Waterloo Wellington
Integrated Hospice Palliative Care Program

Governance Chapter
GOVERNANCE CHAPTER

There is little research available on forms of collaborative governance where a large number of stakeholders are engaged in a specific cause for action and where their involvement is essentially a cooperative endeavour.

This document describes “forms of governance” models for groups that are willing to work together to solve a regional issue and in this case “Hospice Palliative Care”.

For the purpose of this document we are using the following definitions:

“Network” is the interconnected system of organizations, agencies and providers sharing a common purpose and mutual benefit. The network is comprised of independent and autonomous organizations of the broader community.

“Council” is the advisory body for the HPC system design and the core activities of the Program.

“Program” is the group of activities required through service provider organizations and independent practitioners to achieve an integrated and coordinated HPC system and those defined key elements and system impact performance outcomes that positively affect individuals living with a life-threatening illness and families.

“Governance”: to monitor and control behaviour of management who are employed to oversee the day-to-day activities of running an organization (Fame and Jensen, 1983: Eisenhardt, 1989)
: relates to decisions that define expectations, grant power, or verify performance. It consists either of a separate process or of a specific part of management or leadership processes. Sometimes people set up a government to administer these processes and systems.1
: relates to consistent management, cohesive policies, processes and decision-rights for a given area of responsibility.

“Collaboration”: purposive relationships designed to solve a problem by creating or discovering a solution within a given set of constraints such as knowledge, time, money, competition, conventional wisdom – Agranoff & McGuire, Schrage 1995

“Collaborative Governance”: requires problem-solving, broad participation provisional solutions that sharing of regulatory-responsibility across public-private sectors and a flexible engaged agency – Judy Freeman
: must engage in “authentic dialogue” with each stakeholder legitimately representing the interest for which they claim to speak, coming to the table with interests, but also with open minds about their positions and willingness to seek mutual gain solutions – Innes & Booher
: Purposive means of guiding and steering a society of community consisting of a particular set of organizational arrangements

“Cooperation”: working jointly with each other to some end but normally implies those working jointly have a relationship of mutual help rather than divergent and possibly adversarial interests -- Agranoff & McGuire
Three forms of governance were reviewed and their characteristics have been aligned with principles of good governance as described by the Institute of Governance.

**Forms of Governance**

1. **Shared Governance**
   A grass-roots, bottom-up network builds and maintains the only viable way to get “buy-in” from the participants. Collectively members make all the decisions and manage network activities. There is no formal administrative entity.

2. **Lead Organization**
   The major activities and decisions are coordinated through and by a single member organization and are commonly seen in health and human services. The Lead Organization provides administration supports for the program and facilitates activities of the members in their efforts to achieve the overall collective goals that also align with the goals of the Lead Organization.

3. **Network Administrative Organization (NAO)**
   NAO is a separate administrative entity set up to manage a network and its activities. It plays a key role in coordinating and sustaining the network. The NAO is not a member of a network that provides direct services.

**Principles of Good Collaborative Governance and Characteristics**

1. Legitimacy and voice
   - Trust
   - Enhance relationship with larger community
   - Legitimacy – internal and external

2. Direction
   - Common purpose and direction

3. Performance
   - Implementation and sustainability
   - Function
   - Efficiency

4. Accountability

5. Fairness
   - Level of competencies
   - With interest & affected partners throughout all phases of the decision-making process

6. Flexible engaged agency
   - Number of participants
   - Operations/infrastructure
   - Funding
   - Flexibility
In discussions with key area experts and existing members of the WW HPC Network, the governance characteristics were reviewed and evaluated to determine the Waterloo Wellington preferred needs for a form of governance. This group suggested that any one of the above forms does not fit the needs of our area and a hybrid model should be considered. Key characteristics for WW are a high level of trust, the need for strong membership interaction, and efficiency while being accountable to the membership, Lead Organization and policy makers or funders.

### Figure 1: Collaborative Governance Forms

<table>
<thead>
<tr>
<th>Governance Forms/Characteristics</th>
<th>Shared Governance</th>
<th>Lead Organization (LO)</th>
<th>Network Administrative Organization (NAO)</th>
<th>Hybrid Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust</td>
<td>High level among members</td>
<td>Low level, High centralization</td>
<td>Moderate density, NAO monitored by members</td>
<td>High</td>
</tr>
<tr>
<td>Goal Consensus</td>
<td>High</td>
<td>Moderate to many</td>
<td>Moderately low</td>
<td>Moderate</td>
</tr>
<tr>
<td>Enhance relationship with larger community</td>
<td>Minimal</td>
<td>Moderate</td>
<td>Moderate density, NAO monitored by members</td>
<td>Moderate</td>
</tr>
<tr>
<td>Member interaction/Inclusion</td>
<td>High</td>
<td>High</td>
<td>Moderate Member interact but NAO centralized and is the administration</td>
<td>High</td>
</tr>
<tr>
<td>Legitimacy (internal &amp; external)</td>
<td>Addresses internal needs well</td>
<td>Addresses external needs well</td>
<td>Balances both internal &amp; external</td>
<td>Balance of both internal &amp; external</td>
</tr>
<tr>
<td>Members have a common purpose/dIRECTION</td>
<td>High</td>
<td>High</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Implementation &amp; Sustainability</td>
<td>Simplest &amp; most common Felt to be grass roots/bottom up</td>
<td>Single member organization has sufficient resources &amp; legitimacy to lead Stable as long as LO continues in role</td>
<td>NAO staff manage the network &amp; its activities High stability</td>
<td>High stability Members with collaboration agreements to manage service delivery activities</td>
</tr>
<tr>
<td>Function</td>
<td>Builds community capacity Suits for short-term projects/tasks</td>
<td>Facilitates activities of the members to achieve the goals of the network</td>
<td>Coordinate and sustain network Build capacity Facilitates activities Coordination</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>Inefficient when more than a few members</td>
<td>Moderately effective; Reduces burden on members involved Reduced member commitment Focus on LO needs</td>
<td>Efficient: balance of shared and LO models High efficiency</td>
<td></td>
</tr>
</tbody>
</table>

### Updated December 2010

Waterloo Wellington HPC Network – Governance & Quality Assurance Committee
Components of the Governance Model

Broader Community
The “network” is the forum of WWLHIN palliative care stakeholders consisting of individuals, policy makers, funders and organizations. This forum is the interconnected system of organizations, agencies and providers sharing in a common purpose and mutual benefit. The network is comprised of independent and autonomous organizations, service providers and consumers within the broader community.

Through the Community Engagement process, the broader membership:
- Participates in providing input into the setting of strategy priorities, work plans, regional policies and the allocation of financial resources
- Provides advice to the Council on the HPC system improvement priorities
- Exchanges HPC knowledge and information
- Fosters integration and collaboration among the HPC system participants

Participating Membership
Participating Members considers partners within the network by signing the participation agreement that outlines roles and responsibilities for both parties.

Participation Agreements include the defined deliverables of the Program with defined timelines. The Participation Agreements provide the terms of the relationship between the Program, the Program Council and the membership organization.

Participating members are encouraged to attend the annual meeting and participate in the development of annual work plans and priorities. Participating members agree to provide their contact information for regular communication with the network and Council. Participating members may also contribute staff time to the work of the program through committees and working groups.

Participating Membership Roles and Responsibilities
Each Participating Member agrees to:
- Participate as a member of the Program;
- Promote the goals and activities of the Program within their organization; and
- Provide public information to the Program from the member organization;
- Participate in Program requirements for data collection, reporting and quality

Deliverables include:
- Actively upholding mutually established WW HPC principles and norms of practice as determined through the collaborative development of the WW integrated program design, including all relevant strategic plans and work plans; and
- Following through with commitments to the program e.g. staff time for committees and working groups, service provision etc.

All agencies, organizations, or independent practitioners providing HPC across Waterloo-Wellington may become participating members inclusive of:
- Partnering organizations that work alongside of HPC service organizations such as school boards, social services, emergency services
• Individuals living with a life threatening illness and their families
• Organizations that support the principle of highest quality hospice palliative care for all; and
• Organizations with a full or partial mandate to provide hospice palliative care.

Membership could include, but is not limited to, the following organizations and independent practitioners from across WWLHIN geographical area:

• Hospices – visiting programs and residential
• Hospitals
• WW CCAC’s and its contracted service providers (nurses, PSW, Social Workers, Therapists, Dieticians)
• Palliative Pain & Symptom Management Programs
• LTC Homes
• Physicians involved in palliative care
• Family/Client representatives
• Pastoral Care/Spiritual Care Providers
• Legal Representatives
• Community Support Agencies
• Pharmacy Representatives
• Complex Continuing Care organizations
• Emergency Services
• Community Health Centres
• Family Health Teams
• Independent Physicians and Physician Groups
• Retirement homes
• Regional Cancer Centre
• Academic Centres
• General public and/or consumer

Decision making
• Broad membership input is required through the Community Engagement Process before any decisions/plans are created
• When membership feedback is sought, findings will be interpreted, and an action plan for a system’s resolution will be determined.
• Participating members receive all consultative and final HPC reports for review, input/feedback and endorsement
• Participating members are required to vote when broad decisions are being considered such as: strategic plan, work plans, regional policies and procedures, financial budgets, formal recommendations to policy makers/funders and changes to quality parameters
• Participating members are asked to indicate their level of endorsement using the following “levels” of endorsement:
  • Full endorsement – able to endorse and implement
  • Endorsement – able to endorse but does not apply to this member organization
• Endorsement but not able to implement at this time (would include a proposed implementation date)
• Not able to endorse with written justification of reason why
• The motion is accepted as “passed” when a majority of the members endorse motion. Council proceeds with implementing the activities only after the motion has been endorsed by a majority.

Tools and mechanism required
Participation Agreement
Community Engagement Framework

Council
The overall purpose of Council is to:
• Provide collaborative leadership to plan, educate, coordinate, and evaluate comprehensive hospice palliative care services and
• seek to improve quality, choice, cost, and access to HPC care for persons through timely response to changing patient needs and conditions throughout the continuum of care, through:
  • Broad system design,
  • Coordination and integration of services at a system level,
  • Monitoring and assessment of community needs, and
  • Promotion of service innovations.

Council consists of 12 hospice palliative care representatives of the broader membership and participating membership. Representatives have positions of senior leadership and organizational decision-making authority in their professional lives. Council provides a voice on the broad perspective of building hospice palliative care service delivery.

Council is responsible for the governance of a network and advisory to the Program. Council representatives are committed to and passionate about improving hospice palliative care. Representatives bring diverse view points, knowledge themes and cross sector understanding to lead and influence change. Council is comprised of representatives that will reflect a balance of competencies and expertise that will enable to Council to fulfill its purpose and mandate.

Council acts in a direct advisory capacity for the provision of a small subset of services including the Palliative Pain and Symptom Management Programs and Community and Facility Palliative Care Interdisciplinary Education Funds.

The Program Director is an ex-officio member of Council. Program staff are assigned to support the work of the Council and the Program Director.

Council responsibilities include:
• Strategic level oversight of the HPC program that aligns with system and individual/family priorities
• Outlining expectations of a network and its members
• Ensuring endorsement processes are followed at major implementation and review points
• Facilitating system improvement and coordination including developing and recommending system-wide best practice strategies to respond to key priority issues
• Monitoring regional HPC system performance and advising on improvement priorities and mechanisms

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Waterloo Wellington HPC Network – Governance & Quality Assurance Committee
- Providing system consultation and advice
- Offering coordinated, standardized tools for project planning, analysis and implementation
- Creating (with member input) recommendations and work plans to the policy makers and funders
- Creating committees, working groups and other mechanisms to ensure work plans are completed
- Participating in the recruitment, selection and evaluation of the Program Director
- Creating and seeking approval of an annual budget for program activities
- Creating and seeking approval an annual work plan
- Creating governance policies and procedures
- Establishing structures that support the activities of the program. Activities include planning, fostering innovation, drafting recommendations to policy makers and other stakeholders
- Advocating for palliative care at the WWLHIN level and participate in advocacy activities at provincial and national levels
- Monitoring the implementation of accepted HPC service improvement recommendations

**Accountability**
Council is publicly accountable to the residents of the Waterloo Wellington Local Health Integration Network geographical area.

Council is accountable to the broader membership and holds the primary responsibility for coordinating and implementing the priorities and objectives established by the broader membership. Participation agreements are implemented as members join the program.

Council is accountable to the policy makers and funders for agreed upon deliverables, approved recommendations, work plans and projects. Formal agreements/memorandums of understanding are signed between these parties.

Council, direct service organizations and policy makers/funders create project charters for special collaborative activities that achieve the Program goals and address the Program recommendations.

Council is responsible for implementing the Waterloo Wellington Integrated Hospice Palliative Care Program.

**Term of Council Representatives:**
Council representative terms are initially established for 1, 2 and 3 years to allow for staggered turnover of the representatives. One third of representatives begins with a 1-year term, one third begins with a 2-year term and one third begins with a 3-year terms. As the 1 and 2 year terms expire they are renewed as 3 year terms. The membership at large is to endorse the appointment of the Council representatives.

**Decision Making by Consensus**
Representatives have to put a lot of effort into trying to find alternatives to which all representatives can agree. When everyone helps to reach, and agree to the final decision, all representatives have the chance to influence and understand the decision. The final decision may be reached with less conflict than a formal vote and should receive all representatives’ support. The Chair must ensure that everyone is heard equally and that quieter or less assertive representatives are not overshadowed by more vocal or assertive representatives. Consensus will take time, commitment, patience and persistence. It will strengthen the team by building trust, valuing the diversity of opinions and energizing and involving all representatives as equal participants.

**Tools and processes for governance:**

Updated December 2010
Waterloo Wellington HPC Network – Governance & Quality Assurance Committee
Council representative competency list
Representative nomination and election process
Council representative recruitment and selection
Program evaluation including Council and broader membership model effectiveness
Council decision Framework
Conflict/dispute resolution
Project Charters/Service Agreements
Conflict of Interest Policy
Confidentiality Policy
Governance budget

Committees, Task Forces and Working Groups
Committees, Task Forces and Working Groups are groups of stakeholders who are responsible for providing support and carrying out work related to specific tasks or broad areas of interest arising from local needs and identified in the strategic plan, recommendations and work plan. These groups are responsible for developing and implementing work plans including timelines and deliverables to accomplish a defined output on program recommendations. Committees are created to perform ongoing governance functions when a broader perspective or range of competencies is required than those available on Council. Committees have defined Terms of Reference that outline the purpose and responsibilities of the committee, length of term of committee members etc.

A Working Group comes together to focus on a specific task or issue, which can be accomplished in a short time frame (less than 6 months) and then the group disbands. Every attempt should be made at the outset to establish the number and duration of the meetings required to accomplish a defined output.

A Task Force comes together to focus on a specific task or issue. This work spans a longer time frame (more than 6 months) than a Working Group. Once the task or issue is addressed the Task Force disbands.

Core Activities of Council
Governance:
As discussed above

Community Engagement Activities include:
Implementing the community engagement process of the Program to ensure that participating members and the broader community are engaged and the broader public consulted in matters related HPC
Developing partnerships with HPC stakeholders across Waterloo Wellington
Fostering opportunities for partnerships both locally and regionally
Ensuring that Participating members agree with the strategic direction of the Program and implement the products of the Program
Proposed Membership Model: Hourglass Approach
Waterloo Wellington Hospice Palliative Care Network
October, 2010

Program Council collects information about needs and priorities through community engagement, communication with service providers, and membership feedback. Program Council creates the strategic plan and sets priority directions for the next 1 to 3 years. Program Council and Committees develop the key objectives and the action plans needed to implement the strategic plan. The participating members and service providers are collectively responsible to implement these action plans. Program activities ultimately modify patient and community care. Feedback on the activities of the Program is continually collected through community engagement, service provider and participating member feedback.

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Developing and Maintaining Relationships for Governance

Relationships with WWLHIN, Lead Organization (or transfer payment agency) and the Council are clearly articulated in memorandums of understanding to legitimatize and define the accountabilities and deliverables attached to the parties.

In the case of the WW IHPC Program and Council, this accountability and reporting responsibility becomes complicated with the large number of organizations and independent practitioners that are engaged in HPC services.

**Lead Organization and Council Relationship**

- Council, in conjunction with the Lead Organization, is responsible for preparing and approving a detailed annual budget
- The Lead Organization is accountable to the funders for ensuring the funding provided to the Council is spent accordingly
- The Lead Organization is responsible for complying with the yearly MSAA agreement with the LHIN that includes HPC program deliverables
- Council is to be perceived in the community as a regional resource that is independent from the Lead Organization’s operations.

Council is the advisory body for the Program and requires a Lead Organization or transfer payment agency to provide an infrastructure to support the activities of Council and the Program. Council has a direct accountability and reporting responsibility to the Lead Organization Board of Directors through the funding relationship with the Lead Organization. Operational staff for the Council activities such as a Director and administrative supports are employed through the Lead Organization. The Director accountability is to the Program, the Council, and the Lead Organization to ensure that deliverables of the Program are achieved.

The relationship between Council and the Lead Organization Board needs to be clearly articulated and understood. The agreement should be negotiated at the initiation of the Program activities. There should be an understanding that Council operates autonomously and maintains independence to make operating decisions in the best interest of the residents of WW LHIN and with the support of its participating members. The agreement should include language that ensures that funds intended for HPC Program, governance and direct service delivery are designated to its own budget, financial and quality reporting processes.

The Board of Directors of the Lead Organization is to carefully consider the advice and recommendations from the Council. If the Board disagrees with the Council, the differences are to be documented in writing, detailing the nature of the concerns and a possible resolution. The parties will endeavour to find natural ground and resolve their differences.

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1 Transfer payment agency – a not-for-profit corporation that has a formal agreement with the MOHLTC which defines the services to be delivered with a set amount of funds. The TPA board of directors is legally, financially responsible and accountable for all operations agreed upon with the MOHLTC.
Figure 3: Collaborative Governance and Leadership diagram
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1 Wikipedia; en.wikipedia.org/wiki/governance