

**Board of Health for the
Peterborough Public Health
AGENDA
Governance Committee Meeting
Tuesday, April 3, 2018 – 5:00 – 6:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Jackson Square, 185 King Street, Peterborough**

1. Call to Order

1.1. Opening Statement

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come.

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

5.1. [February 6, 2018](#)

6. Business Arising From the Minutes

7. Staff Reports

7.1. [By-Laws, Policies and Procedures for Review](#)

8. Consent Items (NIL)

9. New Business

- 9.1. [Closed Session Training](#)
- 9.2. [Remuneration of First Nations Committee Community Volunteers](#)
- 9.3. [Evaluation of Board of Health Committees](#)
- 9.4. [Appointment to the Board of Health Stewardship Committee](#)
- 10. **In Camera to Discuss Confidential Matters (NIL)**
- 11. **Motions for Open Session (NIL)**
- 12. **Date, Time, and Place of the Next Meeting**

Tuesday, June 19, 2018 – 5:00 – 6:30 p.m.
Dr. J. K. Edwards Board Room, 3rd Floor
Peterborough Public Health
Jackson Square, 185 King Street, Peterborough
- 13. **Adjournment**

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

To: BOH Governance Committee
From: Larry Stinson, Director of Operations
Subject: **Meeting Minutes – February 6, 2018**
Date: April 3, 2018

Proposed Recommendation:

That the minutes of the Governance Committee meeting held February 6, 2018 be approved as circulated and provided to the Board of Health at its next meeting for information.

Attachment:

[Attachment A – Governance Committee Meeting Minutes, February 6, 2018](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Governance Committee Meeting
Saturday, February 6, 2018 – 5:00 p.m.
Dr. J. K. Edwards Board Room, 185 King Street, Peterborough**

Present: Mr. Greg Connolley
Councillor Lesley Parnell
Mr. Andy Sharpe
Mayor Mary Smith, Chair
Mr. Michael Williams
Councillor Henry Clarke

Staff: Dr. Rosana Salvaterra, Medical Officer of Health
Larry Stinson, Director of Operations
Ms. Natalie Garnett, Recorder

1. Call to Order

Mayor Smith called the Governance Committee meeting to order at 5:03 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be amended by adding item 9.2 Policy - Cannabis use by Staff.

Moved: Mr. Connolley

Seconded: Mr. Sharpe

Motion carried. (M-2018-008-GV)

3. Declaration of Pecuniary Interest

4. Delegations and Presentations

5. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes of the Governance Meeting held January 13, 2018 be approved as circulated and provided to the Board of Health at its next meeting for information.

Moved: Councillor Parnell
Seconded: Mr. Williams
Motion carried. (M-2018-009-GV)

6. Business Arising from the Minutes

7. Staff Reports

7.1 By-Laws, Policies and Procedures for Review

MOTION:

That the Governance Committee recommend to the Board of Health for Peterborough Public that policy 2-60 – Accommodation, be retired.

Moved: Mr. Sharpe
Seconded: Mr. Williams
Motion carried. (M-2018-010-GV)

MOTION:

That the Governance Committee recommend to the Board of Health for Peterborough Public approve policy 2-190 – Sponsorship, as revised.

Moved: Mr. Connolley
Seconded: Councillor Parnell
Motion carried. (M-2018-011-GV)

MOTION:

That the Governance Committee recommend to the Board of Health for Peterborough Public approve policy 2-191 – Sponsorship, EthicScan as revised.

Moved: Mr. Connolley
Seconded: Mr. Williams
Motion carried. (M-2018-012-GV)

MOTION:

That the Governance Committee recommend to the Board of Health for Peterborough Public approve policy 2-403 – Ethics Reporting Policy.

Moved: Councillor Clarke
Seconded: Councillor Parnell
Motion carried. (M-2018-013-GV)

8. Consent Items

9. New Business

9.1 2018 Work Plan Review

MOTION:

That the Governance Committee adopt the 2018 Work Plan

Moved: Mr. Connolley

Seconded: Mr. Williams

Motion carried. (M-2018-014-GV)

9.2 Policy - Cannabis Use by Staff

MOTION:

That staff be directed to review the operational organizational policies to ensure cannabis usage by staff is addressed when cannabis is legalized; and,

That an update be provided to the Governance Committee at a future meeting.

Moved: Mr. Connolley

Seconded: Mr. Williams

Motion carried. (M-2018-15-GV)

10. In Camera to Discuss Confidential Matters

11. Motions from In Camera for Open Session

12. Date, Time and Place of Next Meeting

The next Governance Committee meeting will be held on April 3, 2018.

13. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved by: Mr. Sharpe

Seconded by: Councillor Parnell

Motion carried. (M-2018-016-GV)

The meeting was adjourned at 5:32 p.m.

Chairperson

Medical Officer of Health

DRAFT

To: BOH Governance Committee
From: Larry Stinson, Director of Operations
Subject: By-Laws, Policies and Procedures for Review
Date: April 3, 2018

Proposed Recommendations:

That the Governance Committee recommend that the Board of Health for Peterborough Public Health approve the following:

- *2-80 Accessibility (new)*
- *2-150 Remuneration of Members (revised)*
- *2-192 Donor Recognition (revised)*
- *2-340 Medical Officer of Health Performance Appraisal (revised)*

That the Governance Committee confirm the review of the following policy with no recommended changes:

- *2-261 Appointments, Provincial Representatives*

Attachments

[Attachment A – 2-80 Accessibility](#)

[Attachment B - 2-150 Remuneration of Members](#)

[Attachment C - 2-192 Donor Recognition](#)

[Attachment D - 2-340 Medical Officer of Health Performance Appraisal](#)

[Attachment E - 2-261 Appointments, Provincial Representatives](#)

Board of Health
POLICY

Section: Board of Health	Number: 2-80	Title: Accessibility
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD):
Signature: _____		Author:
Date (YYYY-MM-DD):		
Accessibility for Ontarians with Disability Act, 2005		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

SCOPE

This policy applies to all employees, students, volunteers, Board of Health members and any others acting on behalf of Peterborough Public Health (PPH).

ACCESSIBILITY PRINCIPLES

Dignity: provide service in a way that allows a person with a disability to maintain self-respect and the respect of other people.

Independence: allow a person with a disability the freedom to make their own choices, communicate for themselves, and not feel rushed when completing a task, or complete a task on their own without unnecessary help or interference from others.

Integration: provide service in a way that allows the person with a disability to benefit from the same services and programs, in the same place, and in the same or similar way as other customers and clients, unless a different way is necessary to enable them to access the services and programs.

Equal Opportunity: provide service to a person with a disability in such a way that they have an equal opportunity to access services and programs as what is given to others.

DEFINITIONS

Accessible:

Individuals are provided service or care in a manner that is capable of being easily understood and accessed.

Assistive Devices:

Assistive Devices are intended to enable people with physical disabilities to increase their independence. There are more than 8000 types of assistive devices such as equipment or supplies in the following categories:

- Prostheses
- Wheelchairs/mobility aids and specialized seating systems
- Enteral feeding supplies
- Monitors and test strips for those with insulin dependent diabetes
- Insulin pumps and supplies
- Hearing Aids
- Respiratory Equipment
- Orthoses (braces, garments and pumps)
- Visual communication aids
- Oxygen and oxygen delivery equipment such as concentrators, cylinders, liquid systems and related supplies, such as masks and tubing

Barriers:

A barrier is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, architectural barrier, information or communication barrier, attitudinal barrier, technological barrier, a policy or practice.

Disability:

- Any degree of physical disability, malformation or disfigurement that is caused by bodily injury, birth defect or illness, and without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, brain injury, and degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance of a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- A condition of mental impairment or a developmental disability,
- A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- A mental disorder, or
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace and Insurance Act, 1997.

The foregoing definition includes disabilities of differing severity, whether visible or non-visible and whether temporary or permanent in nature.

Service Animal:

Service animals are used by people with many different kinds of disabilities. Examples of service animals include dogs used by people that are blind, hearing alert animals for people who are deaf or hard of hearing; and animals trained to alert individuals to oncoming seizures and lead them to safety.

Support Person:

Support persons are used by people with many different kinds of disabilities. Some people with disabilities rely on support persons for certain services or assistance, such as using the washroom or facilitating communication. A support person may be a paid professional, a volunteer, a family member or friend of the person with a disability.

POLICY STATEMENT

Peterborough Public Health is committed to providing accessible programs and services to all clients. Under the Accessibility for Ontarians with Disabilities Act (2005), Peterborough Public Health strives to meet the requirements of the following applicable accessibility regulations - Customer Service Standard, Employment Standard, Information and Communication Standard and Design of Public Spaces Standard. (Note: the fifth accessibility regulation is the Transportation Standard and is not applicable to PPH).

1. Peterborough Public Health will make all reasonable efforts to provide a barrier-free environment for its clients, customers, students, employees, job applicants, suppliers, visitors and other stakeholders who enter the premises and access programs and services.
2. Peterborough Public Health will:
 - a. Welcome people with disabilities who are accompanied by a service animal or support person, or who use assistive devices to our workplaces that are open to the public;
 - b. Provide a notice of temporary disruption in the event of a planned or unexpected disruption in services;
 - c. Welcome feedback from all customers, including those with disabilities, and respond to any complaints about service in a timely manner;
 - d. Train all staff to consider people with disabilities in their day-to-day work and to take their disabilities into account when communicating and interacting with them;
 - e. Establish barrier-free recruitment processes, including a supporting policy;
 - f. Make accessibility documents available in an accessible format; and
 - g. Upon request, provide emergency and public safety information accessible to people with disabilities, in accessible format or with communication supports.

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-150	Title: Remuneration of Members
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2014-01-08
Signature: _____		Author: Governance Committee
Date (YYYY-MM-DD): 2016-04-13		
Reference:		

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POLICY

Definitions

"Board" means the Board of Health for Peterborough Public Health;

"Council" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and Councils for Curve Lake First Nation and Hiawatha First Nation;

"Committee" means an assembly of two or more members appointed by the Board of Health;

"Meeting" means an official gathering of members of the Board or its committees in one place to transact business; and

"Member" means a person who is appointed to the board by a Council or the Lieutenant Governor-in -Council or a person who is appointed to a committee by the Board.

Policy

1. At its first regular meeting, the Board shall confirm which members shall be remunerated for attending meetings and shall determine the amount of the remuneration. The Board shall be provided with a recommendation from the Governance Committee on proposed adjustments or increases to support their decision.
2. The Board shall reimburse each member for all reasonable expenses incurred as a result of acting in his/her capacity as a member in accordance with the policies of the Board.

~~2-3.~~ Community members appointed by the board to its First Nations Committee will be asked to advise whether they would like to have their honorarium paid to them, or directed to the organization they are representing.

~~3-4.~~ The Board shall reimburse each member for all reasonable expenses incurred by the attendance at conventions, conferences, seminars, etc. in accordance with the policies of the Board.

~~4-5.~~ An honorarium will be paid to each member of the Board of Health who is eligible for compensation in accordance with the Health Promotion and Protection Act.

~~5-6.~~ The amount of the honorarium will be established by the Board of Health at the first regular meeting of the Board of Health each year.

~~6-7.~~ The honorarium will be paid to each eligible Board member who attends:

- (a) a regular meeting of the Board;
- (b) a committee meeting;
- (c) a conference or convention; or
- (d) a business meeting on behalf of the Board.

~~7-8.~~ A Board member who attends one meeting (or consecutive meetings) that extend over six hours, will receive one and one half times the regular honorarium.

~~8-9.~~ A Board member will be paid one half of the regular honorarium when required to attend to Board business not covered under item 6. This will include cheque signing when not carried out at regular meetings.

~~9-10.~~ Board members will not be compensated for attendance at community events unless representing the Chair of the Board of Health.

~~10-11.~~ The quarterly financial report presented to the Board of Health will provide details of all expenses related to the activities of the Board of Health.

~~11-12.~~ Meeting attendance by County representatives on the Board of Health will be forwarded to the County Clerk's office on a biannual basis.

Review/Revisions

On (YYYY-MM-DD): 2016-04-13

On (YYYY-MM-DD): 2014-01-08

On (YYYY-MM-DD):

On (YYYY-MM-DD):

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-192	Title: Donor Recognition
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2016-05-04
Signature: _____		Author:
Date (YYYY-MM-DD): 2016-05-04		
Reference: 2-190 Sponsorship		

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Purpose

To outline how gifts to Peterborough Public Health (PPH) programs and projects will be handled, counted and recognized.

The Donor Recognition Policy has been written to establish guidelines for the appropriate, equitable and consistent recognition of financial gifts to PPH.

Principles of the Donor Recognition Policy

Recognition elements are granted by PPH. Approval of the Board of Health is required prior to the establishment of policies related to programs, physical spaces, naming opportunities and regulations related to the style and form of the donor recognition to be granted.

Annual, one-time gifts of \$1,000 and up will qualify donors for recognition on the main Donor Wall under the corresponding Peterborough Public Health Donor Circles giving level. As a cost-saving measure, the Donor Wall will be updated every two years. Recognition will take place in the year following the gifts and remain in place until updates are required (E.g. a new donor is added or a donor moves up to a new giving level).

Donor listings are in perpetuity.

Recognition Plaques

Recognition plaques are not available for naming as the Board of Health has identified a special naming scheme for particular areas and rooms within the PPH building. However, rooms and areas

of the building can still be named with the donors being recognized on the main Donor Wall with a distinct plaque or listing. Exclusive naming rights are in perpetuity.

Construction/Renovations

In the event of construction, renovation or a move, the main Donor Wall and naming designated for a specific area may be relocated to the new development area. The Board of Health will review and approve removal/relocation of the main Donor Wall and plaques (if any).

In the event that a program or service ceases to exist or is transferred to another facility, the Board of Health reserves the right to relocate recognition plaques to an alternative/equivalent location to be associated with the naming right.

Cost of Recognition

Recognition will be cost effective and will not exceed 2% of the value of the gift. The cost to display all forms of recognition will be approved by the Board of Health.

Recognition of Gifts of Equipment

The purchase of one-time gifts of equipment to PPH for \$1,000 and up will qualify donors to be recognized on the main Donor Wall. If required by the donor, a plaque measuring 3 inches by 2 inches may be applied to the piece of equipment for the duration of the use and application of the piece of equipment.

Special Recognition

Special requests for recognition by donors will be presented to the Board of Health for review. Final approval will be granted by the Board for one-off, unique recognition should the gift advance the programs and services of PPH.

Gifts In-Kind

When donors contribute gifts in-kind, as defined by the Canada Revenue Agency, donors will be receipted for the fair market value of the gift. Recognition benefits will be based on the receipted amount of the gift. An evaluation for fair market value must be obtained prior to accepting the gift. The cost of the appraisal will be the responsibility of the donor.

Areas of Recognition

There will be one main Donor Wall within the central location at 185 King Street that recognizes a donor's giving history (effective October 1, 2015). Space to recognize donors to future programs or campaigns must be approved by the Board of Health.

Recognition within the Main Donor Wall

To acknowledge the Board of Health’s appreciation for gifts, the PPH Donor Circles has been formed to recognize cumulative gifts at the following levels:

Trent-Severn Waterway Donors	\$50,000 and greater
Belmont Lake Donors	\$25,000 to \$49,999
Chandos Lake Donors	\$10,000 to \$24,999
Kasshabog Lake Donors	\$5,000 to \$9,999
Sandy Lake Donors	\$2,500 to \$4,999
Burleigh Falls Donors	\$1,000 to \$2,499

Naming Opportunities

A limited number of exclusive naming opportunities were made available for the Campaign for the Community Kitchen at Jackson Square, which was awarded on a first-come, first served basis. These naming opportunities included:

- Naming of the Community Kitchen
- Naming of the Multipurpose Rooms (Chemong Lake, Buckhorn Lake and Anstruther Lake)
- Kitchen Pantry
- Laundry Facility
- “Dining Room Tables”
- “Dining Room Seats”

These special naming rights were for the purpose of a one-off campaign and will remain in perpetuity until reviewed by the Board of Health or removed at the request of the donor.

Future recognition associated with a naming opportunity may include:

- Opportunity to name a floor or wing with [in](#) the 185 King Street building
- Opportunity to name a PPH program
- Opportunity to name an endowment or program fund
- Opportunities associated with future capital projects (each campaign will identify naming opportunities within the project)

A naming opportunity enables a donor to direct his/her donation towards a particular area or program within PPH. Naming opportunities begin for donations [s](#) at the \$10,000 and up level and will always require approval from the Board of Health.

Frequency of Donor Wall Updates

Each Donor Wall will be updated [bi](#)-annually to accommodate new gifts. All gifts on the main Donor Wall are recognized annual, one-time contributions of \$1,000 and greater. Donor listings will follow an alpha [betical](#) order and individual donation amount WILL NOT appear next to donor names.

Confidentiality/Anonymity

The Board of Health will honour the donor’s right and privilege to remain anonymous and, unless otherwise defined by the donor, will mean an absence of any public acknowledgement of a gift, in relation to the Donor Wall, naming opportunities, endowment funds, inclusion and listing among donors within the Annual Report.

Review/Revisions

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-340	Title: Medical Officer of Health Performance Appraisal
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2009-02-11
Signature: _____		Author: Medical Officer of Health
Date (YYYY-MM-DD): 2016-04-13		
Reference: Medical Officer of Health Performance Appraisal Form (appended) Medical Officer of Health Performance Planner (appended) Medical Officer of Health Position Description (available upon request)		

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POLICY

The Board of Health (BOH) facilitates performance by creating an environment where the Medical Officer of Health (MOH) and all employees of Peterborough Public Health (PPH) achieve their best. A written appraisal system will be used to provide an objective and uniform way to evaluate employees on the job. It is a constructive process to build on strengths, correct weaknesses, and maximize performance.

1. The MOH's performance is to be appraised before the end of the probationary period, in order to recommend to the BOH appointment to regular appointment status, extension of probationary period, or termination of employment.
2. At the beginning and end of each year, the Board Chair will meet with the MOH to set and review an annual work plan which includes professional development goals.
3. The MOH's appraisal will be conducted by a committee of the BOH chaired by the Chair of the BOH every ~~two-three~~ **(23)** years.
4. This review is to be conducted by the current Chair, Vice Chair, and a past Chair of the Board, when possible.
5. The Board will incorporate feedback from internal stakeholders such as board of health members and staff as part of the 360° component every ~~two-three~~ **(23)** years. If relevant, the MOH may incorporate any such processes from their professional college into this appraisal process.

6. External stakeholders will be approached for feedback by the Board at least every ~~five~~six (56) years and where appropriate.
7. As part of the performance appraisal, the MOH is responsible for completing a self-appraisal.
8. Formal performance appraisals do not take the place of ongoing evaluation and feedback. If the MOH's work is not adequate, the matter is to be dealt with while details and facts are fresh and will not wait for the formal review. The MOH's performance must return to the required standard within a specified time period or further action may be taken by the Board.

PROCEDURE

The Chair of the BOH will:

1. Meet with the MOH at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
2. Schedule the performance appraisal before the end of the probationary period and then at least every two (2) years, preferably around the MOH's anniversary date.
3. Convene a meeting with the immediate past Chair and the Vice Chair to review the required materials, confirm the process, and develop the timeline. This sub-committee can consult with any other persons they feel could provide relevant input to the performance appraisal, review the job description, operational plans, significant events and any other pertinent items from the period under review.
4. Work with the Secretary of the Board to organize the 360° component of the appraisal. This would begin with a request to the MOH for a list of staff and external stakeholders, when warranted, who could be approached for potential feedback.
5. Conduct the interview. This part may require more than one meeting. Begin the process with the MOH's self-appraisal. Use the information collected from the various sources to grade each factor on the appraisal form, using the definitions included in the performance appraisal form and support the decision with comments and examples wherever possible. When weighing all of the feedback, genuinely consider the MOH's input and make changes/additions to the factor comments, examples and even grading where warranted.
6. Complete the Performance Appraisal Form. The appraisal should also include an assessment of performance relative to any learning or performance objectives set in the previous performance appraisal. In the Board's comments, clearly indicate whether the overall performance is satisfactory or not. For probationary MOHs indicate if probation has been completed satisfactorily.
7. Sign and date the Performance Appraisal Form and have the MOH do the same. The MOH's signature means that they have read and understood the review. Ensure that a signed version of the Confidentiality Agreement is received.

8. Provide the MOH a full copy of the completed Performance Appraisal Form. The Director of Operations is to retain the original including the self-appraisal in the MOH's personnel file.

Review/Revisions

- On (YYYY-MM-DD):** 2016-04-13 (Board)
- On (YYYY-MM-DD):** 2015-12-09 (Board; combined with procedure 2-341)
- On (YYYY-MM-DD):** 2012-12-12 (Board)
- On (YYYY-MM-DD):** 2012-11-26 (Governance)
- On (YYYY-MM-DD):** 2010-11-10 (Board)
- On (YYYY-MM-DD):** 2010-10-27 (By-Laws, Policies and Procedures Committee)

Name:	
Title:	Medical Officer of Health

<i>This performance appraisal is due on:</i>	
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It reviews the performance for the period:	
From:	To:

And sets objectives for the period:	
From:	To:

The following <u>RATING SCALE</u> is used in this performance appraisal:	
Exceeds Expectations	Performance consistently exceeds all expectations/standards. Accomplishments are clearly obvious.
Meets Expectations	Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Partially Meets Expectations	Performance does not meet expectations in certain areas. Improvement in these areas is required. The rationale needs to be explored, goals re-negotiated and/or an action plan established.
Additional Growth Required	Performance associated with the job requires additional resources. An action plan is needed which may include, but not limited to, training, coaching or other support.
Not applicable (n/a)	The Board of Health is not able to rate this area at this time.

Append additional sheets / documentation where required/appropriate.

Once completed, discussed and all signatures obtained, the original of this form is to be retained in the Employee’s personnel file in a sealed envelope, accessible only to the employee and the Chair of the Board of Health.

<i>Program Excellence – This area reflects on how the MOH has influenced the impact PPH has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators</i>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> • Responds effectively to health hazards and provides effective control of communicable diseases under the Health Protection and Promotion Act (HPPA) 					
<ul style="list-style-type: none"> • Champions coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services 					
<ul style="list-style-type: none"> • Maintains statutory obligations through the delivery of mandated and locally needed public health services (OPHS) 					
<ul style="list-style-type: none"> • Anticipates and plans for major trends in needs and services 					
<ul style="list-style-type: none"> • Uses evidence-informed decision making in developing programs and services to meet community needs 					
<ul style="list-style-type: none"> • Considers Health Equity in all program work 					
<ul style="list-style-type: none"> • Ensures processes in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness 					
<p>Comments: (include major strengths in this area of focus and any areas that may need future development)</p>					

Client and Community Impact – This area reflects on the MOH’s representation of PPH in the community	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Contributes to increasing community awareness about public health 					
<ul style="list-style-type: none"> Promotes productive relationships with the media and acts as a resource to the media regarding public health issues. 					
<ul style="list-style-type: none"> Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including Boards of Education, business, labour, government and media, health care providers, community organizations, citizen groups and the Ministry of Health 					
<ul style="list-style-type: none"> Seeks new and innovative ways to work with partners to advance mutual goals in the community. 					
<ul style="list-style-type: none"> Promotes excellence in customer service within the organization. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/groups’ satisfaction whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. Researches/facilitates appropriate contact when referral is necessary. 					

Client and Community Impact – <i>This area reflects on the MOH’s representation of PPH in the community</i>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
Comments: (include major strengths in this area of focus and any areas that may need future development)					

Employee Engagement and Learning – <i>This area reflects on how the MOH has influenced PPH’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff. 					
<ul style="list-style-type: none"> Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with the Management team on opportunities for sharing/reallocating existing staff/resources wherever possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services. 					
<ul style="list-style-type: none"> Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance reviews in a timely manner, and identifies 					

Employee Engagement and Learning <i>– This area reflects on how the MOH has influenced PPH’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<p>their strengths and areas for development. Identifies and takes actions necessary to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance / communication / disciplinary issues in an appropriate manner.</p>					
<ul style="list-style-type: none"> Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular Management meetings. Institutes feedback mechanisms to gauge leadership effectiveness. 					
<ul style="list-style-type: none"> Identifies areas where staff training and development would be of benefit to the team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the organization. Supports planning of short and long term departmental training and development initiatives. 					
<ul style="list-style-type: none"> Regularly evaluates corporate services, seeking ways to improve efficiency and effectiveness. 					

<p>Employee Engagement and Learning <i>– This area reflects on how the MOH has influenced PPH’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others’ time. Is punctual for meetings. 					
<ul style="list-style-type: none"> Sets and achieves personal and professional development objectives. 					
<p>Comments: (include major strengths in this area of focus and any areas that may need future development)</p>					

<p>Governance – <i>This area reflects on how the MOH has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve PPH’s mission and vision. This area also reflects on the MOH’s responsibility for actions, decision and policies that impact PPH’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Monitors overall PPH financial situation demonstrating effective management of financial resources. Ensures 					

<p>Governance – This area reflects on how the MOH has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve PPH’s mission and vision. This area also reflects on the MOH’s responsibility for actions, decision and policies that impact PPH’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health</p>	<p>Exceeds Expectations</p>	<p>Meets Expectations</p>	<p>Partially Meets Expectations</p>	<p>Additional Growth Required</p>	<p>n/a</p>
<ul style="list-style-type: none"> transparency and understanding of financial processes and procedures. 					
<ul style="list-style-type: none"> Develops innovative approaches to financing and revenue generation. Devises strategies to protect PPH assets. 					
<ul style="list-style-type: none"> Ensures agency compliance with the Ontario Public Health Organizational Standards. 					
<ul style="list-style-type: none"> Abides by employment and other relevant legislation including Employment Standards Act, Labour Relations Act, Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and the Human Rights Code. Adheres to terms of union and other contracts. 					
<ul style="list-style-type: none"> Develops and maintains PPH by-laws, policies and procedures and ensures adherence within the organization. Advises and consults with the BOH on significant matters. 					
<ul style="list-style-type: none"> Communicates regularly with the Chair of the Board and provides support in identifying agenda items for the BOH and Committee meetings. 					

<p>Governance – This area reflects on how the MOH has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve PPH’s mission and vision. This area also reflects on the MOH’s responsibility for actions, decision and policies that impact PPH’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health</p>	<p>Exceeds Expectations</p>	<p>Meets Expectations</p>	<p>Partially Meets Expectations</p>	<p>Additional Growth Required</p>	<p>n/a</p>
<ul style="list-style-type: none"> Ensures adequate orientation and on-going education of BOH members. 					
<ul style="list-style-type: none"> Informs BOH of important developments affecting public health and PPH (e.g. legislative changes, public health emergencies, organizational problems, system development, environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations. 					
<ul style="list-style-type: none"> Provides appropriate and timely written and verbal reports to the BOH. Writes and speaks clearly. Reports are easily understood by the BOH members. 					
<p>Comments: (include major strengths in this area of focus and any areas that may need future development)</p>					

SUMMARY OF OVERALL PERFORMANCE

AREA OF FOCUS	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required
Program Excellence				
Community and Client Impact				
Employee Engagement and Learning				
Governance				
<p>Comments – (Including comments with respect to the major strengths of the MOH and areas for future development.)</p>				

GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS

Program Excellence	Key Performance Indicator

Client and Community Impact	Key Performance Indicator

Employee Engagement and Learning	Key Performance Indicator

Governance	Key Performance Indicator

Personal Development	Key Performance Indicator

Other	Key Performance Indicator

SIGNATURES

Medical Officer of Health

I discussed this performance appraisal with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

Comments

Medical Officer of Health

Date

For the Board of Health

We have discussed the performance appraisal with the Medical Officer of Health. We have reviewed the past period’s work performance and goals and objectives, and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

Chair, Board of Health

Date

Vice Chair, Board of Health

Date

PERFORMANCE PLANNER *(for management use only)*

Employee Name: _____	Date: _____
Title: _____	
Directorate: _____	
Reporting to: Name _____	Title: _____
Review Period Covered: _____	

Objectives

- Develop objectives that are in line with the Strategic Direction of the Board of Health. Make sure your objectives are SMART specific, measurable, achievable, realistic, time specific/observable (Five objectives are considered to be a manageable number for most employees)*
- Write objectives that answer these questions: What will happen? By what date?*

Area of responsibility	Objectives At the start of the performance review period, develop objectives.	Achievements At the end of the annual review period, describe the achievements for each objective and any obstacles or challenges faced.
Community-Centred Focus		
Determinants of Health and Health Equity		
Capacity and Infrastructure		

Area of responsibility	Objectives At the start of the performance review period, develop objectives.	Achievements At the end of the annual review period, describe the achievements for each objective and any obstacles or challenges faced.
Quality and Performance		

If additional space is needed, please use the table provided below.

Area of responsibility	Objectives	Achievements

Professional Development Plan

- Describe the competencies needed to achieve objectives.*
- Include activities such as special assignments, courses, working with someone who has the skills that you need to develop, special projects.....*

Competencies/skills to be developed	Development activities that took place

There are three categories for performance ratings: met objectives, developmental, did not meet objectives.

Please indicate overall performance rating:

- Met Objectives**
 - Developmental**
 - Did not meet objectives**
-

Supervisor's comments (include signature and title)

Employee's comments (include signature and title)

Next steps:

To: BOH Governance Committee
From: Larry Stinson, Director of Operations
Subject: Closed Session Training
Date: April 3, 2018

Proposed Recommendations:

That the Governance Committee receive the following items for information and determine timing and content for Board Closed Session Training:

- *Amberley Gavel Closed Meeting Booklet*
- *Ombudsman Ontario Tips for Municipalities – Closed Meetings*

Attachments

Attachment A – [Amberley Gavel Closed Meeting Booklet](#) (web hyperlink)

Attachment B – [Ombudsman Ontario Tips for Municipalities – Closed Meetings](#)

Background

Staff recommend that the Board should receive training on closed meetings. Natalie Garnett has supplied the closed meeting booklet as a backgrounder, this could be provided as a primer for non-municipal members in advance of the session. The training itself could be formatted as a question and answer session which Ms. Garnett has offered to facilitate, to be scheduled in 2018.

The second attachment was provided to Board members attending the recent Association of Local Public Health Agencies Winter Conference. These tip cards can be printed and provided to Board members as a reference document.

Closed meetings: What is a 'meeting'?

As of **January 1, 2018**, the *Municipal Act, 2001* includes this definition of "meeting" under s. 238(1):

"meeting" means any regular, special or other meeting of a council, of a local board or of a committee of either of them, where,

(a) a quorum of members is present, and

(b) members discuss or otherwise deal with any matter in a way that materially advances the business or decision-making of the council, local board or committee.

Every municipality and local board must pass a procedure by-law governing the calling, place and proceedings of meetings, and providing for public notice of meetings.

Meetings must be open to the public, unless they fall within the 14 narrow exceptions in s. 239 of the Act.

Questions? info@ombudsman.on.ca

Independent Impartial Confidential Free

Closed meetings: Best practices

Municipal meetings should be open, with rare exceptions, as provided for in the *Municipal Act, 2001*, s. 239. The Ombudsman's investigations of closed meetings consider whether or not the law and best practices were followed. Best practices include the following:

- **Give adequate advance notice**

Meeting agendas should clearly identify any closed sessions and the reasons for them, and should be made available to the public in advance.

- **Pick the right exception**

Make sure the exception under which the meeting is closed is identified, and appropriate.

- **Record the meeting**

Closed session minutes should include place and time, attendees, a description of all matters discussed, and any motions or votes. The Ombudsman also recommends audio or video recording all closed meetings.



- **Make a clear resolution**

Authorize the closed session by making a resolution during open session that includes meaningful information about the issue to be discussed behind closed doors.

- **Stay on topic**

While in closed session, ensure that the discussion does not stray from the matters authorized in the resolution to close the meeting.

- **Vote with caution**

Voting in a closed meeting is only allowed for procedural reasons or to give directions or instructions to staff and others identified under the Act.

- **Report back publicly**

After a closed session, report publicly in open session on what occurred, giving as much detail as possible.

**When in doubt, open the meeting.
Questions? info@ombudsman.on.ca**

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Closed meetings: Resolutions

The *Municipal Act* requires that meetings of councils, local boards and their committees be open to the public, except in certain narrow circumstances. To close a meeting, a **resolution** must be passed.

The resolution must:

- **Be passed in an open meeting**
Even when a closed session is the first or only item on the agenda, the public must be given notice of the meeting and be able to watch, in person, the vote on the resolution.
- **State the fact of the closed meeting**
The resolution must indicate clearly that the meeting is being closed.
- **State the general nature of the topic**
Cite the applicable section of the Act and give as much information about the subject as possible, without undermining the reason for closing the meeting.

- **Refer to subsection 239 (3.1) if it is an “education or training” session**

In addition to the fact of the closed meeting and the general nature of the subject to be discussed, a resolution to hold a closed education or training session must also reference s. 239(3.1) of the Act.

- **Be recorded in the open session minutes**

The open session minutes should record the resolution to close the meeting, as well as any information that can be reported publicly afterwards. Minutes should include the content of the resolution, as well as the time it was passed.

Questions?

Our staff can provide general information about the open meeting requirements.

Email: info@ombudsman.on.ca

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Closed meetings: Know the exceptions

The *Municipal Act, 2001* (s. 239*) states that municipal meetings must be open to the public, with certain narrow exceptions. As of **January 1, 2018**, there are **14** exceptions – those shown in bold are new.

A meeting MAY be closed if the subject matter being considered is:

- The security of the property of the municipality or local board;
- Personal matters about an identifiable individual;
- A proposed or pending acquisition or disposition of land by the municipality or local board;
- Labour relations or employee negotiations;
- Litigation or potential litigation;
- Advice subject to solicitor-client privilege;
- A matter in respect of which a closed meeting may be held under another Act;
- **Information explicitly supplied in confidence to the municipality or local board by another level of government or a Crown agency;**

**NOTE: This text has been paraphrased in places for brevity; please consult the Act for the exact wording.*

- **A trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with negotiations of a person, group or organization;**
- **A trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary or potential monetary value;**
- **A position, plan, procedure, criteria or instruction to be applied to negotiations by or on behalf of the municipality or local board;**
- For the purpose of educating or training the members, provided they do not materially advance business or decision-making.

Meetings MUST be closed if the subject matter being considered is:

- A request under the *Municipal Freedom of Information and Protection of Privacy Act*;
- An ongoing investigation by the Ontario Ombudsman or the municipality's closed meeting investigator or ombudsman.

Questions? info@ombudsman.on.ca

Independent Impartial Confidential Free

To: BOH Governance Committee

From: Larry Stinson, Director of Operations

Subject: Remuneration of First Nations Committee Community Volunteers

Date: April 3, 2018

Proposed Recommendations:

That the Governance Committee recommend to the Board of Health that community volunteers appointed to its First Nations Committee:

- *receive honorariums equal to Board Member appointees moving forward; and,*
- *retroactively compensate the two members previously appointed to the Committee to September, 2016*

Background

Currently Board policy allows for the expenses of Board-appointed volunteers to Committees to be reimbursed with no honorarium for participation in Committee meetings. This has been an oversight on the part of staff and it is recommended that this practice be changed in order to provide better equity between Committee members, keeping in mind that City representatives do not receive an honorarium as Board members but instead receive a small amount of compensation from the City. So this will not completely address issues of equity but will ensure that representatives of urban indigenous organizations participating in the First Nations Committee receive some compensation, paid either directly to them, or directed to their organization if this is their preference.

Staff is recommending that if the Board is in agreement, this compensation be provided retroactively to the two Board appointees for whom this would be applicable.

Funds can be covered from the Board's 2018 budget. If accepted by the volunteers, the amount would be approximately \$1,300.

Attachments:

Attachment A – [2-151 Remuneration of Board of Health Volunteers](#) (web hyperlink)

To: BOH Governance Committee
From: Larry Stinson, Director of Operations
Subject: Evaluation of Board of Health Committees
Date: April 3, 2018

Proposed Recommendations:

That the Governance Committee recommend that all Board of Health Committees amend their Terms of Reference to include ongoing evaluation of Committee meetings, and provide Committee Chairs with an evaluation form template based on Board of Health meeting evaluations.

Background

Currently Board of Health members are sent an electronic evaluation form immediately following regular Board of Health meetings. These evaluations are provided to the Chair and Medical Officer of Health (MOH) for review/information, and they help inform future Board meetings. The results are also shared with the Board at its annual planning session.

Staff recommend that all Committees undergo similar evaluation, where results are shared with Committee Chairs and the MOH.

Based on the board evaluation, questions can include the following:

Rating Scale: (0 NA, 1 Poor, 2 Fair, 3 Neutral, 4 Good, 5 Excellent)

1. The Committee information package provided the right information and was received in a timely manner.
2. The meeting was scheduled at a convenient time and location.
3. The majority of Committee Members were in attendance.
4. The agenda was appropriate. Topics were relevant to the mission and goals of our organization. Items were clearly identified as for information, discussion or decision.
5. Time was used effectively. Discussions were focused.
6. The meeting structure and leadership encouraged the right amount of participation.
7. Appropriate information/evidence was available to support the Committee in making informed decisions.
8. All recommendations and decisions made by the Committee are documented and monitored to ensure implementation.
9. Committee Member conduct was business-like, cordial, results-oriented and respectful of diversity.

10. Strengths of this Meeting:
11. Suggestions for improvements this Committee should consider making to the way it governs:
12. Requests for information and/or education:

To: BOH Governance Committee
From: Larry Stinson, Director of Operations
Subject: Appointment to the Board of Health Stewardship Committee
Date: April 3, 2018

Proposed Recommendations:

That the Governance Committee recommend to the Board of Health, the appointment of Kerri Davies to the Stewardship Committee, at its next meeting.

Background

The Stewardship Committee recently identified the need to have an additional member appointed to alleviate quorum concerns. This request was tabled at the March 14, 2018 Board of Health meeting where it was recommended that an expression of interest be sent out to all Board Members, and that this matter should be referred to Governance for consideration.

Ms. Davies was the sole member that expressed interest in serving on this committee.