AKADIMI
FOUNDATION
Advancing Health Sector Governance

Continuous Improvement

Goverance
GUIDE 5

Table of Contents

Introduction

Thank you for all that you do to improve the performance of your nonprofit. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health and social welfare has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger nonprofits and greater beneficiary impact. There is an emerging body of evidence that shows effective governance improves organizational outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor outcomes. It undermines the vitality of a nonprofit, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

> **G**overnance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.
>
> *(Source: Management Sciences for Health, "How to Govern the Health Sector and Its Institutions Effectively." The eManager, No. 1, 2013)*

Studies, roundtable discussions, and fieldwork by the Leadership, Management, and Governance (LMG) Project[1] funded by the US Agency for International Development (USAID) defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

This series of guides help you operationalize each of the five governing practices in your organization. You will have the opportunity to use the guides that explain each of the five practices; and a series of reading materials, case studies, tools, and resources.

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[1]The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health, African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

We have also developed a separate training facilitator's handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

Purpose and Audience for the Guides

THE SERIES CONSISTS OF FIVE GUIDES ON EFFECTIVE GOVERNANCE.

The primary users of these guides are community and business leaders who serve on a variety of governing bodies throughout North America. The guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit.

Using these materials, members of governing bodies that direct nonprofits, social services and health sector enterprises will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

The guides can be used as a self-study resource by the governance leaders or governing bodies to learn and apply the five governing practices.

You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then use the guide for the governing practice you identified most in need of enhancement. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related and build on each other. This sequence will allow you to benefit from the attributes of each practice. Learning and its application will be more effective if a structured training is organized.

❚ Questions may be directed to **info@govern.akadimi.org**.

Governance enhancement planning involves periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance.

When the governance leaders see their governance decisions translating into higher organizational performance, they are included to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

# Guide 5: Governing Practice—Assessing and Improving Governance

This guide will help you understand how your governing body's governance performance can be periodically assessed, and the results used to continuously enhance and improve governance and also health system performance.

CONTINUOUS GOVERNANCE ENHANCEMENT

Good governance is not static. It is dynamic, always seeking ways to improve the performance of the four essential practices described in the other guides. Those who govern must make individual and collective commitment to continuously enhance the strategies, structures, and style of the governing practices.

Work in the health sector shows that the task of continuous governance enhancement includes eight essential strategies:

1. Cultivate governance competencies
2. Build diversity in the governing body
3. Governance orientation and education
4. Governance assessments
5. Effective governing body meetings
6. Governance policies
7. Governance technologies
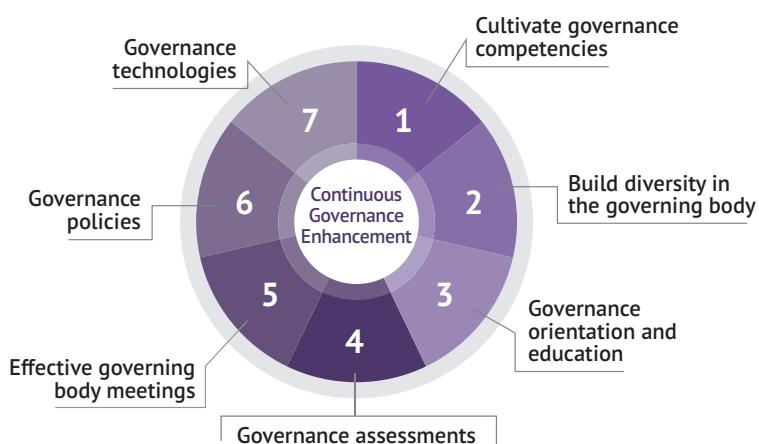
A variety of tools and resources to support the implementation of activities for these strategies are provided in the Appendices of this guide. In the following sections of the guide, "you" should be interpreted as "you the leader who governs" – working with your governing body and the senior management team.

I. CULTIVATE GOVERNANCE COMPETENCIES

Good governance is both an art and a science. Studies of high performing governing bodies show their passion to identify and then support the development of a set of key competencies: knowledge, skills, practices, and attitudes.

Of the following competencies, which do you believe are the most important for governance success in your situation?

1. Governing practices and behavior: cultivating accountability, engaging stakeholders, setting a shared strategic direction, and mobilizing and allocating resources in a responsible way.

2. Gender issues in governance decision making: gender issues faced by women as users of health services, women as health service providers, and women in senior leadership roles.

3. Collaboration across sectors and levels. Collaboration involves building partnerships across organizations, sectors, and levels of authority. In addition to a Department of Health, many other sectors play a role in improving people's health. Collaboration also involves working with private-for-profit and nonprofit groups and civil society and NGOs. Collaboration also means working with different levels—local, state, national, and international organizations.

4. Acting with ethical and moral integrity and influencing others to act with integrity.

5. Pursuit of efficiency and sustainability in the use of resources: making the best use of resources at your disposal, and producing results that meet the health needs of society in the long term.

6. Use of information, evidence, and technology for decision making.

7. Strategic planning processes and strategic approaches for implementing long-term health goals.

8. Communication, facilitation, enabling, negotiating, decision making, mobilizing financial resources, oversight, institution building, and leadership.

9. Personal capabilities, knowledge, and skills, as follows:

Personal capabilities		Knowledge and Skills
• Accountability • Achievement orientation • Leading change • Collaboration • Community orientation • Impact and influence • Information seeking • Innovative thinking	• Managing complexity • Organizational awareness • Professionalism • Relationship building • Strategic orientation • Talent development • Team leadership	• Health care delivery and performance • Business and finance • Human resources • Health insurance contracting

(Source: Center for Healthcare Governance. 2010. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

Reflect on your areas of strength and weakness in governance competencies. In view of the competencies listed above, how will you build governing competencies in which you are/your governing body is deficient?

II. BUILD DIVERSITY IN THE GOVERNING BODY

Governance for health is driven by the needs of the people you exist to serve. To make sound decisions about what their health needs are and then to establish policies, plans, and programs to meet those needs, good governance requires the engagement of diverse stakeholders.

Of the possible ways to support and enhance diversity on your governing body listed below, which do you believe are the two or three most important in your situation?

1. Define "diversity" for the governing body of your department or organization. Have in-depth conversations about diversity.

2. Make a commitment to diversity in your governing body. Draft a diversity statement and fulfill your commitment.

3. Have your mission statement reflect your commitment to serve ethnically and culturally diverse people/communities.

4. Identify and remove barriers that may prevent ethnically and culturally diverse groups from becoming governing body members. In selecting new members, consider representatives from the ethnically and culturally diverse communities you serve. Ensure that the governing body membership reflects the ethnic and cultural diversity of your community.

5. Welcome individuals of diverse backgrounds. Give responsibilities to every new member of the governing body. Give equal respect to all governing body members and have equal accountability.

6. Keep the governing body large enough to offer a diversity of views, yet small enough to be efficient in decision making.

7. Maintain a governing body skills profile. Recruit new members based on what skills and characteristics are currently lacking in the body as a whole, which are needed now or will be needed in the future. Use a tool, such as governing body composition matrix, to record the skills profile. (See the Appendix in this guide.)

8. Have a competency-based selection process that is matched to the strategic needs of the governing body. The selection process should ensure diverse, well-qualified, and dedicated people are selected.

9. When conducting the recruitment process for the governing body, consult individuals, groups, or organizations that represent ethnically and culturally diverse people. Consult with your stakeholder constituencies about who might best represent their interests.

10. Have representation from many different stakeholder constituencies on your governing body. Important stakeholder constituencies to consider are:

   a. Health service users

   b. Youth and youth organizations

   c. Women and women's organizations

   d. Health workers, physicians, nurses, and other health providers in the public sector

   e. Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc.), their professional associations and unions, and accreditation boards and councils

   f. Public health experts from academic organizations

   g. Community leaders (Different perspectives from the community and different ethnicities)

   h. Government leaders and elected representatives

   i. Municipal leaders or officials

   j. Departments of Health and different sectors that impact health

   k. Private businesses and employers

   l. Media and National and international civil society organizations.

Now that you have identified two to three most valuable ways to enhance diversity in your governing body, what steps will your governing body take to enhance diversity in the governing body?

III. GOVERNANCE ORIENTATION AND EDUCATION

Wise, effective, and efficient governance does not just happen. Those who govern must invest individually and collectively to continuously improve their knowledge about how their health system or organization functions, and how governance can be continuously improved. Expanding your knowledge is not a one-time effort. Your effectiveness and your sense of satisfaction that your time and talents are being well used is a function of your willingness to participate in a well-designed orientation covering your role and responsibilities (your job description), followed by periodic participation in educational activities focused on governance.

There are many ways to enhance governance. Which of the following do you believe are the two or three best ways to enhance your knowledge and effectiveness in governance?

1. There is a formal orientation program and ongoing education program for the governing body.

2. The orientation program covers topics related to the organization (e.g., services it provides, its strategic direction, organizational structure, roles and finances) and topics related to the role, responsibilities, and accountabilities of the governing body and its members. New members receive a thorough orientation before attending their first governing body meeting.

3. The ongoing education program is tied to the organization's strategic challenges. Each meeting of the governing body includes an education component. Expert consultants and facilitators can be brought in to conduct educational sessions during governing body meetings. Time is set aside during a meeting to discuss a publication on a topic in which the governing body maybe particularly interested, or a publication that presents an area in which the governing body lacks sufficient knowledge. Governance education is designed in such a way that it helps fill the knowledge and skill gaps in the governing body as seen in regular governance self-assessments.

4. The governing body has a written policy and budget for its education and development. The governing body has an annual education plan that is reflected in the organization's budget for governing body activities and support.

5. The chair of the governing body seeks opportunities to educate the governing body and develop its leadership capacity. Committee membership and committee chair roles are used as an opportunity to build the leadership capacity of governing body members. Committee memberships reassigned after specific intervals. Governing body chair position is periodically rotated. The chair or governance committee finds out individual members' governance education or leadership development interests and provides them opportunities accordingly.

You have identified two or three best ways to enhance your knowledge and effectiveness in governance. What steps will your governing body take for orientation and continuous education of its members?

Develop a Mentoring Program

The governing body should have a peer-to-peer mentoring program. In such a program, an experienced member of the governing body is given responsibility of mentoring a new member.

1. Consider assigning a mentor to existing governing body members who are serving their first term or who are not performing their roles and responsibilities well.

2. Mentors identified are well-experienced, senior members of the governing body.

3. Identify the mentor and pair him or her with his or her "student" by assessing the skills and expertise of both. Identify governance education needs of the new governing body member and include them in your pairing methodology.

4. The mentor is sensitive to the governance education needs of the new member, specifically, what governance competencies he or she needs in order to be effective on the governing body. With a good grasp on the new member's education needs, the mentor will not appear patronizing.

5. Most new members have a wide range of knowledge and experience outside of your organization. Mentors should remember to acknowledge this and find ways to capitalize on such assets for the benefit of the full governing body.

6. The mentor helps the new governing body member get to know his or her governing body colleagues by reviewing their individual strengths, personalities, contributions, and idiosyncrasies.

7. The mentor guards against inserting his or her personal bias into discussions about colleagues.

8. The new governing body member informs the governing body chair if the mentoring process is not working. Sometimes, the relationship with the mentor may not meet the new member's needs and he or she should seek recourse from the chair.

9. When mentoring is complete, both the mentor and the new governing body member evaluate the process.

10. The mentor can accomplish a great deal in educating a new member by providing a context for most issues.

(Source: Adapted from The Governance Institute. 2008. Elements of Governance. Board Mentoring. San Diego, Ca.)

How can you implement a mentoring program that has the characteristics described above?

IV. Governance Assessments

Continuous governance enhancement is encouraged and facilitated by an objective and structured evaluation of how well you believe you are performing, as well as how well the governing body and its various decision-making processes are performing. An intentional review of performance helps encourage, enable, and empower your capacity for continuous governance enhancement.

Which of the following activities (numbered 1 to 4) do you believe are the two or three most important for continuous governance enhancement for your governing body?

1. The governing body continuously improves its own performance by conducting an annual assessment of individual members, and uses the outcomes in reappointment decisions. The governing body conducts a formal process to evaluate its own performance. Annual self-assessments are conducted by:

   a. The governing body as a whole,

   b. Its committees,

   c. Chair of the governing body and committee chairs, and

   d. Individual members

2. Periodic external or third party assessment of the performance of the governing body is an alternative.

3. Conduct one or more of the following types of assessments: overall governance risk assessment; governing body 360-degree assessment; chief executive performance planning and assessment; surveys of overall organizational performance such as physician and health worker satisfaction survey; work force satisfaction survey; managers' performance assessment; patient satisfaction assessment; community perception survey; and stakeholder satisfaction surveys.

4. The governing body uses the assessment process to identify specific improvement opportunities for members, defines specific governing body performance improvement goals, and includes them in an annual plan for improvement.

You have identified two or three most important for continuous governance enhancement activities for your governing body. What concrete steps will your governing body as a whole take to assess its own performance?

V. EFFECTIVE GOVERNING BODY MEETINGS

Governance is largely conducted in group meetings. Subjecting the time and talent of people who are largely volunteers to poorly designed, weakly managed, and unnecessarily long meetings can be frustrating in any setting or culture. The disadvantage of ineffective meetings is not just the loss and frequent turnover of good governing body members, but also the waste of scarce resources, and in some cases, the loss of good managers if a governing body is ineffective. Poor or chronically ineffective meetings can also create a breeding ground for poor leadership behaviors, even corruption by those who govern or manage your health system.

Which five to six of the following strategies to improve meeting effectiveness do you believe will yield the greatest value for your governing body meetings?

1. Meetings are about 80% focused on future and strategically important items, and 20% on a review of past history. Governing body meetings are more effective if participants look at future critical issues, and then develop strategies for dealing with expected problem areas.

2. Dashboards and graphics are used to review performance data. Five to seven key measurements are linked to strategic goals. (See Governance Technologies section for information on dashboards.)

3. A yearly calendar is prepared that defines when key topics and decisions are planned.

4. A clear-cut purpose for each meeting is maintained through careful pre-planning in order to achieve objectives in a limited amount of time. The agenda is well-defined and is circulated in advance of the meeting. Members are asked at the beginning of the meeting if there are any additional items to place on agenda. Information about items for discussion is provided to members a few days before the meeting so that there is time for review prior to the meeting.

5. A management liaison presents issues from management's perspective and its specific recommendations. A short period at the end of the meeting is scheduled to enable governing body members to express their views on the work they are doing. Meetings are made interesting with the format changed from time to time to keep members' full attention.

6. Committee reports have an "easy-to-read" format, with a one-page executive summary of each item. With fewer lengthy reports, there will be more time for discussion and planning for the future.

7. Routine matters are dealt with efficiently, for example, by using a consent agenda, which reserves time for the most important agenda items.

8. Members are encouraged to review materials distributed for the governing body meeting before the meeting. Minutes, committee reports, financial reports, quality reports, etc. are sent to governing body members ahead of time. Unnecessary presentation of the content of such reports is avoided during the meeting, leaving more time for discussion and planning. New technologies are used to improve the flow of ideas and information among all members and the senior management team.

9. Views from health workers (nurses, physicians, etc.) on the quality of staff, morale, adequacy of personnel, and new programs are solicited. Presentations from "real people," such as a patient, a physician, a community leader, or a competitor are occasionally scheduled for governing body members.

10. Progress with the agenda is carefully tracked and managed. The governing body chair limits extraneous input, comments, and personal agendas. Question and answer sessions are built into the agenda to get governing body members involved.

11. Governing body members are educated about the fact that they have a fiduciary responsibility to act and make decisions on what's best for the community, and not individuals or themselves. All the members are encouraged to listen, be prepared to exchange ideas, and then make decisions.

12. Inputs on effective and efficient meetings are provided in the governing body member orientation and education program.

(Source: Adapted Governance Enhancement Plan: Fresh Thinking for Improved Effectiveness & Efficiency in our Board Work. 2008. Integrated Healthcare Strategies and The Governance Institute.)

For the five to six strategies you selected, what specific steps will you and your governing body take to make your governing body meetings more efficient and productive?

VI. GOVERNANCE POLICIES

Just as the design, delivery, and financing of health services is a complete undertaking, so too is good governance. Effective governance is guided by clear and sensible policies and procedures, which are documented in a policy manual that is easy to understand and readily accessible to governing body members. The policy manual should be drafted by the governing body members in a consultative manner. It should cover the following topics:

- Role of the governing body with regard to: strategic visioning and planning, quality assurance, fiscal health, management, stakeholder relations, interface with the Department of Health, governance effectiveness
- Governing body chair position description and performance expectations
- Governing body member position description and performance expectations
- Role and description of committees and advisory bodies
- Committee chair position description and performance expectations
- Role and description of committees and advisory bodies
- Committee chair position description and performance expectations
- Annual work plans of committees
- Annual governing body meetings calendar
- Examples of governing body meeting agendas
- Enhancement plan for continuous governance improvement

The manual should also contain policies on the following topics:

- Conflict of interest policy for the governing body and the staff
- Code of ethics and conduct for the governing body and staff
- Whistleblower protection
- Confidentiality
- Record retention and document destruction
- Governing body member expenses
- Budgeting
- Capital expenditures
- Financial control policies
- Investments
- Financial audits
- Risk management
- Governing body fundraising
- Sexual harassment
- Nepotism

From the content lists above, which documents do you have and which do you need to prepare? What steps will your governing body need to take to draft, approve, and adopt these basic policies and procedures for governance?

VII. GOVERNANCE TECHNOLOGIES

Several technologies are available that can help governing bodies practice effective and efficient governance. A performance dashboard is a governance technology intervention that can be used in low resource settings. Review the examples described below and identify practical activities you can undertake for your governing body.

Governance Dashboard

Dashboards are helpful for monitoring an organization's progress in fulfilling its mission and meeting its goals. Many governing bodies are adopting dashboards and balanced scorecards. Most governing bodies receive an integrated quarterly report covering program, operations, and financial issues. First, a brief narrative summarizes the past quarter's performance, and directs attention to noteworthy trends. An overall dashboard report shows key indicators of financial performance, operations, service to patients, human resources, quality of care, customer service, and patient safety. This example below is color-coded to show whether performance is better than expected (blue), on target (green), or worse than expected (red).

| Better than expected | Expected | Worse than expected | Not applicable |
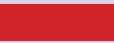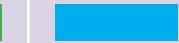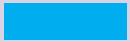
Governing body members wanting more detail about a specific indicator can flip to a page showing, at a glance, a simple but technically accurate definition of the measure, an explanation of how the target was set, and another color-coded display comparing current and year-to-date performance against the target.

Many indicators are essential to performance measurement, such as overall patient satisfaction. Sometimes indicators are added so that the governing body can monitor specific priorities. For example, nurses are in short supply, indicators may be used to track their turnover and vacancy rates. Once management stabilizes the nurse staffing, the indicator can be removed from the governance dashboard. The following is an illustration of a patient satisfaction section of a governance dashboard.

Patient Satisfaction Dashboard Report

	Q1	Q2	Q3	Q4	Year-to-date
Inpatient satisfaction	🟥	🟩	🟦		🟩
Outpatient satisfaction	🟥	🟥	🟩		🟥

Detailed Patient Satisfaction Report

Q3	Year-to-date		Key	
🟦	🟩	Inpatient satisfaction	91-100% 80-90% < 80%	Measure of patient perception of the quality of care and satisfaction with inpatient services. Score represents the mathematical mean (average) for all questions asked on the survey. Benchmark represents the score recommended by the ministry as indicative of high performance.
🟩	🟥	Outpatient satisfaction	86-100% 75-85% < 75%	In this case, patient perception of the quality of care and satisfaction with outpatient department is scored using the method described above for inpatient satisfaction.

(Source: Adapted from Great Boards. Comprehensive Dashboard Boosts Board's Effectiveness. Great Boards Newsletter. Fall 2003. Available at www.GreatBoards.org)

Governing Body Web Portal

The governing body members need timely and convenient access to meeting-related materials. A web portal is an online web site where all the materials governing body members need are stored, using high security and restricted access. The portal brings many benefits, including time savings (e.g., there is no need to print voluminous materials prior to meetings), cost savings, a better prepared governing body because of the round-the-clock access to relevant information, and a better educated governing body since the portal can include access to many helpful resources.

In addition, the portal enables governing body members to communicate and share documents, and create topic-specific workspaces. It helps the governing body to perform its oversight function more efficiently. Rapid document updates are possible. The committees can also find the portal to be useful and convenient for the same reasons. The portal helps to improve the quality and timeliness of the information flow between governing bodies and the management staff they oversee. It streamlines governing body work and reduces risk by providing governing body members easy access to important information. It helps the governing body communicate and collaborate effectively, improving the efficiency of governing body's work.

The following content may be stored on the governing body web portal for easy access and use by the members:

Tools for governing body member development

1. Define governing body member competencies
2. Competency mapping process to guide recruitment and governing body development
3. Governing body member orientation program
4. Governing body member mentorship program
5. Governing body member customized individual education plans
6. Governing body education plan and budget
7. Governing body knowledge and experience exchange process
8. Digital reference library on governing concepts and practices
9. eLearning resources

Tools for performance assessment of governance

1. Governance overall risk assessment
2. Governing body overall performance self-assessment
3. Governing body member 360-degree assessment
4. Chief executive performance planning and assessment
5. Physician and health worker satisfaction survey and Workforce satisfaction survey
6. Managers' performance assessment
7. Patient/client satisfaction assessment and Community perception survey

Governance monitoring

1. Governance performance indicators and metrics
2. Governance dashboard design and development, and design of governing body information system

CONTINUOUS GOVERNANCE ENHANCEMENT

Good governance requires an interest in and commitment to improvement that is continuous. For this to happen, it is necessary for the governing body to step back at least once a year and assess its own performance and that of its committees, chair and committee chairs, and individual members. The periodic assessment will motivate the governing body and its members to continuously improve their governance performance.

Which five or six of the following strategies are ones that you believe will help foster continuous improvement in the governance performance of your governing body?

1. Governing body members commit to being continuously educated on priority issues and come well prepared for the governing body meetings and interactions.

2. The governing body assesses the organization's bylaws and structures every two or three years.

3. The governing body uses competency and diversity-based criteria when selecting new members.

4. Governing body members review the responsibilities of the governing body, indicate whether they think the governing body currently does a good job on each responsibility or whether performance needs to improve, and identifies how improvements could be achieved. The governing body uses a formal process to evaluate the performance of individual members. The entire governing body discusses the findings of an assessment and what can be done to improve its effectiveness. The assessment discussion results in the creation of an action plan and its implementation. This process is followed at least once a year.

5. The governing body establishes performance requirements for member reappointment.

6. The governing body has a mentoring program for new members.

7. Training sessions and workshops are organized for governing body members.

8. The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future committee chairs.

9. Technology is used to enhance governance performance. Use of governing body portals is a good example.

10. A process for removing non-contributing governing body members exists and is documented.

11. Excellent governing practices and behaviors by members, committees, task forces, and the governing body as a whole are acknowledged and celebrated.

12. Open discussions about plans, progress, options, and issues are held.

13. Data are transformed into information and then transformed from information into intelligence for the strategic thinking and decision making needed for bold initiatives.

14. Preparations for governing body and committee meetings are well done.

15. What is best for the overall integrity and vitality of the health system and its stakeholders is promoted. A focus on strategic "dashboard" type measures of performance in areas of service quality and finance is maintained.

16. One-page summaries of proposed strategic actions, with a clear and easy-to-understand rationale and implementation process are prepared.

17. Most of the work is conducted by the various committees as opposed to the governing body as a whole.

18. At least once a year, sufficient quality time for brainstorming and relaxed, thoughtful discussion about organizational challenges, plans, and progress in a retreat forum is set aside. The governing body reflects on its past performance and plans for improvements in future.

You have identified five or six strategies that will help foster continuous governance improvement of your governing body? What steps will your governing body take to implement these strategies?

Begin with yourself

As a responsible governing body member, you should:

1. Assure that the quality and style of your communication with your governing body colleagues and with the organization's management are constructive.

2. Work to build consensus among your fellow governing body members.

3. Support, thank, encourage, and motivate the staff.

4. Be knowledgeable about recent developments in the health field.

5. Trust and be supportive of the work of your committees.

6. Frame disagreements in a constructive manner.

7. Look for partnerships and networking opportunities to enhance your ideas and effectiveness.

8. Remember that you are serving the community's health and health care needs.

9. Improve your listening skills to hear what people are really saying.

10. Promote positive accomplishments of the organization to nurture a good image and morale in and outside the organization.

11. Enhance the quality of your committee work.

12. Bring in information that supports the governing body's decision-making.

Appendices

APPENDIX 1: MEASURE GENDER RESPONSIVENESS OF YOUR DECISIONS

Governance leaders should periodically assess how gender-responsive they are when making governance decisions (i.e. while making policies and regulations, setting organization's strategic direction, or allocating resources). Currently there is no readily available instrument to help them carry out this self-assessment. To fill this gap, the LMG Project has developed a simple tool based on the spectrum of gender responsiveness, and has tested it with LeaderNet, an online learning community of health leaders and managers supported by Management Sciences for Health (MSH).

[2]See: msh.org

Instructions for Using the Tool

This tool is for the use of governing bodies or leaders who govern and also senior management leaders to periodically track the gender responsiveness of their decision-making. They should read over the tool prior to making a substantive decision, and then take the assessment after the governing body meeting to see how gender-responsive they have been in the decision they ultimately made.

The tool has ten questions. Senior governance and management team should discuss average team scores on each of the ten questions and explore possibilities regarding what they can do to improve the score next time they make a decision. The goal of the tool is the decision-making team knows their gender-responsiveness score, adopts gender-responsive behaviors over time, and improves the score with time till gender lens becomes an essential feature of the decision-making process in the organization.

Scoring Scheme

The maximum score that can be earned is 100.

- For first eight questions, 'NOT AT ALL' gets a score of 0, 'A LITTLE' gets score of 2 .5, 'AROUND 50%' gets 5, 'A LOT' gets 7 .5, whereas 'FULLY' gets a score of 10 .

- Questions 9 and 10 are reverse-coded. Scoring is reverse here.
- In Q9 and Q10, 'NOT AT ALL' gets a score of 10, 'A LITTLE' gets score of 7 .5, 'AROUND 50%' gets 5, 'A LOT' gets 2 .5, and 'FULLY' gets a score of 0 .
- Total Score of 75 and above indicates a high degree of gender-responsiveness.
- Score of 50-74 indicates gender-responsiveness.
- Score of 25-49 indicates not enough gender-responsiveness.
- Score below 25 indicates gender non-responsiveness.

The scale has a 'not applicable' option. The maximum score that can be obtained will reduce proportionate to the number of non-applicable gender questions. Overall responsiveness categories will also change accordingly. A respondent or the team should think carefully before making a determination that a specific gender question is not applicable to their decision because majority of decisions does have all the ten gender dimensions described above.

Tool Version 1

(To be used by governance and management leaders of the organizations that directly deliver health services)

For each question below, please circle the choice that represents how you feel the decision was made:

1. I considered the different needs of women and men before making this decision.

   | not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

2. This decision I made responds to the different needs of women and men.

   | not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

3. I considered the implications of this decision on health service users as a whole and also women and men users of health service separately.

   | not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

4. I considered the implications of this decision on health workers as a whole and also women and men health workers separately.

   | not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

5. I consulted women and men in governance positions, women and men in management positions, women and men clinicians, women and men health workers, women and men health service users, or women's organizations before making this decision.

   | not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

6. I considered aggregate evidence and sex-disaggregated evidence before making this decision. (Aggregate evidence is data and evidence collected and presented collectively for men and women, whereas sex-disaggregated evidence is data and evidence collected and presented separately for men and women.)

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

7. This decision enables both women and men to make a choice concerning their health.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

8. This decision recognizes and compensates for disadvantages women or people of other gender identities face.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

9. This decision adversely affects women or their health.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

10. This decision maintains inequalities among people of different gender identities or supports stereotypes based on the gender identity.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

Tool Version 2

(To be used by governance and management leaders of the organizations that directly deliver health services)

1. I considered the different needs of women and men before making this decision.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

2. This decision I made responds to the different needs of women and men.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

3. I considered the implications of this decision on our clients as a whole and also women and men clients separately.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

4. I considered the implications of this decision on our employees as a whole and also women and men employees separately.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

5. I consulted women and men in governance positions, women and men in management positions, women and men employees, women and men clients, or women's organizations before making this decision.

not applicable	not at all	a little (around 25%)	around 50%	a lot (around 75%)	fully

6. I considered aggregate evidence and sex-disaggregated evidence before making this decision. (Aggregate evidence is data and evidence collected and presented collectively for men and women, whereas sex-disaggregated evidence is data and evidence collected and presented separately for men and women.)

| not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

7. This decision enables women to make a choice in a matter concerning them.

| not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

8. This decision recognizes and compensates for disadvantages women or people of other gender identities face.

| not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

9. This decision adversely affects women.

| not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

10. This decision maintains inequalities among people of different gender identities or supports stereotypes based on the gender identity.

| not applicable | not at all | a little (around 25%) | around 50% | a lot (around 75%) | fully |

APPENDIX 2: SELF-ASSESSMENT TOOL FOR THE GOVERNANCE SUBCOMMITTEE

The Governance Subcommittee can use this tool to assess its own performance. The self-assessment can be done collectively in a meeting and a score is recorded against each standard as agreement is reached after deliberations. Alternatively, individual subcommittee members may score the subcommittee performance and average score may be calculated for each standard.

Scoring Guide

0%	1%–25%	26%–50%	51%–75%	76%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described in the standard is met.	Greater than 25%, but no more than 50% of the activity described in the standard is met.	Greater than 50%, but no more than 75% of the activity described in the standard is met.	Greater than 75% of the activity described in the standard is met.

Self-Assessment Tool for the Governance Subcommittee

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
1.	Identifies skills and areas of expertise needed by the governing body.					
2.	Identifies, evaluates, and recommends individuals for selection to the governing body.					
3.	Provides orientation and mentoring for new governing body members.					
4.	Works with the governing body chair to promote ongoing learning and growth of all governing body members.					
5.	Encourages development of leadership potential of the governing body members.					
6.	Assesses governing body member participation.					
7.	Leads the governing body's self-assessment efforts.					
8.	Evaluates and recommends necessary changes to the governing body structure and processes.					
9.	Reviews practices regarding conflict of interest and code of ethics.					
10.	Works continuously to guarantee that the governing body takes responsibility for its own development, learning, and behavior.					

(Source: Adapted from Hughes, S. R., Lakey, B. M. and Flynn, O. 2003. Governance Committee. BoardSource. National Center for Nonprofit Boards. Washington, DC)

APPENDIX 3: SELF-ASSESSMENT TOOL FOR THE CHAIR

The Governing Body Chairperson can use this tool to assess his or her own performance. Alternatively, individual members may score the chair's performance and average score may be calculated for each standard.

Scoring Guide

0%	1%–25%	26%–50%	51%–75%	76%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described in the standard is met.	Greater than 25%, but no more than 50% of the activity described in the standard is met.	Greater than 50%, but no more than 75% of the activity described in the standard is met.	Greater than 75% of the activity described in the standard is met.

Self-Assessment Tool for the Governing Body Chair

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
1.	Leads and facilitates governing body meetings.					
2.	Develops meeting agendas.					
3.	Works for development of a strong governing body.					
4.	Sets goals and expectations for the governing body.					
5.	Encourages individual governing body members to take leadership.					
6.	Makes governing body development a priority.					
7.	Works with the governance subcommit-tee to identify skills, expertise, and at-tributes needed for the governing body.					
8.	Works with the governance subcommittee and individual members to recruit new governing body members.					
9.	Ensures regular opportunities for gov-erning body self-assessment.					
10.	Oversees a comprehensive governing body assessment every two to three years.					
11.	Assesses results of governing body self-assessment and considers improvements in consultation with the governance subcommittee.					
12.	Solicits inputs from all governing body members and ensures all governing body members contribute appropriately.					
13.	Keeps all governing body members en-gaged in the work of the governing body.					
14.	Speaks on behalf of the governing body regularly and especially when contro-versy or conflict arises.					
15.	Guides the governing body in approving plans and overseeing their implementation.					
16.	Facilitates governing body involvement in strategic planning.					
17.	Shares appropriate information to keep the governing body informed and edu-cated.					
18.	Coordinates overall resource mobiliza-tion effort.					
19.	Reviews committee work.					
20.	Resolves conflicts among governing body members.					

APPENDIX 4: SELF-ASSESSMENT TOOLS FOR INDIVIDUALS WHO GOVERN

Tool based on effective practices of health governance

This self-assessment tool is intended for use by individual members and is based on the practices of effective governance.

Scoring Guide

- Questions 2 and 22 are reverse-coded and receive a minus score, i.e., the score is subtracted from the total score.
- The maximum score that can be earned is 280.
- Score of 210 and above: Outstanding governance.
- Score of 141-209: Meets most requirements.
- Score of 70-140: Needs improvement.
- Score below 70: Unsatisfactory governance.

Instructions: Circle the number that represents the extent to which you agree that the statement accurately describes the work of the governing body.

1. We do what we publicly or privately say.

   never   1   2   3   4   5   6   7   8   9   always

2. We abuse our power for our private gain.

   never   1   2   3   4   5   6   7   8   9   always

3. We will act or decide in favor of what we think is ethically right.

   never   1   2   3   4   5   6   7   8   9   always

4. When making a decision in the governing body, we keep the interests of people in mind.

   never   1   2   3   4   5   6   7   8   9   always

5. We scan the internal and external environment for strengths, weaknesses, opportunities, and threats to governing body priorities.

   never   1   2   3   4   5   6   7   8   9   always

6. We focus our work and the work of those we lead on achieving the priorities of our governing body.

   never   1   2   3   4   5   6   7   8   9   always

7. We mobilize human, material, and financial resources and align them to support priorities of our governing body.

   never   1   2   3   4   5   6   7   8   9   always

8. We inspire those we lead to be committed to the governing body priorities.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

9. We inspire those we lead to continuously learn how to adapt and do things better.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

10. We believe in openness and transparency in the governing body decision-making process.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

11. We make information related to governing body decisions available to those who are affected by governing body decisions.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

12. We believe in including those who are affected by governing body decisions or their representatives in the governing body decision-making process.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

13. We include those who are affected by governing body decisions or their representatives in the governing body decision-making process.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

14. We are responsive to the different needs of men and women when we make a decision in the governing body.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

15. We believe in the principle that governing body members should be held accountable by people affected by the decisions of the governing body.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

16. We are open to criticism of our decisions in the governing body.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

17. We allow people affected by governing body decisions to question us on why a decision was made.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

18. We use pertinent information when making a decision in the governing body.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

19. We collaborate with other organizations to achieve better health outcomes for people.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

20. We collaborate with private for-profit sector to achieve better health outcomes for people.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

21. We collaborate with civil society and NGOs to achieve better health outcomes for people.

never | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | always

22. Our decisions in the governing body are based on what we think is right rather than on evidence and analysis.

never 1 2 3 4 5 6 7 8 9 always

23. We believe in the power of technology to enhance the quality of governing body decisions.

never 1 2 3 4 5 6 7 8 9 always

24. We advocate for the use of modern technologies in our governing body decision-making process.

never 1 2 3 4 5 6 7 8 9 always

25. We believe in measurement of the results and impact of governing body decisions.

never 1 2 3 4 5 6 7 8 9 always

26. We insist on measuring the results and impact of governing body decisions.

never 1 2 3 4 5 6 7 8 9 always

27. We oversee and ensure that governing body decisions made are implemented.

never 1 2 3 4 5 6 7 8 9 always

28. We give greater weight to the long-term interests of society than to the short-term benefits to society when making a decision in the governing body.

never 1 2 3 4 5 6 7 8 9 always

29. We consider the concerns of poor and vulnerable people when making a decision in the governing body.

never 1 2 3 4 5 6 7 8 9 always

30. We try hard to achieve the best results using the least amount of resources when we make a decision in the governing body.

never 1 2 3 4 5 6 7 8 9 always

TOOL BASED ON GOVERNANCE COMPETENCIES

This self-assessment tool is intended for use by individual members and is based on individual member competencies.

Scoring Guide

0%	1%–25%	26%–50%	51%–75%	76%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described in the standard is met.	Greater than 25%, but no more than 50% of the activity described in the standard is met.	Greater than 50%, but no more than 75% of the activity described in the standard is met.	Greater than 75% of the activity described in the standard is met.

#	Standard	0%	1–25%	26–50%	51–75%	76%–100%
A.	General					
1.	Knows the organization's strategic purpose, goals, policies, programs, services, strengths, and needs.					
2.	Performs governing body duties responsibly and conforms to the level of competence expected from governing body members.					
3.	Suggests possible nominees to the governing body or advisory bodies who are women and men of achievement and distinction and who can make significant contributions to the work of the governing body and the organization.					
4.	Serves in leadership positions and under-takes special assignments willingly and enthusiastically.					
5.	Helps establish and nurture excellent relationships with various organizations and associations.					
6.	Follows and stays informed about trends in the health sector and public health, service quality and patient safety, health care economics, medical technologies, physician and health worker issues, regu-latory frameworks for health programs, and community aspirations.					
B.	Meeting-related					
1.	Prepares for and participates in governing body and subcommittee meetings, including appropriate governing body activities.					
2.	Asks timely and substantive questions at governing body and subcommittee meetings, while at the same time supporting the majority decision on issues decided by the governing body.					
3.	Suggests agenda items periodically for governing body and subcommittee meetings to ensure that significant, policy-related matters are addressed.					

C.	**Relationship with staff**					
1.	Counsels the chief executive, as appropriate and supports him or her in their relationships with other organizations.					
2.	Avoids asking for special favors from staff, including special requests for extensive information, without at least prior consultation with the organization's leadership, governing body, or appropriate committee chairperson.					
D.	**Avoiding conflict**					
1.	Serves the organization as a whole rather than any special interest or constituency.					
2.	Avoids even the appearance of a conflict of interest that might embarrass the governing body or the organization; discloses any possible conflicts to the governing body in a timely fashion.					
3.	Maintains independence and objectivity, sense of fairness, ethics, and personal integrity.					
4.	Never accepts favors or gifts from anyone who does business with the organization.					
E.	**Fiduciary responsibilities**					
1.	Serves as a well-informed champion for public health promotion and protection, patient safety, and excellent health outcomes.					
2.	Carefully reads and understands the or-ganization's financial statements and helps the governing body fulfill its fiduciary responsibility.					
F.	**Resource mobilization**					
1.	Helps the organization's director imple-ment strategies to attract diverse sources of revenue to support the organization's mission through personal influence with others (e.g., donors, government agencies, etc.).					

(Source: Adapted from Ingram, Richard T. 2009. Ten Basic Responsibilities of Nonprofit Boards. BoardSource. Washington, DC.)

APPENDIX 5: TWO SAMPLE LOCAL HEALTH GOVERNING BODY PERFORMANCE ASSESSMENT TOOLS

This self-assessment tool is a sample tool for use by a governing body that oversees the local health system, based on its roles and responsibilities.

A. Overall health governance self-assessment tool

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

Scoring Guide

- The maximum score that can be earned is 200.
- Score of 150 and above: outstanding governance.
- Score of 100-149: meets most requirements.
- Score of 50-99: needs improvement.
- Score below 50: unsatisfactory governance.

#	Responsibility	Internal		External		Performance on scale of 0 – 10
		Strenghts	Weaknesses	Strenghts	Weaknesses	
	Role and responsibilities as per the terms of reference of the governing body.					
1.	Advocate and ensure openness, transparency, accountability, honesty, and inclusiveness: a. In the health system of the province					
	b. In the affairs of the provincial health directorate					
2.	Set strategic direction for 3-5 years and conduct strategic planning based on the strategic direction.					
3.	Advocate and support service responsiveness and patient satisfaction, and patient safety.					
4.	Nurture a relationship with the community and the people served.					

#						
5.	Steward scarce resources: Ensure ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	Provide vision and direction for health systems.					
	Exert influence across different sectors for achieving the best health outcomes for the population in the province.					
	Ensure collection and use of information and evidence on health system performance to ensure accountability and transparency.					
6.	Ensure adequate financial resources.					
7.	Provide financial oversight.					
8.	Conduct performance monitoring and support high performance.					
9.	Strengthen health services in the province.					
10.	Continuously improve the functioning of the governing body.					
11.	Build a competent governing body.					
12.	Advocate for decentralization.					
13.	Fulfills any other governing body responsibility (specify):					
14.	Fulfills any other governing body responsibility (specify):					
15.	Fulfills any other governing body responsibility (specify):					

B. Health governance standards-based self-assessment tool for a provincial governing body

This is another self-assessment sample for use by a governing body that oversees the local health system, based on governance standards.

Scoring Guide

No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Standard	0%	1–25%	26–50%	51–75%	76%–100%
A.	**Oversight of health situation and trend assessment**					
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys that are centrally designed.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B.	**Oversight of monitoring and evaluation of health services**					
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluation.					
2.	The governing body itself evaluates health services.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and uses the results to improve health service performance.					
C.	**Oversight of data and information management**					
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					

3.	Reviews data on a quarterly basis, and provides oversight and support for data collection and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D.	**Oversight of health service delivery**					
1.	Oversees the public, NGO, and private sectors responsible for the delivery of health services.					
2.	Facilitates community monitoring of the delivery of health services.					
3.	Facilitates community input into problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E.	**Oversight of coordination, communication, and Intersectoral collaboration activities**					
1.	Facilitates access to national, state, and local resources that can be used to support these activities.					
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population sub-groups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F.	**Support for health service delivery**					
1.	Ensures that the provincial public health office is supporting the health facilities through joint visits, assessment of quality of service, and assistance in staff recruitment and training.					
2.	Encourages heads of health facilities to voice their issues in a timely fashion.					

3.	Mobilizes community support for the health facilities delivering services.					
4.	Recognizes health facilities delivering quality services to vulnerable populations.					
G.	**Oversight of health resource management**					
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources, and medicines and supplies.					
2.	Establishes and oversees the implemen-tation of policies designed to assure im-provements in workforce, management, and leadership quality.					
3.	Facilitates access to national, state, and local resources available for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the provincial health system and public health services.					
H.	**Oversight of preventative and clinical services, environmental health services, and forensic medicine services**					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	**Oversight of strategic and annual planning**					
1.	Maintains and annually reviews documentation of its mission statement					
2.	Assesses and advocates for adequate resources and for support from the Minis-try of Health.					

3.	Supports planning for the improvement in the health of the population in the province and works to strategically align community resources for this purpose.					
4.	Oversees the implementation of the annual plan.					
J.	**Oversight of management of health emergencies**					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	**Nurturing community relationships and involvement**					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of the health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the province.					

APPENDIX 6: SAMPLE AGENDA FOR A GOVERNING BODY SELF-ASSESSMENT AND IMPROVEMENT RETREAT

Objectives	• Review the findings of the governing body self-assessment survey. • Engage in a discussion of governance structures, policies, and practices. • Identify opportunities for continuous governance improvement, using the best practices for effective governing as a benchmark. • Develop a working draft of a governance improvement action plan for implementation following the retreat.
Schedule	
7:30 a.m.	Breakfast
8:00 a.m.	Welcome/objectives for the retreat (Chair and Chief Executive)
8:15 a.m.	Review of governing body self-assessment results (Governance Committee Chair)
9:45 a.m.	Break
10:00 a.m.	Identify priority issues for discussion and action, and discussion of governance structures, policies, and practices
11:00 a.m.	Discussion of priorities and development of ideas for improvement
12:00 p.m.	Lunch
1:00 p.m.	Discussion of priorities and development of ideas for improvement (continued)
2:15 p.m.	Break
2:30 p.m.	Discussion and development of a governance improvement action plan
3:00 p.m.	Adjourn

APPENDIX 7: SAMPLE FORMAT FOR A GOVERNANCE ENHANCEMENT PLAN

Action	Assigned to	Deadline
Orient full governing body to the oversight process	Governance Committee	Within 3 months
Develop and implement a new governing body report on cus-tomer satisfaction	Quality Committee	Within 6 months
Develop and implement a succession planning process for the chair	Governance Committee	Within 6-9 months
Develop a governing body attendance policy, for approval by the governing body	Governance Committee	Within 3 months
Additional actions...		

Sample Governance Enhancement Plan of a Hospital Governing Board

Actions within nine days

1. Develop a clear statement of the relative roles and responsibilities of governing body compared to management.

2. Explore ways to have fewer and more effective governing body meetings.

3. Publish the calendar of meetings for the next 18 months.

4. Make more time in the governing body meeting agendas for strategic discussions and devote less time to ongoing issues through routine reports.

5. Establish an annual "Governing Body Effectiveness Plan."

Actions within nine weeks

1. Ask management to provide a report on high-level performance measures for finance, human resources, and quality.

2. Initiate joint governing body-and-physicians work group to study ways to improve quality processes and performance in the outpatient department.

3. Develop a master list of the top ten challenges facing the hospital in the coming year, and define actions to meet them.

4. Conduct a formal assessment of the governing body and its committees.

5. Provide a report to the communities served on how the governing body is governing on their behalf.

Actions within nine months

1. Establish a "Governing Body Level Performance Dashboard"

2. Develop governing body work procedures and policies that consider best practices from other countries.

3. Establish a governance committee for continuous governance enhancement and develop an annual plan for governing body education on key topics.

4. Pursue a culture of performance measurement and also of "praise and celebration."

5. Assess and update the strategic plan of the hospital.

APPENDIX 8: MEASURING GOVERNANCE

There are three ways to measure governance: measuring governance processes, measuring outcomes, and measuring long-term impact.

Measuring Governance

What to measure?	
Process	1. Participation of stakeholders in decision-making
	2. Inclusion
	3. Gender-responsiveness
	4. Openness and transparency
	5. Accountability
Outcomes	1. Health service performance, i.e., access, coverage, equity, efficiency, responsiveness, patient satisfaction, timeliness, safety of a health service.
	2. Health outcomes, for example, reduction in incidence and prevalence of communicable and non-communicable diseases.
Impact	1. Health impact, for example, increased life expectancy or lives saved.
	2. Impact beyond health, for example, gains in education or economic productivity because of good health.

Measurement is not an end in itself. Use measurement as a means of improving governance. For example, you can use measurement results to:

1. Promote your own accountability and that of your team

2. Communicate with public

3. Evaluate, manage, budget, motivate, promote, celebrate, learn, and improve

As indicated in the table above, governance processes may be measured in terms of how participatory, inclusive, open and transparent, or accountable they are. What can be measured in this regard is the practice of governance or the governing behavior of the people who govern. An example of a scale to assess participation in decision making is given in Appendix 9.

APPENDIX 9: MEASURING PARTICIPATION

Governing body collectively or members individually can use this self-assessment tool to measure participation of stakeholders in decision-making.

Participation Self-Assessment Scale

Scoring Guide

- The maximum score that can be earned is 100.
- Score of 90 and above: Indicates outstanding participation.
- Score of 50-89: Indicates the governing body meets most requirements.
- Score of 20-49: Indicates the governing body needs to improve.
- Score below 20: Indicates unsatisfactory participation.

Instructions: Circle the number that represents the extent to which the governing body involves the stakeholders in governance decision-making.

In our health system citizens, health service users, patients or their representatives, and health providers and health workers are involved in the following processes:

1. Goal setting, i.e., identifying health system goals, objectives, and strategic direction.

   never   1   2   3   4   5   6   7   8   9   always

2. Developing strategies and policies to achieve health system or program goals.

   never   1   2   3   4   5   6   7   8   9   always

3. Developing policy.

   never   1   2   3   4   5   6   7   8   9   always

4. Developing programs and program alternatives.

   never   1   2   3   4   5   6   7   8   9   always

5. Strategic and annual planning and prioritization.

   never   1   2   3   4   5   6   7   8   9   always

6. Budget negotiations.

   never   1   2   3   4   5   6   7   8   9   always

7. Problem identification.

   never   1   2   3   4   5   6   7   8   9   always

8. Monitoring health service delivery processes.

   never   1   2   3   4   5   6   7   8   9   always

9. Auditing service or program achievements.

   never   1   2   3   4   5   6   7   8   9   always
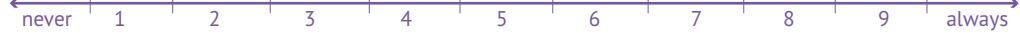
10. Evaluating policy, service, or program achievements.

never   1   2   3   4   5   6   7   8   9   always

APPENDIX 10: MEASURING OPENNESS, ACCOUNTABILITY, AND INTEGRITY

This tool allows you to assess yourself on openness, accountability, and integrity. Governing body members should periodically assess their governing behavior.

Score Guide

- The maximum score that can be earned is 200.
- Score of 180 and above: Indicates outstanding openness, accountability, and integrity.
- Score of 101-179: Indicates you meet most requirements.
- Score of 40-100: Indicates you need to improve.
- Score below 40: Indicates unsatisfactory openness, accountability, and integrity.

Instructions: Circle the number that represents how frequently you exhibit following behaviors.

Openness Self-Assessment Scale

1. I demonstrate consistency in my public and private behavior.

never   1   2   3   4   5   6   7   8   9   always

2. I openly listen when people offer perspectives that are different from my own.

never   1   2   3   4   5   6   7   8   9   always

3. I openly explain my decisions.

never   1   2   3   4   5   6   7   8   9   always

4. I interact openly and candidly with stakeholders.

never   1   2   3   4   5   6   7   8   9   always

5. I make records accessible to stakeholders.

never   1   2   3   4   5   6   7   8   9   always

Responsibility Self-Assessment Scale

1. I demonstrate a sense of obligation to stakeholders when making decisions.

never   1   2   3   4   5   6   7   8   9   always

2. I avoid blaming others for mistakes.

never   1   2   3   4   5   6   7   8   9   always

3. I am willing to face the truth, even when it goes against me or what I think,

never   1   2   3   4   5   6   7   8   9   always
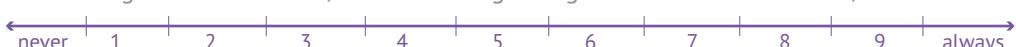
4. I accept responsibility for the future direction and accomplishments of my organization.

never 1 2 3 4 5 6 7 8 9 always

5. I accept ownership of the results of my decisions and actions.

never 1 2 3 4 5 6 7 8 9 always
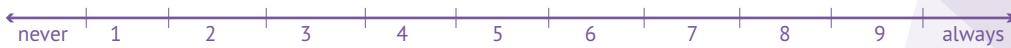
6. I look at myself first when my governing body's results are disappointing.

never 1 2 3 4 5 6 7 8 9 always

Answerability Self-Assessment Scale

1. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was not taken.

never 1 2 3 4 5 6 7 8 9 always

2. I answer questions from stakeholders.

never 1 2 3 4 5 6 7 8 9 always

3. I welcome constructive feedback of my actions.

never 1 2 3 4 5 6 7 8 9 always

4. I openly admit my mistakes to stakeholders.

never 1 2 3 4 5 6 7 8 9 always

5. I take quick action to deal with the consequences of a mistake.

never 1 2 3 4 5 6 7 8 9 always

Integrity Self-Assessment Scale

1. I make sure that my actions are always ethical.

never 1 2 3 4 5 6 7 8 9 always

2. I can be trusted to serve the interests of the public rather than my own personal interests.

never 1 2 3 4 5 6 7 8 9 always

3. I do what I say.

never 1 2 3 4 5 6 7 8 9 always

Adapted from:

1. *James A. (Andy) Wood, Bruce E. Winston, (2007), "Development of three scales to measure leader accountability", Leadership & Organization Development Journal, Vol. 28 Iss: 2 pp. 167 -185*

2. *De Hoogh, A.H.B., & Den Hartog, D.N. (2008). Ethical and despotic leadership, relationships with leader's social responsibility, top management team effectiveness and subordinates' optimism: a multi-method study. The Leadership Quarterly, 19(3), 297-311)*

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