

# LEADS Framework Steering Group

## Terms of Reference

### Purpose

Strategic advocacy, integrity and renewal of the LEADS in a Caring Environment framework.<sup>1</sup>

### Principles

- Assume positive intent in interactions.
- Believe that evidence is foundational for best practice of leadership and leadership development.
- Commit to transparency, trust, and reciprocity.
- Leverage the collective strengths of founding member partners.
- Respect the right to disagree and work to find positive resolutions.
- Seek to achieve a collective result that ultimately benefits the patients and citizens of Canada.

### Duties and Responsibilities

In terms of priority,

- Support the use of LEADS as the preferred common language for health leadership in Canada.
- Ensure the ongoing integrity of the LEADS framework while continuing its evolution to reflect current and future health leader capabilities.
- Define a cycle of evergreening for the framework that is predictable and scheduled.
- Identify, collaborate, and oversee joint LEADS-based research projects that support the body of evidence and validation of the LEADS framework.
- Discuss collaborative opportunities to promote, advocate and disseminate LEADS.
- Share individual member partner projects and priorities to allow other members to “shine a light” on their work where appropriate.
- Advocate for LEADS-based leadership development products and services that are of value to the health and care system.

### Terms of Operation

- Meet at least quarterly for one-hour meetings.
- Chair will be rotated annually among the three founding member partners.
- Chair produces the agenda for each meeting.
- Maintain quality records of meetings.
- Distribute agenda and materials one week ahead of the meeting.
- Review the terms of reference on an annual basis.
- Establish quorum of all 3 founding member partners at each meeting.

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<sup>1</sup> LEADS FRAMEWORK is defined as the 5 domains, capabilities, and descriptors (also known as the “brochure”)

- CCHL will provide the staff resources to support the logistical planning for meetings (i.e., setting up meetings, distributing materials, and minute taking). Additional non-logistical work will be determined on an as-needed basis.
- Reports on the LEADS Framework Steering Group will be provided to the governance structures of each founding member partner.
- Assign work to volunteer sub-groups when appropriate so as to inform and fulfill duties and responsibilities of this steering group.
- Recommendations provided by the LEADS Framework Steering Group on LEADS framework content changes will reflect the best possible consensus of the founding member partners. If consensus is not achieved, final decision will revert to IP holders. If the IP holders cannot agree a defined dispute resolution will be created and implemented to resolve the disagreement.

## Membership

- Representatives of the three founding member partners; CCHL, CHLNet and Graham Dickson.
- Additional members to be added based on defined selection criteria (reviewed annually) and unanimous agreement by all three founding member partners.
- Terms are not limited.
- Vacancies will be filled by the steering group as required.

## Criteria for selection of potential additional members

In the context of the above terms of reference, and in particular the purpose of *Strategic advocacy and renewal of the LEADS in a Caring Environment framework*, the following criteria are suggested when the three original partners consider additional membership.

### Number of Members:

For decision making and practical management purposes, it is suggested that a maximum of seven members comprise the LEADS Framework Steering Group (including representatives of the three founding member partners).

If, when that maximum has been reached there is a compelling argument—supported by all members—to change this maximum, then this criterion can be altered.

It is also recommended that the seven members be chosen such that a broad representation of the richness of the health landscape be reflected in the membership including different professions, research, gender, diversity, administrator, and/or consultant communities.

### Potential members:

- *Licensed organizational users* of the LEADS framework.
- *Other health care organizations or agencies* that use LEADS as a guide for internal leadership practice and guidance.

- *University departments, centres or programs* that utilize the LEADS framework as a guide for research, curriculum development, or program design/delivery.
- *Individuals*--who have an abiding passion for, knowledge of, and commitment to modeling, teaching, conducting leadership research, and/or facilitating developmental programs based on LEADS—will be considered. They must also satisfy most or all, of factors contributing to selection outlined below for potential members.

Desirable factors contributing to selection:

Potential members will satisfy most or all, of the following criteria. The member:

- Is committed to maintaining the ongoing integrity (i.e., scholarly base; wording as phrased in the LEADS brochure; and how it is used) of the LEADS framework.
- Is willing to contribute intellectual property, in-kind people resources, or cash resources to ensure the appropriate evolution, over a cycle determined by the founding member partners, of the LEADS framework to reflect current and future health leader capabilities.
- Can provide evidence that they represent—formally—a broader group or suite of similar organizations that are working together to foster leadership practice and development using LEADS.
- Uses LEADS as the preferred common language for health leadership in their individual or organizational leadership development work and is prepared to promote its use nationally.
- Is prepared to discuss and contribute to opportunities to promote, advocate and disseminate LEADS with other founding member partners.
- Models EDI goals and principles in their leadership practices.
- Will support and promote the unique business interests of other founding member partners (i.e., products, materials and services) rather than compete with them; and
- Is willing, where sensible and appropriate, to create products, materials and services that they are uniquely positioned to offer to the broader community of LEADS-based leadership development in Canada's health system.

*Approved March 2021*