New board director induction program guidelines

A checklist for health service/hospital boards

health

Introduction

This guide is intended for use by all health service/hospital boards.

The aim of an induction program is to enable a new director to become as effective as possible in their new role as quickly as possible.

To achieve this aim:

(1) the board chair will ensure that all new directors receive a comprehensive, structured and tailored induction on joining the board

(2) new directors will need to commit to participate fully in such a program.

Program design

A well designed and delivered induction program ensures that:

- new members can add value to the board by enabling them to immediately ask questions without being a subject expert or having in-depth experience of the health sector

- the change and impact to boardroom dynamics and team performance is recognised and addressed.

Poorly designed or a lack of induction can be detrimental to board performance from a number of perspectives as follows.

- Conventional thinking places the onus on new director to get 'up to speed' rather than consider the effect one person can have on the cooperation, thinking and decision making in the boardroom.

- New directors want to make a good first impression but a lack of awareness and understanding can leave a new director feeling unable to contribute over a longer period of time and possibly feeling excluded.

- Valuable board time can be lost addressing a new director's knowledge-gaps relating to the array of new concepts, strategies and language.

The time required to complete an induction program will depend on the health service/hospital size, services and configuration.

Component parts of the induction may be phased and planned to best align with the timing of related activities of the board and the health service/hospital.

The delivery of the information in the induction should also be varied from just reading material. For example meetings with senior executives and key stakeholders, training courses, seminars and site visits.

For consideration:

- Arranging induction activities before or after board/committee meetings

- Allocating a 'mentor' or partnering the new director with an experienced board director for a period of time as a means to fast-track their appreciation of their role and the business

Checklist

The following checklist provides a framework for an induction program for a new director to the board of a health service/hospital.

The checklist comprises four tables and 54 items/actions, which together provide a guide to the scope and content for an induction program. Each checklist has a title and subtitle(s) to describe the context for the particular checklist.

The checklists and the items apply in general, to an induction to a health services/hospitals regardless of the type, size, structure and service complexity. Rather than applicability, the issue for health service/hospital board chairs to consider is scalability. For example, while all health services should have Audit, Quality and Capital plans the scope and details included on these, as part of the induction program, will vary according to the size and type of a health service and current activity in these areas at the time of the induction.

1. Being a director

The role and responsibilities of a director[1]	✓
1. Director position description	
2. Personal development planning	
3. Local codes of conduct, codes of practice	
4. Policies relevant to the director as an individual (expense, data protection)	
5. Conflict of interest guidelines	
6. Public Sector Standards Commissioner's Directors Code of Practice	
7. Public Sector Standards Commissioner's gifts, benefits and hospitality framework	
8. Personal indemnity/liability and insurance arrangements	

2. All things board

Structure above	✓
9. Board and committee structure and respective terms of reference	
10. Photos and short biographical information on all board directors, the board secretary and senior executives including their tenure details and position descriptions	
11. Details of any board support, board secretary and secretariat services	
Meetings	✓
12. Calendar of dates of all future board and sub-committee meetings	
13. Minutes/decision records/action logs from recent board meetings (previous 6 months as a guide)	

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[1] Ideally these items can be captured in a board charter

14. Board procedures: how and when papers are circulated, usual meeting venue and meeting duration	
15. Familiarisation with any board IT such as accessing online papers or a board portal	
Regulation, rules and guidance	✓
16. Health Services Act 1988, in particular: • Part 3, Division 4 – Public hospitals; • Part 3, Division 9B – Public health services or • Part 4, Division 5 – Multi purpose services • Part 3, Division 5, Section 41(2)	
17. National Safety and Quality Health Service Standards with a key focus on standards 1 and 2	
18. Public Administration Act 2004 (PAA) in particular Part 5, Division 2 – Governance principles	
19. Whole of government legislation: e.g. (but not exhaustive) Audit Act, Financial Management Act, Freedom of Information Act, Ombudsman's Act, Privacy Act	
20. Statutory and policy reporting requirements including Annual Reports, Statement of Priorities, Secretaries Agreement	
21. Current board by-laws	
22. Department of Health, Victorian Health Services Governance Handbook	
23. Department of Health, Building Board Capability framework document	
24. Key websites: 1. Department of Health at http://health.vic.gov.au/governance/index.htm 2. States Services Authority at http://www.ssa.vic.gov.au/governance.html	
Current issues	✓
25. Key issues impacting on the health service	
26. Key governance issues affecting the health service	
27. Details of major litigation or legal matters involving the organisation	
28. Most recent board assessment report, responses and action plan and building board capability plan	

3. The business

Understanding the nature of the organisation and how it works	✓
29. Community profile/demographic information	
30. Organisational chart including details of separate campuses and partnership services	
31. Strategic plan (5 year) and associated business (annual) plan(s)	
32. Statement of Priorities (SoP) and previous SoP outcome reports as well as associated planning processes and timeframes	
33. Capital plan	
34. Public relations and communications overview	

35. Research activities at the health service or with partner organisations	
36. Audit plan	
37. Quality plan	
38. Clinical Governance framework	
39. Organisational risk (including clinical risk) register and associated polices detailing risk oversight and management including details of risk appetite, internal control system and internal audit function	
40. Performance reports for the previous two quarters. Could be locally produced of provided by Department such as Monitor report	
41. Annual report and financial statements	
42. Quality of Care Report	
43. Financial information: accounts (board reports), audits, management accounts, budgets	
44. Details of key contracts in place at the health service	
45. Glossary of sector and service specific terms	

4. The people

Relationship building with organisational personnel	✓
46. Schedule of meetings with board directors, committee members, board secretary	
47. Schedule of meetings with CEO, CFO and other key executives	
48. Site visit to all campuses	
49. Most recent staff satisfaction survey/employee survey (People Matters rating from Monitor)	
Key relationships and stakeholders with the organisation	✓
50. Minutes/notes from annual general meetings	
51. Papers relating to Open Access Board meetings	
52. Recent press cuttings, reports and articles concerning the organisation	
53. Profiles of local state and federal MPs	
54. Details of regulatory bodies such as Worksafe and the Australian Commission on Safety and Quality in Health Care	
55. Details of the key employee relations bodies; unions, staff associations, professional bodies	

Department of Health