

# PETERBOROUGH PUBLIC HEALTH

Board of Health

## POLICY AND PROCEDURE

<b>Section:</b> Board of Health	<b>Number:</b> 2-200	<b>Title:</b> Effective Governance by Effective Board Members
<b>Approved by:</b> Board of Health		<b>Original Approved by Board of Health On (YYYY-MM-DD):</b> 1986-12-10
<b>Signature:</b> _____		<b>Author:</b>
<b>Date (YYYY-MM-DD):</b> 2022-05-11		
<b>Reference:</b> 3-700 Pharmaceutical Industry Relations (PPH organizational policy, available upon request) 5-380 Gifts and Honoraria (PPH organizational policy, available upon request)		

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### DEFINITIONS

“Associate” includes but is not limited to the parent, child, sibling, spouse or common law partner of the Board member, as well the spouse or common law partner of a parent, child, sibling of those persons, as well as any organization, agency, company or individual with a formal relationship to a member.

“Conflict of Interest” is a real or perceived set of circumstances that can act as an obstruction for a member in carrying out their fiduciary duties as a member of the Board of Health. The conflict of interest may result from a relationship, association, membership with or obligation to another organization or an associate.

### POLICY

The Board of Health is the governing body, the policy maker of Peterborough Public Health. It monitors all operations within the organization and is accountable to the communities of Peterborough County and City, Curve Lake and Hiawatha First Nations, and to the Government of Ontario.

To achieve and maintain this expectation, board members must appreciate and accept that member competency, independence and ethical conduct are the foundational pillars that will allow the Board to meet its governance obligations.

Members of the Board are either elected officials who are appointed to the Board by their respective Council, or are Provincial Appointees appointed by a Lieutenant Governor’s Order in Council. Community volunteers can also be appointed by the Board of Health to serve on its Committees.

The duties of the Board of Health are carried out under the authority the [Health Protection and Promotion Act](#) and its Regulations. Board of Health members have the responsibility for oversight of the delivery of local public health programs and services by:

- Providing orientation training to every newly appointed member of the Board and ongoing training to all members to ensure that the Board is constantly aware of its function, authority and obligations in the provision of public health.
- Ensuring that the structure of the Board facilitates effective governance and respects partnerships with municipalities and First Nations.
- Operating in a manner that promotes an effective board, effective communication and transparency.
- Developing a shared vision for the organization, establishing the organization's strategic directions, and governing the organization to achieve their desired vision.
- Understanding their fiduciary roles and responsibilities, ensuring that their operations are based on the principles of transparency and accountability, and that Board of Health decisions reflect the best interests of the public's health.
- Ensuring that the Board is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of Peterborough Public Health in planning, operating, evaluating and adapting its programs and services.
- Ensuring that the administration of Peterborough Public Health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

### **Conduct and Effectiveness**

The Board of Health expects of itself and its members ethical and prudent conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behaviour when acting as Board members.

To be an effective governance body, the Board must be staffed by members determined to function at the highest level of governance competency. The Board expects its members to attend and be fully prepared at Board and Committee meetings with current issue knowledge provided through agenda packages, enhanced by personal experience, research and discussion with other board members. This level of knowledge enhances effective decision making.

Effectiveness and competence can also be measured through evaluation:

- *Meeting Evaluations:* Board members will be encouraged to complete online meeting evaluations following each Board and Committee meeting. These evaluations will be shared with the Board and Committee Chairs no later than two weeks following each meeting. The Chairs will be responsible for ensuring that items and concerns arising from these evaluations are addressed in a timely manner.

- *Self-Assessment:* Board members will be invited to complete a self-assessment at the end of each year.

The Executive Assistant to the Medical Officer of Health will prepare a synopsis of the results from all evaluations and assessments (without identifiers) for the year, this will be shared with the Board at their annual planning session which occurs no later than in the first quarter of the following year. The individual member must retain independence in Board decision making and not commit to voting based on self-interest, advantage or being obligated to any entity or other member.

Board members must be aware of their role as one individual member of the collective board that functions as the oversight body for Peterborough Public Health. The Medical Officer of Health (MOH) and senior staff are responsible for the management of this public agency. Direction to the MOH will come the Board and not from individual directors or a group of directors.

1. Board members must represent the interests of the Board of Health in carrying out its mission.
2. The Chairperson of the Board or designate is the official spokesperson for the Board. Once a decision has been made by the Board, the Board speaks as one. No individual member or group of members shall publicly criticize any decision made by the Board of Health.
3. Board members shall maintain confidentiality concerning all information relating to the Board of Health/Peterborough Public Health which is considered private and privileged.
4. Board members are required to identify when they are in a conflict of interest and excuse themselves from discussion and decision making.
5. Board members may not use their position for personal gain or promotion. This includes activities related to political campaigns.
6. For any operational public health matters, Board members are required to communicate directly with the MOH office, who will delegate as required. Board members may wish to communicate directly with the Chairperson of the Board for matters pertaining to Board of Health business.

## **PROCEDURE**

### **Definitions:**

*Non-culpable Absenteeism* – an absence resulting from factors generally considered to be outside of the control of the member, such as illness or injury.

*Culpable Absenteeism* – An absence or repeated absences without notice or sufficient explanation satisfactory to the Chair.

### **Purpose:**

To ensure that Board of Health and Board of Health Committee members contribute their expertise and judgment to the business and affairs of the organization by attending and participating in Board and Committee meetings.

## Procedure:

### 1. Reporting Absences

- 1.1. It is recognized that members may be unable to attend some meetings due to conflicts with other commitments or unforeseen circumstances.
- 1.2. It is important that the Chair be informed prior to any absences via the Executive Assistant to the Board of Health. Should advance notice not be possible (i.e., in the case of an unforeseen circumstance), notification should follow at the earliest opportunity.
- 1.3. The general nature of the absence should be provided in order to determine whether the absence is culpable or non-culpable.
- 1.4. The Executive Assistant will prepare an annual attendance report to the Board for all meetings (including Committees) which will be provided to the Board no later than in the first quarter of the following year. The report will indicate the number of Board and Committee meetings, and the attendance for each member. It will not include specific detail regarding the reason(s) for absenteeism.

### 2. Identifying Absenteeism Concerns

- 2.1. An attendance problem occurs if any of the following conditions exist in regard to a member's attendance at Board or Committee meetings:
  - The member has two unnotified absences in a row (i.e., the member did not provide advance notice).
  - The member has three notified absences in a row.
  - The member misses one third of the total number of Board or Committee meetings in a twelve-month period.

### 3. Addressing Absenteeism Concerns

- 3.1. Where an attendance concern has been identified, a two-step process will be followed.

#### 3.2. STEP 1

- 3.2.1. The Board/Committee Chair or Vice Chair will promptly contact the member to discuss the concern. The purpose of the discussion is to:
  - determine if the absences are culpable or non-culpable;
  - discuss resources available for assistance; and,
  - provide expectations for improvement.

Special consideration will be given to circumstances surrounding non-culpable absenteeism, at the discretion of the Chair or designate.

- 3.2.2. Subsequent to this meeting, additional notification will occur as follows:

- For a Committee member, the Committee Chair will notify the Board Chair and the Medical Officer of Health.
- For a Board member, the Board Chair will notify the Vice Chair and Medical Officer of Health.
- For the Board or Vice Chair, the Medical Officer of Health will be notified.

3.2.3. The discussion will be summarized in a letter which will be sent to the member, and if applicable, copied to the respective appointing authority (e.g., Council or Provincial Appointments Secretariat).

3.2.4. For First Nation or Municipal Council appointees, the Chair or designate will request a meeting with the respective head of Council (e.g., Chief, Mayor, Warden, etc.) to discuss the matter further.

### 3.3. STEP 2:

3.3.1. Should absenteeism continue, at the Committee or Board level, the Board Chair or designate will:

- Notify and receive approval from the Board, at its next meeting in closed session, the intent to terminate the appointment.
- If approval is obtained, the member and their respective appointing authority will be notified in writing of the request to terminate.

### **Review/Revisions**

**On** (YYYY-MM-DD): 1986-12-10

**On** (YYYY-MM-DD): 2012-05-09

**On** (YYYY-MM-DD): 2014-09-10

**On** (YYYY-MM-DD): 2016-09-14 (review, no changes)

**On** (YYYY-MM-DD): 2017-06-14 (policy 2-200 renamed, policy 2-270 combined and retired)

**On** (YYYY-MM-DD): 2018-11-14

**On** (YYYY-MM-DD): 2022-05-11 (no changes)