

**Board of Health for  
Peterborough Public Health  
AGENDA  
Governance Committee Meeting  
Tuesday, August 2, 2016 – 4:30 – 6:00 p.m.  
Dr. J. K. Edwards Board Room, 3<sup>rd</sup> Floor  
Jackson Square, 185 King Street, Peterborough**

**1. Call to Order**

Opening Statement

*We respectfully acknowledge that we gather and reside on traditional Anishinaabeg land, and we offer our deep gratitude to our First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.*

**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 3, 2016](#)

**6. Business Arising From the Minutes**

6.1. [Stewardship Committee](#)

Larry Stinson, Director of Operations

**7. Staff Reports**

**8. Consent Items**

*All matters listed under Consent Items are considered to be routine, housekeeping, information or non-controversial in nature and to facilitate the Board's consideration can be approved by one motion.*

**Committee Members:** *For your convenience, circle the items you wish to consider separately: 8.2a*

- 8.1. **Correspondence (NIL)**
- 8.2. **Staff Reports and Presentations**
  - a. **[Board By-Laws and Policies for Review](#)**  
Larry Stinson, Director of Operations
- 8.3. **Committee Reports (NIL)**
- 9. **New Business**
  - 9.1. **Consent Agenda Training – Discussion**
  - 9.2. **Board Membership - Discussion**  
**[Ref: 2-261 Appointments, Provincial Representatives \(web hyperlink\)](#)**
- 10. **In Camera to Discuss Confidential Matters (NIL)**
- 11. **Motions for Open Session (NIL)**
- 12. **Date, Time, and Place of the Next Meeting**

Tuesday, November 1, 2016 – 4:30 – 6:00 p.m.  
Dr. J.K. Edwards Board Room, 3<sup>rd</sup> Floor, Peterborough Public Health  
Jackson Square, 185 King Street, Peterborough
- 13. **Adjournment**

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**Board of Health for the  
Peterborough County-City Health Unit  
DRAFT MINUTES  
Governance Committee Meeting  
Tuesday, May 3, 2016 – 4:30 p.m.  
Dr. J. K. Edwards Board Room, 185 King Street, Peterborough**

**Present:** Mayor Mary Smith  
Mr. Scott McDonald  
Mr. Greg Connolley, Chair  
Mayor Rick Woodcock

**Regrets:** Deputy Mayor John Fallis

**Staff:** Dr. Rosana Salvaterra, Medical Officer of Health  
Mr. Larry Stinson, Director of Operations  
Ms. Natalie Garnett, Recorder (4:35 p.m.)

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**1. Call to Order**

Mr. Connolley called the Governance Committee meeting to order at 4:30 p.m.

**2. Confirmation of the Agenda**

MOTION:

*That the Agenda be accepted as circulated.*

Moved: Mayor Smith

Seconded: Mr. McDonald

Motion carried. (M-2016-009-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 March 15, 2016 be approved as circulated and provided to the Board of Health at its next meeting for information.*

Moved: Mr. McDonald

Seconded: Mayor Woodcock

Motion carried. (M-2016-010-GV)

**6. Business Arising from the Minutes**

**7. Staff Reports**

**7.1 Staff Report: Risk Management**

Mr. Stinson, Director of Operations provided an overview of the staff report "Risk Management".

**MOTION:**

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

- *Receive the staff report, "Risk Management", for information; and*
- *Approve the recommended action plan for implementation.*

Moved: Mr. McDonald

Seconded: Mayor Smith

Motion carried. (M-2016-011-GV)

**MOTION:**

*That staff undertake additional research on how similar Board of Health are addressing the Risk Management issue and bring a report to the Committee meeting of August 2, 2016 along with a Draft Terms of Reference.*

Moved: Mayor Smith

Seconded: Mayor Woodcock

Motion carried. (M-2016-012-GV)

**8. Consent Items**

**8.1 Correspondence**

**8.2 Staff Reports and Presentations**

**a. Board By-laws and Policies for Review**

**MOTION:**

*That the Governance Committee for the Board of Health for the Peterborough County-City Health Unit advise the Board of Health at its next meeting that the Committee reviewed the following by-law and recommends:*

- 2-160, By-law 7, Execution of Documents – be amended as recommended.

Moved: Mayor Woodcock

Seconded: Mr. McDonald

Motion carried. (M-2016-013-GV)

**MOTION:**

*That the Governance Committee for the Board of Health for the Peterborough County-City Health Unit advise the Board of Health at its next meeting that the Committee reviewed the following and recommends:*

- 2-211, Delegation of Authority – be amended as revised.

Moved: Mayor Smith

Seconded: Mr. McDonald

Motion carried. (M-2016-014-GV)

**MOTION:**

*That the Governance Committee for the Board of Health for the Peterborough County-City Health Unit advise the Board of Health at its next meeting that the Committee reviewed the following and recommends:*

- 2-20, Authority and Jurisdiction – no revisions.

Moved: Mayor Woodcock

Seconded: Mr. McDonald

Motion carried. (M-2016-015-GV)

**MOTION:**

*That the Governance Committee for the Board of Health for the Peterborough County-City Health Unit advise the Board of Health at its next meeting that the Committee reviewed the following and recommends:*

- By-law 4, Appointment of Auditor – be revised as recommended.

Moved: Mayor Woodcock

Seconded: Mayor Smith

Motion carried. (M-2016-016-GV)

b. Skills Matrix

**MOTION:**

*That the Governance Committee for the Board of Health for the Peterborough County-City Health Unit request staff to draft a skills matrix tool that could be used to search for new Board Members when required.*

Moved: Mr. McDonald

Seconded: Mayor Woodcock

Motion carried. (M-2016-017-GV)

### 8.3 Committee Reports

## 9. New Business

### 9.1 Review Committee Terms of Reference

The Chair provided an overview of the Governance Committee Terms of Reference.

MOTION:

*That the Governance Committee advise the Board of Health for the Peterborough County-City Health Unit at its next meeting that the Committee reviewed the following and recommends:*

- 2-348, Governance Committee Terms of Reference – be revised as recommended.

Moved: Mr. McDonald

Seconded: Mayor Woodcock

Motion carried. (M-2016-018-GV)

## 10. In Camera to Discuss Confidential Matters

## 11. Motions from In Camera for Open Session

## 12. Date, Time and Place of Next Meeting

Tuesday, August 2, 2016 at 4:30 p.m. in the Board Room, Peterborough County-City Health Unit, 185 King Street, Peterborough.

## 13. Adjournment

MOTION:

*That the Governance Committee meeting be adjourned.*

Moved by: Mayor Smith

Seconded by: Mr. McDonald

Motion carried. (M-2016-019-GV)

The meeting was adjourned at 6:05 p.m.

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Chairperson

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Medical Officer of Health

**To:** BOH Governance Committee

**From:** Larry Stinson, Director of Operations

**Subject:** Stewardship Committee

**Date:** August 2, 2016

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**Proposed Recommendation:**

*That the Governance Committee recommend to the Board of Health for Peterborough Public Health that it:*

- *establish a Board of Health Stewardship Committee;*
- *appoint Board Members to the Committee; and*
- *approve the Terms of Reference for this Committee as presented.*

Please see the attached for reference:

[Draft Terms of Reference, Stewardship Committee](#)

Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-354	<b>Title:</b> Stewardship Committee
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b>
<b>Signature:</b> _____		<b>Author:</b> Governance Committee
<b>Date (YYYY-MM-DD):</b>		
<b>Reference:</b>		

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**Goal**

1. To ensure that the Board of Health fulfils its due diligence responsibilities for accountable, effective and efficient management of public resources.
2. To fulfill obligations and oversight responsibilities relating to financial planning, the audit process and financial reporting.
3. To promote and provide oversight for effective risk management practices.

**Duties and Responsibilities:**

1. *Financial Planning:*  
The Committee will review and make recommendations to the Board in respect of:
  - a. Annual budgets for all funding agreements greater than \$100,000;
  - b. Consistency of planned budget allocations with strategic plans and other identified priorities.
2. *Financial Reporting:*  
The Committee will review and recommend approval to the Board:
  - a. financial management by-laws and polices;
  - b. quarterly financial statements; and
  - c. annual audited financial statements.
3. *External Audit:*  
The Committee will:

- a. Meet with the External Auditor to review the terms of engagement and approve the audit plan.
- b. Discuss with the External Auditor any problems experienced in conducting the audit, including any issues with management's cooperation or disagreements regarding financial statements or disclosure.
- c. Meet with Auditor to discuss significant findings and recommendations.
- d. Recommend to the Board the approval of the annual Audited Financial Statement and the appointment of the External Auditor.

#### 4. *Internal Controls:*

The Committee will:

- a. Review on an annual basis the control measures in place to manage financial risk.
- b. Review legal matters that have potential to impact financial statements in a material way and where deemed appropriate advise and/or seek direction from the Board.
- c. Review any recommendations from External Auditors for improved financial management practices together with management.

#### 5. *Risk Management:*

The Committee will:

- a. Review on a quarterly basis management's assessment of any material changes to risk categories as identified in the Province of Ontario's Integrated Risk Management Quick Reference Guide (attached).
- b. Request management reports on risk management status for categories deemed most relevant to the Board of Health, including but not limited to: strategy, service delivery, human resources, information and privacy, infrastructure, legislative compliance, technology, security and equity.

### **Membership**

The Committee will be composed of a minimum of three Board members with maximum of one representative from the City, County, Provincial Representatives, or First Nation representatives, in addition to the Chair of the Board.

The Committee will elect its own Chair and Vice-Chair at the first meeting of each calendar year.

Internal staff resources will be provided for the Committee through the Medical Officer of Health and the Director of Operations.

### **Quorum**

A majority of Committee members constitute a quorum.

### **Reporting**

The Committee will provide its minutes, once approved, to the Board of Health at the next scheduled meeting.

The Chair will take motions and/or recommendations deemed appropriate by the Committee forward to the Board of Health at the next scheduled meeting.

## **Meetings**

The Committee will meet a minimum of quarterly and may meet more frequently

Extraordinary meetings to address specific items may be held at the call of the Chair of the Stewardship. Time-limited sub-committees may be formed to address specific issues.

The Stewardship Committee will meet with other Board Committees as required.

## **Minutes**

The Executive Assistant to the Board of Health, or designate, will record the proceedings at meetings and provide secretarial support to the Committee.

The minutes are circulated in draft to Committee members prior to the next Committee meeting. Minutes are corrected and approved at the next meeting of the Committee.

The approved minutes are signed by the recorder and the Chairperson. Original copies of the approved minutes are kept in a binder in the Administration office.

## **Agendas**

Agendas will be prepared and distributed according to the format set forth in Section 4 – Agenda and Order of Business, as written in Board of Health By-Law #3, Calling of and Proceedings at Meetings.

## **Terms of Reference**

The Terms of Reference of the Board of Health's Stewardship Committee will be reviewed and updated at the first meeting of each year, or more often as needed.

## **Attachment:**

Integrated Risk Management Quick Reference Guide

## **Review/Revisions**

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

On (YYYY-MM-DD):

# INTEGRATED RISK MANAGEMENT QUICK REFERENCE GUIDE

## The OPS risk management process



### Step 1: State (or establish) objectives

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

#### Consequences

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

#### Cause/Source of Risk

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

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

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

### Step 2: Identify risks & controls

#### Identify risks - What could go wrong?

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

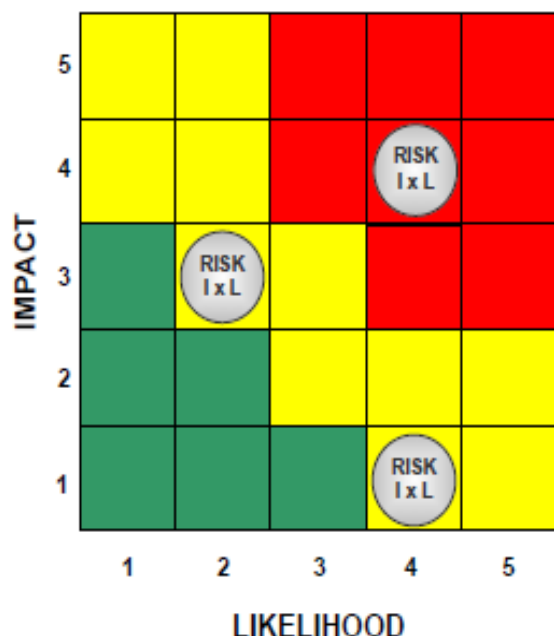
#### Identify existing controls – What do you already have in place?

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

## 13 categories of risk

RISK	DESCRIPTION
Compliance/ Legal	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts; may expose the ministry to the risk of fines, penalties, litigation.
Equity	Uncertainty that policies, programs, services will have an equitable impact on the population.
Financial	Uncertainty of obtaining, using, maintaining economic resources; meeting overall financial budgets/commitments; preventing, detecting or recovering fraud.
Governance / Organizational	Uncertainty of having appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Information / Knowledge	Uncertainty regarding the access to or use of accurate, complete, relevant and timely information. Uncertainty regarding the reliability of information systems.
Operational or Service Delivery	Uncertainty regarding the performance of activities designed to carry out any of the functions of the ministry/unit, including design and implementation.
People / Human Resources	Uncertainty as to the ministry's/ business unit's ability to attract, develop and retain the talent needed to meet its objectives.
Political	Uncertainty of the events may arise from or impact any level of the government including the Offices of the Premier or Minister, e.g. a change in government political priorities or policy direction.
Privacy	Uncertainty with regards to the safeguarding of personal information or data, including identity theft or unauthorized access.
Security	Uncertainty relating to physical or logical access to data and locations (offices, warehouses, labs, etc).
Stakeholder / Public Perception	Uncertainty around the expectations of the public, other governments, media or other stakeholders; maintaining positive public image; ensuring satisfaction and support of partners.
Strategic / Policy	Uncertainty that strategies and policies will achieve required results or that policies, directives, guidelines, legislation will not be able to adjust as necessary.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements. Uncertainty of the availability and reliability of technology.

## RISK PRIORITIZATION MATRIX



## Step 3: Assess Risks & Controls

### Assess inherent risks

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

### Assess existing controls

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

### Reassess residual risks

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

## Rating Scale

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

## Step 4: Plan & Take Action

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

## Step 5: Monitor & Report

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

### Key Risk Indicators (KRI)

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

### Risk Tolerance

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

### Risk Appetite

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

**To:** BOH Governance Committee

**From:** Dr. Rosana Salvaterra, Medical Officer of Health

**Subject:** By-Laws, Policies and Procedures for Review

**Date:** August 2, 2016

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**1. By-Laws/Policies requiring amendments:**

**Proposed Recommendation:**

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

- 2-100 By-Law #1, Management of Property
- 2-110 By-Law #2, Banking and Finance
- 2-140 By-Law #5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health; and
- Position Description, Medical Officer of Health

**Attachments**

[Attachment A – 2-100 By-Law #1, Management of Property](#)

[Attachment B - 2-110 By-Law #2, Banking and Finance](#)

[Attachment C - 2-140 By-Law #5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health](#)

[Attachment D – Position Description, Medical Officer of Health](#)

**2. Policies with no recommended changes:**

**Proposed Recommendation:**

*That the Governance Committee advise the Board of Health for Peterborough Public Health that the following policies were reviewed and no revisions were recommended:*

- 2-200 Duties and Responsibilities of Board Members
- 2-284 Correspondence; and,

*that the following policy be referred to the proposed Stewardship Committee should it be established by the Board:*

- 2-180 By-Law Number 9, Procurement of Goods and Services.

Staff are not recommending further changes to these documents at this time. With respect to By-Law #9, based on an initial assessment, there is a need to consider alignment with the Health Protection and Promotion Act, Municipal Act, and Accountability Agreement language.

**Attachments**

**[Attachment E - 2-200 Duties and Responsibilities of Board Members](#)** *(web hyperlink)*

**[Attachment F - 2-284 Correspondence](#)** *(web hyperlink)*

**[Attachment G - 2-180 By-Law Number 9, Procurement of Goods and Services](#)** *(web hyperlink)*



Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-100	<b>Title:</b> By-Law Number 1 – Management of Property
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1989-10-25
<b>Signature:</b>		<b>Author:</b> Director, <del>Corporate Services of Operations</del>
<b>Date (YYYY-MM-DD):</b> 2012-12-12		
<b>Reference:</b>		

**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.

**By-Law Number 1**  
**A By-Law for the Management of Property**

1. In this By-law:
  - (1) "Act" means the Health Protection and Promotion Act;
  - (2) "Board" means the Board of Health for the Peterborough County-City Health Unit, **also referred to as Peterborough Public Health**; and
  - (3) "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and Regulations.
2. The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act.
3. The Director ~~of Operations, Corporate Services~~ shall be responsible for the care and maintenance of all property. Such responsibility shall include, but not be limited to, the following.
  - (1) The care and maintenance of **all elements of the owned Condominium units.:**
    - ~~(i) the parking areas and exterior of the building;~~
    - ~~(ii) the grounds of the property; and~~
    - ~~(iii) the interior of the building.~~
  - ~~(2) The replacement of or repairs to capital items such as the heating, cooling and ventilation systems, the roof and structural work and the plumbing, lighting and wiring.~~
  - (3) **(2)** The maintenance of up-to-date property insurance coverage.

4. The Board shall ensure, through the Medical Officer of Health, that all such property complies with applicable statutory requirements contained in municipal, provincial and/or federal legislation.

This By-law shall be deemed to have come in to force on the 11<sup>th</sup> day of October, 1989.

Dated at the City of Peterborough the 25th day of October, 1989.

**Review/Revisions**

**On** (YYYY-MM-DD): 2014-11-03 (Governance)

**On** (YYYY-MM-DD): 2012-12-12 (Board)

**On** (YYYY-MM-DD): 2010-07-07 (Board)

**On** (YYYY-MM-DD): 2007-10-09 (MOH)

**On** (YYYY-MM-DD): 2006-03-06 (Board Chair)

**On** (YYYY-MM-DD): 2005-04-01 (MOH)

**On** (YYYY-MM-DD): 1998-10-28 (Board)



Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-110	<b>Title:</b> By-Law Number 2 – Banking and Finance
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1989-10-11
<b>Signature:</b>		<b>Author:</b> Director, <del>Corporate Services of Operations</del>
<b>Date (YYYY-MM-DD):</b> 2014-11-12		
<b>Reference:</b>		

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## By-Law Number 2 Banking and Finance

1. In this By-law:
  - 1) "Act" means the Health Protection and Promotion Act;
  - 2) "Board" means the Board of Health for the Peterborough County-City Health Unit, **also referred to as Peterborough Public Health;**
  - 3) "Chairperson of the Board" means the Chairperson elected under the Act;
  - 4) "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act;
  - 5) "Medical Officer of Health" means the Medical Officer of Health of the Board as defined under the Act and Regulations; and
  - 6) "**Director of Operations, ~~Corporate Services~~**" means the business administrator of the Board as defined in the Regulations under the Act.
  
2. The Board shall enter into an agreement with a recognized chartered bank or trust **company for the provision of banking services, which will provide the following services:**
  - 1) ~~a current account;~~
  - 2) ~~the provision of cancelled cheques on a regular basis together with a statement showing all debits and credits;~~
  - 3) ~~the payment of interest at a rate to be negotiated between the Board and the bank or trust company for all surplus funds held in each account;~~
  - 4) ~~payroll services;~~
  - 5) ~~the lending of money to the Board as required; and~~
  - 6) ~~advice and other banking services as required.~~

3. Once every five years the Board shall consider the benefit of a call for tenders shall be called by the Director, Corporate Services for banking services.
4. The Chairperson and Vice-Chairperson of the Board, the Medical Officer of Health, Director of Operations, Public Health Programs and the Assistant Director, Corporate Services shall be authorized to:
  - 1) to sign cheques drawn on a current account; and
  - 2) to borrow money from a bank or trust company.

All cheques shall require two signatures and the Chairperson and Vice-Chairperson of the Board shall not sign the same cheque.

No person may approve a payment to themselves.

5. The Medical Officer of Health, Director of Operations, Public Health Programs and the Assistant Director, Corporate Services shall be authorized to:
  - 1) to deposit with or negotiate or transfer to a bank or trust company (but only for the credit of the Board) any and all cheques, promissory notes, bills of exchange or orders for payment of monies;
  - 2) to receive all paid cheques and vouchers and to arrange, settle, balance and certify all books and accounts between the Board and the bank or trust company;
  - 3) to sign the form of settlement of balances and releases of the bank or trust company;
  - 4) to receive all monies and to give acquittance for the same; and
  - 5) to invest excess or surplus funds in interest-bearing accounts or short-term deposits.
6. The Board of Health shall authorize any long-term investment strategy or debt.

This By-law shall be deemed to have come in to force on the 11th date of October, 1989.

Dated at the City of Peterborough the 25th date of October, 1989.

#### **Review/Revisions**

**On** (YYYY-MM-DD): 2014-11-12  
**On** (YYYY-MM-DD): 2012-09-12  
**On** (YYYY-MM-DD): 2010-07-07  
**On** (YYYY-MM-DD): 2006-04-12  
**On** (YYYY-MM-DD): 2005-01-12  
**On** (YYYY-MM-DD): 1998-10-28



Board of Health  
**POLICY AND PROCEDURE**

<b>Section:</b> Board of Health	<b>Number:</b> 2-140	<b>Title:</b> By-Law Number 5 Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health
<b>Approved by:</b> Medical Officer of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1989-10-25
<b>Signature:</b> _____		<b>Author:</b>
<b>Date (YYYY-MM-DD):</b> 2013-09-11		
<b>Reference:</b> Health Protection and Promotion Act, R.S.O. 1990, c. H.7, Section 48 to and including Section 51, and R.R.O. 1990, Regional 559		

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**By-Law Number 5**  
**Powers, Duties and Term of Office of the**  
**Chairperson and Vice-Chairperson of the Board of Health**

1. In this By-law:
  - 1.1. "Board" means the Board of Health for the Peterborough County-City Health Unit, also referred to as Peterborough Public Health;
  - 1.2. "Chairperson of the Board" means the Chairperson elected under the Act;
  - 1.3. "Vice-Chairperson of the Board" means the Vice-Chairperson elected under the Act;
  - 1.4. "Committee" means an assembly of two or more members appointed by the Board of Health;
  - 1.5. "Council" means the municipal councils of the Corporations of the County of Peterborough and the City of Peterborough; and the Councils of Curve Lake First Nation and Hiawatha First Nation;
  - 1.6. "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.

2. The officers of the Board shall be:
  - 2.1. the Chairperson of the Board; and
  - 2.2. the Vice-Chairperson of the Board.
3. The Chairperson of the Board shall:
  - 3.1. preside at all meetings of the Board;
  - 3.2. represent the Board at public or official functions or designate the Vice-Chairperson or another Board member to do so;
  - 3.3. be ex-officio, a member of all committees to which he has not been appointed a member; and
  - 3.4. perform such other duties as may be determined from time to time by the Board.

As an ex-officio member to all committees, the Chairperson retains the rights and privileges afforded to other committee members, such as the right to vote, however they are not counted when determining the number required for a quorum.

4. The Vice-Chairperson shall have all the powers and performs all the duties of the Chairperson of the Board in the absence or disability of the Chairperson of the Board together with such powers and duties, if any, as may be assigned from time to time by the Board.
5. The terms of all officers of the Board shall expire when their successors are elected and no later than immediately preceding the first meeting as set out in section 3 of By-law Number 3.

#### **Review/Revisions:**

- On** (YYYY-MM-DD): 2015-12-09 (review)  
**On** (YYYY-MM-DD): 2013-09-11  
**On** (YYYY-MM-DD): 2010-10-13  
**On** (YYYY-MM-DD): 2007-10-11  
**On** (YYYY-MM-DD): 2006-03-06  
**On** (YYYY-MM-DD): 2005-01-12  
**On** (YYYY-MM-DD): 1998-10-28

## Peterborough **Public Health** ~~County City Health Unit~~

This document reflects the general details considered necessary to describe the principle functions and duties as required for proper evaluation of the classification and shall not be construed as a detailed description of all the work requirements that may be inherent in the classification.

<b>Classification:</b>	<b>Medical Officer of Health</b>
<b>Approved by:</b>	<b>Board of Health</b> September 10, 2014
<b>Directly responsible to:</b>	Board of Health
<b>Supervises:</b>	Director of Operations Chief Nursing Officer Executive Assistant to the Medical Officer of Health
<b>Provides functional direction and guidance to:</b>	Administrative Assistant to the Medical Officer of Health Communications Supervisor

### Main Purpose

The Medical Officer of Health, is the Chief Executive Officer of the Health Unit and reports to the Board of Health on issues relating to public health, the implementation and management of programs and services under the Health Protection and Promotion Act and any other applicable Act, organizational structure, and the business operations of the **agency Health Unit**.

### Duties and Responsibilities

- ~~1. Recommends Health Unit structure to the Board of Health.~~
2. Ensures a process is in place for the development and communication of the **Board of Health's Health Unit's** vision, mission, and values.
3. Ensures the development, implementation, communication, review, and evaluation of a strategic plan.
4. Recommends appropriate and relevant Board of Health policies and positions.

5. Approves organizational policies and procedures.
6. Implements all mandatory and local public health programs as prescribed by the Health Protection and Promotion Act, the Ontario Public Health Standards and other programs or services as approved by the Board of Health.
7. Provides leadership and co-ordinates response to public health emergencies.
8. Identifies fiscal requirements and makes recommendations to the Board of Health.
9. Ensures appropriate, competent, adequate, and effective human resources.
10. Recruits and supervises senior management and any other relevant positions  
Directors.
11. Oversees the organization and preparation of board of health meetings, including the contents of each agenda and the orientation of any new members  
Prepares reports.
12. Ensures the appropriate management of property.
13. Attends and participates in meetings.
14. Establishes and maintains effective communication with external partners and stakeholders.
15. Enforces relevant Acts, Regulations, and By-laws.
16. Executes documents.
17. Provides orientation to the Health Unit, and education and training on issues relevant to community health.
18. Assumes responsibility for related duties as required or assigned by the Board of Health.
19. Provides and ensures 24-7 coverage for public health urgent and emergency response.  
Ensures that a representative of the Health Unit is available to respond to telephone calls placed to the Health Unit outside of regular business hours.
20. Exchanges information with members of the Board of Health, Directors, Managers, Health Unit staff, municipal and provincial staff, elected and appointed officials, the public, clients, representatives of other organizations, Health Unit staff, physicians,

~~lawyers, representatives of the media, and service providers for the purpose of completing assigned tasks.~~

21. Ensures back-up coverage for position and provides back-up coverage for other Medical Officers of Health.

22. Provides physician oversight for all clinical programs (Sexual Health, Travel Medicine and Routine Immunization).

## Job Requirements

### Formal Education

1. Licensed to practice medicine by the College of Physicians and Surgeons of Ontario.
2. A fellowship in Public Health and Preventive Medicine ~~community medicine~~ from The Royal College of Physicians and Surgeons of Canada OR a certificate, diploma, or degree from a university in Canada that is granted after not less than one academic year of full-time post graduate studies or its equivalent in public health comprising:
  - i) epidemiology;
  - ii) quantitative methods;
  - iii) management and administration;
  - iv) disease prevention and health promotion; ora qualification from a university outside Canada that is considered by the Minister of Health and Long-Term Care to be equivalent to the qualifications set out above.

~~Section 2 does not apply to a Medical Officer of Health or Associate Medical Officer of Health who was employed by a Board of Health on the 1<sup>st</sup> day of July, 1984.~~

### Skills

1. Strong leadership, management, team building, and supervisory skills.
2. Strong communication (oral and written), interpersonal, and customer service skills.
3. Strong planning, organizing, multi-tasking, analytical, and problem-solving skills.
4. Strong initiative, dependability, creativity, and attention to quality of work skills and abilities.

### Other

1. Current member of the Ontario Medical Association and the Council of Medical Officers of Health.
2. Access to transportation.

**NB:** The Medical Officer of Health is responsible for obtaining and maintaining coverage through the *Canadian Medical Protective Association* (CMPA) or equivalent.

### **Physical/Mental/Visual Demands**

Must be capable of:

1. concentrating intensely daily for periods up to two hours;
2. meeting strict or multiple deadlines daily;
3. managing conflicting daily demands on time; and
4. driving an automobile weekly for periods up to two hours, monthly for periods up to three hours.

### **Working Conditions**

1. Exposed to normal daily office environment.
2. Exposed to situations monthly that require stringent safety measures to prevent illness or injury.
3. Exposed to angry, upset, weekly or hostile individuals.
4. Can be called in to work 24 hours a day 7 days a week.
5. Drives an automobile bi-weekly.
6. Works overtime weekly.

### **Consequence of Errors**

Physical injury, illness, or death to many individuals.

Permanent or temporary environmental damage.

Embarrassment to the organization and loss of goodwill and trust.

Potential litigation.

Significant financial loss.

Errors would be detected outside of the organization Health Unit.