
South East Health Unit

formerly



GOVERNANCE COMMITTEE MEETING AGENDA PACKAGE

TUESDAY, APRIL 8, 2025

1:00 p.m. – 3:00 p.m.

Zoom/Kingston Site 221 Portsmouth Avenue

Join Zoom Meeting

<https://us06web.zoom.us/j/81875759177?pwd=grwayzwTEgcAVA912KYTEf8M7TPP2a.1>

Meeting ID: 818 7575 9177

Passcode: 476043

Dial by your location

- +1 647 374 4685 Canada
- +1 613 209 3054 Canada

**To ensure a quorum we ask that you please RSVP to
heather.bruce@healthunit.org or 613-345-5685 Ext. 2248**

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GOVERNANCE COMMITTEE AGENDA

Tuesday, April 8, 2025

1:00 p.m. (Boardroom)

In attendance:

In-Person: Stephen Bird, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Mayor Jan O'Neill, Barb Proctor, Warden Nathan Townend

Officer: Dr. Piotr Oglaza

-
1. **CALL TO ORDER**
 2. **LAND ACKNOWLEDGEMENT**
 3. **ROLL CALL**
 4. **APPROVAL OF THE AGENDA**
 5. **APPROVAL OF THE MINUTES**
 6. **DISCLOSURE OF PECUNIARY INTEREST AND / OR CONFLICT OF INTEREST**
 7. **BUSINESS ARISING:**
 - 7.1. Additions to Governance Training/Legal Budget for the Board – Robin Jones
 8. **NEW BUSINESS:**
 - 8.1. Secondary Items Comparison Chart and Policy Review* – Nathan Townend
 - 8.1.1. BOH Advocacy Policy

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- 8.1.2. Appointment of External Auditors
- 8.1.3. BOH Self-Evaluation Policy
- 8.1.4. Complaints Policy
- 8.1.5. Deputation Requests
- 8.1.6. MOH Evaluation Policy
- 8.1.7. MOH Remuneration
- 8.1.8. Negotiation & Ratification of Collective Agreements
- 8.1.9. Non Union Compensation – Staffing Standard
- 8.2.0. Orientation of Board Members
- 8.2.1. Risk Intelligence
- 8.2.2. Strategic Plan
- 8.2.3. Vaccination

**This list of secondary items is not intended to be completed during this meeting and is an ongoing list for future meetings.*

9. **ADJOURNMENT**

South East Health Unit

formerly



GOVERNANCE COMMITTEE OPEN SESSION MINUTES

Tuesday, March 25, 2025

1:00 p.m. (Pasteur Room)

In attendance:

In-Person: Councillor Judy Greenwood-Speers, Mayor Robin Jones, Barb Proctor, Warden Nathan Townend

Virtual: Stephen Bird, Mayor Jan O'Neill

Officer: Dr. Piotr Oglaza (virtual)

Guest: Amy C. Dale (Partner, Harrison Pensa LLP) (virtual)

1. CALL TO ORDER

Chair R. Jones called the meeting to order at 1:02 p.m.

2. LAND ACKNOWLEDGEMENT

Spoken by Chair R. Jones.

3. ROLL CALL

Roll call was taken by Recorder, Heather Bruce.

4. APPROVAL OF THE AGENDA

It was MOVED by Warden N. Townend and SECONDED by Councillor J. Greenwood-Speers THAT the Governance Committee approve the agenda for the meeting of March 25, 2025 as circulated.

CARRIED

5. APPROVAL OF PREVIOUS MEETING MINUTES

It was MOVED by B. Proctor and SECONDED by S. Bird THAT the Governance Committee approve the minutes of the February 18, 2025 meeting as circulated.

CARRIED

6. DISCLOSURE OF PECUNIARY INTEREST AND/OR CONFLICT OF INTEREST

No conflicts were declared.

7. NEW BUSINESS

7.1. Secondary Items Comparison Chart

Dr. Oglaza outlined the process used at the SETT Bylaw Review Subcommittee of reviewing a topic and how it was handled by each legacy health unit. This method can continue going forward. Another approach is also looking at health units of comparable size when reviewing topics.

ACTION: Members were asked to read through the policies in preparation for the next Governance Committee meeting. Warden N. Townend will lead this review.

7.2. Policy/By-Law/Terms of Reference Amendment List

Chair R. Jones discussed the approach for taking amendments to the Board of Health.

It was MOVED by Warden N. Townend and SECONDED by S. Bird THAT the Governance Committee recommend to the Board of Health that a running amendment list be created to track changes to policies/by-laws/terms of reference AND THAT these changes be presented to the Board for approval twice a year in June and November.

CARRIED

7.3. Planning for Meetings in Chair's Absence

Discussion took place around having a Vice Chair for the Governance Committee and taking this amendment to the Board of Health. In the interim members discussed appointing an Acting Chair for the Governance Committee. Members felt that the Acting Chair role should be by rotation to give all members an opportunity to develop their skills.

Members also recommended that a Vice Chair be appointed to the Finance Committee and that for continuity appointment of a Vice Chair should apply to any Board Committee.

It was MOVED by S. Bird and SECONDED by Councillor J. Greenwood-Speers THAT the Governance and Finance Committees recommend to the Board of Health that their terms of reference be amended to appoint a Vice Chair AND THAT this amendment be taken to the Board of Health in June for approval as part of the amendment list.

CARRIED

DECISION: Members agreed that over the next 2-3 months if Chair R. Jones is unable to attend a meeting she will send out an email asking someone to Chair in her absence.

Mayor J. O'Neill joined the meeting at 1:13 pm.

7.4. alPHa Conference Attendance

Members discussed what criteria should be used to select members going to the alPHa conference. Should it be first come first served, who expresses interest or prioritize those that are new or those on legacy boards. An important consideration is that historically legacy organizations had a varied number of members interested in attending ranging from 1-4 participants. From a planning perspective there are different budget implications depending on how many people are sent to represent the Board. Historically in legacy organizations Board engagement and participation was promoted and an expression of interest was the one criteria.

It was MOVED by Councillor J. Greenwood-Speers and SECONDED by Warden N. Townend THAT the Governance Committee recommend to the Board of Health that the number of attendees for alPHa conferences/symposiums be dependent on expression of interest by board members.

CARRIED

7.5. Discussion on Governance Training/Legal Budget for the Board

The purpose of this discussion is to get a sense of the Board's interest in different types of events i.e. refresher on governance role, team building training. Ways to build on Board effectiveness is within the Governance Committee's scope to identify and to provide staff with a wish list and timeframe and staff will contact resources and develop a budget.

Chair R. Jones expressed an interest in taking some time to think about training needs and bringing this back to another Governance Committee meeting.

Members brainstormed types of training for the Board:

- Micro-aggression training or sensitivity training similar to what was held at KFL&A
- Building Culture – Talking to Councillor P. McKenna was suggested.
- Team building through Strategic Planning
- A casual one day retreat offsite with a focus on team building and getting to know one another. To be held sooner rather than later with a facilitator. Include branding. Bring in a speaker to discuss best practices in terms of how best for the Board to connect with the public around the programs and services we provide. Promoting the Board in a positive way.
- The Governance Committee could play a role in developing good orientation packages for the new Board.
- AMO is partnering with The Loomex Group to offer a course on Managing Communication through Crisis. This course offers engaging in strategic communications with the media and public with confidence, knowledge of how to use social media to respond to public inquiries etc.

- ConnectWell Community Health Centre is having a full day retreat. The morning session will cover how to maintain a thriving non profit board. This could be customized to fit our needs. There is a second consultant in the afternoon that will discuss team building.

ACTION: S. Bird will forward contact information for ConnectWell to H. Bruce and Dr. Oglaza.

Community engagement as a Board was discussed. Regarding operational questions from the public, it is important to recognize that the Board might not have the most up to date operational information at hand and there needs to be a process for when this is directed to staff and then they reach out to Councillors on the Board. Information could be available on the website in the future.

DECISION: It was agreed that board members will send their questions to Dr. Oglaza by email for information and he will send to staff to triage a response.

Members discussed having the retreat before the summer and tying it to a Board of Health meeting date with the BOH meeting taking place in the morning and the retreat in the afternoon.

DECISION: Members agreed that the focus for the retreat will be team building.

Members discussed communication from legacy HPE related to measles and considering distribution across the entire region. Communication that went to the healthcare sector was distributed broadly across the region. Planning is underway to make sure communications are sent across the region and adjusted when necessary depending on the risk.

It was MOVED by Warden N. Townend and SECONDED by B. Proctor THAT the Governance Committee determine training and legal consultation needs for the Board of Health.

CARRIED

8. CLOSED SESSION

It was MOVED by B. Proctor and SECONDED by Warden N. Townend THAT the Governance Committee convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (f) advice that is subject to solicitor-client privilege, including communications necessary for the purpose.

CARRIED

9. RISING AND REPORTING OF CLOSED SESSION

It was MOVED by Councillor J. Greenwood-Speers and SECONDED by Warden N. Townend THAT the Governance Committee endorse the actions approved in the Closed Session and direct staff to take appropriate action.

CARRIED

10. ADJOURNMENT

It was MOVED by Warden N. Townend and SECONDED by Mayor J. O'Neill THAT this meeting of the Governance Committee be adjourned at 2:40 p.m.

CARRIED

Summary Comparison by Health Unit of By-law, Policies, Procedures, and Terms of Reference

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
Secondary	Advocacy	<ul style="list-style-type: none"> BOH Advocacy Guideline <p>Page: 116</p>	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy – Advocacy <p>Page: 43</p>	<p>Combination of both. LGL – prescriptive (Bylaw), HPE for process (Policy/procedure)</p> <p>Include criteria i.e., for external letters of support.</p>	Adopt policy to address this.
Secondary	Appointment of External Advisors	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy – Appointment of External Advisors <p>Page: 40</p>	<p>Use HPE</p> <p>Link to procurement policy – how to select appointee</p> <p>Replace “as deemed appropriate”, with “use applicable procurement policy”</p>	This should remain a policy. (Go directly to Amy Dale)
Primary	Attendances at Meetings and Conferences / External Functions	<ul style="list-style-type: none"> BOH Policy V-05 Attendances at Meetings and Conferences 	<ul style="list-style-type: none"> BOH Policy A II-30 Attendance at Conferences Workshops and Courses 	<ul style="list-style-type: none"> BOH Policy – Board Representation at External Functions 	<p>Use language from LGL Policy V-05-0 Section 1.1 to 1.1.5. In addition ensure that quorum covers participation in person and virtual.</p> <p>For discussion: SETT virtual participation for In-Camera sessions.</p>	<p>Attendance at meetings should be in by-law – see provisions in draft by-law.</p> <p>Expectations re attendance at External Workshops, courses, education, conferences should be contained in policy, especially if you are looking to require certain governance training, etc. for Board members.</p>
Primary	Board Code of Conduct / Confidentiality	<ul style="list-style-type: none"> BOH Policy V-215-0 Board Code of Conduct 	<ul style="list-style-type: none"> A I-10 By-Law #1 Proceedings of the Board Section 3 – Rules of Debate BOH Policy II-25 Confidentiality 	<ul style="list-style-type: none"> BOH Confidentiality Policy By-Law 2024-04 Rules governing the proceedings of the BOH 8. Conduct of Members 	<p>LGL section 8.</p> <p>LGL section 3.</p> <p>LGL clean up section 1, helpful to keep orientation piece “New Members are required to attend a basic one-day orientation program provided by the Health Unit.”</p>	<p>I have board language re conflict of interest and confidentiality in the by-laws. I would, however, suggest that there be policies on both and a Code of Conduct adopted by the Board.</p>

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
			Page: 62,	Page: 19		
Secondary	Board Member Remuneration and Expenses	<ul style="list-style-type: none"> BOH Policy V-05 Attendances at Meetings and Conferences Terms of Reference Finance, Audit, Property and Risk Management Committee <p>Page: 130, 106</p>	<ul style="list-style-type: none"> BOH Policy A II-28 Board Members’ Remuneration and Expenses <p>Page: 166</p>	<ul style="list-style-type: none"> BOH Policy Remuneration & Reimbursement of Expenses for the BOH <p>Page: 18, 58</p>	<p>Use HPE</p> <p>Ensure using language from CRA for mileage, etc.</p> <p>1-a-i specificity of \$100</p> <p>Use 49-6. (HPPA piece) Rate of Renumeration “shall be established as the equivalent or highest rate of remuneration</p>	<p>This is covered in the By-Laws in a board sense as required by the HPPA. There should also be a policy established to set certain rates, i.e. mileage, etc.</p>
Primary	Board of Health Responsibilities and Structure	<ul style="list-style-type: none"> By-Law #1 Section 9 <p>Page: 102</p>	<ul style="list-style-type: none"> BOH Policy A II-26 Responsibilities and Structure of the Board of Health 	<ul style="list-style-type: none"> By-Law 2024-04 Rules governing the proceedings of the BOH <p>Page: 19</p>	<p>KFL&A – Section 2 Structure</p> <p>Park item from KFL&A section 1.4.5 for legal.</p> <p>1.4.4 – 1.4.6</p> <p>Flag item 4 & 5 from KFL&A for review.</p> <p>Add specific “performance appraisal”</p> <p>Structure already determined by business case submitted. Some pieces awaiting clarification.</p> <p>Where appointment ends for all board members.</p> <p>Uniformity across region, minimum 2-year term for municipal board members.</p>	<p>This is in the by-law and should remain there.</p> <p>Things like the timing of performance appraisals for the MOH/CEO should be contained in a Board policy.</p>

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
					<p>Clarity on trigger for necessity of replacement of representative from municipality.</p> <p>2.2 replace with “Municipal representatives are appointed for a term determined by the municipal council, but ending with the term of office of that council (HPPA, Section 49 (7)). In the interest of good governance, consideration to a 4 year appointment for HPE and KFLA and minimum 2-year appointments for LGL. In all cases where the member cannot continue to serve, a new appointment will be made expeditiously by the effected municipality. Community Appointees are appointed for a term determined by the Lieutenant Governor-in-Council, normally of one, two, or three years (HPPA, Section 51). No person whose services are employed by a Board of Health is eligible to be a member of the Board of Health (HPPA, Section 51).”</p> <p>Flag KFL&A section 2.6 for SETT review</p>	WE should discuss since. I would not recommend different municipalities appoint for different term lengths. This should be harmonized.
Secondary	BOH Self-Evaluation	<ul style="list-style-type: none"> Terms of Reference Governance and Quality Assurance Committee <p>Page: 171</p>	<ul style="list-style-type: none"> BOH Policy A II-26 The Responsibility and Structure of the Board of Health <p>Page: 76</p>	<ul style="list-style-type: none"> BOH Policy – BOH Self-Evaluation Process <p>Page: 47</p>	<p>Use LGL, and include a governance committee tasked with developing a self evaluation.</p> <p>Specify “Two years” vs “at least every other year.</p>	Any committees established by Board Resolution should have terms of reference which I would recommend be reviewed annually by that Committee and recommended to the Board for approval.

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
						I would also recommend that the Board of Health adopt a policy for annual self-evaluation.
Primary	Communications with media/board/staff/municipalities	<ul style="list-style-type: none">BOH Policy V-95-0 Communications Page: 136	<ul style="list-style-type: none">BOH Policy A II-32 Reporting to the Board of Health	<ul style="list-style-type: none">By-Law 2024-04 Rules governing the proceedings of the BOH under 16. Notice Page: 19	LGL	This should be in a policy.
Secondary	Complaints	<ul style="list-style-type: none">None found	<ul style="list-style-type: none">BOH Policy A II-31 Complaints Page: 86	<ul style="list-style-type: none">None found	<p>Complaints about agency advocacy, PH work, public health practice may not be able to find investigator.</p> <p>HU services, action/inaction (Strategy to address, i.e., refer to Org policy).</p> <p>MOH/CEO – Include piece for impartial independent third party to investigate complaint specifically about MOH (was in organizational policy). Board Chair navigates with assistance of HR, dependent on nature of complaint.</p> <p>Complaints about Board member: behaviour-related referred to expectations doc, “Duty & Obligations” document.</p> <p>Specific staff (clearly identify to refer org policy)</p> <p>Administrative policies are very detailed. Anonymous complaints acted on/not.</p>	This should be a policy.

RATING	TOPIC	LGL	KFL&A	HPE	Recommendation	Draft Outcome - ACD
Primary	Conflict of Interest	<ul style="list-style-type: none"> By-Law #1 Item 7.6.7. Section 13 <p>Page: 102</p>	<ul style="list-style-type: none"> A I-10 By-Law #1 Proceedings of the Board and Appendix A <p>Page: 62</p>	<ul style="list-style-type: none"> BOH Policy – Conflict of Interest 	<p>LGL Section 13</p> <p>HPE reference to Municipal Act.</p> <p>Potentially applicable legislation.</p> <p>Include KFL&A Organizational Policy <i>BI-04 Conflict of Interest</i>, flag for inclusion & legal review.</p>	<p>This is included in the by-law with necessary reference to the Municipal Conflict of Interest Act. You can also adopt a policy that fleshes out the process, but it MUST be consistent with the MCIA.</p>
Secondary	Deputation Requests	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy – Deputation Requests Policy and Procedure <p>Page: 51</p>	<p>HPE</p> <p>14 days notice</p> <p>#3. Add “preference will be given to...”</p> <p>p. 66 - KFL&A policy item 10.a. “no more than 5 minutes...” “on matters of fact...”</p> <p>Timing for notice, limiting number of deputations, importance of defining the criteria of what people bring.</p> <p>discussion on purpose to facilitate deputations.</p> <p>Governance vs operations - vetting delegations and criteria for same</p>	<p>This should be a policy.</p>
Primary	Financial Controls	<ul style="list-style-type: none"> BOH Policy V-175-0 Internal Financial Controls Terms of Reference Finance, Audit, 	<ul style="list-style-type: none"> By-Law #2 Banking and Finance and By-Law #3 Auditor for the Agency 	<ul style="list-style-type: none"> By-Law 2024-01 Annual By-Law to authorize borrowing and By-Law 2024-02 Banking and Financial Activities 	<p>Staff to assess basis.</p> <p>Organizational approach can work through with finance depts.</p>	<p>See By-Laws for board inclusions.</p> <p>Policies such as MOH/CEO spending limits, procurements, etc. will have to be adopted.</p>

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
		Property and Risk Management Committee		<ul style="list-style-type: none"> Terms of Reference Finance Committee 	<p>Board ensures financial approvals are controlled & monitored.</p> <p>KPMG insight</p> <p>Broader & less specific approach at Board level with (finance) committee that meets on annual basis.</p>	
Primary	Investment Policy	<ul style="list-style-type: none"> BOH Policy V-165-0 Investments Terms of Reference Finance, Audit, Property and Risk Management Committee 	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> None found 	<p>Flag differences of approach to reserve fund and risk tolerances across agencies for discussion at SETT.</p> <p>Dr. Li to approach KPMG re structure & approaches to reserves. Is there a guideline for restricted / unrestricted.</p> <p>Use & invest for harmonization temporary needs.</p>	This should be a policy.
Secondary	Membership in OMERS	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> By-Law #9 Mandatory Membership in the Ontario Municipal Employees Retirement System (OMERS) <p>Page: 98</p>	<ul style="list-style-type: none"> None found 	<p>KFL&A</p> <p>Suggest to remove from Board, keep to operational policy.</p>	This is not a Board policy or a by-law item, but an operational policy.
Primary	MOH/CEO Emergency Succession Policy	<ul style="list-style-type: none"> BOH Policy MOH/CEO Emergency Succession 	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy – Delegation of MOH Duties 	<ul style="list-style-type: none"> - Take into account multiple physicians. Dr. Li following up w/Simcoe Muskoka/Peel. - Format – use HPE 	This is a properly identified as a policy/plan.

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
					<ul style="list-style-type: none"> - Extended period of absence would require policy. - Define “short” period of absence from HPE policy, consider capacity to cover duties of MOH. One designate for a defined period of time (as the backup) in the board policy. - Succession planning covered by org policy. Eliminates/reduces trigger for board to have formal acting designate. - Specify coverage for illness, vacation, other situations where AMOH steps up “acting”. 	
Secondary	MOH Evaluation	<ul style="list-style-type: none"> • BOH MOH Evaluation Guideline and Work Instruction • Terms of Reference Governance and Quality Assurance Committee <p>Page: 124, 171</p>	<ul style="list-style-type: none"> • BOH Policy A II-26 Responsibility and Structure of the Board of Health Item 1.4.2. <p>Page: 76</p>	<ul style="list-style-type: none"> • BOH Policy – Performance Review of the MOH • Terms of Reference Governance Committee <p>Page: 57, 36</p>	<p>Use LGL</p> <p>Governance committee to determine who conducts.</p> <p>Specify ad-hoc group</p> <p>Further documents exist with LGL, could be shared in a future meeting.</p>	<p>See above – this should be a policy and, depending upon the committee struck, part of the annual work plan and terms of reference of the committee tasked with undertaking the evaluation of behalf of the Board.</p>
Primary	MOH Recruitment	<ul style="list-style-type: none"> • By-Law #1 Section 12.0 • BOH Policy V-235-0 Executive Officers of the Board • Terms of Reference Governance and Quality Assurance Committee 	<ul style="list-style-type: none"> • BOH Policy A II-26 item 1.4.1. 	<ul style="list-style-type: none"> • BOH Policy – MOH Recruitment and Contractual Agreements 	<ul style="list-style-type: none"> - Remain clear that the only direct employee of board is MOH. - Hiring vs appointment of AMOH, evolution. AMOH reports to MOH. - Deputy MOH – report to MOH or Board? - Board determines the MOH roles, hires the MOH, asks the MOH to hire additional roles. MOH/CEO makes the case & recommendations to the Board. Board appoints additional roles. 	<p>The By-Law speaks to the appointment and Ministry approval of the MOH and the MOH dismissal.</p> <p>Anything beyond that should be in a policy, i.e. recruitment, etc.</p>

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
		Page: 102			<p>- Consultation with Ministry important as Province must endorse MOH/AMOH's.</p> <p>- Include:</p> <p>1.4.1 The Board appoints a Medical Officer of Health who possesses the qualifications and requirements prescribed by the regulations for the position and is approved by the Minister of Health [HPPA R.S.O. 1990, c. H.7, s. 66 (1)]. The Medical Officer of Health is the chief executive officer of the Board, with overall responsibility for the management and administration of the health programs and services and business affairs of the Board of Health. All employees of the agency and persons contracted to provide a service on behalf of the Board are directly or indirectly responsible to the Medical Officer of Health.</p> <p>- Remove "judiciously".</p>	
Secondary	MOH Remuneration	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy - MOH Remuneration <p>Page: 54</p>	<p>HPE</p> <p>Aligning with the framework released by the province annually. OMA & Province decide on criteria and amounts for top up.</p> <p>Define Deputy role remuneration, minimum base, in addition to MOH, AMOH.</p> <p>Compensation in accordance with the policy framework.</p>	<p>This is a contractual matter between the Board and the MOH. I do not even see this as a policy, unless its to flesh out things like MOH reimbursement for expenses, etc.</p>

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
					ACTION: MOH's to address wording for this item.	
Primary	Municipal Levy	<ul style="list-style-type: none"> BOH Policy V-195-0 Municipal Levy Terms of Reference Finance, Audit, Property and Risk Management Committee 	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy – Calculation of Municipal Levy Terms of Reference Finance Committee 	<p>- If no agreement, defaults to MPAC numbers / outdated stats Canada. Population grows at different rates, harmonization advantageous to defer to Stats Canada to remove potential disagreement. Board decision years ago to remove from policy, good to anchor to something reviewed regularly (annual projections?), Stats Can every 5 years.</p> <p>- Census vs MPAC? MPAC uses tax base for municipalities. “Estimates”, delays to receive numbers. Counts of seasonal, students, multi dwelling units.</p> <p>- Agreement is priority, lack of agreement adds complication.</p> <p>- Bring to SETT to use Stats Can, keep on track for harmonization as laid out in Business Case. Memory retained for historical perspective and keep in policy.</p> <p>- Recommendation to maintain existing practices, use policy from HPE as baseline (page 48).</p>	<p>This should be discussed.</p> <p>It should not be in the by-laws and should be a policy as identified, but the policy has to be in keeping with the provisions of the HPPA s. 72(4) and REGULATION 489/97 under the HPPA.</p>
Secondary	Negotiation & Ratification of Collective Agreements	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy A II-33 Negotiation and Ratification of Collective Agreements <p>Page: 88</p>	<ul style="list-style-type: none"> Terms of Reference Finance Committee <p>Page: 34</p>	<p>Use KFL&A</p> <p>Include that Finance committee will take some responsibility, first review & impact on budget to report back to the Board.</p> <p>Capture the union, non-union compensation, and MOH compensation all together into one policy.</p>	<p>This is correctly identified as a Board policy topic OR part of the work plan/TOR of a finance committee.</p>

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
Secondary	Non Union Compensation – Staffing Standard	<ul style="list-style-type: none"> BOH Policy V-85-0 Non Union Compensation <p>Page: 135</p>	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> None found 	<p>Use LGL</p> <p>KFL&A's is org policy. (Pay equity - already in org policies) Board policy is what is being brought to the board for approval.</p> <p>Reflective of collective bargaining, for timing and agreements.</p> <p>Have an approach to non-union compensation that would reflect the approach of Procedure p. 88.</p>	The SETT should question whether this is a Board policy or an operational policy.
Secondary	Orientation of Board Members	<ul style="list-style-type: none"> BOH Policy V-135-0 Orientation of Board Members Terms of Reference Governance and Quality Assurance Committee <p>Page: 138, 171</p>	<ul style="list-style-type: none"> BOH Policy A II-27 Board Orientation <p>Page: 55</p>	<ul style="list-style-type: none"> BOH Policy Orientation and Education of the Board of Health <p>Page: 80</p>	<p>HPE</p> <p>Propose introducing opportunity for Governance Training to be available every 4 years for entire Board. (Keep recording of training?)</p>	This should be a policy and is key. If a governance committee is established, this can also be charged to them as part of their work plan/TOR.
Secondary	Risk Intelligence	<ul style="list-style-type: none"> BOH Policy V-245-0 Risk Intelligence Terms of Reference Finance, Audit, Property and Risk Management Committee <p>Page: 161, 166</p>	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> Terms of Reference Finance Committee Terms of Reference Governance Committee <p>Page: 34, 36</p>	<p>Remove</p>	This is properly a policy matter. If a governance and/or finance committee is established, this can also be charged to one of them as part of their work plan/TOR.

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
Secondary	Strategic Plan	<ul style="list-style-type: none"> Terms of Reference Strategic Planning Steering Committee <p>Page: 161, 166</p>	<ul style="list-style-type: none"> None found 	<ul style="list-style-type: none"> BOH Policy – Strategic Plan <p>Page: 34, 36</p>	HPE	This should be a policy.
Primary	Transparency and Accountability	<ul style="list-style-type: none"> Terms of Reference Governance and Quality Assurance Committee 	<ul style="list-style-type: none"> BOH Policy A II-34 Transparency and Accountability 	<ul style="list-style-type: none"> BOH Policy- Accountability and Transparency 	<ul style="list-style-type: none"> - HPE & KFL&A - Have both Exec and Governance – clarity in TOR - Public meeting notices & agendas - Element of accountability & discussions according to municipal act not currently captured. Use HPE document starting point, add: h., i., j. - LGL is governance-focussed. Consider keeping a governance committee such as LGL. Vetting prior to BOH meetings. Structural advantage – body to consider governance issues & discussion, review documents (Risk management, TOR, documents that make up MOH evaluation process). - Less publicly visible, initial discussions to assist in determining Board positions, etc. - Dividing role of Governance Committee (direction on formal elements/structural, work policies) versus Board Exec (not decision-making body at LGL, what/how) - Challenges with board members purview of Governance Committee? - Sensitive issues that are governance-related 	I recommend this as a Board policy that also applies to any committee struck by the Board from time to time.

<i>RATING</i>	<i>TOPIC</i>	<i>LGL</i>	<i>KFL&A</i>	<i>HPE</i>	<i>Recommendation</i>	<i>Draft Outcome - ACD</i>
Secondary	Vaccination	<ul style="list-style-type: none">• BOH Vaccination Policy Page: 121	<ul style="list-style-type: none">• None found	<ul style="list-style-type: none">• None found	Discuss at SETT – public perception of Board Members. House under Code of Conduct, Orientation, not necessarily a separate policy.	Agree with recommendation.

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	BOARD OPERATIONS
Policy Title:	Advocacy
Approved by:	Hastings Prince Edward Board of Health
Date:	May 4, 2022

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 Board from the Office of the MOH.
- 1.4. The MOH and Chair of the Board 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 Board 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 MOH and Chair of the BOH, will decide whether to carry the issue forward to the Board 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 at a later meeting as decided by the Governance Committee in consultation with the MOH and Chair of the Board.
- 2.5. On occasion, the Board may identify a policy advocacy issue resulting from a presentation and discussion at a Board 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.

3.

RELATED LINKS: [Advancing Public Policy: A Framework for Public Health Action](#)

Created: February 2, 2014
Revised: April 3, 2019
May 4, 2022

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL/Guideline	
Title: Board of Health Advocacy Guideline	
Number:	Original Date: April 20, 2023
Approved by: Board of Health	Revision Date:
Signature: Original Signed	Reviewed Date:
References:	

Purpose:

Advocacy can come in many different forms and is one strategy that the Health Unit uses to approach a problem that impacts our community. The Board of Health can play a unique role in advocating on issues that impact our tri-county area and given the breadth of public health work, it is important to have principles to consider in our approach. A strategy to guide the Board of Health ensures that advocacy efforts are best positioned to be effective.

The goals of advocacy are generally:

- To actively promote a cause or principle
- To outline actions that lead to a selected goal
- To engage with decision makers
- To show support for an area that requires focus and or resolution

**Note that advocacy does not have to involve confrontation or conflict*

Scope:

All Board of Health members and program staff.

Activities:

Criteria to help guide the decision for advocacy:

- Does the issue impact on our local LGL communities?
- Is the issue within the mandate of the Health Unit?
- Does Health Unit staff have capacity to focus on this advocacy activity and the work them may come from it?
- Do we have local data that would help highlight the significance of the issue?
- Is there particular strength or benefit of advocacy coming from the Board of Health, compared to advocacy from others at the health unit?
- What is the degree of support for this issue among Health Unit Staff?
- What is the degree of support for this issue among our community?
- Would the party we're advocating to be receptive? Is the 'policy window' open? Is the matter time sensitive?
- What is the financial impact for the party we're advocating to, and how can we position the value of our proposal?

- Are there any risks to Board of Health advocacy on this issue? To what degree can these risks be mitigated?
- What is the degree of impact on the health and well-being of our LGL communities if we don't advocate for this issue?

As this process gets started, we propose beginning with 1-2 advocacy issues in the first 2 years, and building to 2-4 issues for subsequent years.

If advocacy by the Board is not undertaken but a Health Unit response would be beneficial, the MOH will work with the program teams to strategize a local program based response.

If advocacy by the Board is undertaken, the next step would be to consider what advocacy strategy would work best.

Board of Health Advocacy Options:

These options may be used as appropriate for advocacy issues that arise.

Board motion/resolution

This can be:

- Based on a motion/resolution received from another entity, used as a framework to outline a local response, OR
- A new issue brought forward by staff, based on local need and interest

Board motions/resolutions with specific asks or recommendations are likely to be more effective, and should be based on a need in our community. Staff would prepare a motion and supporting background for the BOH to consider. Using the criteria listed above, the BOH may suggest alterations to the motion/resolution.

Letter of support/endorsement from the Board

This would be most effective if the objective was to show support for an initiative/program underway.

Letters of support/endorsement would be drafted by staff and presented for consideration to the BOH. Using the criteria listed above, the BOH may suggest alterations to the letter.

Joint letter or resolution with another Board of Health

A joint statement with another Board of Health may be considered for issues that are regional or shared with other health units.

Board of Health Delegation

Board of Health representatives would work with staff to review all relevant information on an issue, decide when and with whom a delegation would be most effective and formulate script and supporting documents.

Request a Health Unit Position Statement on the Issue

A position statement on an issue can draw much needed attention to a particular issue and can clearly outline the Health Unit's stance and course of action for the public.

Related Internal References:

Related External References:

Revision History:

Date	Description of changes	Requested By
April 20, 2023	New – BOH Advocacy Guideline	Governance Committee/Board of Health

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	BOARD OPERATIONS
Policy:	Appointment of External Advisors
Approved by:	Hastings Prince Edward Board of
Health Date:	May 4, 2022

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 arms-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.

Created: February 5, 2014
 Revised: December 2, 2016
 April 3, 2019
 May 4, 2022

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES**

Item 8.1.3.

Section:	BOARD OPERATIONS
Policy:	Board of Health Self-Evaluation Process
Approved by:	Hastings Prince Edward Board of Health
Date:	May 4, 2022

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.

AGENCY POLICY AND PROCEDURE MANUAL

Section: A-By-Laws and Board of Health Sub-Section: II Board Policies & Procedures	Policy Title: Responsibility and Structure of the Board of Health Policy Number: A II-26
Original date of policy: 1990-05; 1999-12; 2001-03; 2007-11; 2014-09	Date(s) of review: 2019-06
Approved by: Board of Health	Date(s) of approval: 2019-06

Purpose

To provide Board of Health members with consistent guidelines on their duties and responsibilities as members of the Board of Health and to summarize how the Board of Health is constituted.

Policy

The Board of Health for KFL&A Public Health is governed by the Health Protection and Promotion Act, and its regulations, and the Ontario Public Health Organizational Standards. The Board of Health ensures the mandate of KFL&A Public Health is met as stipulated in legislation, agency policy, and in accordance with Board By-Laws contained in this manual.

1.0 Responsibilities

1.1 General

The Board of Health is responsible for strategic direction setting, promotion of appropriate ethics and values within the organization, effective organizational performance management and accountability, and effective co-ordination of Board of Health activities at all levels of the organization. In carrying out their functions, Board of Health members shall fulfil fiduciary duties of care, loyalty, and good faith.

The Board does not become involved in day-to-day management decisions, which are the responsibility of the Medical Officer of Health and KFL&A Public Health management. The Board shall be aware of current and emerging best practices regarding board operations, including the establishment of by-laws, as well as policies to guide the Medical Officer of Health and other senior management in such decisions.

The Board of Health shall have a self-evaluation process of its governance practices and outcomes that is implemented at least every other year and results in recommendations for improvements in Board effectiveness and engagement. This may be supplemented by evaluation by key partners or stakeholders.

1.2 KFL&A Public Health's Mandate

KFL&A Public Health is directed by Ontario's Health Protection and Promotion Act (HPPA), the Ontario Public Health Standards, and the Ontario Public Health Organizational Standards. The agency develops and implements evidence-informed policies, programs and services to address the public health needs of the residents in the KFL&A region.

The Board shall provide governance direction to the administration and ensure that the Board remains informed about the activities of the organization on the following:

- The delivery of the OPHS and its Protocols,

- Organizational effectiveness through evaluation of the organization and strategic planning,
- Stakeholder relations and partnership building, including collaborations with obligated municipalities,
- Research and evaluations,
- Compliance with all applicable legislation and regulations,
- Workforce issues,
- Financial management, and
- Risk management.

1.3 Finance and Property

The Board is responsible for approving the annual budget and major financial transactions. It ensures the maintenance of financial records and accounts of its financial affairs, and issues a statement of its financial affairs annually.

The Board approves real property matters in accordance with By-law Number 5, a by-law to provide for the management of property.

1.4 Medical Officer of Health

1.4.1 The Board appoints a Medical Officer of Health who possesses the qualifications and requirements prescribed by the regulations for the position and is approved by the Minister of Health [HPPA R.S.O. 1990, c. H.7, s. 66 (1)]. The Medical Officer of Health is the chief executive officer of the Board, with overall responsibility for the management and administration of the health programs and services and business affairs of the Board of Health. All employees of the agency and persons contracted to provide a service on behalf of the Board are directly or indirectly responsible to the Medical Officer of Health.

1.4.2 The Board of Health is responsible for conducting regular performance appraisals on the Medical Officer of Health according to policy BPP IV-330 *Performance Appraisal and Development Review*, or as otherwise determined by the Board. One Board member, usually the Board's Vice-Chair will lead this process with one or two other Board members and support from the Director, Corporate Services. The performance appraisal for the Medical Officer of Health should include feedback that has been received from the incumbent, Board of Health members, sources inside KFL&A Public Health, and from agencies and institutions with whom the Medical Officer of Health works, both within and outside of the KFL&A area.

1.4.3 The Medical Officer of Health is entitled to notice of and to attend each meeting of the Board and every committee of the Board, but the Board may require the Medical Officer of Health to withdraw from any part of a meeting at which the Board or a committee of the Board intends to consider a matter related to the remuneration or the performance of the duties of the Medical Officer of Health.

- 1.4.4 A decision by the Board to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless,
- (i) The decision is carried by the vote of two-thirds of the members of the Board, and
 - (ii) The Minister consents in writing to the dismissal [HPPA R.S.O. 1990, c. H.7, s.66 (1)].
- 1.4.5 A Board shall not vote on the dismissal of a Medical Officer of Health unless the Board has given to the Medical Officer of Health:
- Reasonable written notice of the time, place and purpose of the meeting at which the dismissal is being considered,
 - A written statement of the reason for the proposal to dismiss, and
 - An opportunity to attend and to make representations to the Board at the meeting [HPPA R.S.O. 1990, c. H.7, s.66 (2)].
- 1.4.6 The Medical Officer of Health shall engage on issues relating to local health system planning, functioning and service delivery with the chief executive officer of the Local Health Integration Network (LHIN) [2016, c.30, s.39 (1)].
- 1.5 Associate Medical Officer of Health
- The Board may appoint one or more Associate Medical Officer of Health who is qualified for the position and is approved by the Minister of Health.
- 1.5.1 The Associate Medical Officer of Health, under the direction of the Medical Officer of Health, shall assist in the performance of the duties of the Medical Officer of Health and, for the purpose, has all the powers of the Medical Officer of Health [HPPA R.S.O. 1990, c. H.7, s.68 (2)].

2.0 Structure

- 2.1 The Board of Health comprises municipal and provincial appointees. The number of Board Members and the representation is established by HPPA, regulation 559 and Order-in-Council.

City of Kingston	Three representatives
County of Frontenac	One representative
County of Lennox and Addington	One representative
Community Appointees (appointed by the Lieutenant Governor-in-Council)	Four representatives

Only municipalities which are within the Health Unit area may appoint members to the Board of Health, according to HPPA regulation 553.

Section: A-By-Laws and Board of Health

Sub-Section: II Board Policies & Procedures

Policy Title: Responsibility and Structure of the Board of Health

Policy Number: B II-26

Page 4 of 4

- 2.2 Municipal representatives are appointed for a term determined by the municipal council, but ending with the term of office of that council (HPPA, Section 49 (7)). Community Appointees are appointed for a term determined by the Lieutenant Governor-in-Council, normally of one, two, or three years (HPPA, Section 51). No person whose services are employed by a Board of Health is eligible to be a member of the Board of Health (HPPA, Section 51).
- 2.3 Vacancies in the Board are filled by appointment by the source represented, that is the municipality represented or Lieutenant Governor-in-Council. The newly appointed Board member will complete the term of office of the person he or she replaces, unless otherwise stated.
- 2.4 The proceedings of the Board are governed by By-Law Number 1. The Board elects annually at the inaugural meeting a Chair and Vice-Chair and operates without standing committees.
- 2.5 The Board normally does not establish standing committees. Should circumstances change, the Board may establish such committees by motion as required.
- 2.6 The Board of Health will appoint annually the Board Chair and one other member of the Board of Health and the Financial Officer, to serve as Trustees for the Charitable Organization Trust Funds Committee, which ensures sound financial and appropriate administrative practices for KFL&A Public Health charitable funds.
- 2.7 The Board of Health may appoint annually the Board Chair and Vice-Chair and a minimum of one other member to the Ad Hoc Cost-Shared Budget Review Committee for review of the annual draft budget.
- 2.8 The Board may establish additional ad hoc committees to address specific needs.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH	
Terms of Reference	
Title: Board of Health Governance and Quality Assurance Committee	Original Date: April 16, 2015
Number: VI-50	Revision Date: January 27, 2022
Approved by: Board of Health	Reviewed Date: January 27, 2022

Purpose: The purpose of the Governance and Quality Assurance Committee is to support effective and efficient functioning of the Board of Health in compliance with the Health Protection and Promotion Act and the Ministry of Health and Long-Term Care Ontario Public Health Accountability Framework.

Responsibilities:

1. Review the number of members on the Board and recommend changes as needed.
2. Review Board policies and By-law #1, and recommend changes every two years.
3. Recruit and recommend community members for consideration for appointment as provincial appointments to the Board.
4. Recommend measures to ensure the Board operates in a transparent and accountable manner.
5. Organize orientation and continuing education activities for Board members on an on-going basis.
6. Prepare an inventory of Board member knowledge and skills related to Board functions.
7. Conduct a Board self-evaluation and make recommendations for improvement in Board effectiveness and engagement every two years.
8. Recommend Board sub-committees and review their terms of reference every two years.
9. Establish a Nominating Committee to recruit and recommend appointment of the Medical Officer of Health/CEO.
10. Conduct a performance evaluation of the Medical Officer of Health/CEO annually, or as needed. The evaluation will be reviewed in detail with the Medical Officer of Health/CEO by the Board Chair and Chair of the Governance and Quality Assurance Committee. A summary will be prepared for the Governance Committee and the Board.
11. Identify opportunities for the Board to participate in collaborative governance opportunities within the community that will promote and protect the health of the population.
12. Plan generative discussions for Board meetings.
13. Ensure that the Board provides governance direction to the Medical Officer of Health/CEO about the activities of the organization outlined in the Good Governance and Management Practices Section of the MOHLTC Accountability Framework and Organizational Requirements.

Composition:

- ☐ At least three Board members with one being the Board Chair, and at least one being a municipal appointee, and at least one being a provincial appointee when possible.
- ☐ The Chair and Vice-Chair of the committee will be appointed by the Board with one member being a municipal appointee and the other a provincial appointee when possible.
- ☐ The Medical Officer of Health/CEO will be an ex-officio, non-voting member of the committee.
- ☐ From time to time, as deemed necessary by the committee, retain independent advice regarding governance issues, subject to approval by the Board. Additional Board members may be invited to attend committee meetings in order to contribute their knowledge/skills to the work of the committee.

Terms of Membership:

- ☐ Members may be appointed for a two year term renewable once; however this term can be extended depending on the interest of other Board members to participate on the Committee.

Structure:

- ☐ The committee will meet at least two times per year in person or by video or teleconference, or at the call of the Committee Chair.
- ☐ Quorum requires that a majority of the members be in attendance.
- ☐ The Executive Assistant to the Board will provide administrative support.
- ☐ The Committee Chair will identify agenda items in collaboration with members.
- ☐ Information to be discussed at the meeting will be circulated in advance of the meeting.
- ☐ The Terms of Reference will be reviewed biannually.

Accountability and Decision Making: The Governance Committee reports and makes recommendations to the Board of Health.

Responsibilities of Members:

- ☐ Prepare in advance of meetings.
- ☐ Follow the Board of Health Duties and Obligations of Members.

Communication

- ☐ The Chair of the committee will report on the work of the Governance Committee at the next Board meeting.
- ☐ Briefing notes will be prepared for any recommendations to the Board, and they will be circulated in advance of the Board meeting.

Related References:

Ontario Public Health Organizational Standards

http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_std.pdf

Revision History:

Revision	Date	Description of changes	Requested By
Responsibilities	July 7, 2016	Added generative governance to responsibilities	Governance Committee
Name change Membership	Dec. 13, 2017	Added Quality Assurance to Title Changed to a minimum of three and possible extension of terms	Governance Committee
Membership and responsibilities of members updated	June 6, 2018	Added appointment of vice chair to committee and MOH evaluation will be conducted by Board Chair and Chair of Governance.	Governance Committee
Composition Update	May 21, 2020	One member being municipal and one member being provincial when possible.	Governance Committee
Responsibilities	Jan 27, 2022	Recruitment of MOH/CEO	Governance Committee

AGENCY POLICY AND PROCEDURE MANUAL

Section: A-By-Laws and Board of Health Sub-Section: II Board Policies & Procedures	Policy Title: Complaints Policy Number: A II-31
Original date of policy: 1990-10; 1999-12; 2007-11	Date(s) of review: 2019-06
Approved by: Board of Health	Date(s) of approval: 2019-06

Purpose

To ensure that all complaints received by the Board of Health are dealt with appropriately.

Policy

Whenever a Board member receives a complaint from a member of the public, the complaint shall be referred to the Medical Officer of Health.

Should a KFL&A Public Health employee have a complaint regarding the organization or their employment with it, the complaint should be directed to their immediate supervisor. If the employee is not satisfied that the complaint has been dealt with, the employee may request a meeting with their immediate supervisor and either the Medical Officer of Health or the Director, Corporate Services.

As specific human resources matters are administrative rather than governance in nature, employees should not make complaints directly to members of the Board of Health.

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES**

Item 8.1.5.

Section:	BOARD OPERATIONS
Policy:	Deputation Requests to the Board of Health
Approved by:	Hastings Prince Edward Board of Health
Date:	June 7, 2023

PURPOSE:

1. To provide a clear and consistent process to receive and respond to requests from the public who want to address the Hastings Prince Edward Board of Health (Board).
2. Supports accountability and transparency between the Board and the public.

POLICY:

1. The Board of Health will provide access to open meetings for members of the public to observe, or to present issues of public health mandate as noted in the Ministry of Health's Ontario Public Health Standards, by way of a formal deputation.
2. All deputations will be reviewed and approved for addition to a Board meeting agenda at the discretion of the Board Chair and Vice Chair in collaboration with the Medical Officer of Health.
3. Deputations will only be granted to residents of Hastings and Prince Edward Counties and on issues of interest to the Board.
4. Individuals who do not wish to appear in person may submit a written submission for inclusion in the public Board agenda (see Procedure below).
5. A deputation to the Board can be made by an individual either on his/her own behalf or as a representative of an organization or community group (delegation) on an approved public health matter (see #2 above).
6. Up to two speakers can participate in one deputation, limited to a total of not more than 10 minutes. There will be no more than two deputations per Board meeting.
7. Approved deputations will be scheduled at the next possible Board meeting providing it can be added to the agenda without any timing issues or as requested.
8. Delegations may only appear once on the same matter within a one-year period, unless a recommendation pertaining to the same matter is included on the agenda within a one-year period and only to provide additional or new information.
9. Deputations will not be permitted at Board Committee meetings as these are not decision-making entities and do not consist of all members of the Board.

PROCEDURE:

1. Submit a completed *Board of Health Deputation Request* form found on the Hastings Prince Edward Public Health website at <https://www.hpepublichealth.ca/board-of-health/>. All fields must be completed with as much information and detail as possible on the subject matter. If you do not have access to the internet/website you can phone Public Health at 613-966-5500, ext. 231 and we will complete a request for you.
2. A letter can be submitted, either via Canada Post or by email at info@hpeph.ca noting in the Subject Line: Board of Health Deputation Request. The request should provide the following information:
 - a. Requestor's name, address, telephone number and email address. The Board will not accept anonymous requests or communications.
 - b. Full names of speakers and/or presenters and/or a list of individuals who will be attending the meeting.

**HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES**

Section:	BOARD OPERATIONS
Policy:	Deputation Requests to the Board of Health

- c. Date you wish to present your deputation to the Board (dates of Board meetings can be found on our website at <https://www.hpepublichealth.ca/board-of-health/>).
 - d. A detailed summary of the subject matter and/or a copy of any materials that will be presented, the outcome that is sought or if for information purposes only and what action is requested by the Board.
 - i. Comments that are submitted anonymously or include defamatory language will not be accepted or form part of the official meeting record.
 - ii. Correspondence must be addressed to the Board of Health.
 - iii. Emails/correspondence sent to individual Board members or Public Health staff that are copied to the Board, MOH or Executive Assistant via cc will not be considered.
 - e. An overview of you and/or your group.
 - f. Your signature.
 - g. If mailing your request, mail to: Hastings Prince Edward Public Health, c/o Board of Health, 179 North Park Street, Belleville, ON K8P 4P1.
3. You will be notified if your request is approved/not approved, and if applicable, confirm the date of your deputation. You may be contacted to provide additional information. A date will not be set for the deputation until all information has been received by the Board, as outlined above. A reason will be given if your request is not approved.
 4. Deputation requests must be received at least 14 days before the date of the meeting at which you wish to speak. Please note, your request, including your contact information will be included in the agenda package for the specified meeting date and therefore will be posted to our website.
 5. Should you wish to show a PowerPoint presentation, it must be received along with your written/electronic request form so it can be reviewed for acceptable content. If it is approved to be presented, you will be asked to send it electronically at a later specified date.
 6. Should you wish to record or videotape the proceedings of a Board meeting, you will need to follow the instructions as set out in this Procedures section.
 7. All material presented and discussed at the Board meeting will become public information.
 8. If your deputation includes a group of people, you will be required to designate not more than two spokespersons. As noted above, the Board will allow no more than two people to address the Board during the deputation.
 9. If you or anyone in your group changes the delegation topic to something that was not previously approved is not in keeping with the decorum of the meeting, acts contrary to any of the rules noted below, or in contravention of the Ontario Human Rights Code, you will be asked by the Chair to cease and come to order. If you and/or anyone in your delegation do not cease or come to order you will be asked by the Board Chair to leave the meeting immediately.
 - a. No behaviour is permitted that interrupts the conduct of a meeting.
 - b. No one may use disrespectful language, gestures or offensive words.
 - c. Signs and T-shirts with offensive language or slogans are not permitted.
 - d. Taking photos and/or making recordings of any kind are not permitted unless prior permission has been given.

For further information see *General Expectations for Deputations and for Observers on the HPEPH website*.

TERMS OF REFERENCE

OFFICIAL COMMITTEE NAME: 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.
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HASTINGS PRINCE EDWARD PUBLIC HEALTH TERMS OF REFERENCE

- * 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.
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HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	BOARD OPERATIONS
Policy:	Performance Review of the Medical Officer of Health
Approved by:	Hastings Prince Edward Board of Health
Date:	May 4, 2022

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.

Created: February 5, 2014
Revised: December 2, 2016
April 3, 2019
May 4, 2022

AGENCY POLICY AND PROCEDURE MANUAL

Section: A-By-Laws and Board of Health Sub-Section: II Board Policies & Procedures	Policy Title: Responsibility and Structure of the Board of Health Policy Number: A II-26
Original date of policy: 1990-05; 1999-12; 2001-03; 2007-11; 2014-09	Date(s) of review: 2019-06
Approved by: Board of Health	Date(s) of approval: 2019-06

Purpose

To provide Board of Health members with consistent guidelines on their duties and responsibilities as members of the Board of Health and to summarize how the Board of Health is constituted.

Policy

The Board of Health for KFL&A Public Health is governed by the Health Protection and Promotion Act, and its regulations, and the Ontario Public Health Organizational Standards. The Board of Health ensures the mandate of KFL&A Public Health is met as stipulated in legislation, agency policy, and in accordance with Board By-Laws contained in this manual.

1.0 Responsibilities

1.1 General

The Board of Health is responsible for strategic direction setting, promotion of appropriate ethics and values within the organization, effective organizational performance management and accountability, and effective co-ordination of Board of Health activities at all levels of the organization. In carrying out their functions, Board of Health members shall fulfil fiduciary duties of care, loyalty, and good faith.

The Board does not become involved in day-to-day management decisions, which are the responsibility of the Medical Officer of Health and KFL&A Public Health management. The Board shall be aware of current and emerging best practices regarding board operations, including the establishment of by-laws, as well as policies to guide the Medical Officer of Health and other senior management in such decisions.

The Board of Health shall have a self-evaluation process of its governance practices and outcomes that is implemented at least every other year and results in recommendations for improvements in Board effectiveness and engagement. This may be supplemented by evaluation by key partners or stakeholders.

1.2 KFL&A Public Health's Mandate

KFL&A Public Health is directed by Ontario's Health Protection and Promotion Act (HPPA), the Ontario Public Health Standards, and the Ontario Public Health

Organizational Standards. The agency develops and implements evidence-informed policies, programs and services to address the public health needs of the residents in the KFL&A region.

The Board shall provide governance direction to the administration and ensure that the Board remains informed about the activities of the organization on the following:

- The delivery of the OPHS and its Protocols,
- Organizational effectiveness through evaluation of the organization and strategic planning,
- Stakeholder relations and partnership building, including collaborations with obligated municipalities,
- Research and evaluations,
- Compliance with all applicable legislation and regulations,
- Workforce issues,
- Financial management, and
- Risk management.

1.3 Finance and Property

The Board is responsible for approving the annual budget and major financial transactions. It ensures the maintenance of financial records and accounts of its financial affairs, and issues a statement of its financial affairs annually.

The Board approves real property matters in accordance with By-law Number 5, a by-law to provide for the management of property.

1.4 Medical Officer of Health

1.4.1 The Board appoints a Medical Officer of Health who possesses the qualifications and requirements prescribed by the regulations for the position and is approved by the Minister of Health [HPPA R.S.O. 1990, c. H.7, s. 66 (1)]. The Medical Officer of Health is the chief executive officer of the Board, with overall responsibility for the management and administration of the health programs and services and business affairs of the Board of Health. All employees of the agency and persons contracted to provide a service on behalf of the Board are directly or indirectly responsible to the Medical Officer of Health.

1.4.2 The Board of Health is responsible for conducting regular performance appraisals on the Medical Officer of Health according to policy BPP IV-330 *Performance Appraisal and Development Review*, or as otherwise determined by the Board. One Board member, usually the Board's Vice-Chair will lead this process with one or two other Board members and support from the Director, Corporate Services. The performance appraisal for the Medical Officer of Health should include feedback that has been received from the incumbent, Board of Health members, sources inside KFL&A Public Health, and from agencies and institutions with whom the Medical Officer of Health works, both within and outside of the KFL&A area.

1.4.3 The Medical Officer of Health is entitled to notice of and to attend each meeting of the Board and every committee of the Board, but the Board may require the Medical Officer of Health to withdraw from any part of a meeting at which the Board or a committee of the Board intends to consider a matter related to the remuneration or the performance of the duties of the Medical Officer of Health.

- 1.4.4 A decision by the Board to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless,
- (i) The decision is carried by the vote of two-thirds of the members of the Board, and
 - (ii) The Minister consents in writing to the dismissal [HPPA R.S.O. 1990, c. H.7, s.66 (1)].
- 1.4.5 A Board shall not vote on the dismissal of a Medical Officer of Health unless the Board has given to the Medical Officer of Health:
- Reasonable written notice of the time, place and purpose of the meeting at which the dismissal is being considered,
 - A written statement of the reason for the proposal to dismiss, and
 - An opportunity to attend and to make representations to the Board at the meeting [HPPA R.S.O. 1990, c. H.7, s.66 (2)].
- 1.4.6 The Medical Officer of Health shall engage on issues relating to local health system planning, functioning and service delivery with the chief executive officer of the Local Health Integration Network (LHIN) [2016, c.30, s.39 (1)].
- 1.5 Associate Medical Officer of Health
- The Board may appoint one or more Associate Medical Officer of Health who is qualified for the position and is approved by the Minister of Health.
- 1.5.1 The Associate Medical Officer of Health, under the direction of the Medical Officer of Health, shall assist in the performance of the duties of the Medical Officer of Health and, for the purpose, has all the powers of the Medical Officer of Health [HPPA R.S.O. 1990, c. H.7, s.68 (2)].
- 2.0 Structure**
- 2.1 The Board of Health comprises municipal and provincial appointees. The number of Board Members and the representation is established by HPPA, regulation 559 and Order-in-Council.
- | | |
|--|-----------------------|
| City of Kingston | Three representatives |
| County of Frontenac | One representative |
| County of Lennox and Addington | One representative |
| Community Appointees (appointed by the Lieutenant Governor-in-Council) | Four representatives |
- Only municipalities which are within the Health Unit area may appoint members to the Board of Health, according to HPPA regulation 553.
-

- 2.2 Municipal representatives are appointed for a term determined by the municipal council, but ending with the term of office of that council (HPPA, Section 49 (7)). Community Appointees are appointed for a term determined by the Lieutenant Governor-in-Council, normally of one, two, or three years (HPPA, Section 51). No person whose services are employed by a Board of Health is eligible to be a member of the Board of Health (HPPA, Section 51).
 - 2.3 Vacancies in the Board are filled by appointment by the source represented, that is the municipality represented or Lieutenant Governor-in-Council. The newly appointed Board member will complete the term of office of the person he or she replaces, unless otherwise stated.
 - 2.4 The proceedings of the Board are governed by By-Law Number 1. The Board elects annually at the inaugural meeting a Chair and Vice-Chair and operates without standing committees.
 - 2.5 The Board normally does not establish standing committees. Should circumstances change, the Board may establish such committees by motion as required.
 - 2.6 The Board of Health will appoint annually the Board Chair and one other member of the Board of Health and the Financial Officer, to serve as Trustees for the Charitable Organization Trust Funds Committee, which ensures sound financial and appropriate administrative practices for KFL&A Public Health charitable funds.
 - 2.7 The Board of Health may appoint annually the Board Chair and Vice-Chair and a minimum of one other member to the Ad Hoc Cost-Shared Budget Review Committee for review of the annual draft budget.
 - 2.8 The Board may establish additional ad hoc committees to address specific needs.
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LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH	
Terms of Reference	
Title: Board of Health Governance and Quality Assurance Committee	Original Date: April 16, 2015
Number: VI-50	Revision Date: January 27, 2022
Approved by: Board of Health	Reviewed Date: January 27, 2022

Purpose: The purpose of the Governance and Quality Assurance Committee is to support effective and efficient functioning of the Board of Health in compliance with the Health Protection and Promotion Act and the Ministry of Health and Long-Term Care Ontario Public Health Accountability Framework.

Responsibilities:

1. Review the number of members on the Board and recommend changes as needed.
2. Review Board policies and By-law #1, and recommend changes every two years.
3. Recruit and recommend community members for consideration for appointment as provincial appointments to the Board.
4. Recommend measures to ensure the Board operates in a transparent and accountable manner.
5. Organize orientation and continuing education activities for Board members on an on-going basis.
6. Prepare an inventory of Board member knowledge and skills related to Board functions.
7. Conduct a Board self-evaluation and make recommendations for improvement in Board effectiveness and engagement every two years.
8. Recommend Board sub-committees and review their terms of reference every two years.
9. Establish a Nominating Committee to recruit and recommend appointment of the Medical Officer of Health/CEO.
10. Conduct a performance evaluation of the Medical Officer of Health/CEO annually, or as needed. The evaluation will be reviewed in detail with the Medical Officer of Health/CEO by the Board Chair and Chair of the Governance and Quality Assurance Committee. A summary will be prepared for the Governance Committee and the Board.
11. Identify opportunities for the Board to participate in collaborative governance opportunities within the community that will promote and protect the health of the population.
12. Plan generative discussions for Board meetings.
13. Ensure that the Board provides governance direction to the Medical Officer of Health/CEO about the activities of the organization outlined in the Good Governance and Management Practices Section of the MOHLTC Accountability Framework and Organizational Requirements.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL/Guideline	
Title: Medical Officer of Health (MOH)/CEO Evaluation Guideline	
Number:	Original Date: June 21, 2018
Approved by: Board of Health	Revision Date: April 20, 2023
Signature: Original Signed	Reviewed Date: April 20, 2023
References: OHA Guide to Good Governance	

Purpose:

The Board of Health is responsible for participating in the selection of the MOH/CEO, identifying learning and development plans, overseeing annual objectives, as well as succession planning for the MOH/CEO. The Governance and Quality Assurance Committee has been delegated the responsibility to “Conduct a performance evaluation of the Medical Officer of Health/CEO” which will be completed at a minimum every 2 years with a full evaluation being conducted every 2 years and a smaller evaluation being done every year with the Board of Health and Direct Reports.

The purpose of this MOH/CEO Evaluation Guideline is to create a consistent process for the Governance and Quality Assurance Committee to use for the MOH/CEO evaluation that is performance based with established criteria and competencies.

Benefits:

1. Provides feedback to the MOH/CEO as a basis for continuing positive performance and taking corrective action.
2. Forms a basis for establishing an objective, professional relationship between the Board and the MOH/CEO, and for increasing trust.
3. Forms a basis for providing the MOH/CEO with developmental support, where helpful.

Principles:

1. The Board of Health needs to ensure that the process is undertaken and completed, but does not need to be made aware of the details unless it needs to ratify any decisions emerging from the process.
2. The MOH/CEO and the Governance and Quality Assurance Committee need to mutually agree on the process to be undertaken including the criteria to be used, who is involved in providing feedback, and how feedback is used.
3. The Board Evaluation Committee (Board Chair, Governance and Quality Assurance Committee Chair, and one of the Board Vice Chairs) will conduct the evaluation.
4. Confidentiality and respect for the position of the MOH/CEO needs to be maintained to ensure trust is built, and authority of the position is not diminished.

Scope: There are two prerequisites for the evaluation and appraisal process:

1. Existence of an up-to-date position description outlining the responsibilities of the MOH/CEO, preferably in the form of key result areas.
 2. A process, to be conducted at a minimum every 2 years, for the MOH/CEO to set their goals and objectives for annual performance in specific and measurable terms that are aligned with the existing strategic plan.
-

Five Step Evaluation Process:

1. **Establish the specifics of the process** – Biennially the MOH/CEO and Board Evaluation Committee will mutually agree on the process for the year. Agreement needs to cover the criteria to be used, the tools, and the sources of input into the process.
2. **Collect Input on MOH/CEO's Performance** – Based on the agreed-upon process, information is collected from appropriate sources on the MOH/CEO's performance by the Board Evaluation Committee.
3. **Digest and Dialogue on Feedback** – Once collected, the Board Evaluation Committee will summarize the feedback. The summary forms the basis for a dialogue with the MOH/CEO about the feedback and its implications.
4. **Decide Action Recommendations** - Actions and decisions that respond to feedback issues or MOH/CEO identified needs.
5. **Report to the Board** – The Governance and Quality Assurance Committee reports to the Board of Health on the results of the process.

Criteria for Appraisal

A fair and sound process of evaluation or appraisal needs to be founded on an agreed-upon and appropriate set of criteria. However, the criteria should not be limited to results in a short-term period. The Governance and Quality Assurance Committee will evaluate the MOH/CEO on a broad combination of factors and how these factors impact/enhance the ability of the Board to be effective. The criteria fall under two broad categories:

1. **Achievement of Results** – achieving goals and objectives regarding health unit performance results or successful completion of defined projects. This should be assessed by looking at the results achieved vs. the results planned and linked to the strategic plan where applicable.

Examples of Assessment Criteria (from OHA Guide to Good Governance)

- 1) Leadership (consider factors such as vision, strategic direction, judgment, decision-making, and Board effectiveness)
 - 2) Operations Management (consider factors such as financial performance, organizational effectiveness, outcomes, capital assets, service quality management)
 - 3) People Management (consider factors such as management team, professional staff, labour relations, volunteers, coaching, mentoring, staff morale, satisfaction, and communications)
 - 4) Relationship Management (consider factors such as internal and external stakeholders, including Ministry of Health and Long-Term Care, other government ministries and related agencies, community partners, media, special interest groups, and local business)
2. **Leadership Behaviour and/or Skills Demonstrated** – qualitative judgment of whether the MOH/CEO's behaviour meets leadership expectations with clearly defined criteria and objectives.

Examples of Competencies for MOH/CEO (from OHA Guide to Good Governance)

- 1) Leadership
 - 2) Communication
 - 3) Life-long Learning
-

- 4) Consumer/Community Responsiveness and Public Relations
- 5) Political and Health Environment Awareness
- 6) Conceptual Skills
- 7) Results Management
- 8) Resources Management
- 9) Compliance to Standards

Related Internal References: Terms of Reference for the Governance and Quality Assurance Committee

Related External References: OHA Guide to Good Governance

Revision History:

Date	Description of changes	Requested By
June 6, 2018	New – MOH Evaluation Guideline	Governance and Quality Assurance Committee
April 3, 2019	Changed from annual process to at a minimum every 2 years	Governance and Quality Assurance Committee
June 1, 2020	Added a smaller evaluation to be done every year by the Board and Direct Reports; added Board Evaluation Committee	Governance and Quality Assurance Committee
April 20, 2023	Governance Chair and one of the Board Vice Chairs to conduct evaluation	Governance Committee

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	BOARD OPERATIONS
Policy:	Medical Officer of Health: Remuneration
Approved by:	Hastings Prince Edward Board of Health
Date:	May 4, 2022

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.

Created: May 4, 2022

OFFICIAL COMMITTEE NAME: 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.
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**HASTINGS PRINCE EDWARD PUBLIC
HEALTH
TERMS OF REFERENCE**

- * 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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AGENCY POLICY AND PROCEDURE MANUAL

Section: A-By-Laws and Board of Health Sub-Section: II Board Policies & Procedures	Policy Title: Negotiation and Ratification of Collective Agreements Policy Number: A II-33
Original date of policy: 1995-06; 1999-12; 2004-10; 2007-10; 2013-01; 1995-06	Date(s) of review: 2019-06
Approved by: Board of Health	Date(s) of approval: 2019-06

Purpose

To promote good labour relations and compliance with all applicable legislation concerning collective agreements.

Policy

Negotiations for the renewal of each collective agreement shall be conducted by a negotiating committee comprising the Director, Corporate Services, or designate, and other members without union affiliation, as recommended by the Director, Corporate Services to the Senior Leadership Team and approved by the Board of Health. The Board shall provide direction to the negotiating committee. The negotiating committee may not negotiate a Memorandum of Agreement inconsistent with this direction without returning to the Board. When a Memorandum of Agreement has been signed with a union, it must be presented to the Board for ratification. A simple majority (50 percent plus one) is required for ratification.

Procedure

- 1.0 Preparing for Negotiations
 - 1.1 In accordance with the Ontario Labour Relations Act, the Director, Corporate Services, or designate, or a union shall provide notice in writing to the other party that it wishes to negotiate amendments to the applicable collective agreement within ninety days prior to the expiration of the collective agreement.
 - 1.2 The Director, Corporate Services shall make a recommendation to the Senior Leadership Team on the membership of the negotiating committee, which shall then be presented to the Board for approval.
 - 1.3 The Director, Corporate Services, or designate, may receive a financial mandate or particular direction from the Board.
 - 1.4 The Director, Corporate Services, or designate, shall seek the advice of the Management Committee regarding suggestions for proposals for amendment of the collective agreement or to indicate specific issues in the current collective agreement that need to be addressed.
 - 1.5 The Director, Corporate Services, or designate, shall compile that information and develop the employer's proposals.
- 2.0 Ratification
 - 2.1 The Director, Corporate Services, or designate, shall present the duly signed Memorandum of Agreement, representing the tentatively agreed to amendments to the collective agreement, to the Board for ratification.
 - 2.2 The Board shall conduct a vote of ratification of the Memorandum of Agreement.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL	
Title/Subject: Non-Union Compensation	Original Date: November 29, 1989
Policy/Procedure Number: V-85-0	Revision Date: May 21, 2020
Approved by: Board of Health	Reviewed Date: May 21, 2020
Signature: Original Signed	
Reference:	

Policy:

- A. Non-Union employees will be compensated based on:
 - i. The ability to pay
 - ii. The competitive market positioning for the job being performed
 - iii. Applicable collective bargaining settlements.
- B. The value of our total compensation package (base pay + benefits/pension + incentives where applicable) will be competitive with the various labour markets and aligned with our recruitment and retention strategy.
- C. Employees will be informed about the principles and processes used in determining their total compensation package.
- D. Consideration will be given to the average salary paid and where we are in relation to the average. The value of the role, contribution (performance), skills and qualifications required, responsibility and authority are all considered.

Procedure:

- ☐ The Finance, Audit, Property, and Risk Management Committee is notified by the MOH/CEO about an audit of salaries for all non-union positions, and the Committee reviews the planned methodology.
- ☐ Human Resources conducts an audit every 3 to 5 years of salaries for all non-union positions. The comparators could be in:
 - o Eastern Ontario and similar sized Ontario rural/small urban public health units;
 - o Upper and lower tier municipalities in Leeds, Grenville and Lanark;
 - o Other public sector agencies or private sector comparators in the geographical area.
- ☐ The Medical Officer of Health/CEO and Human Resources analyse the data and recommend an appropriate salary grid for each non-union position type.
- ☐ The Finance, Audit, Property and Risk Management Committee reviews and approves the MOH/CEO recommendations for the proposed salary grids for each non-union position to the Board of Health.
- ☐ The Board of Health reviews and approves the Committees recommendations.
- ☐ The MOH/CEO provides the recommended salary grids to Human Resources for processing

V-85-0_boho

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL	
Title/Subject: Orientation of Board Members	Original Date: January 10, 1990
Policy/Procedure Number: V-135-0	Revision Date: January 23, 2020
Approved by: Board of Health	Reviewed Date: January 23, 2020
Signature: Original Signed	
Reference:	

Policy:

1. Orientation Manual:
 - 1.1. Each new board member will be given the opportunity to review the Board Orientation Manual. This manual will contain the following documents:
 - 1.1.1. Board of Health Document – relating to the legislation, mandates, role, principles and criteria of membership of the Board of Health.
 - 1.1.2. Legislation – Health Protection and Promotion Act, specifically sections 4 – 9, and 44-77 inclusive.
 - 1.1.3. Strategic Plan
 - 1.1.4. Health Unit By-law
 - 1.1.5. Current Annual Report
 - 1.1.6. Health Unit Organizational Chart
2. Orientation Session:
 - 2.1. Each new board member will be invited to attend an orientation session with the Medical Officer of Health to receive an overview of the health unit programs.
3. Board Meetings:
 - 3.1. Board members will receive ongoing orientation by regular program presentations.
 - 3.2. Each board meeting will contain a verbal report from the Medical Officer of Health. This will keep members up-to-date on current program activities.

Procedure

1. Orientation Manual:
 - 1.1. The Executive Assistant of the Board will prepare the necessary documentation for the Board Orientation Manual and ensure that a copy is provided to each new board member, for their review.
2. Orientation Session:
 - 2.1. The Executive Assistant of the Board will arrange the orientation session and notification of new board members and senior staff members, once the date has been confirmed.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH	
Terms of Reference	
Title: Board of Health Governance and Quality Assurance Committee	Original Date: April 16, 2015
Number: VI-50	Revision Date: January 27, 2022
Approved by: Board of Health	Reviewed Date: January 27, 2022

Purpose: The purpose of the Governance and Quality Assurance Committee is to support effective and efficient functioning of the Board of Health in compliance with the Health Protection and Promotion Act and the Ministry of Health and Long-Term Care Ontario Public Health Accountability Framework.

Responsibilities:

1. Review the number of members on the Board and recommend changes as needed.
2. Review Board policies and By-law #1, and recommend changes every two years.
3. Recruit and recommend community members for consideration for appointment as provincial appointments to the Board.
4. Recommend measures to ensure the Board operates in a transparent and accountable manner.
5. Organize orientation and continuing education activities for Board members on an on-going basis.
6. Prepare an inventory of Board member knowledge and skills related to Board functions.
7. Conduct a Board self-evaluation and make recommendations for improvement in Board effectiveness and engagement every two years.
8. Recommend Board sub-committees and review their terms of reference every two years.
9. Establish a Nominating Committee to recruit and recommend appointment of the Medical Officer of Health/CEO.
10. Conduct a performance evaluation of the Medical Officer of Health/CEO annually, or as needed. The evaluation will be reviewed in detail with the Medical Officer of Health/CEO by the Board Chair and Chair of the Governance and Quality Assurance Committee. A summary will be prepared for the Governance Committee and the Board.
11. Identify opportunities for the Board to participate in collaborative governance opportunities within the community that will promote and protect the health of the population.
12. Plan generative discussions for Board meetings.
13. Ensure that the Board provides governance direction to the Medical Officer of Health/CEO about the activities of the organization outlined in the Good Governance and Management Practices Section of the MOHLTC Accountability Framework and Organizational Requirements.

HASTINGS PRINCE EDWARD PUBLIC HEALTH
POLICIES AND PROCEDURES

Section:	BOARD OPERATIONS
Policy:	Orientation and Education of the Board of Health
Approved by:	Hastings Prince Edward Board of Health
Date:	May 4, 2022

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 of Health Handbook.
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.

HASTINGS PRINCE EDWARD PUBLIC
HEALTH POLICIES AND
PROCEDURES

Section:	BOARD OPERATIONS
Policy:	Orientation and Education of the Board of Health

- 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.

AGENCY POLICY AND PROCEDURE MANUAL

Section: A-By-Laws and Board of Health Sub-Section: II Board Policies & Procedures	Policy Title: Board Orientation Policy Number: A II-27
Original date of policy: 1990-95; 1992-04; 1999-11; 2007-10; 2013-01	Date(s) of review: 2019-06
Approved by: Board of Health	Date(s) of approval: 2019-06

Purpose

To ensure that members of the Board have the knowledge necessary to effectively discharge their duties, as members of the Board of Health.

Policy

Board members shall receive an orientation to their roles and responsibilities as Board members and to KFL&A Public Health as an organization as soon as practical, following their appointments.

Procedure

1.0 Orientation Activities

- 1.1 The Medical Officer of Health shall provide an orientation session for new Board of Health members. The orientation may be provided to the entire Board, or to new members as they are appointed, depending on the Board's wishes.
- 1.2 Orientation activities shall occur on an on-going basis and shall include information on the following topics:
 - The agency's structure, vision, mission, and goals and objectives,
 - The agency's strategic plan, the planning process, its relationship to the operational plan, and performance monitoring,
 - Overview of the community's demographics,
 - The agency's operations, programs and services,
 - Current issues in the provincial public health system,
 - The provincial government structure and the funding streams of the three ministries,
 - The duties and responsibilities of board members, and
 - The fiduciary responsibilities in terms of trusteeship, due diligence, avoiding conflict of interest, maintaining confidentiality, strategic oversight, ethical and compliance oversight, stakeholder engagement, MOH compensation, risk management oversight, and succession planning.
- 1.3 Board members shall be given access to the Board of Health's secure website portal where documents relevant to Board member roles and responsibilities (e.g., OPHS and OPHOS, legislation, etc.), Board meeting packages, Board presentations, reference material, etc. are located.
- 1.4 The Medical Officer of Health shall arrange for additional orientation to particular aspects of KFL&A Public Health's operations for one or more members of the Board, or the entire Board, upon request.
- 1.5 Board members shall be invited to provide feedback on the orientation session.

2.0 Board Presentations

- 2.1 Board members shall receive ongoing orientation to KFL&A Public Health programs and services through management and staff presentations at the

beginning of most Board meetings. Suggestions for topics shall be solicited from members of the Board annually.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL	
Title/Subject: Risk Intelligence	
Policy Number: V-245-0	Original Date: June 22, 2017
Approved by: Board of Health	Revision Date:
Signature:	Reviewed Date:
Reference:	

Purpose:

To ensure that risk intelligence is used throughout the Health Unit to guide decision-making so that the Health Unit is able to take advantage of opportunities, and potential threats to the Health Unit's (HU) credibility, integrity, and ability to meet its objectives, or compromise the health and safety of its employees and/or our clients, and ensure that risks are assessed prevented, mitigated and controlled.

Definition:

Risk Intelligence is "The organizational ability to think holistically about risk and uncertainty, speak a common risk language, and effectively use forward-looking risk concepts and tools in making better decisions, alleviating threats, capitalizing on opportunities, and creating lasting values." (C. Berinstein, Senior Audit Manager, Health Audit Services Team, Ontario Internal Audit Division – Treasury Board Secretariat)

Policy:

- Risk management shall be embedded into Health Unit strategic planning, operational planning, performance management, and resource allocation decisions.
- Adverse events which occur shall be assessed for risks, and potential mitigating strategies shall be identified and implemented to decrease the risk of the event in the future.
- The Ontario Public Service Risk Management Framework (Appendix A) and the Five Step Risk Management Process (Appendix B) shall be used when conducting risk assessments and developing mitigation strategies.
- All significant risks facing the Health Unit shall be assessed and appropriate mitigation strategies identified (prevention, early detection, recovery/corrective), and reviewed annually by the Board of Health.
- Mitigation strategies for significant risks to the Health Unit shall be implemented and their evaluation reviewed annually by the Board of Health.
- Board of Health Directors and the Management Team shall have the knowledge and skills, appropriate to their roles and responsibilities, to implement risk management effectively.

Responsibilities:**Board of Health (through the Finance, Property and Risk Management Committee)**

- Oversees the risk management policy.
- Provides input on an acceptable level of risk (level/appetite for specific risks).
- Reviews reports on risks and mitigation strategies for acceptability, and identifies if additional measures are needed.
- Identifies any behaviour that may lead to excessive risk taking, and discuss it with the Medical Officer of Health/CEO.

Medical Officer of Health/CEO

- Ensures this policy is implemented, and reports on same to the Board of Health annually.
- Informs the Board of Health of medium or high residual risks that may impact the Health Unit's ability to meet its objectives, or compromise the health and safety of its employees and clients, as well as the control measures in place currently and any additional ones to be put in place.

Strategic Leadership Team

- Ensures a system of controls is in place to identify and prevent risks, identify and respond to threats quickly and effectively, and take advantage of opportunities that arise.
- Coordinates risk assessment, and mitigation of Health Unit wide risks.

Directors/Managers

- Facilitates risk intelligence training and capacity building among employees.
- Facilitates the use of the Five Step Risk Management Process, where appropriate.
- Develops and implements financial and other program controls to decrease risk.

Employees

- Identifies risk in daily work, and implements available control/mitigation measures for which the employee has the necessary knowledge, skill and resources. Notifies management of previously unidentified risks.

Consequences:

- The delivery of Health Unit programs and services could be compromised if risk is not identified and responded to appropriately. Serious occupational health and safety problems and legal liability may occur.

Revision History:

Revision	Date	Description of changes	Requested By

Appendix A Ontario Public Service Risk Management Framework

Risk Category	Description
People/ Human resources	Uncertainty as to the ministry's/business unit's ability to attract, develop and retain the talent needed to meet its objectives
Operational Service	Uncertainty regarding the performance of activities designed to carry out any of the functions of the ministry/unit, including design and implementation.
Political	Uncertainty of the events may arise from or impact any level of the government including the Offices of the Premier or Minister, e.g. a change in government political priorities or policy direction.
Privacy	Uncertainty with regards to the safeguarding of personal information or data, including identity theft or unauthorized access.
Security	Uncertainty relating to physical or logical access to data and locations (offices, warehouses, labs, etc.)
Stakeholder	Uncertainty around the expectations of the public, other governments, media or other stakeholders.
Strategic	Uncertainty that strategies and policies will achieve required results or that policies, directives, guidelines, legislation will not be able to adjust necessarily.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements. Uncertainty of the availability and reliability of technology. ²¹

Risk Category	Description
Compliance Legal	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts. May expose the ministry to the risk of fines, penalties, litigation.
Equity	Uncertainty that policies, programs, services have an equitable impact on the population.
Financial	Uncertainty of obtaining, using, maintaining economic resources, meeting overall financial budgets/commitments. Includes fraud risk.
Governance/ Organizational	Uncertainty of having appropriate accountability and control mechanisms such as organizational structures and systems processes. Systemic issues, culture and values, organizational capacity commitment, and learning and management systems, etc.
Information/ Knowledge	Uncertainty regarding the access to or use of accurate, complete, relevant and timely information. Uncertainty regarding the reliability of information systems.
Environment	Uncertainty usually due to external risks facing an organization including air, water, earth, forests. An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations. ²⁰

Appendix B Ontario Public Service Five Step Risk Management Process

INTEGRATED RISK MANAGEMENT QUICK REFERENCE GUIDE

The OPS risk management process



Step 1: State (or establish) objectives

- Define context and confirm objectives
- Risks must be assessed and prioritized in relation to the objective
- The more specific the objectives (specific goals, key milestones, deliverables and commitments) the easier it is to assess potential risks
- Risks can be assessed at any level; operational, program, initiative, unit, branch, health system

Risk (uncertainty)

The chance that a future event will impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy

Controls/mitigation strategies put in place by management to minimize negative risks or maximize opportunities.

Consequences

- Identify the specific consequences of each risk, if the risk in fact occurred
- Consider and quantify consequences in relation to cost, quality, time, etc.

Cause/Source of Risk

- Understand the cause/source of each risk
- Use a cause/effect diagram

Step 2: Identify risks & controls

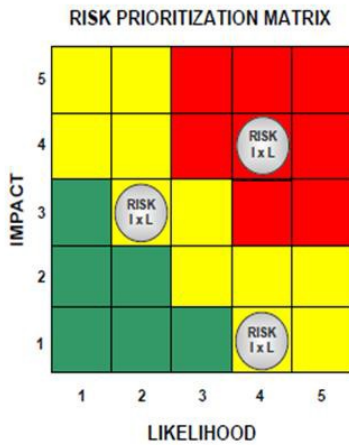
Identify risks - What could go wrong?

- Always use the 13 categories of risk
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Brainstorm with colleagues and/or stakeholders
- Increase awareness of new initiatives/agendas and regulations, consider interdependencies
- Document short-term and long-term consequences for each risk (consider interdependencies)

Identify existing controls - What do you already have in place?

- Preventative controls (address causes and source of risk)
- Corrective / Recovery controls (focuses on reducing impact after risk has occurred)

INTEGRATED RISK MANAGEMENT QUICK REFERENCE GUIDE



Step 3: Assess Risks & Controls

Assess inherent risks

- *Inherent likelihood* – Without any mitigation, how likely is this risk to occur?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?
- *Inherent Risk Prioritization* - Rate inherent likelihood, impact and proximity of the risk.
- *Risk Owner* - Identify the specific person accountable if the risk occurs. Involve Risk Owner if not already involved.

Assess existing controls

- *Controls* - Evaluate the effectiveness of existing mitigation strategies.
- *Control Owner* - Identify the person accountable for implementing specific control. Involve Control Owner if not already involved.

Reassess residual risks

- *Residual likelihood* – With existing mitigation strategies in place, how likely is this risk to occur?
- *Residual impact* – With existing mitigation strategies in place, how big an impact will this risk have on your objective?
- *Residual Risk Prioritization* - Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- Use the 'Risk Assessment Worksheet' available through the Integrated Risk Management Team.

Rating Scale

VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High

Step 4: Plan & Take Action

- For each of the 13 risk categories establish risk appetite and tolerances with senior management.
- Assess existing mitigation strategies have reduced the risk rating (Impact x Likelihood) so that the risk is below approved risk tolerance levels.
- Evaluate whether further mitigation strategies are needed.
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.
- Use the 'Action Plan Worksheet' available through the Integrated Risk Management Team.

Step 5: Monitor & Report

- Ensure processes are in place to review risk levels and the effectiveness of mitigation strategies
- Use risk indicators
- Monitor and report by asking:
 - Have risks changed? How?
 - Are there new risks? Assess them.
 - Do you need to report or escalate risks? To whom? When? How?
- The Integrated Risk Management Team can help you establish monitoring processes.

Key Risk Indicators (KRI)

- *Leading Indicators* - Early or leading indicators that measure sources or causes to help prevent risk occurrences
- *Lagging Indicators* - Detection and performance indicators that help monitor risks as they occur

Risk Tolerance

- The amount of risk that the entity can manage for the area being assessed.

Risk Appetite

- The amount of risk that the entity is willing to manage for the area being assessed.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH	
Terms of Reference	
Title: Finance, Audit, Property and Risk Management Committee	Original Date: September 10, 2015
Number: VI-60	Revision Date: May 21, 2020
Approved by: Board of Health	Reviewed Date: May 21, 2020

Purpose: To provide advice to the Board of Health, and the Medical Officer of Health/Chief Executive Officer (MOH/CEO) on the administration and risk management of matters related to the finances and facilities of the organization, including rental sites, in compliance with the Health Protection and Promotion Act, the Ministry of Health and Long-Term Care Ontario Public Health Standards.

Responsibilities: (*Ontario Public Health Standards item)

1. To review the annual general public health program cost-shared budget and the 100% funded program budgets and make recommendations to the Board.
2. To monitor the annual budget by reviewing quarterly financial statements and analyses and identify any concerns to the Board.
3. To review the annual financial statements (*) and auditor's report for approval by the Board and prepare a response to the comments in the Management Letter in collaboration with the MOH/CEO and Business Office Manager.
4. To review annually the types and amounts of insurance carried by the Health Unit and recommend changes as needed.
5. To review annually administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority(*) and recommend changes as needed.
6. To develop a capital funding plan (*), monitor the Health Unit's physical assets and facilities, and identify where improvements are needed.
7. To review annually all rental, service level, and funding agreements (*) and make recommendation as needed.
8. To meet at least annually with the Health Unit Portfolio Manager to review the corporation's investments, and to make recommendations to the Board accordingly.
9. To review the Board stipends annually (*) and make recommendations on any changes.
10. To recommend the method of allocating the municipal portion (*) of the budget to obligated municipalities.
11. To assess the current and future physical property requirements of the Health Unit.

12. To research and cost accommodation alternatives including new properties, capital improvements and construction projects.
13. To review building construction plans including additions and/or major alterations to existing buildings.
14. To review the financial risk management process of the Health Unit.
15. To review the risk management process of the Health Unit. Risk management is expected to include, but is not limited to: HR succession, IT risk, surge capacity planning, operational risks, and legal issues.

Composition:

- ☐ At least three Board members with one being the Board Chair, and at least one of the members being a municipal appointee and at least one being a provincial appointee when possible.
- ☐ The Chair and Vice-Chair of the Committee will be appointed by the Board with one member being a municipal appointee and the other a provincial appointee when possible.
- ☐ The Medical Officer of Health/CEO and the Manager, Business Office will be ex-officio, non-voting members of the committee.
- ☐ From time to time, as deemed necessary by the committee, the committee will retain independent advice regarding financial issues, subject to approval by the Board, and may invite other Board members to attend committee meetings in order to contribute their knowledge/skills to the work of the committee.

Terms of Membership:

- ☐ Members will be appointed for two terms renewable once; however this term can be extended depending on the interest of other Board members participating on the Committee. Where possible staggered terms will be maintained to ensure a balance of new and continuing members.

Structure:

- ☐ The Committee will meet at least two times per year in person or by video or teleconference, or at the call of the Chair of the Finance, Audit, Property and Risk Management Committee, the Board Chair or the Medical Officer of Health/CEO.
- ☐ Quorum requires a majority of the members be in attendance.
- ☐ The Executive Assistant to the Board will provide administrative support.
- ☐ The Chair will identify agenda items in collaboration with members.
- ☐ Information to be discussed at the meeting will be circulated in advance of the meeting.
- ☐ The Terms of Reference will be reviewed biannually.

Accountability and Decision Making: The Finance, Audit, Property and Risk Management Committee reports and makes recommendations to the Board of Health and to the Medical Officer of Health/CEO.

Responsibilities of members:

- ☐ Come prepared to the meetings.

- ☐ Follow the Board of Health Duties and Obligations of Members.

Communication

- ☐ The Chair of the committee will report on the work of the Finance, Audit, Property and Risk Management Committee at the next Board meeting.
- ☐ Briefing notes will be prepared for any recommendations to the Board, and they will be circulated in advance of the Board meeting.

Related References:

Ontario Public Health Organizational Standards

http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_std.pdf

Revision History:

Revision	Date	Description of changes	Requested By
	Jan 5/2016	Addition of risk management	Finance & property
	Jan 21/2016	Board of Health approval	
	Nov 23/2017	Name Change – Board of Health approval	Finance, Audit, Property and Risk Management
	Jan 25/2018	Change to composition and membership	Governance Committee
	June 6/2018	Addition of Vice Chair	Governance Committee
	May 21, 2020	Composition Update – one member being municipal and one member being provincial when possible.	Governance Committee

HASTINGS PRINCE EDWARD PUBLIC HEALTH TERMS OF REFERENCE

OFFICIAL COMMITTEE NAME: 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.

HASTINGS PRINCE EDWARD PUBLIC HEALTH
TERMS OF REFERENCE

- * 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.

HASTINGS PRINCE EDWARD PUBLIC HEALTH

TERMS OF REFERENCE

OFFICIAL COMMITTEE NAME: 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.

**HASTINGS PRINCE EDWARD PUBLIC
HEALTH
TERMS OF REFERENCE**

- * 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.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH	
Terms of Reference	
Title: Strategic Planning Steering Committee	Original Date: June 21, 2023
Number:	Revision Date: June 21, 2023
Approved by: Board of Health	Reviewed Date:

Purpose: To provide overall direction to the development of the Leeds, Grenville and Lanark District Health Unit 2023 – 2028 Strategic Plan to ensure that the plan:

- Responds to strengths, weaknesses, opportunities, and threats; both internally as well as our external environment
- Reflects public health unit priorities
- Is based on evidence of effectiveness and efficiency of interventions

Committee Responsibilities:

- Provide oversight for the process, including working with consultants.
- Review and make recommendations on drafts of the Strategic Plan, and recommend the final draft of the Strategic Plan document for Board of Health review and approval.

Responsibilities of members:

- To listen attentively and show respect to others
- To come prepared and read materials before the meeting
- To bring their perspective to the discussion
- To support the decisions of the group outside the Committee

Composition:

- Board of Health Membership:
 - Board Chair or Vice Chair
 - One member from the Lanark area
 - One member from the Leeds and Grenville area
- Medical Officer of Health
- All three directors, including the Chief Nursing Officer, who is also one of the directors
- Representation from community organizations or the public

Structure:

- Meetings will be chaired by the Board of Health Chair or Vice Chair.
- Meetings will be held at least every two months or at the call of the Chair.
- The Executive Assistant to the MOH/CEO will provide administrative support to the Committee, organize the meetings, send out the agenda and meeting materials in advance of the meeting, and take minutes.
- Each member may propose items for the agenda. They will be compiled by the Chair and distributed to members in advance of the meeting.

Accountability

- The Committee will report to the Board of Health
- Progress reports will be made at each Board of Health meeting

Decision-making Process

- All reasonable attempts will be made to achieve consensus on important decisions. As a decision-making process, consensus decision-making aims to be:
 - Congruent: All committee members adhere to the Health Unit beliefs and values: fairness, respect, excellence, accountability, integrity and caring.
 - Inclusive: All committee members are actively involved in the consensus decision-making process.
 - Participatory: The consensus process actively solicits the input and participation of all decision-makers.
 - Cooperative: Participants strive to reach the best possible decision for the group and all of its members, rather than opt to pursue a majority opinion, potentially to the detriment of a minority.
 - Egalitarian: All members are afforded equal input into the process. All members have the opportunity to present and amend proposals.
 - Solution-oriented: All members strive to emphasize common agreement over differences and reach effective decisions using compromise and other techniques to avoid or resolve mutually-exclusive positions within the group.
- If consensus cannot be reached within a reasonable timeframe as determined by the committee chairperson, or if a solution to a problem is not apparent after thorough discussion, decisions will be made by a recorded vote. All committee members will receive one vote and a motion will be carried if 51% of the members vote in favour of the motion.

Communication:

- The key messages from the meeting will be agreed to by the members, recorded by the Executive Assistant, and shared with the consultants, the Board of Health, and the Strategic Leadership Team.

Related References:

Revision History:

Revision	Date	Description of changes	Requested By
	New	Terms of Reference for Strategic Planning Steering Committee	

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

Section:	BOARD OPERATIONS
Policy:	Strategic Plan
Approved by:	Hastings Prince Edward Board of Health
Date:	May 4, 2022

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.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
BOARD OF HEALTH MANUAL	
Policy and Procedure	
Title: Vaccination	Original Date: March 2, 2023
Number:	Revision Date:
Approved by: Board of Health	Reviewed Date:
Assigned to: Original Signed	Review Classification:

Purpose:

The Board of Health at the Leeds, Grenville and Lanark District Health Unit is committed to taking every reasonable precaution for the protection from vaccine-preventable diseases, by decreasing the risk of these infections among its members.

This Policy is designed to exemplify the leadership role that Board members hold regarding health.

Definitions:

- **Up-to-date on vaccines:** Health Canada approved vaccines according to [Ontario's Publically Funded Immunization Schedule](#) and most current COVID-19 vaccine provincial guidelines.

Policy:

- All Board of Health members are highly recommended to be up-to-date on vaccines, as per [Ontario's Publically Funded Immunization Schedule](#) and most current COVID-19 vaccine provincial guidelines.

Related Internal**References: Related****External References:**

- Canadian Immunization Guide Evergreen Edition , Public Health Agency of Canada <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

Revision History:

Revision	Date	Description of changes	Requested By