
GRAND  RIVER
HOSPITAL
**BOARD
MANUAL**

Approved By:	Board	Number:	4-D-10
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SUBJECT: Evaluation of Individual Directors and Community Members

Purpose

To evaluate the performance of individual Directors and Committee Community members, and to identify areas for development.

Process

An annual evaluation of Directors and Committee Community members will include a self- assessment and a peer evaluation. The self-assessment is comprised of three components:

- Part 1: Skills inventory
- Part 2: Performance self-assessment
- Part 3: Future intentions

The self-assessment will be conducted using an annual on-line survey (4-D-10, Appendix A: Self Assessment - Directors and Committee Community Members).

The peer evaluation will be conducted by an on-line survey in January of each year. Each Director will be asked to evaluate all other Directors and Committee Community members on their assigned Committees. Committee Community members will evaluate Directors and other Committee Community members on their assigned Committee.

Annually, the Governance and Community Engagement Committee (GCEC) will review timelines for completion to prepare for the Nominating Committee. GCEC will also review the survey tool and confirm appropriateness for use.

Confidentiality

Administration of the evaluation survey will be managed by the Board Chair in consultation with the Chair of GCEC. Administrative resources may be accessed as needed.

Access to evaluation results will be restricted according to the following schedule:

		Evaluation results access restricted to			
		Board Chair	GCEC Chair	GCEC	Nominating Committee
Self-assessment	Skills inventory	X	X	X	X
	Performance self-assessment	X	*		
	Future intentions	X	X	X	X
Peer evaluation		X	*		

* The GCEC Chair at the request of the Board Chair; extended to also potentially include administrative support

The Board Chair will provide feedback to individual Directors and Committee Community members and engage in discussion about plans and skills development.

The results of the Director evaluation will be taken into account when considering renewal terms for incumbent Directors. The Board Chair will recommend to the GCEC whether or not a Director's term should be renewed. GCEC will inform Nominating Committee.

A Committee Community member may be encouraged to apply for a Director position when skills match those of an upcoming vacancy on the Board.



2017 Grand River Hospital Board Member Self Assessment

Introduction to the survey

Welcome to the annual GRH Board member self-assessment survey. This survey has two parts:

- 1. Skills inventory - about the skills you bring to the Board and Committees; and,**
- 2. Future intentions - about your interest in remaining on the Board; participating on Committees; and, taking on leadership positions.**

The information you provide is of great importance as it informs Board succession planning. You will be asked to identify yourself for the purpose of planning by the Governance and Community Engagement and Nominating Committees, and for a future discussion with the Board Chair.

If you are unable to complete the survey in one sitting, you may return to it at any time and continue where you stopped. It is estimated that response to this survey will require 15 minutes of your time.

Please complete the Self-Assessment survey by January 31, 2017. If you require assistance, please contact Karen Taylor at karen.taylor@grhosp.on.ca or 519-749-4300 extension 6709.

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* Please provide your name

Name:

* Which Committee(s) are you currently a member of?

- Audit
- Compensation and Executive Resources
- Executive Committee
- Governance and Community Engagement
- Health Information System Renewal Committee
- Joint Medical Advisory Committee
- Joint Medical Resources Planning
- Pension
- Quality and Patient Safety
- Resources
- Waterloo Hospitals Collaborative Committee

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Part One: Skills Inventory

Board recruitment and Board and Committee selection is based on a good match between the skills and qualifications of candidates and the needs of the Board at the time.

The results will be reviewed by the Governance and Community Engagement, Executive and Nominating Committees to help guide candidate selection.

Please indicate your knowledge, skills and experience by checking off the relevant box beside each skill category in the list below.

Suggested competency ranking guideline:

Basic: Limited exposure or training

Intermediate: Personal or business experience; work with experts; some training or education in the skill

Advanced: Competent practitioner or expert; able to instruct or advise others in the skill area

	None	Basic	Intermediate	Advanced
Accounting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board & Governance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government & Government Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Care Administration & Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Resources Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information Technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your knowledge, skills and experience by checking off the relevant box beside each skill category in the list below.

	None	Basic	Intermediate	Advanced
Labour Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient & Health Care Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Political Acumen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Project Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Affairs & Communications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality & Patient Safety Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality & Performance Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stakeholder Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2017 Grand River Hospital Board Member Self Assessment

Part Two: Future Intentions

This is the final section of the survey.

As part of the nominating process, the Governance and Community Engagement Committee would like to know your interest in participating on the GRH Board of Directors for the coming year and future years. The questions also ask for information to help plan for leadership of the Board and Committees.

Responses will remain confidential with the Governance and Community Engagement, Nominating and Executive Committees.

* Please select one answer. You will be directed to the next appropriate question.

- I am a Director on the Board.
- I am a Board Committee member, not an elected Director.

2017 Grand River Hospital Board Member Self Assessment

Future Intentions of Directors

Are you interested in remaining on the Board for the next year, from June 2017 to June 2018?

- Yes
 No

If no, could you please share your reason? This information will be confidentially shared with only the Board Chair and the Chair of the Governance and Community Engagement Committee.

If you are interested in serving as Chair of a Board Committee in future years, please indicate all of the options that you would consider.

	2017-2018	2018-2019	2019-2020
Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance and Community Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Information System Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and Patient Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are interested in serving as an Officer of the Board, please select all of the options that you would consider.

	2017-2018	2018-2019	2019-2020
Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many Board Committees would you like to serve on in the 2017-2018 Board year?

- 1
- 2
- 3
- 4
- 5

Which Board Committees would you like to serve on next year (2017-2018)? Please rank your response with 1 being your most preferred Committee.

<input type="checkbox"/>	<input type="checkbox"/>	Audit
<input type="checkbox"/>	<input type="checkbox"/>	Compensation and Executive Resources
<input type="checkbox"/>	<input type="checkbox"/>	Governance and Community Engagement
<input type="checkbox"/>	<input type="checkbox"/>	Health Information System Renewal Committee
<input type="checkbox"/>	<input type="checkbox"/>	Joint Medical Advisory Committee
<input type="checkbox"/>	<input type="checkbox"/>	Joint Medical Resource Planning
<input type="checkbox"/>	<input type="checkbox"/>	Nominating
<input type="checkbox"/>	<input type="checkbox"/>	Pension
<input type="checkbox"/>	<input type="checkbox"/>	Quality and Patient Safety
<input type="checkbox"/>	<input type="checkbox"/>	Resources

I would like to strengthen my contribution to the work of the Board by:

I would appreciate education opportunities on the following topics:

2017 Grand River Hospital Board Member Self Assessment

Identification of Future Board Officers

Based on the skills and attributes required to lead the Board, which members would you recommend to be an Officer of the Board in the NEXT YEAR (2017-2018)?

Chair

Vice Chair

Treasurer

Based on the skills and attributes required to lead the Board, which members would you recommend to be an Officer of the Board in FUTURE YEARS (i.e. post-June 2018)?

Chair

Vice Chair

Treasurer

2017 Grand River Hospital Board Member Self Assessment

Future Intentions of Board Committee Community Members

Your time and participation in the governance of Grand River Hospital is valued. Are you interested in continuing to serve on a Board Committee in the next year, from June 2017 to June 2018?

- Yes
 No

Which Board Committee are you interested in serving on next year?

- Audit
 Governance and Community Engagement
 Pension
 Quality and Patient Safety
 Resources

Are you interested in applying to become a Board Director when there is a vacancy?

- Yes
 No
 Undecided

2017 Grand River Hospital Board Member Self Assessment

Survey conclusion

This is the end of the survey.

If you need to return to any questions to complete the survey, please select the PREV button.

If you select DONE, you may still open the survey and change any response until the survey ends on January 31, 2017.

Thank you for your time and participation.