

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Governance Committee Meeting
Tuesday, August 18, 2015 – 5:00 – 7:00 p.m.
City and County Rooms, 150 O’Carroll Avenue, Peterborough**

- 1. Call To Order**
- 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 [May 19, 2015](#)
- 6. Business Arising from the Minutes**
 - 6.1 [Consent Agenda – Revision to By-Law 3](#) (Pellizzari)
- 7. Correspondence**
- 8. New Business**
 - 8.1 [Policies and Procedures for Review](#) (Pellizzari)
 - a. [2-185 By-Law Number 10 Open and In-Camera Meetings](#)
 - b. [2-280 Complaints, Public](#)
 - c. [2-345 Medical Officer of Health Absence](#)
 - 8.2 [Medical Officer of Health Performance Review](#) (Pellizzari)
 - 8.3 **Board / Management Planning Session Feedback** (Pellizzari)
 - 8.4 **Assessor’s Report on Algoma Public Health** (Pellizzari)
 - a. [Ministry Actions and Executive Summary](#) (*web hyperlink*)
 - b. [Full Assessment Report](#) (*web hyperlink*)
- 9. In Camera to Discuss Confidential Personal Matters**
- 10. Motions for Open Session**

11. Date, Time and Place of Next Meeting

12. Adjournment

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**Board of Health for the
Peterborough County-City Health Unit
DRAFT MINUTES
Governance Committee Meeting
Tuesday, May 19, 2015 – 5:00 p.m.
City and County Rooms, 150 O’Carroll Avenue, Peterborough**

Present: Mayor Mary Smith
Mr. Scott McDonald, Chair
Mayor Mary Smith
Deputy Mayor Fallis

Staff: Dr. Rosana Pellizzari, Medical Officer of Health
Mr. Larry Stinson, Acting Director, Corporate Services
Ms. Natalie Garnett, Recorder

Regrets: Councillor Parnell

1. Call to Order

Mr. McDonald called the Governance Committee meeting to order at 5:04 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Deputy Mayor Fallis

Seconded: Mr. Connolley

Motion carried. (M-2015-17-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 February 12, 2015 be approved and provided to the Board of Health at its next meeting for information.

Moved: Mayor Smith
Seconded: Deputy Mayor Fallis
Motion carried. (M-2015-18-GV)

6. Business Arising from the Minutes

6.1. Consent Agenda – Revision to By-Law 3

MOTION:

That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the proposed revisions to By-law 3: Calling of and Proceedings at Meetings, as amended.

Moved: Mayor Smith
Seconded: Mr. Connolley
Motion carried. (M-2015-19-GV)

6.2. Draft Governance Committee Work Plan 2015

MOTION:

That the Governance Committee receive the proposed draft work plan for 2015 for information and make any changes as deemed appropriate.

Moved: Deputy Mayor Fallis
Seconded: Mayor Smith
Motion carried. (M-2015-20-GV)

6.3. Draft Procedure – 2-152 Board Leadership and Committee Membership Selection

MOTION:

That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the new procedure, 2-152 Board Leadership and Committee Membership Selection, as amended.

Moved: Deputy Mayor Fallis
Seconded: Mr. Connolley
Motion carried. (M-2015-21-GV)

7. Correspondence

8. New Business

8.1 Policies and Procedures for Review

MOTION:

That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the revised policy and procedure, 2-342 Medical Officer of Health Selection.

Moved: Mayor Smith

Seconded: Deputy Mayor Fallis

Motion Carried. (M-2015-22-GV)

9. In Camera to Discuss Confidential Personal Matters

MOTION:

That the Governance Committee go in Camera at 5:50 p.m. to review confidential personal matters.

Moved: Mr. Connolley

Seconded: Mayor Smith

Motion carried. (M-2015-23-GV)

MOTION:

That the Governance Committee rise from in Camera at 6:52 p.m.

Moved: Mayor Smith

Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-24-GV)

10. Motions from In Camera for Open Session

11. Date, Time and Place of Next Meeting

The next meeting of the Governance Committee will be held on Tuesday, August 18, 2015 at the City and County Rooms, 150 O'Carroll Avenue.

12. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved by: Mayor Smith

Seconded by: Mr. Connolley

Motion carried. (M-2015-25-GV)

The meeting was adjourned at 6:53 p.m.

Chairperson

Recorder

DRAFT

To: BOH Governance Committee
From: Dr. Rosana Pellizzari, Medical Officer of Health
Subject: **Consent Agenda – Revision to By-Law 3: Calling of and Proceedings at Meetings**
Date: August 18, 2015

Proposed Recommendation:

That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve the proposed revisions to By-Law 3: Calling of and Proceedings at Meetings.

At the February 12, 2015 meeting, the Committee directed staff to propose changes to By-Law 3 to reflect the adoption of a consent agenda.

After the May 19, 2015 meeting, it was felt that further work was needed on the document and this was subsequently completed with input from Mary Smith and Natalie Garnett. Yellow highlight denotes the original changes proposed, and green highlight denotes further changes incorporated after the May meeting.

Attachments

Attachment A – By-Law 3: Calling of and Proceedings at Meetings



Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-120	Title: By-Law Number 3, Calling of and Proceedings at Meetings
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 1989-10-11
Date (YYYY-MM-DD): 2014-06-11		Author:
Reference:		

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By-Law Number 3 Calling of and Proceedings at Meetings

Section 1 - Interpretation

In this By-law:

- 1.1. "Act" means the *Health Protection and Promotion Act*;
- 1.2. "Board" means the Board of Health for the Peterborough County-City Health Unit;
- 1.3. "Director, Corporate Services" means the business administrator of the Board as defined in the Regulations under the Act;
- 1.4. "Chairperson" means the presiding officer at a meeting;
- 1.5. "Chairperson of the Board" means the Chairperson elected under the Act;
- 1.6. "Committee" means an assembly of two or more members that must meet together to transact business;
- 1.7. "Councils" means the municipal Councils of the Corporations of the County of Peterborough and the City of Peterborough, and the Councils of Curve Lake and Hiawatha First Nations;
- 1.8. "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the *Act* and *Regulations*;
- 1.9. "Meeting" means an official gathering of members of the Board or a committee to transact business;

- 1.10. "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;
- 1.11. "Motion" means a formal proposal by a member in a meeting that the Board or a committee take certain action;
- 1.12. "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present; and
- 1.13. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act.

Section 2 – General

- 2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all meetings of the Board and committees.
- 2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of meetings of the Board and committees.
- 2.3. No persons shall consume alcohol or tobacco products at a meeting.
- 2.4. Electronic participation may be approved by the Board of Health Chair in special circumstances.
- 2.5. Subject to any conditions or limitations in the Health Protection and Promotion Act, a member who participates in a meeting through electronic means is deemed to be present at the meeting including, without limitation, for purposes of establishing quorum, full participation rights and full voting rights.
- 2.6. The electronic means must enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

Section 3 - Convening of Meetings

- 3.1 The Medical Officer of Health shall call the first meeting of each calendar year.
- 3.2 The first meeting shall be held after the municipal members, appointed to the Board by their respective councils, are confirmed, and shall be held no later than the 1st day of February.
- 3.3 At the first meeting of each calendar year, the Board shall:
 - 3.3.1 elect the Chairperson and the Vice-Chairperson of the Board for the year;
 - 3.3.2 appoint members to its committees;
 - 3.3.3 fix, by resolution, the date and time of regular meetings; and,

- 3.3.4 establish the honourarium paid to each member eligible for compensation in accordance with the Health Protection and Promotion Act.
 - 3.4 A meeting may be rescheduled or cancelled due to the following circumstances:
 - 3.4.1 in the event that an emergency has been declared by the Medical Officer of Health;
 - 3.4.2 if there is indication from members in advance of the meeting that quorum will not be achievable; or
 - 3.4.3 if upon consultation with the Medical Officer of Health, the Chairperson determines there is insufficient business to be considered.
- In all instances, the Chairperson will poll members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, members will be notified and a public notice will be issued.
- 3.5 The Chairperson of the Board can call a special meeting and shall call a special meeting at the written request of a majority of the members.
 - 3.6 The Medical Officer of Health shall:
 - 3.6.1 give notice of the first and each regular and special meeting;
 - 3.6.2 ensure that the notice accompany the agenda and any other matter, so far as known, to be brought before such meeting;
 - 3.6.3 cause the notice to be delivered to the residence or place of business of each member or by e-mail or telephone so as to be received not later than two clear days in advance of the meeting.
 - 3.7 The lack of receipt of the notice shall not affect the validity of the holding of the meeting or any action taken thereat.
 - 3.8 No business other than that stated in the notice of a special meeting shall be considered at such meeting except with the unanimous consent of the members present.
 - 3.9 Special meetings can be held by teleconference.

Section 4 - Agenda and Order of Business

- 4.1 The Medical Officer of Health shall have prepared for the use of each member at the first and regular meetings an agenda of the following items.
 - 4.1.1 Call To Order
 - 4.1.2 Confirmation of the Agenda
 - 4.1.3 Declaration of Pecuniary Interest

- 4.1.4 Delegations and Presentations
- 4.1.5 Confirmation of the Minutes of the Previous Meeting
- 4.1.6 Business Arising from the Minutes
- 4.1.7 ~~Correspondence~~ Staff Reports
- 4.1.8 Consent Items
- 4.1.9 New Business
- 4.1.10 In Camera to Discuss Confidential Matters
- 4.1.11 Motions from In Camera for Open Session
- 4.1.12 Date, Time and Place of the Next Meeting
- 4.1.13 Adjournment
- 4.2 Any items not included on the prepared agenda may be added by resolution.
- 4.3 Agenda packages will be posted on the Health Unit's website on the same day that agendas are distributed to Board of Health members.
- 4.4 On the day following Board of Health meetings, Board members will be contacted and advised of the date, time, and location of the next meeting, and asked about their availability for the next meeting.
- 4.5 The business of each regular meeting shall be taken up in the order described in section 4.1 of this By-law unless otherwise decided by the members.
- 4.6 Consent Items are items to be considered for the Consent portion (4.1.8) of the agenda and shall be determined by the Medical Officer of Health in consultation with the Board Chair. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature.
 - 4.6.1 If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the member is asked to identify the item and clarification or comment will be provided or made. An item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one resolution.
 - 4.6.2 Matters listed under Consent Items shall include an explanatory note as follows:
"All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board of Health's consideration can be approved by one motion".
 - 4.6.3 Consent Items will include:

- Staff Reports and Presentations – Information, Housekeeping and Non Controversial.
- Correspondence – Direction and Information. A Correspondence Report will be prepared and included in the Consent Items section of the agenda. The report will be divided into two sections as follows, Correspondence for Direction and Correspondence for Information. Where possible each item of correspondence for direction will have a staff recommendation included.
- Committee Reports.

4.7 New Business items are those that have not been discussed by meeting attendees previously and that do not belong in staff or Committee reports.

4.8 The Chairperson of the Board shall direct the preparation of an agenda for a special meeting.

4.9 The business of each special meeting shall be taken up in the order as listed on the agenda of such meeting unless otherwise decided by the members.

Section 5 - Commencement of Meetings

- 5.1 As soon as there is a quorum after the time fixed for the meeting, the Chairperson or Vice-Chairperson of the Board or the person appointed to act in their place and stead, shall take the chair and call the members to order.
- 5.2 A quorum for any meeting of the Board or a committee shall be a majority of the appointed members.
- 5.3 If the Chairperson or Vice-Chairperson of the Board or the Chairperson of a committee does not attend a meeting by the time a quorum is present, the Medical Officer of Health shall call the members to order and a presiding officer shall be appointed to preside during the meeting or until the arrival of the person who ought to preside.
- 5.4 Upon any members directing the attention of the Chairperson to the fact that a quorum is not present, the Medical Officer of Health, at the request of the Chairperson, shall record the names of those members present and advise the chairperson if a quorum is or is not present. If there is no quorum within thirty minutes after the time fixed for the meeting, the Chairperson shall then adjourn until the day and time fixed for the next meeting.

Section 6 - Delegations and Debate

- 6.1 The Chairperson shall preside over the conduct of the meeting, including preserving good order and decorum, ruling on points of order and deciding all questions relating to the orderly proceedings of the meeting.

- 6.2 Any individual or group who wishes to make a presentation to the Board shall make a written request to the Chairperson of the Board up to a minimum of twenty-four hours before the start of the meeting.
- 6.3 The Chairperson of the Board (in consultation with the Medical Officer of Health) shall decide whether the delegation may make a presentation at a meeting and accordingly, shall inform the individual or group whether their request has been approved or denied.
- 6.4 The Chairperson shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations to a maximum of five (5) per meeting.
- 6.5 All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, and/or unless permission is given by the Chairperson of the Board, in consultation with the Medical Officer of Health.
- 6.6 Delegations and presentations of general interest shall not exceed ten minutes except when answering questions posed by the Chairperson for clarification.
- 6.7 Unless otherwise directed by resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.
- 6.8 The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chairperson of the Board by resolution.
- 6.9 Every member shall address the Chairperson respectfully previous to speaking to any motion.
- 6.10 When two or more members ask to speak, the Chairperson shall name the member who, in their opinion, first asked to speak.
- 6.11 If the Chairperson desires to leave the Chair to participate in a debate or otherwise, they shall call on the Vice-Chairperson to fill their place until they resume the Chair.
- 6.12 A member may speak more than once to a motion, but after speaking, shall be placed at the foot of the list of members wishing to speak.
- 6.13 No member shall speak to the same motion at any one time for longer than ten minutes except that extensions for speaking for up to five minutes for each time extended may be granted by resolution.
- 6.14
 - 6.14.1 A member may ask a question of the previous speaker and then only to clarify any part of their remarks.
 - 6.14.2 When it is a member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain

information relating to the matter in question and with the consent of the speaker, or other members may ask a question of the same persons.

6.14.3 All questions shall be stated concisely and shall not be used as a means of making statements or assertions.

6.14.4 Any question shall not be ironical, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.

6.15 Any member who has the floor may require the motion under discussion to be read.

Section 7 - Decorum and Discipline

7.1 A member shall not:

7.1.1 speak disrespectfully of Her Majesty the Queen or any member of the Royal Family, the Governor-General, a Lieutenant Governor, the Board or any member thereof;

7.1.2 use offensive words or unparliamentary language;

7.1.3 disobey the rules of the Board or a decision of the Chairperson or the Board on questions of order, practice or an interpretation of the rules;

7.1.4 speak other than to the matter in debate;

7.1.5 leave their seat or make any disturbance when the Chairperson is putting a question and while a vote is being taken and until the result is declared; and

7.1.6 interrupt a member while speaking except to raise a point of order.

7.2 If a member commits an offense, the Chairperson shall interrupt and correct the member.

7.3 If an offense is serious or repeated, the Board may decide, by resolution, not to permit the member to resume speaking.

7.4 If a member ignores or disregards a decision of the Chairperson or the Board, the Chairperson shall not recognize the member except to receive an apology by the member and until it has been accepted by the Board.

7.5 If a member persists in committing an offense, the Board may order, by resolution, the member to leave the meeting and not resume their seat until they have tendered an apology and it has been accepted by the Board.

Section 8 - Questions of Privilege and Points of Order

- 8.1 The Chairperson shall permit any member to raise a question relating to the rights and benefits of the Board or one or more of the members thereof and questions of privilege shall take precedence over all other motions except to adjourn and to recess.
- 8.2 When a member desires to assert that a rule has been violated, they shall ask leave of the Chairperson to raise a point of order with a concise explanation and then shall not speak until the Chairperson has decided on the point of order.
- 8.3 The decision of the Chairperson shall be final unless a member appeals immediately to the Board.
- 8.4 If the decision is appealed, the Board shall decide the question "Shall the decision of the chair be sustained?" by majority vote without debate and its decision shall be final.
- 8.5 When the Chairperson calls a member to order, the member shall cease speaking immediately until the point of order is dealt with and they shall not speak again without the permission of the Chairperson unless to appeal the ruling of the Chairperson.

Section 9 - By-laws

- 9.1 No motion to pass a By-law shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.2 A motion to pass a By-law shall be carried by a two-thirds vote in the affirmative of the members present at that meeting.
- 9.3 A By-law shall come in to force on the date of passing thereof unless otherwise specified by the Board.
- 9.4 No motion for the amendment or repeal of the By-laws, or any part thereof, shall be considered unless written notice has been received by the members in the manner set out in section 3.6 of this By-law.
- 9.5 A motion to amend or repeal the By-laws, or any part thereof, shall be carried by a two-thirds vote in the affirmative of the members present at the meeting at which the amendment or repeal is to be considered.

Section 10 - Motions

- 10.1 Every motion shall be verbal unless the Chairperson requests that the motion be submitted in writing.
- 10.2 Debate on a debatable motion shall not proceed unless it has been seconded.
- 10.3 Every motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the members who moved and seconded a motion, be withdrawn at any time before amendment or decision.

10.4 A main motion before the Board shall receive disposition before another main motion can be received except a motion:

- 10.4.1 to adjourn;
- 10.4.2 to recess;
- 10.4.3 to raise a question of privilege;
- 10.4.4 to lay on the table;
- 10.4.5 to order the previous question (close debate);
- 10.4.6 to limit or extend limits of debate;
- 10.4.7 to postpone definitely (defer);
- 10.4.8 to commit or refer;
- 10.4.9 to postpone indefinitely (withdraw); or
- 10.4.10 to amend;

which have been listed in order of precedence.

10.5 When a motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by resolution, the motion and any amendments under debate shall be put forthwith without further debate.

10.6 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

10.7 A motion to adjourn a meeting or debate shall be in order, except:

- 10.7.1 when a member has the floor;
- 10.7.2 when it has been decided that the vote be now taken; or
- 10.7.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

Section 11 - Voting

11.1 Only one primary amendment at a time can be presented to a main motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

11.2 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment

is presented, or if any amendment has been carried, the main motion as amended shall be put to a vote.

- 11.3 A main motion may be divided by resolution and each division thereof shall be voted on separately.
- 11.4 After the Chairperson commences to take a vote, no member shall speak or present another motion until the vote has been taken on such motion.
- 11.5 Every member present at a meeting shall vote when a vote is taken unless prohibited by statute and if any member present refuses or fails to vote, he shall be deemed as voting in the negative.
- 11.6 Any member may require that a vote be recorded.
- 11.7 If a member disagrees with the declaration by the Chairperson of the result of any vote, the member may object immediately and require that the vote be retaken and recorded.
- 11.8 After any matter has been decided, any member may move for reconsideration of the matter at a subsequent meeting in the same year but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried by two-thirds of the members, and no matter shall be reconsidered more than once in the same calendar year.

Section 12 - Committees

- 12.1 The Board may strike committees and appoint members to such committees to consider such matters as directed by the Board.
- 12.2 The Medical Officer of Health shall preside over the first meeting of each calendar year until a Chairperson and Vice-Chairperson of the committee are elected by its members.
- 12.3 The Chairperson of a committee shall:
 - 12.3.1 preside over all meetings of the committee;
 - 12.3.2 report on the deliberations and recommendations of the committee to the Board; and
 - 12.3.3 perform such other duties as may be determined from time to time by the Board or the committee.
- 12.4 The Chairperson of a committee may appoint non-Board members to the committee.
- 12.5 The number of non-Board members of a committee shall not exceed the number of Board members of the same committee at any time.
- 12.6 The number of Board members on a committee shall not be a majority of the members of the Board of Health.
- 12.7 It shall be the duty of a committee:

- 12.7.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;
 - 12.7.2 to forward to an incoming committee for the following year any matters not disposed of; and
 - 12.7.3 to provide to the Board any information relating to the committee that is requested by the Board.
- 12.8 All committees shall be dissolved no later than immediately preceding the first meeting as set out in section 3 of this By-law.
- 12.9 The Board may dissolve, by resolution, any committee at any time.

Section 13 - Minutes

The Medical Officer of Health shall ensure that full and accurate minutes are kept of the proceedings of all meetings including a text of the By-laws and the resolutions passed by the Board.

Review/Revisions

- On (YYYY-MM-DD): 2014-05-22 (Governance)**
- On (YYYY-MM-DD): 2013-12-11**
- On (YYYY-MM-DD): 2013-04-10**
- On (YYYY-MM-DD): 2013-03-03 (Governance)**
- On (YYYY-MM-DD): 2012-01-27 (Governance)**
- On (YYYY-MM-DD): 2010-10-13**
- On (YYYY-MM-DD): 2010-09-27 (Governance)**
- On (YYYY-MM-DD): 2007-10-11**
- On (YYYY-MM-DD): 2005-01-12**
- On (YYYY-MM-DD): 2003-07-03**
- On (YYYY-MM-DD): 1998-10-28**
- On (YYYY-MM-DD): 1992-10-14**

To: BOH Governance Committee
From: Dr. Rosana Pellizzari, Medical Officer of Health
Subject: Policies and Procedures for Review
Date: August 18, 2015

Proposed Recommendation:

That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit to approve revisions to the following:

- *2-185 By-Law Number 10 Open and In-Camera Meetings; and*
- *2-280 Complaints, Public.*

Staff are not recommending further changes to item c at this time. Minutes will note that this item has been reviewed by the Committee and the Board shall be so advised.

Attachments

Attachment A – 2-185 By-Law Number 10 Open and In-Camera Meetings
Attachment B – 2-280 Complaints, Public
Attachment C – 2-345 Medical Officer of Health Absence



Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-185	Title: By-Law Number 10 – Conduct of Open and In-Camera Meetings
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 2012-06-13
Date (YYYY-MM-DD): 2013-04-10		Author: Director, Corporate Services
Reference:		

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By-Law Number 10**A By-Law for the Conduct of Open and In-Camera Meetings****Section 1 – Interpretation**

1.1 In this By-law:

- (1) "Act" means the Municipal Act, 2001;
- (2) "Board" means the Board of Health for the Peterborough County-City Health Unit;
- (3) "Chairperson" means the presiding officer at a meeting;
- (4) "Chairperson of the Board" means the Chairperson elected under the Health Protection and Promotion Act;
- (5) "Committee" means an assembly of two or more members that must meet together to transact business;
- (6) "In-camera Meeting" means a meeting or portion of a meeting that is closed to the public;
- (7) "Meeting" means any regular, special or other meeting of The Board or of a Committee of the Board;

- (8) "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;
- (9) "Motion" means a formal proposal by a member in a meeting that the Board or a Committee take certain action;
- (10) "Open Meeting" means a meeting of the Board or a Committee that is open to the general public; and
- (11) "Resolution" means a motion that is carried at a meeting by a majority vote in the affirmative of the members present;

Section 2 - General

- 2.1 The rules in this By-law shall be observed in the calling of and the proceedings at all Meetings of the Board and Committees.
- 2.2 Notice of all Meetings will publically posted. If the Meeting is to be held In-camera, this will be noted on the public posting and a the general nature of the matter(s) to be considered will be noted.

Section 3 – In-Camera Meetings

- 3.1 The Board or Committee shall approve a resolution that the Board or Committee go In-camera and state the general nature (legal/personal/property) of the matter to be considered.
- 3.2 The Board or a Committee shall may go In-camera to discuss:
 - (1) Security of Board property;
 - (2) Personal matters about an identifiable individual, including Board employees;
 - (3) A proposed or pending acquisition or disposition of land by the Board;
 - (4) Labour relations or employee negotiations;
 - (5) Litigation or potential litigation, including matters before administrative tribunals affecting the Board;
 - (6) Advice that is subject to solicitor-client privilege;
 - (7) Personal information, personal health information and sensitive information about non-personal entities (e.g., schools);

- (8) Subject matter that relates to the consideration of a request under the Municipal Freedom of Information and Protection of Privacy Act;
- (9) A matter in respect of which the Board, Committee or other body may hold a closed meeting under another Act;
- (10) A meeting may be closed if it is held for the purpose of educating or training the Members, so long as no Member discusses or otherwise deals with any matter during the closed meeting in a way that materially advances the business or decision-making of Board or Committee.
- (11) Whenever possible, Agendas, Minutes and Reports and other information required for In-Camera discussion or consideration shall be pre-circulated electronically to Board / Committee members in a secure form. When pre-circulation is not an option, printed documents will be provided as soon as to the Board or Committee goes In-Camera.

Section 4 – Voting and Minutes

- 4.1 Minutes of In-camera meetings will be kept securely by the Medical Officer of Health, without comment, recording all resolutions, decisions and other proceedings.
- 4.2 Voting in an In-camera meeting is permitted if the In-Camera meeting is otherwise authorized and the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the Board or of a Committee of the Board; or to persons retained by or under a contract with the Board.

Section 5 - Miscellaneous

In this By-law, whenever the masculine pronoun and the singular are used, it shall include the feminine pronoun and plural, respectively, where the content so requires it.

This By-law shall be deemed to have come in to force on the 14th day of June, 2012 by resolution passed by the Board of Health on June 13th, 2012.

Dated at the City of Peterborough the 13th day of June, 2012.

Review/Revisions

On (YYYY-MM-DD): 2013-03-13 (Governance)

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):



Board of Health

POLICY AND PROCEDURE

Section: Board of Health	Number: 2-280	Title: Complaints, Public
Approved by: Medical Officer of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 1997-02-12
Date (YYYY-MM-DD): 2009-02-11		Author:
Reference:		

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.

POLICY**Objective**

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner, in writing, and in accordance with Board of Health By-laws, policies, and procedures.

~~Complaints concerning a health hazard such as an environmental exposure, garbage accumulation, or dog faeces are addressed according to Health Protection Policy: Health Hazard Complaints.~~

All complaints received by members of the Board of Health will be referred to the Medical Officer of Health for investigation and follow up.

~~Policy~~

~~Health Protection~~

~~Health Hazard Investigations~~

~~January 20, 2006~~

PROCEDURE**Objective:**

~~To ensure that all non environmental complaints received by the Health Unit are dealt with in accordance with Board of Health By-laws, policies, and procedures.~~

Procedure

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by Health Unit staff. Submissions can also be made through the Health Unit web site: <http://www.pcchu.ca/contact/contact-us/submit-a-complaint/>.
2. One copy of the complaint is forwarded to the Director and another copy is forwarded to the Medical Officer of Health. The Director has fourteen days to investigate and prepare a response to the complaint. A copy of the Director's response to the complaint is forwarded to the Medical Officer of Health.
3. If the response is not satisfactory to the complainant he or she will be directed to the Medical Officer of Health for follow-up.
4. Board members will forward all complaints received from the public, stakeholders, and partners to the Medical Officer of Health.
5. The Medical Officer of Health will investigate the complaint and issue a report to the Board member within two weeks.
6. If the issue is not resolved to the satisfaction of the Board member, the issue will be brought to the attention of the Chairperson of the Board of Health.
7. The Chairperson of the Board of Health, in consultation with the board member who received the complaint and the Medical Officer of Health, will attempt to resolve the issue.
8. If the issue is not resolved, the Chairperson of the Board of Health will refer the matter to the Board of Health for a final decision. The parties involved would be invited to present their concerns to the Board of Health.
9. The Medical Officer of Health will produce an annual summary report of complaints for the Board of Health. This report will be provided at the first meeting of the Board in the following year.

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: 2-345	Title: Medical Officer of Health Absence
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 2013-04-13
Date (YYYY-MM-DD): 2013-04-13		Author: Medical Officer of Health
Reference:		

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.

PROCEDURE:

During the absence or unavailability of the Medical Officer of Health for the Peterborough County-City Health Unit, the Medical Officer of Health or Associate Medical Officer of Health for any one of the following Health Units may be authorized as an Acting Medical Officer of Health for the Board of the Peterborough County-City Health Unit:

Haliburton Kawartha Pine Ridge Health Unit
 Durham Region Health Department
 Simcoe Muskoka District Health Unit

Review/Revisions**On (YYYY-MM-DD):****On (YYYY-MM-DD):****On (YYYY-MM-DD):****On (YYYY-MM-DD):**

To: BOH Governance Committee
From: Dr. Rosana Pellizzari, Medical Officer of Health
Subject: Medical Officer of Health Performance Review
Date: August 18, 2015

Proposed Recommendation:

That the Governance Committee for the Peterborough County-City Health Unit:

- *recommend changes to 2-340 and 2-341, Medical Officer of Health (MOH) Performance Review policy and procedure, based on the examples provided;*
- *establish a timeline for the next MOH review; and,*
- *determine how the MOH Review Sub-Committee will be struck.*

Previous appraisals for the Medical Officer of Health were conducted using the current policy and procedure (attachments A & B), however, the sub-committees tasked with carrying out the reviews felt that the documents and overall process required updating.

Staff requested that the Association of Local Public Health Agencies (alPHa) include recommended policies and procedures for MOH review as part of a [Governance Toolkit](#) which was being developed and later released in December, 2014. Excerpts from that toolkit have been appended (attachments C & D); attachment D is over thirty years-old, however, it does align with the MOH responsibilities outlined in the Health Protection and Promotion Act. alPHa noted that they did issue a call out for more current samples and to date none had been received.

Dr. Pellizzari recently reached out to her counterparts and several examples have been included in this package (attachments E, F & G).

Attachments

- Attachment A – 2-340 Medical Officer of Health Performance Review Policy
- Attachment B – 2-341 Medical Officer of Health Performance Review Procedure
- Attachment C – Association of Local Public Health Agencies MOH Review Recommendations (excerpt from Governance Toolkit)
- Attachment D - Association of Local Official Health Agencies MOH Performance Development Appraisal
- Attachment E – Grey Bruce MOH Review Documents
- Attachment F – Leeds, Grenville and Lanark District MOH Review Documents
- Attachment G – Middlesex London MOH Review Documents



**Board of Health
Policy**

Section: Board of Health	Number: 2-340	Title: Medical Officer of Health (MOH) Performance Appraisal	Page: 1 of 2
Approved by: Board of Health Date: <u>Housekeeping Revision</u> Approved by: On:		<u>Original</u> Approved By: Board of Health On: February 11, 2009 <u>Revision</u> Approved By: Board of Health On: December 12, 2012 <u>Reviewed</u> By: Governance Committee On: November 26, 2012 Next Review Date: November 2014	
<u>Reference:</u> Medical Officer of Health Performance Appraisal Procedure – 2-341			

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The Board of Health facilitates performance by creating an environment where the MOH and all employees of the PCCHU 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 Medical Officer of Health’s (MOH) performance is to be appraised before the end of the probationary period, in order to recommend to the Board of Health appointment to regular appointment status, extension of probationary period, or termination of employment.
2. The Medical Officer of Health’s appraisal will be conducted by a committee of the Board of Health chaired by the Chair of the Board of Health.
3. Annual reviews of performance will include the setting and review of objectives; and

professional development plan with a 360° component at least every two years.

4. On alternate years, this review is to be conducted by the current Chair, Vice Chair, and a past Chair of the Board, when possible.
5. The MOH is responsible for completing a self appraisal.
6. The Board will incorporate a feedback form from internal and external stakeholders as part of the 360° component. If relevant, the MOH may incorporate any such processes from their professional college into the appraisal process. If the 360° component corresponds with a municipal election, the component should be postponed to the beginning of the next calendar year.
7. External stakeholders will be approached for feedback by the Board where appropriate.
8. The MOH is to receive a full copy of the completed appraisal document. The Director, Corporate Services will retain the original including the self assessment in the MOH's personnel file.
9. 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.

Historical Record

Revisions:

Board of Health, November 10, 2010

Review:

By-Laws, Policies and Procedures Committee, October 27, 2010



Board of Health Procedure

Section: Board of Health	Number: 2-341	Title: Medical Officer of Health (MOH) Performance Appraisal	Page: 1 of 2
Approved by: Board of Health Date: <u>Housekeeping Revision</u> Approved by: On:		<u>Original</u> Approved by: Board of Health On: February 11, 2009 <u>Revision</u> Approved by: Board of Health On: December 12, 2012 <u>Reviewed</u> By: Governance Committee On: November 26, 2012 Next Review Date: November 2014	
<u>Reference:</u> Medical Officer of Health Performance Appraisal Policy – 2-340			

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.

The Board of Health will:

1. Schedule the performance appraisal before the end of the probationary period and then at least every year, preferably around the Medical Officer of Health's (MOH) anniversary date.
2. Provide the MOH with copies of the following documents in advance of the interview:
 - A copy of the previous [MOH Performance Appraisal Form](#) (Performance Planner)
 - A blank copy of the [MOH Performance Appraisal Form](#)
 - A blank copy of the [Self Appraisal Form](#)
 - A blank copy of the [Confidentiality Agreement](#)

3. When a 360° component is planned as part of the review:
 - request from the Medical Officer of Health in advance of the interview, a list of staff and potential external stakeholders for potential feedback; and
 - request feedback prior to the performance review using the [Feedback Agreement and Appraisal Form](#). (A meeting to discuss the completed form may be requested by the Board or appraiser. They may elect to remain anonymous.).
4. 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. (This will include external stakeholders).
5. Complete the Performance Appraisal Form. Grade each factor using the definitions included in the performance appraisal form and support the decision with comments and examples wherever possible. The appraisal should also include an assessment of performance relative to the Learning and Development Objectives and overall program 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.
6. Conduct the interview. This part may require more than one meeting. Genuinely consider the MOH's input and make changes/additions to the factor comments, examples and even grading where warranted. Determine with the MOH the Learning and Development Objectives as well as overall program objectives for the coming year structured according to the headings in the PCCHU Strategic Plan.
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, Corporate Services is to retain the original including the self assessment in the MOH's personnel file.

Historical Record

Revisions:

Board of Health, November 10, 2010

Review:

By-Laws, Policies and Procedures Committee, October 27, 2010



Evaluation of the Medical Officer of Health (MOH)

An essential part of determining health unit's performance is assessment of the Medical Officer of Health (MOH). The MOH is accountable to the BOH for leading the health unit and for implementing its decisions. The MOH leads and manages all aspects of the health unit's operations, including: directing executive staff; preparing, monitoring and complying with the annual budgets; and overseeing the efficient operation of the health unit's programs and services. If the MOH is to be accountable and to achieve predefined outcomes then he or she must be free to decide who does what, when, why and under what circumstances.

The evaluation will often emphasize how the MOH has desired outcomes, but it is important to also emphasize how well they were achieved. In other words, the assessment also needs to emphasize how the MOH's performance reflects the health unit's values, vision, mission, mandate and policies and contributed to the achievement of strategic goals. A component of the MOH's evaluation may involve interviews and discussions with and/or surveys of feedback from employees and other stakeholders.

A process for the MOH's evaluation should be clearly defined and mutually agreed in advance. The BOH has identified in advance the areas for which the MOH will be held accountable. The evaluation should be completed by the health board as a whole.

Aspects of the MOH's performance that may be reviewed include:

- relations with and reporting to the BOH
- strategic and operational planning, including implementation of board policies
- overall administration, including development and implementation of human resource policies
- fulfilment of statutory requirements (Health Protection and Promotion Act, Ontario Public Health Standards, Ontario Public Health Organizational Standards etc.)
- communications within health unit and external stakeholders
- relations within health unit and external stakeholders

It is recommended that the evaluation form used to assess the MOH should be customized to the health unit's mission, strategic plan, goals and expectations agreed upon by the MOH and outlined in the MOH's contract and job description.

On the next page is Form 23, alpha's Medical Officer of Health Performance and Development Appraisal Form. Please note this document has not been updated since the late 1980's. Current samples from boards of health have been requested.



The Association of Local Official Health Agencies

MEDICAL OFFICER OF HEALTH PERFORMANCE AND DEVELOPMENT APPRAISAL

It is the policy of this Board that all employees shall have an annual performance and development appraisal.

THE PERFORMANCE APPRAISAL PROCESS

The Board of Health shall conduct the performance appraisal of the Medical Officer of Health.

The Board of Health reviews the performance of the Medical Officer of Health six months after appointment of a new incumbent and annually thereafter.

The Board Chair, and two other Board members as selected by the Board, are responsible for initiating the process by meeting to discuss performance and draft an appraisal document. The Medical Officer of Health is invited to provide input from his/her perspective at this stage. The draft performance appraisal is then reviewed by the whole Board in camera.

The Board Chair meets with the Medical Officer of Health to discuss the appraisal document approved by the Board and provide an opportunity for the Medical Officer of Health to provide additional verbal or written comments on the appraisal.

PERFORMANCE AND DEVELOPMENT APPRAISAL

MEDICAL OFFICER OF HEALTH NAME:

REVIEWER NAMES:	TITLE	APPRAISAL PERIOD:	TO
1.			
2.		DATE ENTERED	PRESENT POSITION:
3.			

- Body of knowledge and professional conduct required by licence are givens.
- The appraisal is backed by objective standards established by professional body or Health Unit policies and practices.
- This form is to assist the employee with clear, realistic feedback on performance and career expectations, to help plan his/her development, and to document the performance and development appraisal discussion.

OVERALL PERFORMANCE

The objectives of this section are: to provide the Medical Officer of Health with clear feedback about overall performance; to explain the considerations that go into it; and to assure that career expectations are in line with present performance.

Check the box below which best summarizes the Medical Officer of Health’s performance against overall expectations. Your ratings should consider: how well work objectives/assignments are achieved; how the Medical Officer of Health goes about achieving them; what other results are being achieved apart from planned objectives/assignments. (Take into consideration experience with other employees in similar jobs and along the same factors.) The rating scale includes three ranges of acceptable and one level of unacceptable performance, defined as follows:

Exceeding Expectations..... Achievements consistently exceed the position’s requirements.

Achieving Expectations Achievements consistently meet the position’s requirements. In some areas, accomplishments may exceed work expectations; in others, they may fall short. Overall, however, the position’s objectives or requirements are being met.

Partially Achieving Expectations Achievements partially meet the position’s requirements. With improvements specified, areas of performance should become satisfactory. If improvement does not occur, performance will be considered not acceptable.

Not Acceptable Achievements do not meet the position’s requirements. Performance improvement is necessary and a re-evaluation period should be established.

Performance Rating Summary

Performance Factor	Not Acceptable	Partially Achieving Expectations	Achieving Expectations	Exceeding Expectations
Rating	0	1	2	3
Reporting to the Board				
Overall Administration				
Planning				
Supervision				
Board Relations				
Community Relations				
Statutory Responsibilities				
Medical Advice				
Health Planning				
Communications				
Personal Development				

PERFORMANCE RATING SUMMARY

PERFORMANCE FACTORS	COMMENTS	RATING
<p>REPORTING TO THE BOARD</p> <ul style="list-style-type: none"> <input type="checkbox"/> provides appropriate and timely reports as requested <input type="checkbox"/> MOH Report at each Board Meeting <input type="checkbox"/> informs Board of any important developments affecting the Health Unit (e.g. legislative changes, public health emergencies, organizational problems) <input type="checkbox"/> meets regularly with Board Chair 		
<p>OVERALL ADMINISTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> human resource management (e.g. no 'bad' grievances, good staff morale and productivity, reasonable staff turnover, effective staff hiring, etc.) <input type="checkbox"/> financial management (e.g. policy for expenditures and allocations) <input type="checkbox"/> program management (achieves objectives or actions of the Plan of the Board of Health) <input type="checkbox"/> effective implementation of Board decisions <input type="checkbox"/> regular and effective meetings of Management Committee 		
<p>PLANNING</p> <ul style="list-style-type: none"> <input type="checkbox"/> completion of annual tactical and strategic planning (including review of previous year's plan) <input type="checkbox"/> anticipates and plans for major trends in needs and services 		
<p>SUPERVISION</p> <ul style="list-style-type: none"> <input type="checkbox"/> completes Performance Appraisals on senior staff <input type="checkbox"/> provides appropriate ongoing staff supervision <input type="checkbox"/> accessible to staff <input type="checkbox"/> encourages professional development <input type="checkbox"/> leadership skills 		
<p>BOARD RELATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> promotes productive relations between Board and Health Unit 		

PERFORMANCE FACTORS	COMMENTS	RATING
<p>COMMUNITY RELATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> promotes productive relations between Health Unit and other groups and organizations (e.g. health care providers, community organizations, citizen groups, etc.) <input type="checkbox"/> promotes productive relationships between the Health Unit and the Ministry of Health <input type="checkbox"/> promotes productive relationships and acts as a resource between the health unit and the Boards of Education, business, labour, government, media <input type="checkbox"/> responds effectively to public concerns and issues 		
<p>STATUTORY RESPONSIBILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> responds effectively to health hazards under the Health Protection and Promotion Act <input type="checkbox"/> provides effective control of communicable diseases under the HPPA <input type="checkbox"/> maintains greater than 95% adequate immunization under the Immunization Act of School Pupils Act <input type="checkbox"/> and other statutory obligations 		
<p>MEDICAL ADVICE</p> <ul style="list-style-type: none"> <input type="checkbox"/> maintains effective communications with health care workers in region <input type="checkbox"/> serves as a resource for professional and technical advice 		
<p>HEALTH PLANNING</p> <ul style="list-style-type: none"> <input type="checkbox"/> assesses the health status and needs of the community <input type="checkbox"/> develops programs and services to meet needs 		
<p>COMMUNICATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> internal/external <input type="checkbox"/> written/verbal <input type="checkbox"/> media and presentation skills <input type="checkbox"/> evaluating and disseminating information 		

<p>PERSONAL DEVELOPMENT</p> <p><input type="checkbox"/> ensures knowledge & skills remain current & relevant to the needs of the Health Unit</p>		
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COMMENTS: Document your rating in a manner which will satisfy this section's objectives.

APPRAISAL SUMMARY

1. SPECIAL OR PROJECT ACTIVITIES:

Recommendations: _____

2. AREAS OF SPECIAL ABILITY:

Recommendations: _____

3. DEVELOPMENTAL REQUESTS A Contract for a Personal/Professional Development Program for the Coming 12 Months

Recommendations: _____

4. AREAS REQUIRING IMPROVEMENT A Contract to Focus on Specific Performance Factors for the Coming 12 Months

Recommendations: _____

5. BOARD OF HEALTH COMMENTS:

6. MEDICAL OFFICER OF HEALTH'S COMMENTS:

BOARD OF HEALTH
Date:

MED. OFFICER OF HEALTH
Date:

REVIEWER (IF REQUIRED)
Date:

MEDICAL OFFICER OF HEALTH

PERFORMANCE EVALUATION FORM

MEDICAL OFFICER OF HEALTH "ROLE"	DESCRIPTION	COMMENTS	EE – Exceeds Expectation ME – Meets Expectation P – Progressing NI – Needs Improvement
1. Monitoring and Assessing the Health of the Public	1.1 Identifies and integrates critically appraised information on health status, existing services, and evidence of effective interventions to identify population health needs.		
	1.2 Evaluates the effectiveness of surveillance systems to monitor the health of the public.		
2. Public Health Consultant	2.1 When called upon for advice, clarifies the nature of the request and collects and synthesizes relevant information and evidence		
	2.2 Recognizes the social, cultural, and ethical issues related to a public health issue		
	2.3 Makes decisions in a timely manner in complex situations and environments and takes accountability for these decisions.		
3. Communication	3.1 Has knowledge and applies basic principles of planning in order to develop an effective communication plan that mobilizes individuals and communities.		
	3.2 Effectively communicates with individuals and communities and others in all situations.		

MEDICAL OFFICER OF HEALTH “ROLE”	DESCRIPTION	COMMENTS	EE – Exceeds Expectation ME – Meets Expectation P – Progressing NI – Needs Improvement
4. Advocacy for the Public Health	4.1 Understands local, provincial, and national political systems and connects with them appropriately.		
	4.2 Understands how to influence and shape the political agenda to improve health and reduce inequalities.		
	4.3 Identifies issues and situations where advocacy may be effective.		
5. Collaboration	5.1 Understands roles that different organizations, agencies, individuals and professional play and the influence they may have on health and health inequalities		
	5.2 Uses skills such as team building, negotiation, conflict resolution, and group facilitation to build effective partnerships with key institutions and players.		
6. Investigating and Mitigating Immediate Risks to Human Health.	6.1 Demonstrates a thorough understanding of a MOH’s responsibilities and authorities to promote and protect the health of the public.		
	6.2 Liaises with other professionals and organizations to gather information and coordinates action to investigate and mitigate risks.		
	6.3 Determines the best course of action, including exercising legislated authority as required, to address situations of potential risk to human health and takes responsibility for recommended actions.		

MEDICAL OFFICER OF HEALTH "ROLE"	DESCRIPTION	COMMENTS	EE – Exceeds Expectation ME – Meets Expectation P – Progressing NI – Needs Improvement
7. Policy, Planning and Program Development	7.1 Applies analytic tools for comparing options and weighing benefits vs. cost in determining a recommended course of action.		
	7.2 Develops and implements an action plan with clear and measurable objectives and a sound and sufficient budget.		
	7.3 Designs program evaluation plans to assess a public health program and interprets findings in making improvements.		
8. Leadership	8.1 Identifies a strategic direction and vision for health and wellbeing and communicates it consistently.		
	8.2 Applies effective leadership styles appropriate to particular situations and circumstances.		
	8.3 Diagnoses and resolves communication and coordination challenges.		
9. Management	9.1 Sets priorities and maximizes outcomes.		
	9.2 Creates and supports inter- and cross-disciplinary cohesion and team building.		
	9.3 Contributes effectively to organizational change and implementation of policy decisions.		

MEDICAL OFFICER OF HEALTH "ROLE"	DESCRIPTION	COMMENTS	EE – Exceeds Expectation ME – Meets Expectation P – Progressing NI – Needs Improvement
10. Professional and Educator	10.1 Demonstrates sensitivity of varied cultural, ethnic, socio-economic backgrounds of individuals and groups.		
	10.2 Demonstrates professional and appropriate conduct with individual staff, groups, and other agencies.		
	10.3 Provides clinical oversight for delegated medical acts as required.		
	10.4 Mentors less experienced colleagues and serves as a role model.		
	10.5 Contributes to team and organizational learning in order to advance public health goals.		

Evaluation Framework - Medical Officer of Health

EXPECTATIONS	BOARD	MGT	STAFF	PARTNERS
Operational Planning				
1. Identify a strategic direction and vision for the Health Unit in collaboration with management and staff, and communicate it consistently to a wide range of people and agencies.	X			X
2. Identify and integrate information on health status, existing services and evidence of effective interventions to identify population health needs.		X	X	
3. Set priorities and maximize outcomes based on available resources.	X	X		
4. Apply the following concepts to public health practice: the health status of populations, inequities in health, the determinants of health and illness, strategies for health promotion, disease and injury prevention and health protection, as well as the factors that influence the use of health services.		X		
5. Recognize the social, cultural and ethical issues including local contextual factors related to a public health issue.	x	X	X	x
6. Assess the relative merits (e.g., considering suitability to target group, resource requirements, etc.) of potential intervention strategies (e.g., education, advocacy, policy, regulation, collaboration, clinical services, etc.) to comprehensively address a public health issue.		X	X	
7. Systematically assess the feasibility and social, economic, environmental, legal and ethical implications of policy options based on analysis of diverse forms of evidence.	x	X	X	

EXPECTATIONS	BOARD	MGT	STAFF	PARTNER
8. Develop and implement an action plan for the management team with clear and measurable objectives and a sound and sufficient budget.		X		
9. Assess the relative merits (e.g., considering suitability to target group, resource requirements, etc.) of potential intervention strategies (e.g., education, advocacy, policy, regulation, collaboration, clinical services, etc.) to comprehensively address a public health issue.		X	X	
Organization				
10. Provide direction for the effective and efficient management of the Health Unit staff, services and programs.	X	X		
11. Contribute effectively to organizational change and implementation of policy decisions.	X	X		
12. Delegate where appropriate.		X		
13. Design and implement an efficient and effective organizational structure.	X	X		
14. Ensure Health Unit wide policies and procedures provide appropriate direction to management and staff.		X		
Leadership				
15. Evaluate the politically challenging environment in which one works and operate effectively within it.	X	X		
16. Build and sustain strategic alliances and partnerships, especially within politically challenging environments.	X	X	X	X
17. Provide direction to ensure effective human resources principles and practices.		X		

EXPECTATIONS	BOARD	MGT	STAFF	PARTN
18. Provide direction to ensure effective financial principles and practices.		X		
19. Provide sound public health direction on the recognition, investigation and management of infectious diseases of public health importance.		X	X	
20. Provide sound public health direction on the recognition, investigation and initial management of conditions of environmental and occupational origin.		X	X	
21. Ensure legislated responsibilities under the Health Protection and Promotion Act and other relevant legislation are effectively discharged.		X		
22. Provide adequate information to the Board to support their decision-making.	X			
23. Make decisions in a timely manner in complex situations and environments and be accountable for these decisions.	X	X	X	
24. When called upon for advice, clarify the nature of the request and collect, synthesize and present relevant information and evidence.	x	X	X	x
25. Apply effective leadership styles appropriate to particular situations and circumstances.	x	X		
26. Lead effectively in uncertain or ambiguous situations.		X		
27. Demonstrate sensitivity and understanding of varied cultural, ethnic, socioeconomic backgrounds of individuals and groups and apply public health ethical principles in practice and research.		X	X	
28. Continually seek and acquire professional development in order to maintain ongoing improvement in skill areas consistent with enhancing organisation operations and outcomes.		X		

EXPECTATIONS	BOARD	MGT	STAFF	Partner
29. Provide clinical oversight for delegated medical acts as required.		X	X	
30. Mentor less experienced colleagues and serve as a role model.		X	X	
31. Contribute to team and organizational learning in order to advance public health goals.		X		
32. Provide health status, demographic, statistical, programmatic and scientific information tailored to a wide range of audiences (including political/executive audiences and the general public) and that is likely to influence their actions.	X	X		X
33. Facilitate the development of an effective management team.	X	X		
34. Build effective relationships with unions.	X	X		
35. Build effective partnerships with key institutions and players.	X	X	X	X
36. Prepare an advocacy strategy to influence public policy based on evidence of effective interventions to address the problem and on evidence for effective public health advocacy.		X	X	
37. Provide advice to Board on matters of policy and issues related to the health of the population.	X			
Control				
38. Ensures effective internal financial controls are present including the Reserve Fund and Investments.	X	X		
39. Provides Board with financial information for budget preparation and monitoring.	X			
40. Reviews financial statements with management team and makes corrections as needed to		X		

balance budget.				
41. Develops performance measurement system for Health Unit.		X		
42. Identifies and responds to problems within organization related effectively and efficiently.	X	X		

MLHU MOH/CEO PERFORMANCE APPRAISAL

Name: [REDACTED]

Title: Medical Officer of Health and Chief Executive Officer

This performance appraisal is due on: [REDACTED]

It reviews the performance for the period:

From: [REDACTED]

To: [REDACTED]

And sets objectives for the period:

From: [REDACTED]

To: [REDACTED]

The following **RATING SCALE** 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.

MLHU MOH/CEO PERFORMANCE APPRAISAL

<p>Program Excellence – This area reflects on how the MOH/CEO has influenced the impact the HU 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</p>	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>					

MLHU MOH/CEO PERFORMANCE APPRAISAL

Client and Community Impact – This area reflects on the MOH/CEO’s representation of the HU 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 health unit. 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. 					
<p>Comments: (include major strengths in this area of focus and any areas that may need future development)</p>					

MLHU MOH/CEO PERFORMANCE APPRAISAL

<p>Employee Engagement and Learning – <i>This area reflects on how the MOH/CEO has influenced the HU’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"> 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 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. 					
<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. 					

MLHU MOH/CEO PERFORMANCE APPRAISAL

<p>Employee Engagement and Learning – <i>This area reflects on how the MOH/CEO has influenced the HU’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"> 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 health unit. 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. 					
<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>					

MLHU MOH/CEO PERFORMANCE APPRAISAL

<p>Governance – <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This area also reflects on the MOH/CEO’s responsibility for actions, decision and policies that impact the HUs 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 HU financial situation demonstrating effective management of financial resources. Ensures 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 HU 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 HU by-laws, policies and procedures and ensures adherence within the health unit. 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. 					
<ul style="list-style-type: none"> Ensures adequate orientation and on-going education of BOH members. 					

MLHU MOH/CEO PERFORMANCE APPRAISAL

<p>Governance – <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This area also reflects on the MOH/CEO’s responsibility for actions, decision and policies that impact the HUs 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"> • Informs BOH of important developments affecting Public Health and the HU (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>					

MLHU MOH/CEO PERFORMANCE APPRAISAL

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				
Comments – (Including comments with respect to the major strengths of the MOH/CEO and areas for future development.)				

MLHU MOH/CEO PERFORMANCE APPRAISAL

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

MLHU MOH/CEO PERFORMANCE APPRAISAL

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 and Chief Executive Officer

Date

For the Board of Health

We have discussed the performance appraisal with the Medical Officer of Health and Chief Executive Officer. 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

Board of Health

Date