologies that will affect, whether positively and negatively, the organization’s ability to fulfill its mandate;&lt;br&gt;• Scans the environment to ensure its strategic plan is up-to-date and reflects the evolving needs of its owners;&lt;br&gt;• Uses future-oriented information to inform understanding of trends and future direction, as well as information that supports assessment and evaluation of past performance;&lt;br&gt;• Takes an approach that reflects a commitment to creating a shared future that will preserve health and wellness care now, and for subsequent generations;&lt;br&gt;• Explores best practices at play in other jurisdictions and their potential for use in the organization from a desired futures perspective.</td>
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<td>Champion and Orchestrate Change</td>
<td>The board acts as a catalyst to bring groups and people together to share information, knowledge, and perspectives in order to create solutions that will help the healthcare system navigate through its most pressing current issues and bequeath to the next generation healthcare services which are effective, responsive to their healthcare needs, and provided in an affordable way.</td>
<td>The board member:</td>
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<td>Consistent with this, the board:</td>
<td>- Examines and adjusts his or her attitudes and behaviours as they relate to the challenge of change: i.e., personal willingness to identify and change habits of personal action and organizational culture that need to change.</td>
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<td>- Welcomes change as an opportunity to promote practices and approaches which contribute strategically to addressing health needs and priorities of the population;</td>
<td>- Acts as a credible spokesperson for the board (and organization) in both formal and informal situations.</td>
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<td>- Establishes priorities for change commensurate with patient/family/citizen needs;</td>
<td>- Advocates effectively for changes the board is promoting for its ownership, and is able to provide evidence that validates the changes, as well as the processes for creating the changes.</td>
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<td>- Directs the organization through its most pressing current issues in ways that bequeath to the next generation a greater capacity or stronger capability than was inherited;</td>
<td>- Advocates for actions that address current issues, but also are consistent with maintaining momentum towards a sustainable health system for future generations.</td>
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<td>- Supports the CEO in creating opportunities for health professionals and staff to explore and create new potential ways of carrying out organization services;</td>
<td>- Participates, when needed, in activities, projects, community interactions aimed at gaining support for organization and system change.</td>
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<td>- Approaches change and transformation from the perspective of “health for all, health by all,” and seeks opportunities to engage the whole system to create the changes necessary to support healthy communities;</td>
<td>- Understands the organization’s ends (vision and goals) and is able to effectively discuss these with others as a means to find common ground and opportunities for collaboration.</td>
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<td>- Utilizes tools, techniques and methodologies that will engage diverse groups in creating social change in the board’s catchment area;</td>
<td>- Actively models behaviours and norms based on a “caring culture” as a means to promote and support a resilient environment, which can rise to the challenge of change.</td>
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<td>- Supports change practices that work across all professions, all organizations it governs, and all</td>
<td>- Supports the CEO when s/he fulfills expectations re: a changing organizational approach, and asks pertinent questions aimed at improving that approach.</td>
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<td>community contexts;</td>
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<td>• Expects the CEO to have a change strategy in place to support the</td>
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<td>organization through change;</td>
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<td></td>
<td>• Advocates for—with policy-makers and government—changes that are</td>
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<td>of benefit to the people and communities it serves.</td>
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