Regional Health Authorities Board Conference - Day 1: Governance

Q1. What are the biggest governance issues/challenges experienced by health care boards and trustees?
(What have you observed/experienced as someone supporting a health care board? What issues have you experienced as a board of trustee? Did you know before you joined the board what you were responsible for? What do you wish you had known then that you do now?)

- Responsibilities to respond prior to orientation completed
- Overall orientation to structure and operations of board to understand, especially if outside health
- Significant change in role from previous board experience
- Distinguishing between day to day operations and quality of care responsibility
- Political influence may prevent decision making that impacts boards responsibility for fiscal responsibility
- Manage community to manage expectations
- Size of regions and associated challenges in terms of various needs
- Geography – urban/rural differences
- Number and diversity of stakeholders (Aboriginal groups in Labrador)
- Expectations of service by patient/clients/government
- Recruitment and retention of staff
- Big picture system thinking versus meeting needs of the community
- Told what to do with funding / have savings can't reinvest back into system
- Timely appointments to the Board / enough trustees for committees / skill set for trustees
- Attracting people to serve on unpaid Board
- Autonomy to make changes
- Changing culture
- Operational vs governance-understanding the difference
- Understanding the role of the board, knowing what the time commitment is,(huge expectation and commitment). Some members not being informed before joining of the expectation
- Professional development for Board Members is needed and it has to be ongoing
- Succession planning is critical
- Support from Government
- Diversity of the board/gender equity

- Understanding our governance oversight role
- What to pay attention to in terms of risks and understanding of complexities of health care - a different language
- Huge time commitment and requirements here (balancing expectations for employed members vs retirees); travel
- Need for appropriate orientation and training for board members – use of virtual and online orientation
- Governance vs operations – what do I need to know and how do I know I am getting the right info to make decisions, how do I stay ahead
- Recruitment of new board members can be challenging; succession planning is an issue; identifying right skill sets for Board
- Alignment and coherence of all Boards on strategic planning
- Recruiting of Board Members – Lengthy process of recruitment and political interference in this process. The process needs to be cleaner, tighter, more succession planning, IAC – much more responsive, need more skill mix, more communication with Boards prior to appointments, more knowledge of Board needs, inventory of skill needs
- Negative –Some Board members have no idea of the large commitment when joining the Board - need to have more information on breakdown of Board, sub-committee commitments – i.e. number of meetings, time frames, etc.
- Positive for CAC level – where asked to attend an exploratory meeting prior to, was well informed coming in to CAC
- Roles and responsibilities as new trustee took several years to understand. Orientation on onboarding improve to support
- Big commitment and responsibility that might not been understood by trustees initially
- Board appointments are slow
- What is expected of volunteer and the work can be overwhelming - some boards are paid
- Representing an area/public expectations – coming to the trustee for operational issues
- Governance versus operations
- Understanding role upon acceptance of a trustee role
- Healthcare is bottomless financial drain – expectations are very high
- General public understanding of cost
- Depending on other board members to have the knowledge of finances yet being responsible for the oversight as a board
- Need for the expertise around the table in various areas
- Having the right people in the make-up of the board
- Having resources for ongoing education and training
- Aging populations of people willing to volunteer for boards – need diversity and balance of new ideas versus experience
- Time commitment to fulfill role effectively
- Employers willingness to allow board members the time to participate
- Appointment process
- Culture to feel free to question
- Did not know much about the health board
- Previous experience in School board
- Number of issues, physicians
- Very demanding board, a lot of meetings
- Meetings at different locations, large geography

- Some people say its difficult to attend meetings if you are employed
- Governance; best board I've been on, everyone understands
- Need good leadership to achieve good governance, how do you achieve it without good leadership
- Some people need professional development when first joining
- No health background, helpful to get into the operations
- Governments perspective, understand what is being presented
- Dr. Vaughn's report is a good roadmap
- Need to know role and motivated to understand it
- Level of information to give to board, what is the right balance
- Trustees need to know what to ask
- Need to be actively engaged and ask tough questions
- Healthy tension is good
- Trustees role is different than senior leadership
- Youth not represented on board
- Youth on community advisory committees (CACs)
- How to get input or wider representation of population
- Also wider professional inclusions
- Not sure about other boards
- Diversity to include people your serving
- Board composition is critical
- Getting head around patient quality and safety
- Data for quality and safety and how accurate and valid it is
- How do we determine if the care is quality care
- How much information is needed and how much is necessary - i.e. quality and safety
- Financial challenges – not a comfortable place to be as a Board Trustee
- Understanding of the Health Care Act – RHA Act, Patient Safety Act
- Governance and Management and where that line falls
- Realizing that the Board member represents the region and not a specific town/area – this is perceived differently
- How can we continue to provide services to the large geographic area with the same processes and structure that we have now – i.e. seniors living in rural communities and needing to access services that are miles away – how we deliver care needs to change
- We are content with incremental change
- Lack of solid orientation and training
- Lack of diversity on the board – the board needs to represent the population
- Skills matrix – this is what we have, this is what we need, etc.
- Time commitment for meetings and committees

- Remuneration – travel expenses are paid but salary replacement would be helpful for board members to assist in allowing all to participate
- Agility and need to be able to experiment and fail in healthcare – limited by finances, politics, constraints in HR resources (turnover) and pubic expectations
- Big organizations with huge accountability to oversight and policies – can be overwhelming for a new board member and access is not always there in orientation as you maintain governance
- Need to ensure leadership skill is maintained as system changes through governance strategies
- Board members no longer involved in hiring the CEO as it goes through the IAC - this could have future negative implications – even Board Chair is not always involved in the process – limits succession planning

Q2. What ideas do you have to overcome these challenges? Who would be responsible for each action?
(I.e. individual, board, collaborative - who should be involved in the collaborative)

Governance issue/challenge	Ideas to overcome the issue/challenge	Responsibility
Orientation/education	• Provincial general orientation for all boards – build robust process • Letter from minsters office could include standard materials • Consistent onboarding package for all RHAs • All new board members could start on the Quality and Safely committee to understand • Quarterly education requirement and rotate responsibility	Committee with RHA rep and HCS representatives, experienced board members
Political influence	• Orientation of politicians to the role of trustees as well • ICD training – full breath	Engage committees with change
Manage expectations of community	• Orientation around role and responsibility internally and externally • Difference between advocacy and governance	Engage communities Visit and meet with communities Stakeholder meetings with board members Senior leadership visibility
More autonomy over Budgets (not being able to reinvest savings)	• Conversations with government "If you want outcomes to be better, you have to give us the ability to make decisions."	Board chairs as a team

Size of regions and various needs (Aboriginal)	• Awareness and continuous education - communities, trustees • Work to eliminate silos	All
Operational vs governance	• Standardized training/orientation • Annual meetings where Boards come together	DOHCS collaboration with the Boards
Understanding the commitment prior to joining	• Standardized training/orientation • Annual meetings of Boards	DOHCS collaboration with The Boards
Ongoing professional dev and succession planning	• Standardized training across the province that needs to be mandatory • Annual meetings	DOHCS in collaboration with the Boards
Board Orientation & Training (Understanding Complexities; Liability; Accountabilities)	Virtual tools; online training, ICD education; peer mentorship; orientation by Exec Team; performance check ins; trustee evaluations (continuing to learn)	Board Chair & CEO Role of the Minister/DM ICD
Board – Time Commitments & Travel Requirements	• Use of Technology – virtual tools • Clear expectations upfront • Use of consent agenda • Reduce # Meetings & # Committees	Board Chair & CEO Governance Committee
Recruitment; Considering skill sets, interests & geographic representation; Succession Planning	• Appointment process to enable Board involvement • Develop skills matrix • Boards identifying known individuals meeting reqmts • Using CACs (Community Advisory Committees) as potential recruitment grounds – developmental	Gov't – IAC Board Chair & Trustees Governance Committee
Recruitment of Board members	• Work with IAC to streamline their process and improve timelines of appointments	IAC and RHA Boards
	• DHCS responsible for finalizing appointments – Provide more indebt knowledge of the need of involvement required of Board members. i.e. Board meetings, sub-committee work, continual education /training, etc.	Department within DHCS
	• Develop a provincial education Board training program	

	• Revisit the prior work of the NLHBA that folded, look at this prior work and set a provincial standards for RHA Board consistence	
	• Recognition of Board of member's commitment	
Roles and responsibilities	• Public education about Board Appointment prior to people deciding to submit names for consideration	IAC, Government or health regulators
	• Orientation, is there an opportunity to have some components standard for new trustees, HIROC, CPSI, Accreditation, Government (because government does a general orientation on Board appointments, role and responsibilities and how to apply)	Boards, Government
Appointment of New Trustees	• Boards need to have a role in the appointment process	Boards
	• Link of IAC back to Boards for input and feedback	Boards and IAC
Appointment of new trustees is slow and creates void and workload issues for existing members	• Link of IAC back to Boards	Board and IAC
	• IAC feedback survey	
Diminishing volunteer pool	• Skills matrix, identify and seek specific needs and filling gaps	Board and IAC
	• Consider payment for volunteers or improve compensation	
Need for diversity of board members	• Independent appointment commissions is in place • Boards need to highlight needs to the commission • Mechanism should be in place to relay current skill mix and any gaps to the appointment commission	Board of Trustees with support from the RHAs. Chair to communicate to the appointment commission of the need. Discussion with the DOHCS to begin advocacy through proper

	• Needs matrix should be developed to reflect an effective board and be consistently developed across the RHAs • Boards should project skill need in short term and long term planning • Advocate for the appointment commission to consider the gaps in the matrix along with the merits based system • Matrix should consider skill set and regional perspectives • Advocate for reasonable costs for people to attend from very diverse areas geographically etc.	channels to the appointment commission regarding correct diversity and timing of appointments for sustainability
Governance versus operations – trustee and public understanding	• Develop trustee education plan on governance • Provide operational highlights to gain insight needed by trustees • Explore mentorship opportunities and expertise from external resources if there is a need identified by the board • Educate potential board members on responsibilities and expectations prior to acceptance of appointment • Equip chair to navigate the boards involvement in operations and their responsibility	
Board composition	• Make suggestions to DM or Minister of H&CS	Board members/chair
Time commitment Different meeting locations increase time commitment	• Conference calls, save some travel time • Weekend meetings travel Friday meet Saturday and Sunday morning, then no other in person meetings, just skype • Travel when not likely inclement weather	
New board member orientation	• Training documents, local conference attendance, too much information can be overwhelming. Board might need an education budget for professional development • Consent agendas important, allows for more strategic discussions	

	• Strategic plan - place values on agendas good reminder • May be different learning curves depending on level of awareness	
Areas of focus – so much	• Engagement – community - engaging the community and having the public drive the agenda	RHA Boards
Lack of orientation and training – onboarding process	• Solid orientation and training program. Well developed Onboarding program • This needs to be led provincially, it needs to be consistent – the understanding of legislation, governance and management issues, Canada Health Act, RHA Act – all of these things are the same across the RHA and they should be standard. The RHA context can be provided by each RHA – the regional context. • Annual meeting with Boards. • Education sessions for the general public – so people know what they are applying for.	Department of Health and Community Services – with the RHAs
Data – Sometimes too much and sometimes too little to monitor what is required i.e. culture, quality and patient safety, finance	• Standard templates around this – standard indicators – some would be specific to RHAs and other data should be standard. Some are the same across the boards – occurrences, adverse events, etc.	Department of Health and Community Services and RHAs – partnerships between the RHAs – we need to share
Agility and need to experiment	• Recognize the role that Governments play in RHA Board Appointments and organizational resources/finances • Role of the Board and RHA in providing input back to Government on indicators, challenges, etc.	Board of Trustees and RHA
Board Orientation	• Development of professional development policies for new members; can the orientation be a phased-in process; interacting with key stakeholders within the RHA as the orientation process occurs during the first few months as healthcare is complex; do we need patient advisors on the Board; patient stories at the Board table that show where improvements need to be made (not always the good stories); ICD program education; and ask	Board of Trustees and RHA

	Board Members what their needs are similar to the patient engagement approach	
IAC for hiring of CEO	• The Board Chairs collectively, could bring this to the Government table for discussion.	Board of Trustees

Q3. What should an onboarding/professional development program for the province include?

- ICD training
- Proper orientation program
- Annual retreat
- Midterm program -2 years into appointments
- Existing board members sitting in on orientations as well
- Continuing education credits possible –maintain board member status reach so many credits
- Overview of appropriate acts
- Media training
- Risk management issues
- Expectations – How many hours, how many trips, on the committee structures specifically
- Procedural breakdown by department education – e.g., nurse practitioner, medical doctors, specialist etc. Would lower gray area between operations vs governance
- Do not have to reinvent the wheel, work together and have a similar approach
- There was one point and time documents from past NLHBA, regarding service - dust off information and review with RHA Board Chairs/trustees and update. Make available to all online for review and feedback and dialogue
- Precursor conversations prior to the appointment
- Require a basic level of understanding prior to applying for government board committees
- What are the elements in the education that need to be included for new Board members? I.e., Do not have to do the budget however have to understand the budget; committee structure of the Board and how do they work
- What is the Boards responsibility with regards to medical staff?
- Governance focus vs operational
- Interpreting financial statements
- Committee structures of the Board
- Board operational and accountabilities
- Legislation and bylaws of the Board
- Director Liability, Risk & Legal Liability
- Standardized provincial approach – Leverage NLHBA Program previously developed. Online tools
- Ethics, Conflict of Interest
- Board having a good understanding of the credentialing processes.

- Formal orientation plan with standard topics such as by-laws, responsibilities, introduction to the organization etc. People throughout the organization present and discuss to make sure board members meet members of the team
- ICD membership of the NL chapter is provided and board members are encouraged to attend ongoing events
- National association or meetings to support board members to expand knowledge and make connections
- Conduct formal needs assessment for to determine learning and development requirements of board members
- Formal mentorship programs for new board members with an experienced board member
- Resources to support development of board members
- Provide more networking opportunities in a fiscally responsible way
- Consider internal resources for professional development
- Focus on best fit -on governance versus operations, roles and responsibilities, based on best practices/current - consider seriously anything that requires courses that cost money to gain, e.g. ICD, needs to be ongoing not just at start, has self learning component to strengthen what is introduced at table, accessible and flexible recognizing peoples schedules, interactive option so person at home can put in questions, consider a provincial approach, e.g., all new board trustees for all RHAs be done together.

(Focus on Trustees)

- Focus on quality and patient safety and risk management in a complex environment (especially considering Trustees usually are not health professionals)
- Clear articulation of expectations and responsibilities
- A list of the right questions to ask
- Strategic issues education: e.g., population health, quality & patient safety
- Information on health professionals and credentialing
- Education on fundamentals of governance; plus training to apply in a health care context
- Information on finance in the public sector
- Governance models
- Sessions on role of trustee and how they communicate with general public
- Communications
- Policy development
- Governance
- Orientation
- Timing
- IAC- board level education
- Not role of trustee to move into operations
- Meeting trustees of similar organizations without senior leaders
- Setting a policy for all boards to follow to ensure consistency across four RHAs- avoid duplication
- Loss of corporate knowledge when a large number of members resign
- Buddy system or mentor system

- Stratify appointments
- There needs to be a focus on quality and patient safety oversight – CPSI Effective Governance, day long session needs to be provided to all trustees
- Indicators – what needs to be monitored and what are the big dot indicators
- Online training for board members – self-directed learning – could be developed by government department – this could be a part of privacy legislation training (online)
- There is now a standard LMS across the RHAs
- Information on strategic planning, legislation (Transparency and Accountability Act)
- Role in finance and budgeting – understanding deficits
- Patient Safety Legislation
- Information on travel claims and rates
- Computer training, common platforms, etc.
- Common platform for the four RHAs for the boards
- Training for board members together across the board
- Information on culture in an organization
- Difference between governance and operations
- Needs a framework
- Committee structures
- Accountabilities as a director
- Understanding by-laws
- Risk management – integrated risk management
- Stakeholder relations
- Credentialing processes
- Bylaws – Board and Medical Bylaws
- Videos – discussion groups
- Mentorship program
- Provincial and regional scan, i.e., population health statistics
- Board level contextual information
- Distance learning online modules, including videos, opportunities to ask questions/discussion group (study at own pace)
- PSC chat portal to answer questions
- Combination of visuals and words so people don't get lost in all the info - built on adult learning theory (engage you)
- Mentorship (by senior Board members, member from another Board)
- Focus on government versus operations
- Facility tours / presentations from subject matter experts
- Use of virtual learning tools for orientation and prior to acceptance of position to help make that decision to accept/not accept
- Canned info from Executive team/Others regarding RHA scope, programs & services, strengths, challenges etc.
- Reference tools (use of portal)

- Mentorship by experienced Trustees on governance role
- Information on policy & procedure, legislation, limits of confidentiality, privacy, media relations, and managing communications – how to address questions from public or other community leaders (knowing how to hand off questions or concerns/complaints; client relations)
- Ongoing follow-up and performance check in with Trustees about what's working, what's not, etc.
- Regular professional development and education on strategic issues
- Formal training in partnership with ICD or similar entity
- Information on the relationship of board and ministry
- Information regarding financial responsibility
- Clarity around role in governance vs operations/relationship with senior executive
- Quality and safety responsibilities vs operations
- Consistent and centralization of onboarding
- Legislative responsibility
- Board polices
- Strategic planning
- Environmental scans
- Descriptions of operations as a whole – group versus individual VPs
- Structure
- Risk – quality and finance – integrated system
- Top risks for organization
- Shared services – how the system works
- ICD

Q4. In additional to the professional develop program…**What actions (1-2) do you think the regional health authorities boards should pursue collectively to strengthen health care governance throughout the province?**

- Succession planning
- Competencies matrix
- Develop a digital portal for channels of chat and brainstorming ideas - trustee network province wide
- Independent reviews and evaluations
- Organize an annual event
- Feedback mechanism of all discussions and ideas today
- Agenda for chairs to take to the Minister annually (preferably before the budget) containing common themes from all four networks. Trustees at this forum should motion what should be on that agenda
- Help coordinate a universal training program
- Once a year standard RHAs Board, Government Department, Shared Services, Committee, etc. to discuss how to proceed collectively and partner. Standardize skills profile.

- Opportunity to work with IAC / PSC to develop provincial standards with some individual specifically depending on committee
- Standard approach with four RHAs to work together to implement changes. Lobby to influence Government to advance legislation improvements that reflect the changes desired by the Boards.
- RHAs should be consulted when legislation is being changed/updated in 2021 (set up consultations with RHAs to provide the ability to contribute feedback)
- Collectively agree on provincial priorities to strengthen our advocacy role and our influence on decisions and planning for the health care needs of the province
- Create a consistent provincial matrix of competencies needed for an effective governance board with an ability to add competencies unique to each RHAs needs
- Develop a formal needs assessment for learning and development needs of board members as well as a formal mentorship programs for new board members with an experienced board member
- Continue collective discussions to network on broad issues, learn from each other, potentially take leads for initiatives, share successes etc.
- Work together to create a uniform program, consider seeking funding for a province wide program, do survey of needs to validate content, consider a baseline skills matrix and share across boards and then they add local content.
- Consider any remuneration very closely as it cannot come from operations and must be uniform as it could result in trustee movement for unintended purposes - chase dollars.
- The province-wide approach we are using this week on population health could be applied to other priorities
- Potential to use this type of approach to help drive the health care agenda for the province
- Collective, periodic engagement with the Minister
- More group RHA meetings, maybe annually by different regions
- Outcome oriented- with a specific purpose/focus with group meetings
- Discuss real board issues where problem solve jointly
- Common board issues- CEO evaluations for example
- Ensure strong leadership at board and CEO level
- Board participation in new trustee appointments
- Training and development as noted above
- Common governance framework
- Common decision making framework
- Boards meeting on a yearly or regular basis – bi-annual meeting
- Regular meetings of the board chairs
- Joint professional development sessions – this could be added to the annual meeting
- Webinars – these could be offered by different RHAs for all boards
- Question should the boards be involved with input into the department strategic issues – more engagement in the strategic directions of the department – early common engagement
- There is a base programs – that would have been developed by the health board association

- Annual meeting with Minister and the board chairs
- Agree on provincial priorities
- Competency matrix
- Formal needs assessment
- Meetings like this – a great start – coming together and engaging in discussion to understand challenges and how we can work more closely together
- Chairs coming together should continue
- Develop core set competencies for new Board trustees and make them public
- Establish a joint training plan (baseline – ABC's of RHAs)
- As a group, collaborate with ICD or other entity for board development
- Support for information sharing and collaboration amongst Boards
- Closer collaboration with IAC to address ongoing succession planning
- Influence over the requirement of new board members – recommendations to influence legislation when reviewed for 2021