



HASTINGS PRINCE EDWARD
Public Health

GOVERNANCE PACKAGE

**HASTINGS PRINCE EDWARD
BOARD OF HEALTH**

Approved: Wednesday, May 4, 2022



HASTINGS PRINCE EDWARD
Public Health

hpePublicHealth.ca / 613 - 966 - 5500

BELLEVILLE / NORTH HASTINGS / PRINCE EDWARD COUNTY / QUINTE WEST

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

Healthy Communities,
Healthy People.

Our Mission

Together with our communities,
we help people become as
healthy as they can be.

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



**Community
Engagement**



**Staff
Engagement
and Culture**



**Population Health
Assessment and
Surveillance**



**Program
Standards**



**Health
Promotion**



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INTRODUCTION

Overview

The Board of Health (Board) is an autonomous body responsible for the governance and oversight of Hastings and Prince Edward Counties Health Unit in accordance with Section VI of the Health Protection and Promotion Act (HPPA).

The Board oversees the implementation, management and advocacy for the health programs and services described in the HPPA and associated regulations. Specific programs and services can be found on our website at www.hpepublichealth.ca.

HPEPH has strong community and inter-agency partnerships and, with a core staff of approximately 130 full time equivalents, prides itself on being an innovative, responsive public health unit that can respond quickly to community needs. HPEPH has a main office in Belleville and service hubs in Trenton, Picton and Bancroft. The Medical Officer of Health and Chief Executive Officer is the Executive Officer to the Board of Health and is responsible to the Board for the management of the organization's public health programs and services as required by law.

Funding for programs at HPEPH are financed through the Ministry of Health, Ministry of Children, Community and Social Services, Health Canada, the Public Health Agency of Canada and the municipal sector. Municipal funding is based on a cost-sharing arrangement with the Ministry of Health.

Program requirements for HPEPH are provided through a comprehensive set of both program and organizational requirements that specify the expectations of a public health unit to provide health programs and services.

Although the legal name of the health unit is The Board of Health of the Hastings and Prince Edward Counties Health Unit, effective 2015, the Health Unit operates as Hastings Prince Edward Public Health (HPEPH).

Structure

The Board at HPEPH consists of both municipal members and appointed members. Regulation 559 of the HPPA stipulates that HPEPH shall have eight municipal members, two each from the City of Belleville, City of Quinte West, County of Hastings and The County of Prince Edward. In accordance with the HPPA, the Lieutenant Governor in Council may appoint one or more persons to a Board of Health. Typically, HPEPH has had two provincial appointees. The maximum number must be less than the number of municipal members of the Board.

Municipal Board members are appointed for the duration of their term in public office or until the respective Council decides to change its representation. Provincial Appointees are appointed by the Ontario Public Appointments Secretariat with varying terms of one, two or three years.

Meeting Structure

During the first meeting of each year, the Board will:

- Elect a Chair and Vice-Chair
- Appoint Board members to standing committees. Current committees include the Finance and Governance Committees. An ad-hoc Property or Hiring Committee may also be appointed as required.
- A meeting schedule is distributed at the beginning of each year. The Board typically meets on the first Wednesday of the month from February to December and meetings are held in person whenever possible. No meetings are held over the summer unless required.
- The Finance Committee meets quarterly or as required on the fourth/third Wednesday of the month.
- The Governance Committee meets twice a year or as required on the fourth/third Wednesday of the month.
- The Board of Health is subject to the Municipal Act. Meetings follow the same procedures as municipalities.

Strategic Plan

The Board has a strategic plan in place for the period 2019 to 2023. In September of 2021, a pandemic recovery plan and associated priorities was approved by the Board resulting in a different emphasis to the original strategic plan directions.

Expectations of Board Members

The governance package consists of by-laws, board policies and procedures and committee terms of reference which provides a comprehensive overview of how the Board operates. The Association of Local Public Health Agencies (aLPHa) provides a superb orientation and governance toolkit which all Board members are encouraged to review. The materials prepared by aLPHa provide detailed information on the history and programs of public health, roles and responsibilities of the Board and the Medical Officer of Health, common abbreviations, Acts pertaining to public health and other general governance information.

Important links

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Municipal Act, 2001

Municipal Affairs Act, R.S.O. 1990, c. M.46, Part II, General sections 11 and 12

Association of Local Public Health Agencies

- ♦ Orientation Manual for Boards of Health
- ♦ Governance Toolkit

Ontario Public Health Standards (June, 2021)

Hastings Prince Edward Public Health Website

Challenges and Opportunities

- Pandemic recovery
- Addressing community needs and prioritization of public health services
- Resource allocation
- Advocacy for funding and public health policy
- Public health modernization

BY-LAWS

By-Law No. 2022-01

Annual By-Law to authorize the borrowing of up to \$1,000,000

WHEREAS the Board of Health for the Hastings and Prince Edward Counties Health Unit (hereinafter called the "Board") deems it necessary to borrow the sum of up to \$1,000,000 to meet expenditures of the Board for the year until the municipal levies and government grants are received:

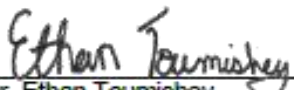
THEREFORE, the Board hereby enacts as follows:

1. The Chair of the Board and the Chair of the Finance Committee are hereby authorized on behalf of the Board to borrow from time to time by way of promissory note from the Canadian Imperial Bank of Commerce, a sum or sums not exceeding \$1,000,000 to meet the current expenditures of the Board for the year until the municipal levies and government grants are received, and to give on behalf of the Board, to the bank, a promissory note or notes and signed by the Chair of the Board and the Chair of the Finance Committee for the monies so borrowed, with interest at such rate as may be agreed upon from time to time with the Bank.
2. The interest costs for all sums borrowed pursuant to the authority of the by-law shall be charged as an expenditure against the revenues of the Board for the current year.
3. The Chair of the Finance Committee is hereby authorized and directed to apply in payment of all sums borrowed as aforesaid, together with the interest thereon, all of the monies hereafter collected are received either on account or realized in respect of levies and grants for the current year and preceding year or from any other source which may lawfully be applied for such purpose.

This by-law shall come into force and take effect immediately upon the approval thereof.


Jo-Anne Albert, Chair, Board of Health

February 1, 2022
Date


Dr. Ethan Tournishey,
Acting Medical Officer of Health & CEO

February 1, 2022
Date

By-Law No. 2022-02**A by-law to govern the banking and financial activities of the Board of Health, and the appointment of auditor**

WHEREAS the Health Protection and Promotion Act (HPPA) RSO 1990, c. H.7, as amended, Section 56 (1b & d) and the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability 2021, Public Health Accountability Framework Fiduciary Requirements Domain (Requirement #10) require that a Board of Health shall pass by-laws respecting banking and finance and the appointment of an auditor;

AND WHEREAS the HPPA RSO 1990, c. H.7, as amended, Section 59 (1a & b) and the OPHS: Requirements for Programs, Services, and Accountability 2021: Public Health Accountability Framework Fiduciary Requirements Domain (Requirement #9) require that a Board of Health shall keep:

- a) books, records and accounts of its financial affairs, and
- b) the invoices, receipts and other documents in its possession that relate to the financial affairs of the Board.

The HPPA RSO 1990, c. H.7, as amended, Section 59 (2), and the OPHS: Requirements for Programs, Services, and Accountability 2021, Public Health Accountability Framework Planning Documents / Transparency Framework Public Reporting further state the Board of Health shall cause to be prepared statements of its financial affairs in each year, including

- a) annual statement of income and expenses,
- b) annual statement of assets and liabilities, and
- c) annual estimate of expenses for the following year.

NOW THEREFORE the Board of Health for the Hastings & Prince Edward Counties Health Unit enacts as follows:

1. Definitions

- a) "Act" means the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, as amended;
- b) "Board" means the Board of Health for the Hastings & Prince Edward Counties Health Unit, operating as Hastings Prince Edward Public Health;
- c) "The Agency" means Hastings Prince Edward Public Health.

2. Delegation of Authority

- 2.1 All matters related to the financial affairs of the Board shall be carried out by the Medical Officer of Health or as designated to the Director of Corporate Services.
- 2.2 Furthermore, the Board authorizes the Director of Corporate Services or their designate, on behalf of the Board to:
 - a) Ensure the preparation of budgets for submission to the Board and administer approved budgets under the jurisdiction of the Board,

- b) Ensure the regular reporting of financial and operating statements is completed for the Board in accordance with established Ministry policies and indicating the financial position of the Board with respect to the current operations,
- c) Arrange for an annual audit of all accounting books and records in accordance with terms of funding requirements and generally accepted accounting principles
- d) Ensure statements of its financial affairs are prepared in each year including, but not limited to, the following:
 - i. an annual statement of income and expenses,
 - ii. an annual statement of assets and liability, and
 - iii. an annual estimate of expenses for the next year,
- e) Act as custodian of the books of account and accounting records of the Board, as required, to be kept according to the laws of the Province,
- f) Ensure agreements are in place for the provision of payroll and banking services as required
- g) Perform other duties as the Board may direct.

3. Borrowing Authority

The Board, from time to time, may

- a) borrow money on the credit of the Board, and
- b) charge, mortgage, hypothecate, pledge or otherwise create a security interest in all or any of the currently owned or subsequently acquired real or personal, movable or immovable property of the Board, including, without limitation, book debts, rights, powers, franchises and undertakings, to secure any present or future indebtedness, liabilities or other obligations of the Board.

4. Agreement with Chartered Bank or Trust Company

The Board, through the Medical Officer of Health and the Director of Corporate Services, will enter into an agreement with a recognized chartered bank or trust company that will provide the following services:

- a) current or savings account(s) as required,
- b) interest bearing operating account,
- c) provision of cancelled cheques on a monthly basis, together with monthly bank statements showing all debits and credits,
- d) electronic statements, access and services as required by the Agency, and
- e) provision of advice and other banking services required by the Board.

5. Signing Authority

- 5.1 The authority to sign cheques, and all related contractual documents and agreements, will be restricted to these five (5) positions: Chair of the Board, Vice-Chair of the Board, Chair of the Finance Committee, Medical Officer of Health, and Director of Corporate Services.

- 5.2 The signatures of two authorized persons shall be required on each cheque or financial obligation.
- 5.3 Cheques and financial obligations under \$100,000 shall be signed by any two of the following: the Medical Officer of Health, Director of Corporate Services, Chair of the Board, Vice Chair of the Board, or the Chair of the Finance Committee.
- 5.4 Cheques and financial obligations over \$100,000 shall be signed by any two of the following: the Medical Officer of Health, Chair of the Board, Vice Chair of the Board or the Chair of the Finance Committee.
- 5.5 Notwithstanding the requirements for signatures listed above, cheques or electronic funds transfers for monthly benefit payments and Ontario Municipal Employees Retirement System (OMERS) pension premiums shall be signed by any two of the five authorized signees.
- 5.6 Notwithstanding the requirements for signatures listed above, other contractual documents and agreements binding the Agency shall be signed by any one (or two) of the five authorized signees above, in accordance with the terms of the agreement.
- 5.7 Notwithstanding the requirements for signature listed above, signing authority for employment contracts shall be in accordance with the Agency's operational policies.

6. Appointment of an Auditor

- 6.1 In each year, by resolution, the Board shall confirm the appointment of an auditor who shall not be a member of the Board and shall be licensed under the Public Accounting Act, 2004, S.O. 2004, Chapter 8, as amended. The Agency shall use the same audit firm as the municipality with the largest share of expenses.
- 6.2 Only the auditor of the municipality that is responsible for the largest share of the expenses of the Agency in the year is required to audit the local Board in that year.

7. Duties of an Auditor

The Auditor shall:

- a) audit the accounts and transactions of the Board,
- b) perform such duties as prescribed by the Act and the Ministry of Municipal Affairs and Housing with respect to local boards under the Municipal Act, 2001, as amended, and the Municipal Affairs Act, R.S.O. 1990, as amended, and
- c) perform such other duties as may be required by the Board.

8. Rights of an Auditor

The Auditor shall:

- a) have a right of access at all reasonable hours to all books, records, documents, accounts, and vouchers of the Board and is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in their opinion may be necessary to enable them to carry out prescribed duties, and
- b) be entitled to attend any meeting of the Board and to receive all notices relating to any such meeting, and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns them as auditor.

9. Conflict with other Statute

Where there is conflict between any part(s) of this by-law and any statute or regulation, the statute or regulation shall take precedence.

10. Severability

If a court or tribunal of competent jurisdiction declares any portion of this by-law to be illegal or unenforceable, that portion of this by-law will be considered severed from the remainder of this by-law, which shall continue to be in full force and effect.

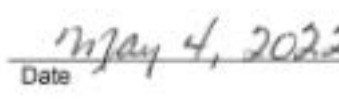
11. Previous By-laws Rescinded

All previous by-laws governing the banking and financial authorities and providing for the duties of the Auditor of the Board of Health are hereby rescinded.

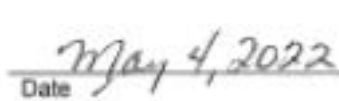
12. By-law into effect

This by-law shall come into force and take effect immediately upon the approval of the Chair of the Board of Health and the Medical Officer of Health.


Jo-Anne Albert, Chair, Board of Health


Date May 4, 2022


Dr. Ethan Tournishey, Medical Officer of Health and CEO


Date May 4, 2022

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By-Law No. 2022-03

A by-law to govern the management and financing of the Board of Health's physical properties.

WHEREAS the Health Protection and Promotion Act (HPPA) RSO 1990, c. H.7 Section 52 (3) permits a Board of Health to acquire and hold real property for the purposes of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it;

AND WHEREAS the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability 2021, Requirement #10, requires that a Board of Health shall pass by-laws respecting the management of its property;

AND WHEREAS the OPHS: Requirements for Programs, Services, and Accountability 2021 Fiduciary Requirements Domain: Requirements #14 (a), 17, 18, 20 & 21, including compliance with the Community Health Capital Programs Policy, require that a Board of Health that owns its own building(s) shall maintain a Capital Funding Plan for fixed assets to ensure that funding for capital projects is appropriately managed and reported;

AND WHEREAS the Ontario Municipal Act, 2001, as amended, requires that a Board shall adopt policies for the sale or disposition of land;

NOW THEREFORE the Board of Health for Hastings & Prince Edward Counties Health Unit enacts as follows:

1. Definitions

- a) "Agency" means Hastings Prince Edward Public Health,
- b) "Board" means the Board of Health for Hastings & Prince Edward Counties Health Unit, operating as Hastings Prince Edward Public Health,
- c) "HPPA" means the Health Protection and Promotion Act, RSO 1990, c. H.7, as amended, and
- d) "Municipal Act" means the Municipal Act, 2001, as amended.

2. Board to Hold Title

- 2.1 The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it [HPPA Section 52 (3)].
- 2.2 Section 2.1 does not apply unless the Board has first obtained the consent of the Councils of the majority of the municipalities within the Agency by the Board [HPPA Section 52 (4)].

3. Sale of Land

- 3.1 Prior to the sale of any real property owned by the Board, the Board shall:

- a) declare the real property to be surplus by means of a by-law or resolution passed at a meeting open to the public, and
 - b) obtain, not more than one (1) year before the date of sale, at least one appraisal of the fair market value of the real property from such person as the Director of Corporate Services considers qualified.
- 3.2 Notice to the public of a proposed sale of real property owned by the Board shall be given prior to the date of the sale by publication in a newspaper that is of sufficiently general paid or unpaid circulation within the Agency area to give the public reasonable notice of the proposed sale.
- 3.3 Despite the requirements of Clause 3.1(b) of the by-law, and subject to the requirements of Clause 3.2, the Board may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:
- a) any municipality within the Agency served by the Board,
 - b) a local board, as defined in the Municipal Affairs Act, R.S.O. 1990, Chapter M.46, Part 1, and
 - c) The Crown in Right of Ontario or of Canada and their agencies.

4, Property Committee

The Board may, at its discretion, appoint a committee, named the Property Committee, to:

- a) assess the current and future physical property requirements of the Agency,
- b) research and cost alternatives, including new properties, capital improvements or other means, and
- c) report on such and make recommendations to the Board.

5. Capital Funding Plan

The Board shall maintain a Capital Funding Plan under the guidance of, but separate and apart from, the Strategic Plan. The purpose of the Capital Funding Plan is to:

- a) assess and report on the future capitalization needs of the Board in securing and maintaining physical properties adequate to carry out the functions of the Board,
- b) review, approve or reject, and set priorities for capital projects and funding requirements, and set timelines for undertaking such projects, and
- c) define oversight and governance policies to manage and remain appropriately informed on in-process capital projects.

6. Property Management Responsibility

Responsibility for the care and maintenance of all property required by the Board shall rest with the Director of Corporate Services. This responsibility shall include the following:

- a) replacement of or major repairs to capital items, such as the heating, cooling, and ventilation systems, roof and structural work, plumbing, lighting and wiring
- b) maintenance and repair of the parking areas and exterior of the building
- c) care and upkeep of the grounds of the property
- d) cleaning, maintaining, decorating and repairing of the interior of the building

- e) maintenance of up-to-date fire and liability insurance coverage to reflect the current inventory, which will be updated each December.

7. Capital Development Project Responsibility

Responsibility for the management of major capital development projects, such as new property construction or major leasehold improvement projects, shall rest with the Director of Corporate Services. Alternatively, the Board may also approve the appointment of an external capital project manager who shall not be a member of the Board. This responsibility shall include:

- a) direction of all architects, designers, and contractors related to the capital project,
- b) election or design decisions regarding mechanical systems or other capital items, such as the heating, cooling, and ventilation systems; roof and structural work; plumbing; lighting; and wiring,
- c) monitoring and reporting to the Board on the status, issues, costs, and timelines of the project, and
- d) performing other capital project related duties as may be determined by the Board.

8. Statutory Requirements

The Board shall ensure all such properties comply with applicable statutory requirements contained in local, provincial, and federal legislation (e.g. building and fire codes).

9. Conflict with other Statutes

Where there is conflict between any part(s) of this by-law and any statute or regulation, the statute or regulation shall take precedence.

10. Severability

If a court or tribunal of competent jurisdiction declares any portion of this by-law to be illegal or unenforceable, that portion of this by-law will be considered severed from the remainder of this by-law, which shall continue to be in full force and effect.

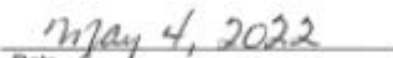
11. Previous By-laws Rescinded

All previous by-laws governing the management and financing of the Board of Health's physical properties are hereby rescinded.

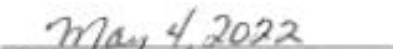
12. By-law into effect

This by-law shall come into force and take effect immediately upon the approval of the Chair of the Board of Health and the Medical Officer of Health.


Jo Anne Albert, Chair, Board of Health


Date May 4, 2022


Dr. Ethan Tournishey, Medical Officer of Health and CEO


Date May 4, 2022

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By-Law 2022-04

A by-law to provide rules governing the proceedings of the Hastings & Prince Edward Counties Health Unit Board of Health

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21. INTERPRETATION
22. BY-LAWS RESCINDED

WHEREAS it is necessary and expedient to establish rules and regulations for governing proceedings of the Board pursuant to the provisions of the Health Protection and Promotion Act (HPPA), the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability 2021, and the Municipal Act, 2001, as amended;

NOW THEREFORE the Board of Health for the Hastings & Prince Edward Counties Health Unit enacts rules governing the proceedings of the Board of Health as follows:

1. Definitions

- a) “Agency” means Hastings Prince Edward Public Health;
- b) “Agreement” means the agreement between the City of Belleville, the County of Hastings, the City of Quinte West, and the County of Prince Edward and the Board of Health under the Health Protection and Promotion Act;
- c) “Board” means the Board of Health for the Hastings & Prince Edward Counties Health Unit operating as Hastings Prince Edward Public Health;
- d) “Chair” means the Chair of the Board elected under this by-law or any person presiding at the meeting of the Board and shall include a Presiding Officer;
- e) “City/County” means the Corporation of the City of Belleville, the County of Hastings, the Corporation of the City of Quinte West, the Corporation of the County of Prince Edward;
- f) “Committee” means a Committee of the Board, but does not include the Committee of a Whole;
- g) “Committee of a Whole” means all the members present at a meeting of the Board sitting in Committee;
- h) “Council” means the Council of the City/County;
- i) “Meeting” means a meeting of the Board;
- j) “Member” means a member of the Board;
- k) “Secretary” means the Secretary of the Board of Health, or in their absence, the Medical Officer of Health, or designate.

2. General

- 2.1 In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board and in the Committees thereof.
- 2.2 Any procedural matter not covered by this by-law shall be decided by reference to Robert’s Rules of Order.

3. Meetings of the Board

3.1 *Regular Meetings*

- 3.1.1 The regular meetings shall be held at dates and times as determined by resolution of the Board at its first meeting of the year.
- 3.1.2 The Board by resolution may alter the time, date or place of any meeting.
- 3.1.3 Board meetings shall be held at 179 North Park Street, Belleville, Ontario, unless otherwise specified.
- 3.1.4 Committee meetings shall be held virtually, unless otherwise specified.
- 3.1.5 Location of meetings will be at the discretion of the Board and/or Committee Chair based on agenda items in the meeting.

- 3.1.6 Despite the foregoing, the Chair may authorize a regular or special meeting to be held at another location.

3.2 Special Meetings

- 3.2.1 A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called for the participating Council(s) or Municipality(ies).
- 3.2.2 A special meeting may be called by the Chair of the Board of Health.
- 3.2.3 Any three Board members, by written communication to the Board Secretary, shall initiate a special meeting.

3.3 Open Meetings

Except as authorized under this By-law, all Board and Committee meetings shall be open to the public, except that the Board or Committee may hold a closed session to deal with matters qualifying for consideration at a closed session as set out in Section 3.4 of this By-law.

3.4 Closed Sessions

- 3.4.1 A closed session may be held if the subject matter being considered relates to:
- a. the security of the property of the Board,
 - b. personal matters about an identifiable individual, including Board employees,
 - c. a proposed or pending acquisition or disposition of land by the Board,
 - d. labour relations or employee negotiations,
 - e. litigation or potential litigation, including matters before administrative tribunals, affecting the Board,
 - f. advice that is subject to solicitor-client privilege, including communications necessary for that purpose,
 - g. a matter in respect of which the Board may hold a closed session under another Act,
 - h. information explicitly supplied in confidence to the Board by Canada, a province or a Crown agency,
 - i. a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization,
 - j. a trade secret or scientific, technical, commercial or financial information that belongs to the Board and has monetary value or potential monetary value,
 - k. a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board,
 - l. education or training of Board Members, and where at the session no Board Member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the Board or Committee.

3.4.2 For any meeting at which there are items to be considered in a closed session, the public agenda for that meeting will provide:

- i. as much information as possible about the nature of each closed session item without jeopardizing the Board's position on the matter or without disclosing any confidential information that may be discussed, and
- ii. the subsection(s) of the Municipal Act, 2001 or other applicable legislation, which authorizes each item to be considered at the closed session.

4. Officers

4.1 *Election of Officers*

At the first meeting of the Board of Health in each year, the members of the Board shall elect one of the members to be Chair and one to be Vice-Chair of the Board for the year [HPPA 57(2)].

4.2 *Duties of the Chair*

4.2.1 The Chair shall preside at all Board meetings.

4.2.2 When the Chair is unable to act, for any reason, or their office is vacant, or if they refuse to act, the Vice-Chair of the Board will act in their place and while so acting, they have, and may exercise, all the rights, powers and authority of the Board Chair.

4.2.3 When the Chair and Vice-Chair are both absent, the Board, by resolution, may appoint one of its members to act as Presiding Officer in their place and stead, and while so acting, they have, and may exercise, all the rights, powers and authority of the Board Chair.

4.2.4 Notwithstanding Sections 4.2.2 and 4.2.3, the Chair may delegate a Board member to act on their behalf, when necessary, for other responsibilities of the Chair.

4.2.5 The Chair shall:

- i. open the Board meeting by taking the chair and calling the Board members to order, and shall announce the business before the Board in the order in which it is to be acted upon,
- ii. receive and submit, in the proper manner, all motions presented by Board members,
- iii. put to vote all questions that are regularly moved and seconded, or necessarily arise in the course of proceedings, and to announce the result,
- iv. decline to put to vote motions that infringe the rules of procedure,
- v. restrain the Board members, within the rules of order, when engaged in debate,
- vi. enforce, on all occasions, the observance of order and decorum among the Board's members,
- vii. expel or exclude from any meeting any person who has been guilty of improper conduct at the meeting,

- viii. receive all messages and other communications and announce them to the Board,
- ix. authenticate, by their signature, when necessary, all by-laws, resolutions, and minutes of the Board,
- x. inform the Board, when necessary or when referred to for the purpose, on a point of order or usage,
- xi. represent and support the Board, declaring its will, and implicitly obeying its decisions in all things,
- xii. ensure the decisions of the Board are in conformity with the laws and by-laws governing the activities of the Board,
- xiii. adjourn the meeting when the business is concluded, and
- xiv. adjourn the meeting without question in the case of grave disorder arising in the Board's meeting room.

4.2.6 The Chair is a voting member of the Board.

4.2.7 If the Chair desires to leave the chair for the purpose of taking part in the debate, or otherwise, they shall call on the Vice Chair, or in their absence, one of the other Board members, to fill their place until they resume the chair.

4.3 *Vice-Chair*

The Vice-Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

5. Order of Business

5.1 The Order of Business for regular meetings of the Board shall be:

- 1. Call to Order
- 2. Land Acknowledgement Statement
- 3. Disclosure of Pecuniary Interest and the General Nature Thereof
- 4. Approval of the Agenda
- 5. Closed Session
- 6. Motions Arising from Closed Session
- 7. Approval of the Minutes of the Previous Board Meeting
- 8. Business Arising from the Minutes
- 9. Deputations
- 10. Committee Reports
- 11. Report of the Medical Officer of Health
- 12. Staff Reports
- 13. Correspondence and Communications
- 14. New Business
- 15. Information Items
- 16. Date of the Next Meeting
- 17. Adjournment

5.2 For special meetings, the agenda shall be prepared as provided in Section 5.1, so far as is applicable.

5.3 The business of each meeting shall be taken up in the order in which it stands upon the agenda, unless otherwise decided by the Board.

- 5.4 No other matters except for those on the agenda shall be dealt with unless there is majority support of the Board.

6. Opening Procedure and Quorum

- 6.1 A majority of the members of the Board of Health constitutes a quorum of the Board.
- 6.2 As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board or Vice Chair, or person appointed to act in their place and stead, shall take the chair and call the members to order.
- 6.3 If there is no quorum within thirty (30) minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present and the meeting shall then adjourn until the next day of meeting.
- 6.4 Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall, within three (3) minutes following such request, record the names of those members present and advise the Chair if a quorum is or is not present.
- 6.5 Board members are expected to attend all scheduled in-person meetings but may participate electronically in both open and closed meetings when circumstances such as illness or disability prevent attending in person.

A member participating electronically may be counted in determining whether or not a quorum of members is present at any time during the meeting. [MA Section 238(3.5)]

Electronic participation may only be considered when such telephone or electronic means permits all persons participating in the meeting to communicate adequately with each other during the meeting.

- 6.6 Where the number of members who, by reason of the provisions of the Municipal Conflict of Interest Act, are disabled from participating in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special Act, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two. [MCIA Section 7(1)]

7. Addressing the Board and Conduct of Visitors

- 7.1 No person, except Board members and officers of the Board, shall be allowed to sit at the Board table during meetings, without permission of the Board.
- 7.2 Each deputation will be allowed a maximum of one speaker for a maximum of fifteen (15) minutes.
- 7.3 The Board shall render its decision in each case in an expedient manner after deputations have been heard.

8. Conduct of Members

- 8.1 Unless excused by the Board Chair, board members are expected to attend 100% of the regularly scheduled meetings of the Board or a Committee of which they are a member or, if unable to attend in person, inform the Board Chair and/or the Chair of the appropriate Committee and the Board Secretary as early as possible (preferably at least 48 hours in advance of the meeting).

Any attendance concerns will be addressed during an in-camera session and appropriate action will be taken at the discretion of the Board Chair.

8.2 A member shall not:

- a) use offensive words or unparliamentary language at Board Meetings,
- b) disobey,
 - i. the rules of the Board,
 - ii. a decision of the Chair or of the Board on questions of order or practice that are in response to a parliamentary inquiry,
 - iii. a decision of the Chair upon the interpretation of the rules of the Board, rules of order or practice, except that a member may lodge an appeal of the Chair's decision which, upon seconding, is put to the floor to be decided by a vote to sustain the Chair's decision,
- c) leave their seat or make any noise or disturbance while a vote is being taken and until the result is declared, or
- d) interrupt a member while speaking except to raise a point of order.

8.3 In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair, without debate, shall put the question "Shall the member be ordered to leave their seat for the duration of the meeting?"

8.4 If the Board votes in the affirmative, the Chair shall order the member to leave their seat for the duration of the meeting.

8.5 If the member apologizes, the Chair, with the approval of the Board, may permit the member to resume their seat.

9. Disclosure of Pecuniary Interest

9.1 A member shall disclose a conflict of interest in accordance with the Municipal Conflict of Interest Act, including the Duty of Member section:

- i. shall, prior to any consideration of the matter at the meeting, disclose the interest and the general nature thereof,
- ii. shall not take part in the discussion of, or vote on, any question in respect of the matter, and
- iii. shall not attempt in any way whether before, during or after the meeting to influence the voting on any such question. [MCIA Section 5(1)]

9.2 If the conflict under Subsection 9.1 above is with respect to an item on a closed session agenda, in addition to complying with the requirements of Subsection 9.1 above, the member shall forthwith leave the closed session or that part of the closed session during which the matter is under consideration. [MCIA Section 5 (2)]

9.3 Every declaration of interest and the general nature thereof made under Section 5 shall, where the meeting is open to the public, be recorded in the minutes of the meeting by the Secretary. [MCIA Section 6 (1)]

9.4. Every disclosure of interest made in a closed session shall be recorded in the minutes of the next meeting that is open to the public but not the general nature of that interest [MCIA Section 6 (2)].

9.5 When the interest of a member has not been disclosed as required by Subsection 9.1 above, by reason of the member's absence from the meeting referred to therein,

- the member shall disclose the interest and otherwise comply with Subsection 9.1, above, at the first meeting of the Board attended by the member after the meeting referred to in Subsection 9.1.
- 9.6 At a meeting at which a member discloses an interest, or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature with the Board Chair or the Secretary, as the case may be. [MCIA Section 5.1]
- 9.7 Where a member, either on his or her own behalf or while acting for, by, with or through another, has any pecuniary interest, direct or indirect, in any matter that is being considered by an officer or employee of the City/County or Board, or by a person or body to which the City/County or Board has delegated a power or duty, the member shall not use his or her office in any way to attempt to influence any decision or recommendation that results from consideration of the matter. [MCIA Section 5.2]

10. Questions of Privilege and Points of Order

- 10.1 When a member desires to address the Board upon a matter that concerns the rights or privileges of the Board collectively, or as a member thereof, they shall be permitted to raise such matter of privilege, and a matter of privilege shall take precedence over other matters.
- 10.2 When a member desires to call attention to a violation of the rules of procedure, they shall ask leave of the Chair to raise a point of order, and after leave is granted, they shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.
- 10.3 Unless a member immediately appeals to the Board, the decision of the Chair is final.
- 10.4 If the decision is appealed, the Board shall decide the question without debate, and its decision shall be final.
- 10.5 When the Chair calls a member to order, they shall immediately cease speaking until the point of order is dealt with, and they shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

11. Rules of Debate

- 11.1 Every member, prior to speaking to any question or motion, shall respectfully address the Chair.
- 11.2 When two or more members ask to speak, the Chair shall name the member who, in their opinion, first asked to speak.
- 11.3 A member may speak more than once on a question but, after speaking, shall be placed at the foot of the list of members wishing to speak.
- 11.4 No member shall speak to the same question at any one time for longer than five (5) minutes, except the Board, upon motion, may grant extensions of time for speaking of up to three (3) minutes for each time extended.
- 11.5 When it is a member's turn to speak, before speaking, they, through the Chair, may ask questions of the Medical Officer of Health to obtain information.
- 11.6 Subject to this section, no member may ask a question of the previous speaker except with the consent of the Chair.

- 11.7 A member's question shall not be ironical, rhetorical or offensive; contain epithet, innuendo, satire or ridicule; be trivial, vague or meaningless; or contain both questions and answers.
- 11.8 Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.
- 11.9 Every motion shall be moved and seconded, and may be written or verbal at the option of the Board.
- 11.10 Every motion shall be deemed to be in the possession of the Board for debate after it is presented by the Chair, but with permission of the mover and seconder, it may be withdrawn at any time before amendment or decision.
- 11.11 When a matter is under debate, no motion shall be received other than a motion:
 - a. to adopt,
 - b. to amend,
 - c. to defer action,
 - d. to refer,
 - e. to receive,
 - f. to adjourn the meeting,
 - g. that the vote now be taken, or
 - h. to give direction or instructions to officers, employees, or agents of the Board or persons retained by or under contract with the Board.
- 11.12 A motion to defer or refer shall take precedence over any other amendment.
- 11.13 When a motion that the vote be taken immediately is presented, it shall be put to a vote without debate. As such a motion limits debate, it requires a two-thirds vote of the members present to be carried, and if carried, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.
- 11.14 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.
- 11.15 Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment has been disposed of, another may be introduced and when an amendment has been decided, another may be introduced.
- 11.16 The amendment to the amendment, if any, shall be voted on first; then, if no other amendment to the amendment is presented, the amendment shall be voted on next; then, if no other amendment is introduced, the main motion, or if any amendment has been carried, the main motion, as amended, shall be put to a vote.
- 11.17 Nothing in this section shall prevent other proposed amendments from being read, for the information of the members.
- 11.18 When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.
- 11.19 After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment, or sub-amendment.

- 11.20 A motion to adjourn the Board Meeting shall be in order except:
- i. when a member is in possession of the floor,
 - ii. when it has been decided that the vote be taken immediately, or
 - iii. during the taking of a vote.

12. Voting

- 12.1 The manner of determining the decision of the Board on a motion shall be by show of hands.
- 12.2. During a meeting of the Board, when a member present requests a recorded vote on a motion, all members present shall vote, when polled by the Secretary, by verbally indicating being in favour of or opposed to the motion, and the Secretary shall record the results of the vote in the minutes.
- 12.3 The Chair shall conduct the recording of votes of all members in consecutive alphabetical order, with the exception of the Chair, who votes last.
- 12.4 A member may request a recorded vote immediately prior to or immediately subsequent to the taking of a vote on a motion.

13. Communications

- 13.1 Every communication to be presented to the Board must be legibly written or printed and must not contain any impertinent or improper matter, and shall be signed by at least one person.
- 13.2 Every staff report presented to the Board must be in the prescribed format as determined by the Secretary.

14. Closed Session

14.1 *Order of Business*

- 14.1.1 The Order of Procedure shall be:

1. Call to Order
2. Disclosure of Pecuniary Interest and the General Nature Thereof
3. Approval of the Agenda
4. Approval of Minutes of Previous Meeting
5. New Business
6. Motion to Return to the Open Meeting

- 14.1.2 Where the Board elects to go into a closed session in the midst of a regular or special meeting of Board or Committee, the matter(s) to be discussed must be on the public agenda or, if the matter is urgent, added to the public agenda under the provisions of the HPPA and Subsection 5.4, of this by-law¹ and the Order of Business in the closed session shall be as follows:

¹ No other matters except for those on the agenda shall be dealt with unless there is majority support of the Board.

1. Disclosure of Pecuniary Interest and the General Nature Thereof
2. Items for Consideration
3. Motion to Return to Open Meeting

14.2 Opening Procedure for Closed Sessions

Before a meeting is closed, a motion shall be made in the open meeting and carried, identifying:

- i. the fact of holding the closed session,
- ii. the general nature of the items to be discussed, and
- iii. the subsection(s) of the Municipal Act or other applicable legislation, which authorizes each item to be considered at the closed session.

14.3 Disclosure of Pecuniary Interest at Closed Sessions

Any Member, prior to any consideration of any matter at a closed session, shall disclose any pecuniary interest and the general nature thereof, in accordance with the provisions of Section 9.2.

14.4 Procedures for Closed Sessions

- 14.4.1 The rules governing the procedure of the Board and the conduct of members shall be observed in closed sessions.
- 14.4.2 No matter shall be discussed at a closed session that is not consistent with the motion to go into closed session, which was adopted during the opening procedure.
- 14.4.3 If a matter arises in a closed session that a member feels is not appropriate to consider in closed session, the member shall be provided the opportunity to explain their reasons and to persuade the Board to have the matter discussed in an open meeting.

Where, following such endeavour the majority of the Board believes the matter is to be considered in closed session, the member may withdraw from the meeting room during consideration of the matter, and the Secretary shall so note in the minutes.
- 14.4.4 Once in a closed session, no item may be added to the agenda for that closed session.
- 14.4.5 No motions shall be made in closed session, except for procedural matters or for giving direction or instructions to a Committee, officers, employees or agents of the Board or persons retained by or under contract with the Board.
- 14.4.6 A meeting shall not be closed to the public during the taking of a vote.
- 14.4.7 Despite Subsection 14.4.6 above, during a closed session, a vote may be taken for a procedural matter or for giving directions or instructions to a Committee, officers, employees or agents of the Board or persons retained by or under contract with the Board.

14.5 Closed Session Agendas and Minutes

- 14.5.1 The Secretary shall prepare an agenda for the closed session in accordance with the Order of Business, Subsection 14.1.1, which shall include a list of items to be considered.
- 14.5.2 The Secretary shall circulate the closed session agenda to all members of the Board and to such staff as directed by the Chair.
- 14.5.3 The closed session's agenda and attachments shall be clearly identified as "Confidential."
- 14.5.4 Minutes shall be kept of all closed sessions, identifying the members present and absent, the officers present, in the same fashion as those kept for open meetings; they shall correspond directly to the prepared closed session agenda; they shall identify any deviation from the agenda or the motion to go into closed session made at the open meeting; and they shall note any direction or instructions given.

14.6 Closed Session Confidentiality

- 14.6.1 No member of the Board shall distribute any reports or items, or disclose the nature or content of discussions regarding any matters that are part of a closed session agenda without the prior approval of the Board or Committee.
- 14.6.2 The Secretary shall be responsible to maintain a confidential copy of all agendas and minutes of closed sessions.

14.7 Attendance at Closed Session

- 14.7.1 All members of the Board may attend a closed session, except as provided for in Section 9.2.
- 14.7.2 The Secretary shall attend all closed sessions, or as directed by the Chair of the Board.
- 14.7.3 Attendance at closed session by officers, employees or agents of the Board or persons retained by or under contract with the Board, shall be at the discretion of the Chair. The Medical Officer of Health has the right to attend all closed sessions, except those in which their performance or remuneration is discussed, as provided in the HPPA s 70.

15. By-Laws

- 15.1 The meeting agenda shall list all proposed by-laws to be placed before the Board for consideration.
- 15.2 The head note only of the by-law shall be read if requested, and a by-law shall not be enacted until it has been approved by resolution of the Board of Health.

16. Notice

- 16.1 The Secretary shall give notice of each regular meeting of the Board and each Committee to the public, members thereof, the Medical Officer of Health and to the management of the Agency concerned with such meeting, not later than three (3) days previous to the day of the meeting.

- 16.2 The Secretary shall give notice of each special meeting of the Board and each Committee to the public, members thereof, the Medical Officer of Health and to the management of the Agency concerned with such meeting not later than two (2) days previous to the day of the meeting.
- 16.3 The Secretary shall give notice of each regular and special meeting of the Board and each Committee to the public by posting such notice on the Board of Health's website and making it available for public viewing at the Main Office at 179 North Park Street, Belleville, Ontario.
- 16.4 The notice shall be accompanied by the agenda and any other matter, so far as known, to be brought before such a meeting.
- 16.5 The notice shall be delivered to each member, by hard copy or by electronic means.
- 16.6 The notice calling a special meeting of the Board shall state the business to be considered at the special meeting; no business other than that stated in the notice shall be considered at such a meeting except with the majority consent of the members present and voting.
- 16.7 Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.

17. Duties of the Secretary

- 17.1 The Secretary, in consultation with the Chair, shall have prepared an agenda for the use of the members at all meetings of the Board in accordance with the Order of Business as set out in (5.1) of this by-law.
- 17.2 The Secretary shall prepare and maintain Minutes of all Board meetings, to include:
 - i. the place, date and time of the meeting,
 - ii. the beginning and ending time of meetings,
 - iii. the names of Presiding Officer and members of the Board and record of attendance of the members,
 - iv. the names of officers present,
 - v. any disclosure of pecuniary interest declared by any member and the general nature thereof,
 - vi. a record of each item for consideration,
 - vii. all motions and disposition of each on each item,
 - viii. the names of deputations, and
 - ix. all other proceedings of the meeting without note or comment.
- 17.3 The Secretary shall maintain a record of all minutes of meetings that shall be signed by the Chair upon approval of same by the Board, which, with the exception of minutes of closed sessions, shall be posted on the Board of Health's website and available for public viewing at the Main Office at 179 North Park Street, Belleville, Ontario.

18. Appointment, Organization and Conduct of Committees

- 18.1 At the first meeting in any year, the Board shall appoint members to the Standing Committees of the Board.

- 18.2 The Board may appoint representatives to requested bodies or commissions and Committees from time to time to consider such matters as specified by the Board.
- 18.3 The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.
- 18.4 Notwithstanding Subsection 18.3, Section 14 of this by-law regarding closed sessions, shall be observed in the Committees.
- 18.5 It shall be the duty of the Committee to report to the Board on all matters referred to it and to recommend such action as it deems necessary.

19. Corporate Seal

The Corporate Seal of the Board shall be in the form impressed herein and shall be kept by the Secretary of the Board.

20. Execution of Documents

The Board at any time may direct the manner in which and delegate the person or persons who may sign on behalf of the Board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

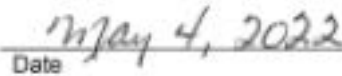
21. Interpretation

- 21.1 Where there is conflict between any part of this by-law and any Statute or regulation, the Statute or regulation shall take precedence.
- 21.2 If a court or tribunal of competent jurisdiction declares any portion of this by-law to be illegal or unenforceable, that portion of this by-law will be considered severed from the remainder of this by-law, which shall continue to be in full force and effect.

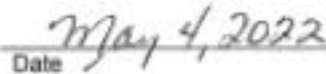
22. By-Laws Rescinded

- 22.1 All previous by-laws to regulate the proceedings of the Board of Health are hereby rescinded.
- 22.2 This by-law shall come into force and take effect immediately upon approval thereof.


Jo-Anne Albert, Chair, Board of Health


Date


Dr. Ethan Tournishey, Medical Officer of Health and CEO


Date

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BOARD POLICIES AND PROCEDURES

Accountability and Transparency

PURPOSE:

1. To provide a process for the Board of Health (Board) to ensure the two main pillars of good governance—accountability and transparency—as outlined in the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability, and as defined below—are incorporated into the activities of the Board; the appointed committees and sub-committees; the administration of the Agency; and the relationship between the Board and the Ministry of Health (Ministry).
 - a. Accountability ensures members of the Board accept responsibility for their actions and openly disclose the reason(s) that justify those actions.
 - b. Transparency implies honesty and openness, allowing outside parties to freely observe how decisions are made and implemented.
2. This policy also meets the requirement in the Municipal Act 2001 to adopt and maintain policies to ensure that a local Board is accountable to the public for its actions and the manner in which the Board will try to ensure that its actions are transparent to the public.

APPLICABILITY:

1. The Public Health Accountability Framework articulates the scope of the accountability relationship between the Board and the Ministry and establishes expectations in four (4) domains:
 - a. Delivery of Programs and Services,
 - b. Fiduciary Requirements,
 - c. Good Governance and Management Practices, and
 - d. Public Health Practice.
2. The Transparency Framework: Disclosure and Reporting Requirements articulates the expectations of public disclosure by boards of health to support enhanced transparency and promote awareness, understanding and public confidence in Ontario's public health system in two domains:
 - a. Protecting the Public's Health, and
 - b. Public Reporting.
3. This policy applies to the Board, all appointed committees and sub-committees of the Board.

POLICY:

1. The Board shall:
 - a. conduct themselves with accountability and transparency in all proceedings and business matters, and
 - b. comply with the requirements of Board Policies, By-Laws, relevant legislation and the OPHS: Requirements for Programs, Services, and Accountability and ensure public access to key organizational documents that demonstrate responsible use of public funds and information to allow the public to make informed decisions about their health.

PROCEDURE:

1. Accountability to the Ministry by the Board will be demonstrated through the submission of planning and reporting tools, including the Board Annual Service Plan and Budget Submission, Performance Reports, and Annual Report, to demonstrate the Board is meeting defined expectations and providing appropriate oversight for public funding and resources.
2. Accountability and transparency in the decision-making processes of the Board will be implemented by making the activities and practices that are currently in place, or are in process, available and accessible for review to the public on the Hastings Prince Edward Public Health (HPEPH) website, or, upon request, from the Executive Assistant to the Medical Officer of Health. This will include, but is not limited to, the following:
 - a. Annual Report,
 - b. Audited Financial Statements,
 - c. Strategic Plan,
 - d. Population Health Assessment,
 - e. Results of routine and complaint-based inspections, convictions of tobacco and e-cigarette retailers, infection prevention and control lapses, drinking water advisories for small drinking water systems, and beach water quality reports,
 - f. Notices, Agendas, Attachments and Minutes of all Board meetings, with the exception of those meetings that are closed subject to the provisions of the Municipal Act and the Procedure By-law, and
 - g. Other special reports, dashboard, summaries or documents outlining the processes, activities, and program outcomes of the organization, deemed necessary by the Board to ensure the principle of accountability and transparency, i.e. programs and activities to improve the health of HPEPH communities and the dissemination of public health information.

Appointment of External Advisors

PURPOSE:

To outline the process for appointing external advisors to provide specialized professional services or advice on matters pertaining to the Board of Health's (Board) oversight, accountability, and stewardship responsibilities.

POLICY:

1. External advisors may be retained by the Medical Officer of Health (MOH) or designate, as required, subject to the availability of budget and applicable procurement policies of the organization.
2. Such advisors may include, but are not limited to the following:
 - a. Legal Counsel,
 - b. Financial Advisors, Accountants or Auditors,
 - c. Engineers or Property Managers, and
 - d. Management and Human Resource Consultants.
3. External advisors will be licensed under the appropriate governing body, where such exists, and will be at arm's-length from the members of the Board.

PROCEDURE:

External advisors, within their area of expertise, shall:

- a. Perform duties as may be required by the Board or the MOH or designate.
- b. Have a right to access, as required, during reasonable hours, to all books, records, documents, accounts, and vouchers of the Board.
- c. Be entitled to require from the members of the Board and from the officers of the Board such information and explanations as, in their opinion, may be necessary to enable them to carry out such duties as are prescribed by the appointment.
- d. Be entitled to attend any meeting of the members of the Board and to receive all notices relating to any such meetings that any member is entitled to receive, and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns their area of professional expertise.
- e. Complete an Oath of Confidentiality and Statement of Privacy, if deemed appropriate.
- f. Enter into a Contract for Service, as deemed appropriate.
- g. Be regularly evaluated for the quality of service in relation to the contract terms and receive clear expectations and performance feedback.

Board Representation at External Functions

PURPOSE:

To outline how Board of Health (Board) members represent the Board at identified ministry or inter-agency bodies or functions. This policy is not intended to cover general training events such as the alPHa conference or symposiums but rather the appointment of a specific Board member to represent the Board as requested for inter-agency bodies or functions.

POLICY:

The Board, or Chair of the Board, may appoint specific Board members to act as representatives at identified Ministry of Health or inter-agency bodies or functions.

PROCEDURE:

1. The Board may appoint members by resolution at a scheduled Board meeting. Appointments may also be completed at the discretion of the Chair with a documented resolution at the next scheduled Board meeting.
2. Appointed Board members shall:
 - a. Represent the Board in a judicious manner.
 - b. Whenever possible, defer to the Medical Officer of Health or designate all questions relating to operations of the Agency including media questions.
 - c. Provide the Board with a verbal, or where requested, a written report of the events, discussions and decisions of such bodies or functions at the next meeting of the Board that the member attends, or at an earlier time, if requested by the Board.
 - d. Seek input as required from the Board of Health.
3. The appointee(s) may attend such meetings or functions at the Board's expense unless reimbursement is handled by the sponsoring body.
4. Reimbursement of expenses for attendance at external functions and conferences will be in accordance with the Board Remuneration and Reimbursement of Expenses Policy.

Board of Health Confidentiality

PURPOSE:

1. To outline the process for establishing a formal agreement for confidentiality amongst members of the Board of Health (Board) in the interest of upholding the confidentiality and privacy policies and procedures of the Municipal Act, Hastings Prince Edward Public Health (HPEPH), the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Personal Health Information Protection Act (PHIPA) with respect to the handling of any confidential, personal and personal health information.
2. To ensure that such information is safeguarded from disclosure to anyone other than to those with legal or statutory authority to be privy to any such information.

POLICY:

1. All Board members shall review and sign the HPEPH approved Board of Health Statement of Confidentiality (as per attached Appendix).
2. The signed statements will be kept on file by the Executive Assistant (EA) to the Medical Officer of Health (MOH) or designate.

PROCEDURE:

1. The EA to the MOH or designate will provide the Statement of Confidentiality form to Board members for signatures at the first meeting attended by each individual member.
2. All Board members will sign the statement and return it to the EA to the MOH, or designate, for filing.

ATTACHMENTS:

Appendix – Board of Health Statement of Confidentiality

Board of Health Statement of Confidentiality

Board of Health Statement of Confidentiality

I acknowledge that, in the course of fulfilling my duties on the Board of Health (Board) for Hastings Prince Edward Public Health (HPEPH), I may receive or have access to information that is confidential to HPEPH or is identifiable regarding the personal / personal health information of an employee of the Board, a fellow member of the Board, an HPEPH client, or a partner agency having business with HPEPH.

This information may come to me either directly, in my capacity as a member of the Board, or indirectly, as a result of my proximity to a HPEPH employee; Board member; member of the public; government representative or agency; member of the media; or a person associated with a health, community, law enforcement, or other partner agency.

I further acknowledge that, as a member of the HPEPH Board of Health, and in the interest of upholding privacy policies and procedures of HPEPH, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Personal Health Information Protection Act (PHIPA), with respect to the handling of any confidential, personal and personal health information, I have a professional and ethical obligation to take all necessary steps to ensure that such information is safeguarded from disclosure to anyone other than to those with legal or statutory authority to be privy to any such information.

Having read the preceding statement and understanding my obligations as a member of the Board of Health for HPEPH, I state that during the tenure of, and following the conclusion of my appointment to the Board, I shall keep all information confidential and comply with the privacy policies and procedures of the Municipal Act, HPEPH, MFIPPA, and PHIPA (where applicable), respecting HPEPH clients, personnel, collective bargaining, legal, and other matters specifically determined by Board motion to matters of confidence, including matters dealt with during closed meetings of the Board.

Signature, Board of Health Member

Date

Name of Board of Health Member *(please print)*

Board of Health Self-Evaluation Process

PURPOSE:

To outline the Board of Health's (Board) [self-evaluation](#) process for its governance practices.

POLICY:

1. The Board shall complete an internal evaluation of its governance practices every two years.
2. The evaluation results will be reviewed by the Board and a list of recommendations for improvement in Board effectiveness will be developed as required.

PROCEDURE:

1. The Self-Evaluation Process will be completed during the first and third year after municipal elections.
2. The Executive Assistant (EA) to the Medical Officer of Health (MOH) will forward each member of the Board the Evaluation Survey no later than September 30 of the evaluation year.
3. Board members will complete the survey, either electronically or in hard copy, by October 30 of the evaluation year and return the survey to the EA to the MOH.
4. The EA to the MOH will tabulate the results and forward to the Board to inform the future work of the Board no later than November 30 of the evaluation year.
5. The Board shall discuss the results at the next scheduled Board meeting.

Conflict of Interest

PURPOSE:

To provide clear expectations and direction for disclosing and managing a conflict of interest whether actual, potential or perceived and to ensure Board of Health (Board) decisions are made with integrity, independence, impartiality and accountability at all times.

POLICY:

1. Board members shall comply with the conflict of interest provisions of the Municipal Act and Municipal Conflict of Interest Act regarding any real, possible or perceived conflict of interest situations and disclosure of such conflicts. Pecuniary interests shall be reported in accordance with By-Law Number 2022-04 (Section 9) of Hastings Prince Edward Public Health (HPEPH).
2. Board members shall act in the best interests of HPEPH at all times and shall not use their position for personal benefit, financial gain or other business interests in order to ensure Board duties are performed with integrity and impartiality in a manner that will bear public scrutiny.

PROCEDURE:

1. Board members will follow the disclosure of pecuniary interest provisions in By-Law Number 2022-04 (Section 9) of HPEPH as required.
2. In circumstances where Board members are unsure of the declaration of any conflict of interest, the member is encouraged to identify the issue with the Chair of the Board. The Chair cannot provide a recommendation but may provide direction regarding the Municipal Act and Municipal Conflict of Interest Act.

Delegation of Medical Officer of Health Duties

PURPOSE:

To determine the protocol for delegation of the duties of the Medical Officer of Health (MOH) in the event they are unable to perform their duties during a short period of absence.

POLICY

1. During the absence of the MOH, the delegation of MOH duties shall automatically be assumed by an existing Associate Medical Officer of Health (AMOH), if available.
2. In the event there is not an available AMOH, the MOH shall ensure that a reciprocal aid agreement is in place with a roster of Medical Officers of Health from neighbouring Boards of Health. In the event of a short period of absence, the MOH shall inform the Board of Health (Board) as soon as feasible and shall ensure that a replacement MOH is secured through the reciprocal aid agreement.
3. In the event the MOH is incapacitated to the extent that communication with the Board is not possible, the Director of Corporate Services shall immediately advise the Board and make arrangements for a replacement MOH through the reciprocal aid agreement.
4. For an extended period of absence of the MOH, the Board shall work with the Director of Corporate Services and Ministry of Health (Ministry) to ensure the appointment of an Acting MOH as per the MOH-Recruitment, Appointment, Duties and Remuneration policy. Such appointment shall be in compliance with the requirements of the Health Protection and Promotion Act (HPPA), and the Ministry policy framework on MOH appointments, reporting and compensation.

PROCEDURE:

1. The MOH will ensure that a reciprocal aid agreement from neighbouring Boards of Health is in place with a roster of MOHs.
2. For planned, short-term absences, the MOH will arrange for the appointment of an Acting MOH from the roster and will communicate the appointment to the Board, Executive Team and the On-Call roster.
3. In the event of an unplanned short-term absence, the Director of Corporate Services will arrange for the appointment of an Acting MOH from the roster and will communicate the appointment to the Board of Health and agency as required.
4. In the event of an extended period of absence where an Acting MOH is not available through the roster, the Board shall solicit and appoint an Acting MOH in compliance with the MOH - Recruitment, Appointment, Duties and Remuneration policy.
5. An Acting Medical Officer of Health shall perform the duties and has authority to exercise the powers of the MOH of the Board, as per the HPPA.
6. When an Acting MOH has been appointed, the administrative duties of the MOH may be delegated to the Director of Corporate Services on an ad hoc basis.

Medical Officer of Health: Remuneration

PURPOSE:

To outline the remuneration process for the Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) at Hastings Prince Edward Public Health (HPEPH).

POLICY:

1. The remuneration of the MOH/AMOH shall be consistent with the current Ministry policy framework on MOH/AMOH appointments, reporting and compensation. The framework provides a salary grid, stipends and expectations for the MOH/AMOH positions and reflects the agreement between the Ontario Medical Association and the Ministry of Health.
2. The Board shall determine an appropriate base salary for the MOH/AMOH and shall apply for the Compensation Initiative in accordance with the timing and terms of the Ministry. The base salary for the MOH/AMOH will be adjusted by any economic increases provided to management staff at HPEPH.
3. The Board Chair and Vice-Chair shall be responsible for overseeing the total compensation package for the MOH/AMOH and any changes to the terms and conditions of employment.

PROCEDURE:

1. The Director of Corporate Services will work with the Board to ensure a remuneration process and plan consistent with the Ministry policy framework on MOH/AMOH compensation.

Medical Officer of Health: Recruitment and Contractual Arrangements

PURPOSE:

To outline the process for the recruitment and contractual arrangements when replacing the Medical Officer of Health (MOH) or an Associate Medical Officer of Health (AMOH) at Hastings Prince Edward Public Health (HPEPH).

POLICY:

When the MOH has resigned, has been terminated or is on an extended leave of absence, the Board of Health (Board) shall undertake to appoint a replacement as judiciously as possible.

Such appointments shall be undertaken in consultation with the Ministry of Health (Ministry) and shall be in compliance with the requirements of the Health Protection and Promotion Act (HPPA), and the Ministry policy framework on MOH/AMOH appointments, reporting and compensation.

The Board shall identify a hiring committee and work with HPEPH staff to ensure a recruitment process is implemented in a timely manner.

PROCEDURE:

1. The Board shall identify the process for recruitment in consultation with the Ministry.
2. The Director of Corporate Services and/or Human Resources Manager may assist the Board in the process of the MOH/AMOH recruitment as requested. Additionally, the Board may retain an executive search consultant to assist with the recruitment process.
3. For the MOH an ad hoc Hiring Committee composed of the Chair, Vice-Chair, and up to two additional members of the Board shall conduct interviews and make a recommendation for hiring of the MOH to the Board.
4. For the AMOH, an ad hoc Hiring Committee composed of the Chair or Vice-Chair and an additional member of the Board shall conduct interviews and make a recommendation for hiring of the AMOH to the Board. The MOH will also participate in the recruitment of the AMOH.
5. The Director of Corporate Services shall prepare an offer of employment, including all terms and conditions of employment. Such contract will be subject to legal advice and approval of the Board or designated Hiring Committee.
6. HPEPH shall submit the required documentation for the appointment of the new MOH/AMOH to the Ministry.
7. The Board shall ensure a Communication Plan is developed and implemented to announce the appointment of the new MOH/AMOH to staff, clients, key stakeholders, community partners and the general community.

Orientation and Education of the Board of Health

PURPOSE:

To ensure members of the Board of Health (Board) have the knowledge necessary to understand their roles and their responsibilities to the Board and to Hastings Prince Edward Public Health (HPEPH) as an organization and to effectively discharge their duties, as soon as practical following their appointments and throughout their term as a Board member.

POLICY:

1. Orientation of new members of the Board will be provided to increase understanding of public health within the context of Hastings and Prince Edward Counties and the Province of Ontario.
2. Board members will be encouraged to:
 - a. attend and provide feedback on the orientation and education process
 - b. take advantage of external training and educational opportunities related to public health governance, and
 - c. identify areas where additional training would be beneficial
3. New members of the Board will substantially complete their formal orientation within three (3) months of their appointment to the Board.

PROCEDURE

1. Upon appointment, new members will be provided with a Board Orientation Manual.
2. Updates to the manual will be provided throughout the term as new and relevant information is received.
3. An Orientation Session will be conducted by the Medical Officer of Health (MOH) and any other appropriate staff, as determined by the MOH.
4. The MOH shall arrange for additional orientation to particular aspects of HPEPH operations for one or more members of the Board, or the entire Board, upon request.
5. Orientation will include information such as:
 - a. Structure, vision, mission, goals and objectives of the Board and HPEPH,
 - b. Community demographics and their impact on HPEPH operations,
 - c. History of public health, generally, and in the province of Ontario,
 - d. Provincial government structure as it pertains to the Board and the involvement, jurisdiction, and funding streams of the involved ministries,
 - e. Relevant documents, e.g. Board Policies & Procedures and By-Laws, Ontario Public Health Standards, pertinent legislation,
 - f. Background, purpose and utilization of the land acknowledgement and how it relates to the work of HPEPH.
 - g. Duties, responsibilities, and legislated conditions of service of Board members,
 - h. The importance and potential use of Board Competencies,
 - i. Roles and relationships amongst the Board, the MOH, and the HPEPH Executive Team,
 - j. Relationship with the member municipalities, their financial obligations, and funding arrangements,

- k. Board members' fiduciary responsibilities, and
 - l. Issues that are current for the Board and HPEPH operations, programs and services.
6. Board members will be encouraged to participate in educational opportunities offered through the Association of Local Public Health Agencies (alPHa) or other providers of governance training. Registration details of external training will be facilitated through the Executive Assistant to the MOH.
 7. Board members will receive on-going education about HPEPH programs and services through management and staff presentations at Board meetings.

Performance Review of the Medical Officer of Health

PURPOSE:

To outline the performance review process for the Medical Officer of Health (MOH).

POLICY:

1. The Board of Health (Board) for Hastings Prince Edward Public Health (HPEPH) recognizes that regular performance reviews are an important component of leadership development and accountability.
2. The performance of the MOH will be reviewed and evaluated with respect to the goals and directions specified in the organization's Strategic Plan, Ministry of Health Performance Indicators, the Board's approved policies, and the goals for the MOH established collaboratively by the MOH and the Board.

PROCEDURE:

1. The Board will conduct a performance appraisal on an annual basis. Interim guidance and feedback will be provided between formal reviews.
2. The Chair and Vice-Chair of the Board will be responsible for arranging and conducting the performance appraisal.
3. The performance appraisal will be conducted using an agreed upon and appropriate tool, such as the one designed by the Association of Local Public Health Agencies (aLPHa).
4. The performance appraisal may include feedback from agreed upon external colleagues, members of the Board, and members of the Executive and Management teams.
5. After feedback has been collected from respondents and collated, a meeting to discuss the performance review with the MOH will be conducted by the Chair and Vice-Chair of the Board.
6. Following that meeting, the Board will be informed of the outcomes of the review. This meeting will be closed to the public under the provisions of the Municipal Act and the Proceedings By-Law. The MOH and all staff members will leave the closed session during the ensuing discussion.
7. The Chair shall keep a record of the proceedings of the closed meeting.
8. Following the closed Board discussion, the MOH will be provided with a final version of the performance appraisal in writing, and a copy of the review will be placed in the MOH's personnel file.

Remuneration & Reimbursement of Expenses for the Board of Health

PURPOSE:

To outline the process for remuneration and reimbursement of expenses for Board of Health (Board) members.

POLICY:

1. All members of the Board shall receive remuneration and reimbursement of reasonable and actual expenses related to official Board activity expenses in accordance with the Health Protection and Promotion Act (HPPA). [Subsections 49 (4), (5), (6) and (11)]
2. A Board member, other than the Chair, who is a member of the Council of a municipality and receives annual remuneration / reimbursement expenses by the municipality that appoints them to the Board, is not eligible for such remuneration or reimbursement of expenses by the Board. [Subsection 49 (11)]
3. Approved travel expenses that are not paid by the municipality for business of the Board will be reimbursed to any member who incurs such costs. Such expenses will be reimbursed in accordance with Hastings Prince Edward Public Health (HPEPH) travel reimbursement guidelines.

PROCEDURE:

1. Rate of remuneration
 - a. Payment of remuneration is issued to Board members for attendance at Board of Health and committee meetings, other official meetings of the Board, and for attendance at educational events and conferences or representation at external functions.
 - i. Remuneration in the amount of \$100.00 is paid to eligible Board members per meeting, representation or training event or conferences.
 - ii. The attendance of Board members at meetings will be verified in the respective meeting minutes.
 - iii. Only designated members of Board Committees will be remunerated for attendance at committee meetings.
2. Reimbursement of expenses
 - a. For Board and committee meetings, Board members are responsible for completing the Attendance Record, or if the meeting is conducted virtually, the EA to the MOH will reference the roll call taken for the purpose of completing the Attendance Record.
 - b. Eligible members may also claim mileage incurred to attend the meeting on the same Attendance Record. Mileage claimed should be limited to the out of pocket cost of driving to the meeting using the most direct route possible to the meeting. Mileage is reimbursed for travel from the Board member's home to the Board meeting or function and back to the Board member's home. Mileage rates are based on the Canada Revenue Agency mileage reimbursement rates.
 - c. The EA to the MOH will forward the completed Attendance Record to accounting for processing. Payments are made electronically whenever possible.
 - d. Board members will be reimbursed for reasonable expenses incurred for attendance at conferences and training sessions subject to the limitations of the expense policies of HPEPH.

- e. Board members will be provided a copy of the travel expense policies prior to attendance at conferences and training sessions in order to claim for registration fees, accommodation, food, parking, etc. Itemized receipts are required.
- f. Expenses incurred with respect to accompanying spouses at conference events are solely the responsibility of the Board member.

Strategic Plan

PURPOSE:

To ensure Hastings Prince Edward Public Health (HPEPH) maintains a strategic planning process in order to establish a shared vision for the organization and the identification of strategic priorities.

POLICY:

1. The Board of Health (Board) shall undertake a comprehensive and collaborative strategic planning process every three to five years.
2. The strategic plan will include input from key stakeholders, community partners, clients, and staff and will be designed to express the vision, mission, values and strategic directions of the Board.

PROCEDURE:

1. The Board will develop a strategic planning process every three to five years with the assistance of external expertise and facilitation as required.
2. The Medical Officer of Health will work with the Board to ensure the process results in a plan that includes a compelling vision, mission, goals and strategic directions and is consistent with the requirements of the Ontario Public Health Standards for strategic planning.
3. The Strategic Plan will be reviewed semi-annually by the Executive and Management Teams, and annually by the Board, to evaluate progress and maintain accountability.

Land Acknowledgement

PURPOSE:

To outline the use of the Hastings Prince Edward Public Health (HPEPH) land acknowledgement at Board of Health meetings and events.

POLICY:

1. The Board of Health (Board) shall open all publicly facing Board Meetings, Committee Meetings, Strategic Planning Processes and community events sponsored by the Board with the approved Board of Health land acknowledgement.

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people. The land that we preside on today lies on unceded Indigenous territory. Our catchment area is adjacent to the Tyendinaga Mohawk Territory to our east, and the Kijicho Manito Madaouskarini Algonquin First Nation to our north. We recognize that when settlers came to this land they created a legacy of inequities that are ongoing. We are committed to reducing these inequities, and through our work strive to improve health equity. We recognize the importance of the land and environment in establishing and sustaining optimal health, and we vow to respect this land as we undertake our work. Our organization pledges to build relationships with Indigenous friends and neighbours and recognizes the rich contributions they have provided and continue to provide to this region. This acknowledgment is a first step in our ongoing commitment to reconciliation.

2. An abbreviated land acknowledgement can be used for non-public facing events as deemed appropriate for Board gatherings including closed meetings, press conferences, recruitment processes, etc. Such decision will be at the discretion of the Chairperson presiding over the meeting.

Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.

PROCEDURE:

1. The Board will read the land acknowledgement at meetings and events as outlined in the policy statement.
2. The Board orientation will include orientation to the background, purpose and utilization of the land acknowledgement and how it relates to the work of HPEPH.
3. The Board agenda package will include the abbreviated land acknowledgement.
4. The land acknowledgement policy will be reviewed as part of the review of the Board governance package.

Calculation of Municipal Levy

PURPOSE:

The financial requirements of obligated municipalities are set out in Section 72 of the Health Protection and Promotion Act (HPPA) and Ontario Regulation 489/97 (amended to O. Reg 142/05). The purpose of this policy is to specify how Hastings Prince Edward Public Health (HPEPH) allocates the municipal component of the expenses of the Board of Health (Board) among obligated municipalities.

POLICY:

1. The municipal component of the expenses of the Board shall be allocated to obligated municipalities using the population figures provided in the Statistics Canada Census completed every five years.
2. Updated population figures released in the Census will become effective the January following the release of the population figures.

PROCEDURE:

1. Population figures will be changed as required every five years for the allocation of the municipal component of the HPEPH budget.

Advocacy

PURPOSE:

To provide a process for the Board of Health (Board) to influence public health policy change. Policy advocacy is the process of influencing which policies should be developed and acted upon for implementation and evaluation.

POLICY:

Members of the Board and Hastings Prince Edward Public Health (HPEPH) staff work together to identify and act upon policy advocacy issues. The Medical Officer of Health (MOH) shall review and approve any policy advocacy work prior to engaging the Board and shall work with the Governance Committee of the Board to identify policy advocacy options and plans.

PROCEDURE:

1. Advocacy initiatives from HPEPH staff:

- 1.1. Staff must seek approval through their manager before bringing forward any advocacy initiatives to the MOH. The Program Manager will ensure the topic aligns with HPEPH priorities.
- 1.2. Staff will prepare a briefing note on the topic, including recommended actions and identified risks. The Program Manager/Director will provide the briefing note to the MOH for consideration to present to the Board.
- 1.3. Recommended actions will be finalized and formally put forward to the BOH from the Office of the MOH.
- 1.4. The MOH and Chair of the BOH shall, in consultation with the Chair of the Governance Committee decide if staff should present at a Governance Committee meeting or a Board of Health meeting.
- 1.5. Staff will present at the appropriate meeting and recommendations for advocacy initiatives will be voted upon by members.

2. Advocacy initiatives from the Board:

- 2.1. Board members, in consultation with the BOH Chair and the Chair of Governance, shall bring forward new issues for possible advocacy at a Governance Committee meeting.
- 2.2. The Governance Committee, in consultation with the Medical Officer of Health and Chair of the BOH, will decide whether to carry the issue forward to the Board of Health based on community and organizational priorities.
- 2.3. Issues brought to Governance Committee should include a request for advocacy recommendations. There should be a clear ask of HPEPH staff (e.g. "We would like a staff report on ___, " or "What can be done to address the ___ health issue in our region?").
- 2.4. HPEPH staff will prepare a briefing note with policy advocacy options, and present back to either the Governance Committee or Board of Health at a later meeting as decided by the Governance Committee in consultation with the Medical Officer of Health and Chair of the BOH.

- 2.5. On occasion, the Board may identify a policy advocacy issue resulting from a presentation and discussion at a BOH meeting. In this situation, a motion should be made to request a staff report and review at a Governance Meeting. If the advocacy work needs to be addressed immediately, the MOH will work with the Board Chair to evaluate options and make an appropriate action plan.

TERMS OF REFERENCE - GOVERNANCE COMMITTEE

PURPOSE:

The purpose of the Governance Committee (Committee) is to assist the Board of Health (Board) in fulfilling its oversight responsibilities and to gain reasonable assurance as to the effectiveness of corporate governance and Board and Committee effectiveness.

The Committee ensures accountability of Hastings Prince Edward Public Health (HPEPH) in accordance with the Public Health Accountability Framework outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

RESPONSIBILITIES:

The Governance Committee will follow the governance expectations in the OPHS and the Public Health Funding & Accountability Agreement.

Specific duties and responsibilities will include the following:

- ♦ Review the Board policies, by-laws and Committee terms of reference every two years to ensure appropriate structures and procedures are in place for effective functioning of the Board.
- ♦ Ensure Board policies and by-laws are adhered to and revised as required to meet changing expectations or requirements.
- ♦ Monitor the affairs of HPEPH to gain reasonable assurance of compliance with all governance-related statutory requirements, by-laws, and policies. This would include but is not limited to the OPHS, the Public Health Funding and Accountability Agreement and other key funding contracts.
- ♦ Ensure that a risk management program is in place and reviewed on a regular basis.
- ♦ Ensure regular performance appraisals are conducted for the Medical Officer of Health.
- ♦ Review and provide input on relevant legislation, reports, position papers, key program changes or other developments regarding agency governance.

MEMBERSHIP:

- ♦ The Committee is a standing committee of the Board of Health.
- ♦ Committee members are selected during the first Board meeting of the calendar year.
- ♦ Membership consists of up to five Board members; one from each of the obligated municipalities and one provincial appointee.
- ♦ Each member of the Committee designates an alternate from their municipality or provincial appointees and is responsible to notify and arrange for their alternate to attend a scheduled meeting, should they be unable to attend.
- ♦ The Medical Officer of Health and the Director of Corporate Services are non-voting members and serve as resource persons for the Committee. Other Management Team members may be invited to attend meetings as resource persons based on agenda items.

- ♦ Changes to the membership of the Committee may be made at the discretion of the Board in order to accommodate changes in board membership.
- ♦ Any Board member is welcome to attend a Governance Committee meeting as an observing, non-voting member.
- ♦ At no time should the total membership of the Committee be more than a quorum of the total Board membership.

CHAIRPERSON, RECORD KEEPING & COMMUNICATIONS:

- ♦ One member of the Committee will be elected as the Chairperson at the first Committee meeting held at the beginning of the year. For consistency, Chairpersons are encouraged to serve a minimum period of two years.
- ♦ Meeting materials will be provided to the Committee in advance of each meeting.
- ♦ Minutes will be recorded by the Executive Assistant to the Medical Officer of Health or designate.

AUTHORITY AND DECISION-MAKING:

- ♦ The Chair of the Committee has overall responsibility to conduct the proceedings of the Committee, encourage discussion of members and present summary reports to the Board.
- ♦ A quorum of the Committee is required for recommendations to the Board.
- ♦ Recommendations made by the Committee will be presented by the Chair of the Committee for approval by the Board, as required.

FREQUENCY OF MEETINGS:

- ♦ The Governance Committee meets twice a year, or as required.
- ♦ An annual schedule of meetings will be established and distributed to all Committee members.

TERMS OF REFERENCE - FINANCE COMMITTEE

PURPOSE:

The purpose of the Finance Committee (Committee) is to assist the Board of Health (Board) in fulfilling its financial oversight responsibilities by reviewing financial reports, investments and financial instruments as well as the financial aspects of human resources oversight and corporate facilities.

The Committee ensures accountability of Hastings Prince Edward Public Health (HPEPH) in accordance with the Public Health Accountability Framework outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

RESPONSIBILITIES:

The Finance Committee will comply with the financial requirements of the Health Protection and Promotion Act (HPPA), the Ontario Public Health Standards (OPHS), the Public Health Funding & Accountability Agreement and all other applicable legislation and regulations.

Specific duties and responsibilities will include the following:

- ♦ Review and recommend the annual budget to the Board;
- ♦ Review quarterly year-to-date results of HPEPH, assess financial performance against the approved budget and make recommendations to the Board as required;
- ♦ Review financial updates and year end projections for variances, resource allocation plans and decisions, and make recommendations thereon.
- ♦ Gain reasonable assurance that the accounting practices, policies, internal financial controls and reports and forecasts are reasonable, comprehensive and managed in an efficient and effective manner.
- ♦ Review the draft audited financial statements with external auditors and make recommendations to the Board as required.
- ♦ Monitor the accumulation and utilization of operating and capital reserve funds on an annual basis in conjunction with the auditors.
- ♦ Review the year end financial settlements and reports as required.
- ♦ Ensure that financial risks identified through the risk management program are mitigated to the best of the Board's ability.
- ♦ Review budget funding assumptions and forecasting of municipal contributions.
- ♦ Review HPEPH's insurance program including the scope and limitation of coverage on a bi-annual basis, or as required.
- ♦ Review and recommend a bargaining position and mandate to the Board.

MEMBERSHIP:

- ♦ The Committee is a standing committee of the Board of Health.
- ♦ Committee members are selected during the first Board meeting of the calendar year.
- ♦ Membership consists of up to five Board members; one from each of the obligated municipalities and one provincial appointee.
- ♦ Each member of the Committee designates an alternate from their municipality or provincial appointees and is responsible to notify and arrange for their alternate to attend a scheduled meeting, should they be unable to attend.

- ♦ The Medical Officer of Health and the Director of Corporate Services are non-voting members and serve as resource persons for the Committee. Other Management Team members may be invited to attend meetings as resource persons based on agenda items.
- ♦ Changes to the membership of the Committee may be made at the discretion of the Board in order to accommodate changes in Board membership.
- ♦ Any Board member is welcome to attend a Finance Committee meeting as an observing, non-voting member.
- ♦ At no time should the total membership of the Committee be more than a quorum of the total Board membership.

CHAIRPERSON, RECORD KEEPING & COMMUNICATIONS:

- ♦ One member of the Committee will be elected as the Chairperson at the first Committee meeting held at the beginning of the year. For consistency, Chairpersons are encouraged to serve a minimum period of two years.
- ♦ Meeting materials will be provided to the Committee in advance of each meeting.
- ♦ Minutes will be recorded by the Executive Assistant to the Medical Officer of Health or designate.

AUTHORITY AND DECISION-MAKING:

- ♦ The Chair of the Committee has overall responsibility to conduct the proceedings of the Committee, encourage discussion of members and present summary reports to the Board.
- ♦ A quorum of the Committee is required for recommendations to the Board.
- ♦ Recommendations made by the Committee will be presented by the Chair of the Committee for approval by the Board, as required.

FREQUENCY OF MEETINGS:

- ♦ The Finance Committee meets quarterly, or as required.
- ♦ An annual schedule of meetings will be established and distributed to all Committee members.

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