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GOVERNANCE COMMITTEE MEETING AGENDA PACKAGE

TUESDAY, JULY 8, 2025

1:00 p.m. - 3:00 p.m. **Zoom/Kingston Site 221 Portsmouth Avenue**

Join Zoom Meeting

https://us06web.zoom.us/j/87341719602?pwd=WOTaYcYYigmE4bLexKk1W5bQcR0HSg.1

Meeting ID: 873 4171 9602

Passcode: 238057

Dial by your location

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

Hastings Prince Edward Public Health 179 North Park St. Belleville, Ontario K8P 4P1

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Leeds, Grenville & Lanark District Health Unit

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GOVERNANCE COMMITTEE AGENDA

Tuesday, July 8, 2025

1:00 p.m. (Board Room)

Expected attendance:

In-Person: Stephen Bird, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Mayor Jan

O'Neill, Barb Proctor, Warden Nathan Townend

Virtual:

Officers: Dr. Piotr Oglaza, Suzette Taggart

1. CALL TO ORDER

2. LAND ACKNOWLEDGEMENT

South East Health Unit is located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role and treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

ROLL CALL

4. APPROVAL OF THE AGENDA

MOTION: THAT the Governance Committee approve the agenda for the meeting of July 8, 2025 as circulated.

5. APPROVAL OF THE MINUTES

MOTION: THAT the Governance Committee approve the minutes of the meeting held on May 13, 2025 as circulated.

Hastings Prince Edward Public Health 179 North Park St. Belleville, Ontario K8P 4P1 613-966-5500 | 1-800-267-2803

613-966-5500|1-800-267-28 Fax: 613-966-9418 Kingston, Frontenac and Lennox & Addington Public Health

221 Portsmouth Ave. Kingston, Ontario K7M 1V5 613-549-1232 | 1-800-267-7875 Fax: 613-549-7896 Leeds, Grenville & Lanark District Health Unit 458 Laurier Blvd. Brockville, Ontario K6V 7A3

613-345-5685 | 1-800-660-5853

Fax: 613-345-2879

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

7. **BUSINESS ARISING:**

- 7.1. Information Item Brent Feeney's response regarding Remuneration
- 7.2. Draft SEHU Board of Health Self-Evaluation Dr. Oglaza

8. **NEW BUSINESS**:

8.1. Election of Vice Chair - Robin Jones

MOTION: THAT the Governance Committee elect _____ as Vice-Chair for the remainder of 2025.

- 8.2. SEHU Board of Health Policies reviewed by Amy Dale Robin Jones
 - 8.2.1. Reserve Fund Policy Suzette Taggart
 - 8.2.2. Appointment of External Advisors

MOTION: THAT the Governance Committee forward the Reserve Fund Policy and Appointment of External Advisors Policy to the Board of Health for approval.

8.3. Briefing Note - Adding Items to a BOH Agenda - Dr. Oglaza

MOTION: THAT the briefing note Adding Items to a BOH Agenda be forwarded to the Board of Health for information.

8.4. Governance Committee Work plan - Dr. Oglaza

MOTION: THAT the Governance Committee endorse the 2025 work plan.

- 8.5. Verbal Update on BOH Training with David Hartley Robin Jones
- 8.6. Next Governance Committee Meeting Robin Jones

9. **ADJOURNMENT**

MOTION: THAT the meeting adjourn at ____ p.m.

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GOVERNANCE COMMITTEE OPEN SESSION MINUTES

Tuesday, May 13, 2025

1:00 p.m. (Lanark Room)

Minutes of the meeting of the Governance Committee held at 458 Laurier Blvd., Brockville, ON, in-person and through Zoom.

In attendance:

In-Person: Stephen Bird, Councillor Judy Greenwood-Speers, Mayor Jan O'Neill

Virtual: Chair Robin Jones, Barb Proctor, Warden Nathan Townend

Officer: Dr. Piotr Oglaza

1. CALL TO ORDER

Chair R. Jones called the meeting to order at 1:00 p.m.

2. LAND ACKNOWLEDGEMENT

Spoken by Chair R. Jones.

3. ROLL CALL

Roll call was taken by Recorder, H. 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 May 13, 2025 as circulated.

CARRIED

5. APPROVAL OF PREVIOUS MEETING MINUTES

It was MOVED by Mayor J. O'Neill and SECONDED by S. Bird THAT the Governance Committee approve the minutes of the meeting held on April 8, 2025 as circulated.

CARRIED

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

No conflicts were declared.

7. BUSINESS ARISING:

7.1. Legacy Board of Health Self-Evaluations

The three Board of Health self-evaluation documents from each legacy health unit fulfill the purpose to ensure board member functioning and board governance, with much of the information based on the alPHa BOH Governance Toolkit. A starting point for the BOH self-evaluation for the SEHU is to identify which evaluation resonates best with the group and to provide a combined document for the new entity.

It was MOVED by Warden N. Townend and SECONDED by Councillor J. Greenwood-Speers that staff review the three legacy BOH self-evaluations, blend common areas, and suggest new areas that may be relevant to a new Board.

CARRIED

ACTION: Dr. Oglaza will ask staff to prepare a survey based on the commonality of questions from the three surveys presented and bring back to the Governance Committee in June or July.

When the draft has been prepared that looks at commonalities the group will discuss some elements of self-evaluation such as team cohesiveness. The self-evaluation survey will track improvement and progress.

7.2. Provincial Risk Management Documentation and Discussion

7.2.1. alPHa BOH Governance Toolkit

The Ontario Internal Audit Division developed the *Risk Management Strategy & Process Toolkit*, which has been incorporated into the alPHa BOH Governance Toolkit.

Historically staff at all three legacy health units reviewed the categories of risk and assigned a risk score based on the prioritization matrix which was presented to the Board of Health as an update through Board of Health meetings on the high-risk categories.

Members discussed using the same approach with the SEHU Board and asked that the high risks identified are areas that the Board has influence over and that they be weighted appropriately. The suggestion was made to also include medium risks so that they can be mitigated and eliminated before they become high risk.

Members discussed considering communication risks such as AI and collection of data. Dr. Oglaza advised that there is an important distinction; there are things within the Board's control or are there things that are not within anyone's control. The purpose of this tool is to share with the Board the domains that are perceived as high risk, what is being done to mitigate that risk and what the residual risk is.

DECISION: High risk categories will be brought to the Board. Medium risks will be brought to the Board if they are within the Board's control and scope and the Board has a role in decreasing the risk.

7.2.2. Risk Intelligence Policy

Members discussed looking at the LGL Risk Intelligence Policy and adding language to it to reflect today's discussion.

ACTION: The LGL Risk Intelligence Policy will be updated to include information from the BOH Governance Toolkit.

It was MOVED by Mayor J. O'Neill and SECONDED by S. Bird that the Board follow the alPHa BOH Governance Toolkit to include additional material recommended by the SEHU Board of Governance.

CARRIED

7.3. Strategic Planning and Merger Funding

Dr. Oglaza confirmed that strategic planning expenses are eligible for merger funding from the province. Members requested that strategic planning be done as soon as possible.

7.4. Update on Meeting with Brent Feeney regarding Remuneration

The remuneration as it stands under the HPPA only applies to provincial appointees and the board chair and does not apply to municipal members appointed by their municipalities. Brent Feeney will provide a written response.

8. NEW BUSINESS

8.1. Updated Secondary Items Comparison Chart

The secondary items comparison chart was updated to reflect the work done by the Governance Committee to date. Two outstanding secondary items are being discussed today.

8.1.1. Board of Health Self-Evaluation Policy

There is a legacy HPE policy that states a BOH self-evaluation should be done every two years and outlines when it is introduced and collected.

It was MOVED by Mayor J. O'Neill and SECONDED by Warden N. Townend that the Governance Committee recommend that the SEHU Board of Health implement the HPE Board of Health self-evaluation process.

CARRIED

ACTION: H. Bruce to update BOH self-evaluation policy and take it to the June 25, 2025 BOH meeting for approval.

8.2. alPHa Training Briefing Note

The original discussion at Governance was to look at an external trainer to provide team building training. A date is yet to be determined and the desire is to have training before the summer. David Hartley is not available on June 25th to provide training, so being presented to Governance and the Board for consideration is alPHa training to be provided by Loretta Ryan and Monica Turner who are available on June 25th.

It was MOVED by Warden N. Townend and seconded by Councillor J. Greenwood-Speers THAT the Governance Committee recommend to the Board of Health that the Association of Local Public Health Agencies (alPHa) training session take place on June 25, 2025.

CARRIED

ACTION: The briefing note will be taken to the May Board for their consideration.

BOH governance is more suited as a first session. Directors will be invited to attend the alPHa BOH training and it will be held in Kingston. Lunch will be provided and members should make an effort to attend in-person.

ACTION: Dr. Oglaza will explore location for alPHa BOH Training and provide an update at the May BOH meeting.

8.3. Review of Running Amendment List for the Board of Health

Amendments will be taken to the Board in June and November. The track changes adding Vice Chair to the Finance and Governance Committee terms of reference were reviewed along with changes to By-law #1.

It was MOVED by Mayor J. O'Neill and SECONDED by Barb Proctor that the recommended amendments to the terms of reference and By-law #1 be taken to the Board on June 25, 2025 for approval.

CARRIED

8.4. Approach to Meeting with MPP's Discussion

A meeting is scheduled with MPPs on June 10th from 1-2 pm to discuss public health funding and the historical provincial underfunding of legacy LGL. There is also a Governance Committee meeting scheduled on June 10th which will be a separate meeting.

Members discussed extending an invitation to all board members, however once quorum is reached (10 people) this becomes a Board of Health meeting and is a public meeting. The question was raised if this should be an in-camera BOH meeting chaired by Mayor J. O'Neill.

ACTION: Dr. Oglaza and Mayor J. O'Neill will contact Amy Dale to determine if there are provisions under the Municipal Act that would allow for an in-camera meeting.

Once quorum is reached it becomes a public meeting which changes the dynamic with MPP's. If there are no provisions under the Municipal Act for an in-camera meeting a smaller meeting could be held without the full Board.

8.5. Branding Discussion

It was MOVED by Warden N. Townend and SECONDED by Barb Proctor THAT the Governance Committee recommend the endorsement of the public-facing names Southeast Public Health (SEPH) and Santé publique du Sud-Est (SPSE).

CARRIED

The motion was carried unanimously.

9. ADJOURNMENT

It was MOVED by Warden N. Townend and SECONDED by Councillor J. Greenwood-Speers THAT the meeting adjourn at 2:13 pm.

CARRIED

Dr. Oglaza,

We've reviewed and discussed further, and elected municipal Board of Health members cannot be paid additional remuneration (other than what they are paid as a municipal councillor) due to section 49(11) of the Health Protection and Promotion Act.

Hope this helps clarify things on your end.

Thanks Brent

Brent Feeney

Director | Accountability and Liaison Branch Office of Chief Medical Officer of Health, Public Health Ministry of Health | Ontario Public Service 416-671-3615 | Brent.Feeney@ontario.ca



Taking pride in strengthening Ontario, its places and its people

From: Piotr Oglaza < Piotr.Oglaza@kflaph.ca > Sent: Tuesday, April 15, 2025 3:51 PM

To: Feeney, Brent (MOH) < Brent.Feeney@ontario.ca>

Cc: rjones < rjones@villageofwestport.ca>; joneill@marmoraandlake.ca; O'Neill, Jan < oneillj@hastingscounty.com>; Bruce, Heather (MOH) < heather.bruce@healthunit.org>

Subject: SEHU BOH members' stipend question

CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.

Hi Brent,

Would you be available for a meeting with our BOH Governance Committee chair Mayor Robin Jones and I to discuss the approach to BOH members' stipends?

This came up as part of our governance committee work on BOH remuneration policy. We would like to discuss options for compensating BOH members, specifically municipal representatives, for merger related work at the committee and board level outside of the current framework set by HPPA.

Please let us know your availability.

Thank you,

Dr. Piotr Oglaza (he/him), MD, CPHI (C), MPH, CCFP, FRCPC Medical Officer of Health/Chief Executive Officer

Phone: <u>613-549-1232</u>, ext. <u>1147</u>

Toll-Free: <u>1-800-267-7875</u> Fax: <u>613-549-7896</u> piotr.oglaza@kflaph.ca

South East Health Unit (formerly KFL&A Public Health) 221 Portsmouth Avenue Kingston, Ontario K7M 1V5 www.kflaph.ca

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KFL&A Public Health is situated on the traditional territories of the Anishinaabe and Haudenosaunee.

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Board of Health Self-Evaluation Date

This survey gives Board members a chance to reflect on how the Board is doing as a governance body and to identify possible areas to improve.

Your participation in this survey is voluntary. We are, however, hopeful that all Board members will participate in this important feedback process.

Please answer the questions with full candour, knowing that your responses will remain confidential. All results will be grouped together and will not contain any individual information.

We hope that this survey will help the Board to set priorities and motivate us to work even more effectively together to fulfill our responsibilities as Board of Health members.

The survey results will be presented at the _____ Board of Health meeting.

For each statement, please check the response that best describes your opinion.

BOARD ROLES AND RESPONSIBILITIES													
1. The Board	understands/perfo	orms its role in fina	incial oversight.										
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
2. The Board	2. The Board understands/performs its role in strategic planning.												
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
3. Board members have adequate knowledge of the Board's responsibilities.													
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □									
4. Board mei	mbers demonstrate	e a clear understan	ding of the role of th	e Board.									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □									
			he role of the Medic	al Officer of									
Health/CE	O and the Executiv	_		<u>, </u>									
Strongly Agree 🗆	_	Disagree \square	Strongly Disagree \Box	Not Sure □									
		ittees needed to m	naximize Board efficion	ency. (i.e.									
•	overnance)	T	1										
Strongly Agree \Box	Agree 🗆	Disagree 🗆	Strongly Disagree \Box	Not Sure \Box									
7. The Board	is adequately prep		n emergency situation	n.									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
8. The Board agency po		's performance in a	a systematic way in a	ccordance with									
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
9. The Board	focuses primarily	on governance issu	es and does not beco	me overly									
involved in	n management/op	erational issues.											
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □									
10. The Board	has adequate info	rmation to approve	e the annual budget.										
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
11. The Board	receives adequate	information on ag	ency compliance wit	h applicable									
legislation	•												
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
12. Board mei	mbers are familiar	with the HPPA and	the Board of Health	by-laws and									
policies th	at govern the Boar	d of Health.											
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
			lerstanding of the org	= -									
requireme	ents of the Board of	f Health as set out	in the Ontario Public	Health									
Standards	 Organizational R 	equirements.											
Strongly Agree \Box	Agree 🗆	Disagree \square	Strongly Disagree \Box	Not Sure \Box									

14. Board me liabilities.	mbers are aware of	f their powers, lim	itations, restrictions	and legal								
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
15. What suggestions would you make to clarify the roles and responsibilities of BOH members?												
	PO/	ADD DECISION MA	VINC									
BOARD DECISION-MAKING 1. The Board has appropriate input into the development of the agenda.												
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box								
			on about agenda itei	ns.								
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \square								
3. The Board	l uses sound decision	on-making process	es.									
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
		,	ard decision-making									
	-	BOARD AWARENE										
organizati	is well-informed a on through program	BOARD AWARENE nd kept up-to-dat n presentations a	SS e about the operatio nd MOH Verbal Upda	ns of the								
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OVERALL FUNCTIONING													
1. Board members work well together.													
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
Board members participate in effective orientation and avail themselves of opportunities for ongoing education.													
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
	3. In order to actively participate in BOH meetings, members thoroughly review materials in advance of the meeting.												
Strongly Agree 🗆	Agree □	Disagree □	Strongly Disagree \Box	Not Sure □									
BOARD OF HEALTH INFORMATION SHARING AND RESOURCES													
				LJ									
1. Board members find the SEHU Board Orientation Binder helpful.													
Strongly Agree 🗆	Agree 🗆	Disagree 🗆	Strongly Disagree										
•			ent as an electronic	document rather									
•	ing an actual binde												
Strongly Agree	Agree 🗆	Disagree 🗆	Strongly Disagree 🗆	Not Sure 🗆									
3. Tuse my C	rientation binder (_	ld new information	as I get it.									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure 🗆									
4. I am able to proposals.	•	e, and assess finan	ncial information, re	ports, and									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure 🗆									
I understa the organi		surement and eval	uation of programs	and services of									
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
6. What sugg	gestions might you	have to improve ti	he process of inforn	nation sharing?									
		MEETINGS											
1. Meeting n Board me			dvance to be thoro	ughly reviewed by									
Strongly Agree \square	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
			embers to participat										
	and make an infor		, , , , , , , , , , , , , , , , , , ,										
Strongly Agree \Box	Agree □	Disagree □	Strongly Disagree \Box	Not Sure □									
			me for discussion o	f decision items.									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
4. The Board	deals with in-came	era business appro	priately.										

Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \square									
5. Use of Zo o	om technology is w	orking well for me	etings.										
		_	_										
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □									
			sitive and respectfu										
		ar ar ge ar a p o											
Strongly Agree \Box	Agree □	Disagree □	Strongly Disagree 🗆	Not Sure \Box									
37 3	<u> </u>	1 2 2	1 3,										
	DOADD DELATIONS												
BOARD RELATIONS													
1. There is sufficient time allocated for the full discussion of issues at Board meetings.													
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box									
2. Board me	mbers have adequa	ate opportunities t	o ask questions at B	Board meetings.									
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure □									
3. As a Board	d member, I feel co	mfortable asking a	probing question.										
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure □									
4. As a Board	d member, I feel co	mfortable raising a	n issue that might l	be unpopular.									
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
5. A climate	of mutual trust and	respect exists am	ong Board member	s.									
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
6. A climate	of mutual trust and	respect exists bet	ween the Board an	d CEO.									
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
7. A climate	of mutual trust and	respect exists bet	ween the Board an	d staff.									
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
8. A climate	of mutual trust and	respect exists bet	ween the Board of	Health and the									
Executive													
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
9. Board me	mbers assist in dev	eloping and mainta	aining positive relat	ions with key									
stakehold	ers.												
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
10. Board me	mbers are active in	promoting a posit	ive image of the age	ency in the									
communit	y.												
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box									
11. Are there	any areas for impro	ovement in Board (of Health relations?										
	- •												

			BOARD CHAIR									
1.	The Board	Chair conducts the	meeting in a way	that moves the bus	iness of the							
	Board forv	vard.										
Strongly	Agree \square	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box							
2.	The Board	Chair allows adequ	ate time for all sid	les of an issue to be	heard and							
	debated a	nd encourages part	icipation.									
Strongly	Agree \square	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \square							
<i>3</i> .	The Board	Chair and the Boar	d demonstrates ur	nderstanding of the	Chair's role as							
	the spokesperson for the Board.											
Strongly	Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box							
		PLAI	NNING AND PRIOR	ITIES								
1.	As a Board	l member, I am awa	are of the annual g	oals, priorities and	responsibilities							
	of the age	ncy.										
Strongly	Agree 🗆	Agree 🗆	Disagree \Box	Strongly Disagree \Box	Not Sure \Box							
2.	The Board	is familiar with the	organization's and	nual budget plannir	ng process and is							
	clear with	its role.										
Strongly	Agree 🗆	Agree 🗆	Disagree \Box	Strongly Disagree \Box	Not Sure \Box							
3.	The Board	ensures the agenc	y's strategic plan is	being implemente	d.							
Strongly	Agree 🗆	Agree 🗆	Disagree \Box	Strongly Disagree \Box	Not Sure \Box							
4.	The Board	ensures the agency	y's strategic plan is	considered when r	naking Board							
	decisions.	· ·			J							
Strongly	Agree 🗆	Agree \square	Disagree \Box	Strongly Disagree \Box	Not Sure \Box							
5.	The Board	has a good unders	tanding of how the	organization spend	ds its financial							
	resources.		_									
Strongly	Agree 🗆	Agree 🗆	Disagree \Box	Strongly Disagree \Box	Not Sure \Box							
6.	The agenc	y has appropriate p	olicies and proced	ures in place to ma	nage risk.							
Strongly	Agree □	Agree □	Disagree \Box	Strongly Disagree 🛭	Not Sure \Box							
				s that will help the								
7.			ents or suggestions	s that will help the	воиги ој пеинн							
	mcrease It.	s effectiveness?										

ORGANIZATION MISSION, VALUES AND STRATEGIC PLAN										
1. I know the	e organization's visi	on and understand	l my role in ensurin	g this vision is						
realized.										
Strongly Agree 🗆	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box						
	e organization's mis	ssion and understa	nd my role in ensur	ing this mission is						
realized.		T	T							
Strongly Agree 🗆	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure 🗆						
3. I know the	e four values of the	organization.								
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure 🗆						
		,	alues of the organi							
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box						
5. I know the	e organization's five	e strategic priorities	s.							
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box							
6. I have a clo strategic p	_	of how the organiz	ation is going to ac	hieve the five						
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box						
7. I have a clo	ear understanding	of how the organiz	ation measures suc	ccess.						
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box							
8. I am confid	dent the organizati	on identifies areas	of improvement ar	nd continually						
works to n	nake improvement	s.								
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box						
= =	-		have had the oppor	rtunity and skills						
to contrib	ute to the success o									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure 🗆						
_	_	is vitally important	to the organization	n. How can we						
improve th	his process?									
		IMUNITY ENGAGEN								
1. The role o	f the organization i	s well known in ou	r community.							
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box						
2. Our comm	nunity is aware of t	he programs and se	ervice provided by t	the organization.						
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box						
3. Board mer	mbers are well equ	ipped to speak pub	licly about the role	of Public Health						
and the pr	ograms and service	es it provides.								
Strongly Agree \Box	Agree 🗆	Disagree \Box	Strongly Disagree \Box	Not Sure \Box						

4. Engageme												
4. Engagement with municipalities is a priority and the organization currently engages with municipalities in a satisfactory way.												
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
5. The organ	ization is a valued	resource and partn	er in our local com	munities.								
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
6. Public Hea	,		n key stakeholders.									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
7. Public Hea	alth staff at all leve	ls are engaged witl	n the community.									
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \square								
8. Are there	any areas of impro	vement for the org	anization to engag	e with our								
communit	ies and key stakeh	olders?										
		SONAL COMPETEN										
1. I know wh	y I am investing m	y time in the Board	l of Health.									
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
		_	Health and utilize	-								
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \square								
3. I feel the I	Board of Health wo	orks as a team.										
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
4. I feel com	fortable asking que	estions when I don'	t fully understand t	he issue.								
Strongly Agree 🗆	Agree 🗆	Disagree □	Strongly Disagree 🗆	Not Sure 🗆								
			Strongly Disagree ☐ s for the role of a Bo									
5. I am able member.	to identify my pers	onal training need	s for the role of a Bo	oard of Health								
5. I am able to member. Strongly Agree Ø	to identify my pers	onal training need	s for the role of a Bo	oard of Health Not Sure □								
5. I am able to member. Strongly Agree Ø	to identify my pers	onal training need	s for the role of a Bo	oard of Health Not Sure □								
5. I am able to member. Strongly Agree Ø	to identify my pers	onal training need	s for the role of a Bo	oard of Health Not Sure □								

LEADERSHIP											
1. Board members arrive at meetings on time and are prepared to participate fully, to											
discuss, debate, and make decisions.											
Strongly Agree \square Agree \square Disagree \square Strongly Disagree \square Not Sure \square											
2. Board members support and encourage others in the group to participate fully.											
Agree \square	Disagree \square	Strongly Disagree $oxtimes$	Not Sure \Box								
nbers tolerate diffe	erences of views an	d opinions.									
Agree □	Disagree \square	Strongly Disagree□	Not Sure \square								
l member, I am abl	e to identify and ar	nalyze group proble	ems and conflicts,								
eative solutions.											
Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box								
l member, I am con	fident in my ability	to express myself	and represent								
to Board members	during discussions.	•									
Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \square								
ents I would like to	suggest for the Bo	ard of Health.									
	Agree Magree Mag	mbers arrive at meetings on time and abate, and make decisions. Agree Disagree mbers support and encourage others in Disagree mbers tolerate differences of views are member, I am able to identify and are eative solutions. Agree Disagree member, I am confident in my ability to Board members during discussions. Agree Disagree members during discussions.	mbers arrive at meetings on time and are prepared to participate, and make decisions. Agree □ Disagree □ Strongly Disagree □ mbers support and encourage others in the group to participate to differences of views and opinions. Agree □ Disagree □ Strongly Disagree □ member, I am able to identify and analyze group problementive solutions. Agree □ Disagree □ Strongly Disagree □ member, I am confident in my ability to express myself to Board members during discussions.								

ADDITIONAL COMMENTS

- 1. Our greatest strengths as a Board are: (list up to three)
- 2. Our greatest challenges as a Board are: (list up to three)
- 3. What priorities should occupy the Board's time and attention during the coming year or two? (list up to three)
- 4. How could the Board's organization or performance be improved in the next year or two? (List up to three)

Other

- 1. I know the four key stakeholders the organization identified in their Community Engagement Action Plan.
- 2. Is there anything you think the organization could do better if there is another pandemic?
- 3. New Board members are recruited on the basis of skills, knowledge, experience and required qualities and reflect the diversity of the community served. This includes Board members appointed by the Province and Municipal members appointed by their municipality.

ADMINISTRATIVE POLICY MANUAL

Subject: Reserve Fund Policy Number: xx-xxx

Issued by: Board of Health Page: 1 of 2 Original Issue: 2025 05

Revised:NEW/yyyy.mm

PurposeIntroduction

To provide guidance on the establishment, maintenance, and use of reserve funds at South East Health Unit (SEHU) to ensure a transparent and accountable financial resources process.

Policy and Procedure

- The Board of Health (BOH) has the power under s. 417(1) of the Municipal Act, 2001 to establish and maintain reserve funds for contingency, emergency, or other unforeseen expenditures that are necessary for the proper functioning of SEHU and for future capital requirements.
- 2. Any reserve fund(s) will be established by resolution of the BOH. Except as otherwise expressly provided for herein, contributions to and withdrawals from the reserve fund(s) will be approved by the Medical Officer of Health (MOH) / Chief Executive Officer (CEO) within their Executive Spending Limit of \$250,000 and all contributions to and withdrawals above the MOH/CEO Executive Spending Limit will be approved by resolution of the BOH.
 - 4. Once reserve funds are accessed by the MOH/CEO within their Executive Spending Limit they must inform the BOH of the amount of reserve funds used, the purpose for the use of the reserve funds, identify which reserve fund was accessed, and provide any further information such as replenishment and maintenance of adequate financial reserves.
- 2.3. Establishing and maintaining Thisreserve funds will enable the agencySEHU, through the BOH, the Medical Officer of Health (MOH) / Chief Executive Officer (CEO) and staff, to perform its functions and fulfill its obligations under the Health Protection and Promotion Act, the Ontario Public Health Standards, and any other applicable legislation, regulation, standard or policy. SEHU will comply with the requirements of funding sources and will follow generally accepted Canadian accounting principles for non-profit organizations.
- 3.4. Audited financial statements shall be presented to the BOH annually that contain information about each reserve fund balance and changes to that balance during the year. SEHU shall endeavour to offset any unexpected expenditures within the annual operating budget for all programs and services, where possible, without jeopardizing programs. When there is an exceptional cost in a given year that cannot be paid out of the annual operating budget, the appropriate reserve fund may be used to mitigate undue hardship on program delivery.
- 5. Without limiting its ability to establish and maintain other reserve funds,

6

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Commented [AD1]: I note that the draft does not contain any express limits on the total contributions to the reserves funds in any given year nor in their total accumulated value. I assume this was intentional and done with the support of the Governance Committee. Is the language in 3. about complying with GAAP for non-profits intended to cover this without expressly covering it?

Are you expecting any push back form the obligated municipalities?

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ADMINISTRATIVE POLICY MANUAL

Subject: Reserve Fund Policy Number: xx-xxx

Issued by: Board of Health Page: 2 of 2

Original Issue: 2025 05 Revised: NEW/yyyy.mm

7.A. __the BOH will establish and maintain a General Operating Reserve which shall be stablished and maintained as set out below:

8.

8.1 (i) General Operating Reserve

The General Operating Reserve shall be funded from retainable surplus funds generated through operations. Drawing funds from this reserve fund will be approved by the MOH/CEO when within their Executive Spending Limit; otherwise, the BOH will approve the use of funds. The MOH/CEO will inform the BOH and make them aware of the situation. One separate bank account will be established to manage and track funds related to the General Operating Reserve and will be separately tracked in the financial system.

B. The BOH may, from time to time, establish Restricted Reserve(s) Funds which shall be established and maintained as follows:

3.2

(i) Restricted Reserve Fund(s)

Circumstances may arise where funds received or generated must be used for a specific purpose and will need to be 'parked' for a period of time until spent. In these situations, a unique reserve will be created. One separate bank account will be setup to track all Restricted Reserve(s). In the financial system each unique reserve fund will be tracked separately. Drawing funds from this reserve(s) fund will be approved by the MOH/CEO when within their Executive Spending Limit; otherwise, the BOH will approve the use of funds. The MOH/CEO will inform the BOH and make them aware of the situation.

Additional Information

 As required pursuant to s. 417(2) of the Municipal Act, 2001 and s. 52(4) of the Health Protection and Promotion Act, the BOH shall seek the consent of the councils of the majority of the municipalities within the health unit served by the BOH prior to establishing any reserve fund for the purpose of acquiring real property.

References

Health Protection and Promotion Act Municipal Act, 2001 Formatted: Numbered + Level: 1 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 1.27 cm + Indent at: 1.9 cm

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Commented [AD2]: What about withdrawals from the reserve fund that exceed the MOH/CEO's authorized spending limit? Should we not note that those will have to go to the BOH for approval or at least include language that references the MOH/CEO's Execution Limitations policy?

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ADMINISTRATIVE POLICY MANUAL

Subject: Reserve Fund Policy	Number:	хх-ххх
Issued by: Board of Health	Page: Original Issue Revised:NEW	
Ontario Public Health Standards		
Related Documents		
Authorizing Signature:		
Dr. Piotr Oglaza Medical Officer of Health & Chief Executive Officer		

SOUTH EAST HEALTH UNIT BOARD OF HEALTH POLICIES AND PROCEDURES

POLICY: Appointment of External Advisors Original Date: July 23, 2025

NUMBER: BOH-2025-05 Revised Date: July 23, 2027

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 (BOH's) oversight, accountability, and stewardship responsibilities.

POLICY:

External advisors may be retained by the Medical Officer of Health/Chief Executive Officer (MOH/CEO) or designate, as required, subject to the availability of budget and applicable procurement policies of the organization. The BOH will make such appointments in accordance with all applicable legislation and its own By-Laws.

Such advisors may include, but are not limited to the following:

- (i) Legal Counsel,
- (i) Financial Advisors,
- (ii) Accountants or Auditors,
- (iii) Engineers or Property Managers, and
- (iv) Management and Human Resource Consultants.

External advisors will be licensed under the appropriate governing body, where such exists, and will be at arms-length from the members of the BOH.

PROCEDURE:

External advisors, within their area of expertise, shall:

- (i) Perform duties as may be required by the Board, the MOH/CEO or designate,
- (ii) Have a right to access, as required, during reasonable hours, all books, records, documents, accounts, and vouchers of the BOH and SEHU as required in order to complete their duties,
- (iii) 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.
- (iv) 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.
- (v) Complete an Oath of Confidentiality and Statement of Privacy, if deemed appropriate.
- (vi) Enter into a Contract for Service, as deemed appropriate.
- (vii) Be regularly evaluated for the quality of service in relation to the contract terms and receive clear expectations and performance feedback.

Commented [AD1]: Note that you are required to have an auditor and must pass a by-law in respect of the appointment of an auditor as per s. 56(1) of the HPPA. We incorporated that into your By-Law No. 2

Commented [AD2]: What about from senior management?

— formerly -







Board of Health Governance Committee Briefing Note

То:	South East Health Unit Governance Committee
Prepared by:	Heather Bruce, Executive Assistant
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	July 8, 2025
Subject:	Adding an Item to the Board of Health Agenda
Nature of Board Engagement	 ☑ For Information ☑ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	Clarification of Process
Background and Current Status	At the May 28, 2025 Board of Health meeting a question was raised regarding how board members can add an item to the Board of Health agenda. Robert's Rules of Order outlines the following:
	"For a proposed agenda to become the official agenda for a meeting, it must be adopted by the assembly at the outset of the meeting.
	At the time that an agenda is presented for adoption, it is in order for any member to move to amend the proposed agenda by adding any item that the member desires to add, or by proposing any other change.
	It is wrong to assume, as many do, that the president "sets the agenda." It is common for the president to prepare a proposed agenda, but that becomes binding only if it is adopted by the full assembly, perhaps after amendments as just described." (RONR (10-th ed.,), p. 363,1.8-20; see also p. 16 of this book)
	According to South East Health Unit's By-law #1 Section 32 Agenda: "Any member wishing to introduce business additional to that set out in the agenda must make the request during the "Approval of the Agenda" portion of the agenda and must receive unanimous consent by the members present to introduce additional business. If unanimous consent is not obtained, the member may give notice of motion to discuss the business at the next regularly scheduled meeting of the Board. The motion must be seconded."
	If a board member wishes to add an item to the Board of Health agenda at the meeting there are established practices as outlined in Robert Rules and By-law

#1 as presented above. If however a board member wishes to add an item to the Board of Health agenda in advance of the Board of Health meeting the following criteria could be considered:

• Submit agenda item in advance to the Board Chair and Medical Officer of Health

• Allow sufficient lead time before the scheduled meeting for staff to prepare the agenda. (i.e. 2 weeks)

• Item should pertain to the Board's governance, oversight, or fiduciary duties

• Item should be of sufficient importance to warrant Board discussion and potential action

• Agenda item should include any necessary supporting documentation, background information, and clearly stated objectives

| Clarify for Board members the process for adding an item to the Board of Health agenda.

SOUTHEAST HEALTH UNIT GOVERNANCE COMMITTEE WORKPLAN 2025

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Status
Nomination of Chair and Vice Chair – prepare a list of qualified candidates to be presented for election at the first Board meeting of the year	Х												Completed
Review Board policies, by-laws and Committee terms of reference every two years													
 Running Amendment List taken to the Board 						х					х		Ongoing
 Creation of By-Laws #1, #2 and #3 	х												Completed
 Creation of Terms of Reference for Governance and Finance Committees 	х												Completed
Creation of new SEHU policies					х		х		х	х	х	х	Ongoing
Conduct performance evaluation of MOH/CEO at a minimum every two years													2026
Prepare a Board member knowledge and skills inventory related to Board Functions										Х			
Conduct Skills Inventory Survey											х		
Organize orientation and continuing education and training for Board members						х			х				alPHa Governance Training – June 25 2025 Further training slated for Sept 24 2025
Creation of SEHU Orientation Binder											х		Ongoing

SOUTHEAST HEALTH UNIT GOVERNANCE COMMITTEE WORKPLAN 2025

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Status
Conduct Board self-evaluation and make											х		
recommendations for improvement every													
two years.													
Ensure risk management program is in									Х				
place and reviewed regularly.													
Report to the Board conflict of interest												Х	
matters as necessary.													
Recruit and recommend community													Dependent on
members for consideration for													vacancies.
appointment as provincial appointees to													
the Board.													
Develop an annual Committee budget and										Х			
submit it to the MOH to be included in the													
overall Board of Health's budget.													
Monitor for compliance with all													Ongoing
government-related statutory requirements													
including OPHS, the Public Health Funding													
and Accountability Agreement and other													
key funding contracts.													