

**Board of Health for the
Peterborough County-City Health Unit
AGENDA
Governance Committee Meeting
Tuesday, December 1, 2015 – 5:15 – 7:00 p.m.
Mississagua Lake Room, 2nd Floor
Peterborough County-City Health Unit
Jackson Square, 185 King Street, 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. [August 18, 2015 \(p. 3\)](#)
6. **Business Arising From the Minutes**
 - 6.1. [MOH Performance Review Policy and Procedure \(p. 7\)](#)
 - 6.2. [Ontario Public Health Organizational Standards \(Management Operations\) \(p. 12\)](#)
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. Note: Correspondence and Committee Reports have been omitted as there are none.

 - 8.1. **Staff Reports and Presentations**
 - a. [Board Remuneration Review \(p. 23\)](#)
 - b. [Board By-Laws and Policies for Review \(p. 25\)](#)

9. **New Business**

9.1. **Orientation / Education Needs for 2016**

9.2. **[Correspondence Options \(p. 41\)](#)**

10. **In Camera to Discuss Confidential Matters**

In accordance with the Municipal Act, 2001:

(b) personal matters about an identifiable individual, including municipal or local board employees;

(d) labour relations or employee negotiations;

11. **Motions for Open Session**

12. **Date, Time, and Place of the Next Meeting**

To be determined after January 13, 2016.

13. **Adjournment**

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

Present: Mayor Mary Smith (5:45 p.m.)
Mr. Scott McDonald, Chair
Deputy Mayor Fallis (by teleconference)
Mr. Greg Connolley
Councillor Parnell (by teleconference)

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

1. Call to Order

Mr. McDonald called the Governance Committee meeting to order at 5:06 p.m.

2. Confirmation of the Agenda

MOTION:

That the Agenda be accepted as circulated.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-26-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 May 19, 2015 be approved as amended and provided to the Board of Health at its next meeting for information.

Moved: Deputy Mayor Fallis

Seconded: Mr. Connolley

Motion carried. (M-2015-27-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 of the Peterborough County-City Health Unit that it approve the proposed revisions to By-law 3: Calling of and Proceedings at Meetings, Consent Agenda, as amended.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-28-GV)

7. Correspondence

8. New Business

8.1 Policies and Procedures for Review

- 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

MOTION:

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

- 2-185 By-Law Number 10 Open and In-Camera Meetings; and
- 2-280 Complaints, Public
- 2-345 Medical Officer of Health Absence (no change)

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion Carried. (M-2015-29-GV)

8.2 Medical Officer of Health Performance Review

MOTION:

That the Medical Officer of Health Performance Review be deferred to the November 17, 2015 Committee meeting.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion Carried. (M-2015-30-GV)

8.3 Board/Management Planning Session Feedback

Dr. Pellizzari advised that she will forward the information to Committee members by email with a link to the notes from the May 30th, 2015 session.

8.4 Assessor's Report on Algoma Public Health

- a) Ministry Actions and Executive Summary
- b) Full Assessment Report

MOTION:

That a staff report providing an update on how the Peterborough County-City Health Unit is meeting organizational standards be brought forward to the Governance Committee, and then circulated to the full Board.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion Carried. (M-2015-31-GV)

9. In Camera to Discuss Confidential Personal Matters

MOTION:

That the Governance Committee go in Camera at 5:57 p.m. to review confidential personal matters.

Moved: Mr. Connolley

Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-32-GV)

MOTION:

That the Governance Committee rise from in Camera at 6:44 p.m.

Moved: Mayor Smith

Seconded: Deputy Mayor Fallis

Motion carried. (M-2015-33-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, November 17, 2015 at the new office at 185 King Street.

12. Adjournment

MOTION:

That the Governance Committee meeting be adjourned.

Moved by: Mr. Connolly

Seconded by: Mayor Smith

Motion carried. (M-2015-34-GV)

The meeting was adjourned at 6:48 p.m.

Chairperson

Medical Officer of Health

To: BOH Governance Committee
From: Dr. Rosana Salvaterra, Medical Officer of Health
Subject: MOH Performance Review Policy and Procedure
Date: December 1, 2015

Proposed Recommendation:

That the Governance Committee recommend to the Board of Health for the Peterborough County-City Health Unit that it approve revisions to 2-340, Medical Officer of Health Performance Appraisal.

Please note that the accompanying procedure (2-341) which was previously a separate document has been incorporated. Also, applicable forms will be finalized by the Chair of the Governance Committee in consultation with the Medical Officer of Health.

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-340	Title: Medical Officer of Health Performance Appraisal
Approved by: Medical Officer of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 2009-02-11
Date (YYYY-MM-DD): _____		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.

POLICY

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. At the beginning and end of each year, the Board Chair will meet with the MOH to set and review an annual work plan which includes professional development goals.
3. The 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 every two (2) years.
4. 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.

5. The Board will incorporate a feedback form from internal and external stakeholders such as board of health members and staff as part of the 360° component every two (2) years. If relevant, the MOH may incorporate any such processes from their professional college into this appraisal process. If the 360° component corresponds with a municipal election, the component should be postponed to the beginning of the next calendar year.
6. External stakeholders will be approached for feedback by the Board at least every five (5) years and where appropriate.
7. As part of the performance appraisal, the MOH is responsible for completing a self-appraisal. 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.
8. Formal performance appraisals do not take the place of ongoing evaluation and feedback. If the MOH's work is not adequate, the matter is to be dealt with while details and facts are fresh and will not wait for the formal review. The MOH's performance must return to the required standard within a specified time period or further action may be taken by the Board.

PROCEDURE

The Chair of the 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

1. Meet with the Medical Officer of Health (MOH) at the beginning and end of the Chair's term to

review the annual workplan, which includes the setting of professional development goals.

2. Schedule the performance appraisal before the end of the probationary period and then at least every two (2) years, preferably around the Medical Officer of Health's (MOH) anniversary date.
3. Convene a meeting with the immediate past Chair and the Vice Chair to review the required materials, confirm the process, and develop the timeline. This sub-committee can consult with any other persons they feel could provide relevant input to the performance appraisal, review the job description, operational plans, significant events and any other pertinent items from the period under review.
4. 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. Work with the Secretary of the Board to organize the 360° component of the appraisal. This would begin with a request to the MOH for a list of staff and external stakeholders, when warranted, who could be approached for potential feedback.
5. 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).
6. 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.
7. Conduct the interview. This part may require more than one meeting. Begin the process with the MOH's self-appraisal. Use the information collected from the various sources to grade each factor on the appraisal form, using the definitions included in the performance appraisal form and support the decision with comments and examples wherever possible. When weighing all of the feedback, genuinely consider the MOH's input and make changes/additions to the factor comments, examples and even grading where warranted. 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.
8. Complete the Performance Appraisal Form. The appraisal should also include an assessment of

performance relative to any learning or performance objectives set in the previous performance appraisal. In the Board's comments, clearly indicate whether the overall performance is satisfactory or not. For probationary MOHs indicate if probation has been completed satisfactorily.

9. 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.
10. Provide the MOH a full copy of the completed Performance Appraisal Form. The Director of Operations Corporate Services is to retain the original including the self-appraisal assessment in the MOH's personnel file.

REVISED

Review/Revisions

- On** (YYYY-MM-DD): 2012-12-12 (Board)
- On** (YYYY-MM-DD): 2012-11-26 (Governance)
- On** (YYYY-MM-DD): 2010-11-10 (Board)
- On** (YYYY-MM-DD): 2010-10-27 (By-Laws, Policies and Procedures Committee)

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Ontario Public Health Organizational Standards (Management Operations)

Date: December 1, 2015

Proposed Recommendation:

That the Governance Committee:

- *receive the status update on the Ontario Public Health Organizational Standards (Management Operations) for the Peterborough County-City Health Unit for information; and,*
- *provide the update to the Board at its next meeting.*

Please see the attached.

**Ontario Public Health Organizational Standards
Management Operations – Updated November 2015**

Requirements	Details	Lead	Comments
6.1 Operational plan	The board of health shall ensure that the administration establishes an operational plan for the organization which:	Rosana Salvaterra (RS) and Patti Fitzgerald (PF)	
	a. Describes the composition, responsibilities and function of the public health unit;		An organizational chart is maintained by the MOH Executive Assistant.
	b. Documents the internal processes for managing day-to-day operations of programs and services to achieve the required board of health outcomes as per OPHS;		<ul style="list-style-type: none"> • Organizational and program policies and procedures • Committee minutes • Reports to the Ministry and Board of Health
	c. Demonstrates that the operational activities of the public health unit are aligned with the OPHS, the board of health's goals, objectives and priorities, as described in the strategic plan;		The MOH performance planner and those of the management team incorporate elements of the strategic plan. Reports to the Board of Health acknowledge relevant strategic directions. Operational Plans and Logic Models are reviewed and Operational Plans are developed on an annual basis. These are informed by BOH strategic directions and based on the outcomes and requirements set out in the Ontario Public Health Standards. Logic model components include: Population Health Assessment and Surveillance; Education and Awareness; Skill Building; Environmental Support; and Healthy Public Policy as the Program Areas of Focus. Operational Plans include activities that are linked to OPHS Requirements and detail the activities, staff responsibilities, resource requirements and timing. Quarterly reports on implementation of the planned activities are provided to the Medical Officer of Health and Board of Health. The Strategic Plan includes actions related to indicator development and enhanced accountability.
	d. Includes objectives, activities, timeframes, responsibilities, intended results, monitoring processes, an organizational chart and internal reporting requirements;		
	e. Contains planned activities based on an assessment of its communities' needs;		The PCCHU planning process includes a Situational Assessment that determines local need, potential impact, capacity and opportunities for partnership. A comprehensive Program Review is conducted with each health unit program and committee every three years.
	f. Demonstrates efforts to minimize barriers to access; and		A Health Equity Mapping tool is used to assess programs and activities and identify opportunities for addressing disparities and improving access by priority populations. Each program reviews priority populations on an annual basis and planning discussions are framed to ensure coordination, and where appropriate integration of strategies.

Requirements	Details	Lead	Comments
			A policy and procedure to ensure that all programs and services are accessible to vulnerable and priority populations has been developed and will be evaluated.
	g. Describes the monitoring of key performance indicators to support continuous quality improvement and evidence-informed public health practice.		In addition to Quarterly Compliance Reports, Accountability Agreement Indicators are reported to the Ministry of Health and Long-Term Care as required. New strategies and activities that have been modified are evaluated to ensure short-term outcomes are achieved. Executive Committee will be launching a CQI strategy in 2016 as part of the new strategic plan. The Research Committee is developing a new policy for audits.
	The development of the operational plan shall involve staff at all levels of the organization and include input from community partners and shall be reviewed and updated at least annually, or more often as required by local circumstances, with the date of the most recent revisions noted.		All staff are engaged in operational plan development and through Program Meetings bring ideas and solutions to program challenges forward on an ongoing basis. Community partners and other stakeholders provide input into operational planning through coalitions, partnerships and community needs assessments at the program or issue-based level. Staff are developing a community engagement framework.
	Achievement of the operational plan shall be monitored and reported in status reports on a quarterly basis to board members and staff.		Operational plans are reviewed annually. BOH receives quarterly reports based on the OPHS requirements, which are actualized through the operational plans.
6.2 Risk management	The board of health shall ensure that the administration monitors and responds to emerging issues and potential threats to the organization, from both internal and external sources, in a timely and effective manner. Risk management is expected to include but is not limited to: financial risks, HR succession and surge capacity planning, operational risks, and legal issues.	Larry Stinson (LS)	The Board is provided briefing notes and updates on emerging and potential threats from all levels at each of its meeting. Staff presentations are made regarding contingency planning, liabilities and other areas of Board development. The Board is provided quarterly financial summaries, including an analysis of any areas of financial concern. The Board has developed policies, procedures and by-laws and these are reviewed by Governance then affirmed by the Board every two years on an ongoing basis. A succession plan was developed and updated annually. A Business Continuity Plan has been developed and has been reviewed and updated annually.
6.3 Medical Officer of Health provides direction to staff	The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act. (HPPA, s.67(2))	RS	Compliant.
6.4 Eligibility for appointment as a Medical Officer Of Health	No person is eligible for appointment as a medical officer of health or an associate medical officer of health unless (a) he or she is a physician; (b) he or she possesses the qualifications and requirements prescribed by the	RS	Compliant.

Requirements	Details	Lead	Comments
	regulations for the position; and (c) the Minister approves the proposed appointment. (HPPA, s.64)		
6.5 Educational requirements for public health professionals	The educational and experiential qualifications of boards of health staff are specified for the positions of business administrator, public health dentist, dental hygienist, public health inspector, public health nurse, and public health nutritionist. (HPPA, Reg.566)8	LS, RS, PF	Job Descriptions for all classifications identify minimum requirements including education and/or equivalent experience. Successful applicants are required to provide proof of degrees attained and where appropriate current college registration.
6.6 Financial records	The board of health shall keep or cause to be kept (a) books, records and accounts of its financial affairs; (b) the invoices, receipts and other documents in its possession that relate to the financial affairs of the board.	LS	An annual audit is conducted by an external, unaffiliated, independent auditor. Policies, procedures and by-laws have been developed and are reviewed every two years by Governance Committee and the Board every two years.
	The board of health shall cause to be prepared statements of its financial affairs in each year including but not limited to (a) an annual statement of income and expenses; (b) an annual statement of assets and liabilities; and (c) an annual estimate of expenses for the next year. (HPPA, s.59(1) and (2))	LS	Budgets showing revenues and expenses are prepared for Board approval on an annual basis and the Board conducts quarterly reviews of financial performance. Audited Financial Statements are prepared and approved by the Board of Health annually.
6.7 Financial policies and procedures	The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures that the following are in place:	LS	
	a. A plan for the management of physical and financial resources;		The Board has approved Purchasing and Management of Property By-Laws. The new strategic plan includes the development of an asset management policy. An inventory of exiting furniture and equipment has been completed.
	b. A process for internal financial controls, which is based on generally accepted accounting principles;		There are organizational Policies and Procedures on purchasing and internal controls. Accounting follows GAAP and external audit reports on statements.
	c. A process to ensure that areas of variance are addressed and corrected;		Accounting produces monthly financial reports by manager. Managers are expected to identify and address variances. Quarterly presentations made to Board outlining variances.
	d. A procedure to ensure that the procurement policy is followed across all programs/services areas;		There are organizational Policies and Procedures on purchasing and internal controls.
	e. A process to ensure the regular evaluation of the quality of service provided by contracted services, in accordance with contract standards;		A process to review existing service contracts has been developed. Plans are in place to review RFP/Tender process to ensure appropriate criteria and scrutiny.
	f. A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity; and		The Board approves an annual budget. There are quarterly reports to Board including performance to budget and performance to operating plan. Areas of concern are brought to the Board's attention and staff present recommendations to address areas of significant variance for

Requirements	Details	Lead	Comments
			Board approval.
	g. A budget forecast for the current fiscal year that does not project a deficit.		A balanced annual budget is presented to the Board for approval.
6.8 Procurement	The board of health shall comply with Section 270(2) of the <i>Municipal Act, 2001</i> , which requires that the board of health ensures that the administration adopts policies with respect to its procurement of goods and services. Such policies shall include:	LS	
	a. The types of procurement processes that shall be used;		The Board has approved a Purchasing By-Law and there are policies and procedures on purchasing.
	b. The goals to be achieved by using each type of procurement process;		There are organizational Policies and Procedures on purchasing and procedures on types of requests that are available to address needs.
	c. The circumstances under which each type of procurement process shall be used;		Policies and Procedures specify type of procurement process to be followed by procurement type and by dollar amount
	d. The circumstances under which a tendering process is not required;		The policy and procedure outlines when tendering is not required.
	e. The circumstances under which in-house bids will be encouraged as part of the tendering process;		Addressing in-house bids is not applicable.
	f. How the integrity of each procurement process will be maintained;		Tenders are prepared and reviewed by internal stakeholders. Stakeholders participate in proposal evaluations. This process will be reviewed and updated in 2016.
	g. How the interests of the board, the public and persons participating in the procurement process will be protected; and,		Major tenders widely circulated through online procurement portals (e.g., MERX or Bidingo). Tenders are evaluated considering quality, vendor reputation and price.
	h. How and when the procurement processes will be reviewed to evaluate their effectiveness.		Procurement processes will be reviewed at each new procurement cycle (i.e., each time procurement is re-tendered).
	i. The board of health is expected to implement procurement policies and practices that align with those of the relevant municipality as appropriate.		Policies and procedures align with municipal, BPS and Ministry requirements.
6.9 Capital funding plan	A board of health may acquire and hold real property 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. HPPA, s.52(3) does not apply unless the board of health has first obtained the consent of the councils of the majority of the municipalities within the public health unit served by the board of health. (HPPA, s.52(3) and (4))	LS	Approval to acquire and hold property was given when the Board formed. A capital replacement list being developed.
	The board of health that owns its own building(s) shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital		Ministry policy <u>does not</u> allow Boards to maintain surpluses – all capital funding must be applied for. Advocacy is under way through the provincial association and PCCHU to have capital budget

Requirements	Details	Lead	Comments
	projects is appropriately managed and reported.		designated for public health. Advocacy also under way to allow health units to retain surpluses or some other method of developing capital funding. Through condominium purchase, the contribution to a reserve fund will be expensed annually assuring adequate resources for common space building upkeep.
6.10 Service level agreements	Where a board of health functions as part of a municipal or regional government and is required to contribute financially to the corporate provision of services (e.g., IT, HR, financial management services), the board of health shall ensure that the administration negotiates a service level agreement with its local government which includes a description of the scope, volume and timeliness of services to be provided for a specific cost.	n/a	n/a
6.11 Communications strategies	The board of health shall ensure that the administration develops an overall communication strategy that is complementary to the program specific communication strategies required in the OPHS and its Protocols, and addresses both external and internal audiences. The communication strategy shall include:	RS	Policies and procedures have been approved for media relations, graphic design, social media management, online communities, and healthcare provider communications. Communications guidelines have been developed for other external audiences including schools, and post-secondary institutions. Internal audiences and guidelines for research project dissemination have been developed and an overall communications strategy for the Health Unit has been drafted.
	a. Guidelines for sharing information with community partners and staff;		Specific guidelines have been created to address communications to healthcare providers and schools.
	b. A plan to ensure consistency in messaging at all levels, to all audiences;		A graphic design policy and procedure have been created to ensure consistency in messaging. Webpage templates are in place and some program staff have been trained on updating and managing content. Almost all publicly issued material is vetted by the Communications Supervisor. We have graphic design and Logo standards and the remaining identity standards will be developed as part of the branding project.
	c. Dissemination plans to disseminate relevant research findings for each approved research project proposal;		Included as part of the policy and procedure for Evidence-Generating Activities.
	d. Guidelines for use of relationships with media channels (e.g., print, radio, television, web) to share health information with general public and targeted populations or audiences;		Guidelines for use of relationships with media channels (e.g., print, radio, television, web) to share health information with general public and targeted populations or audiences is covered in our media relations policy and procedure; a social media policy and procedure has been developed.
	e. Plan for use of multiple modalities to ensure accessibility;		Print materials for public use include an accessibility line offering to provide the information in an alternative format. A social media policy and procedure has been developed.

Requirements	Details	Lead	Comments
	<p>f. Strategies for educating community partners and the public about key public health issues; and</p>		<ul style="list-style-type: none"> • The public and media are notified about every Board of Health meetings, and meeting summaries are shared with the media immediately following each meeting. • MOH regularly presents on various PH topics in the community. • Monthly Examiner column. • Presentations have been offered to municipal councils and service clubs to educate partners and the public on what we do and relevant issues to public health (Annual Reports, Strategic Plan) • Public health issues are routinely monitored (e.g. fluoride, wifi, TCE, etc.) and fact sheets, web pages, and online resources are created as necessary. Public meetings are held to present information if required. • Health Unit staff are encouraged to participate in professional networks to enhance sharing and coordination regionally and provincially. • The Health Unit maintains its own social media accounts on Facebook and Twitter
	<p>g. An internal communication strategy, including the posting of minutes of senior management team meetings, which informs staff of significant management decisions.</p>		<p>Executive and Management meetings are posted. Post BOH briefings are provided to all three union presidents. Internal communications plans are developed for specific projects, e.g. The Move to King Street, organizational culture, influenza immunization etc. Standards are established for frequency of team meetings. In-services are provided to all staff where appropriate and All Staff Days are held annually.</p> <p>A new intranet has been developed and will be launched early in 2016.</p>
<p>6.12 Information management</p>	<p>The board of health shall ensure that the Medical Officer of Health, as the designated health information custodian under the Personal Health Information Protection Act, maintains information systems that support the organization’s mission and workforce by providing infrastructure for data collection/analysis, program management, administration and communications.</p>	<p>Executive Committee</p>	<p>IT maintains the security of all databases and ensures back-up to prevent data loss.</p> <p>Corporate Services provides infrastructure and seeks funding opportunities to improve and maintain infrastructure.</p> <p>The Policy and Procedure on P&Ps now states 1/3 of all P&P will be reviewed annually – part of review is having MOH sign off.</p>
	<p>The board of health shall ensure that the Medical Officer of Health establishes, maintains and implements policies and procedures related to data collection and records management, which ensure:</p>		
	<p>a. Compliance with all applicable legislation, regulations and policies, including the HPPA,</p>		<p>The health unit is in compliance with MFIPPA and PHIPA legislation. All privacy breaches and MFIPPA/PHIPA access requests are tracked.</p>

Requirements	Details	Lead	Comments
	Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and Personal Health Information Protection Act (PHIPA) to the management of all personal information and personal health information in board of health records;		Several new and revised PHIPA policies & procedures have been introduced. A Privacy Committee meets quarterly to review.
	b. Data quality in the creation and collection of data;		Documentation policy and procedure exist. CQI initiative will address data quality. Audits are conducted regularly.
	c. Confidentiality in how records are used and accessed;		Confidentiality is described in the records policy and all staff sign annual Confidentiality Agreements at the time of their performance review. All records are either password protected and/or locked. New procedure on handling personal health information off premise. Privacy Impact Assessments are completed for remote clinic connectivity as required.
	d. Use of current and appropriate security features, including strong encryption of personal health information during transfers and when stored on mobile devices;		Encryption is in place.
	e. A records maintenance process that includes remediation of errors;		Documentation procedure outlines process for staff if a correction to a record is needed. PHIPA procedure outlines process if a client requests a correction to his /her record.
	f. Appropriate records retention process that varies by type of record;		Records policy and retention/disposal schedule has been updated.
	g. Secure disposal of records; and		See above. Secure shredding is available at both sites.
	h. That the purposes and appropriate uses of data being created are communicated to and respected by staff and management who collect, enter, store, analyze, use and/or destroy the data.		Staff receive PHIPA training. Also covered in the new/revised PHIPA policies and procedures.
	This requirement applies to all information that the board of health has in its control, including personal information and personal health information.		Policies and procedures apply to all records and information
6.13 Research ethics	The board of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics that reflect accepted standards of practice.	RS	The Research Committee reviews all research proposals. New policies and procedures have been developed. Research ethics review is to be done by academic health science centres or PHO.

Requirements	Details	Lead	Comments
6.14 Human resources strategy	<p>The board of health shall ensure that the administration establishes a human resources strategy, based on a workforce assessment which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development and leadership development of the public health unit workforce.</p> <p>The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision. Written policies and procedures shall be maintained concerning:</p>	LS	<p>A Succession Plan policy and procedure has been implemented. Key positions are identified on an annual basis. Job descriptions are currently being reviewed for currency and accuracy. New policies to support professional development, training and education have been developed. An HR Strategy is included as one of the new 2013-17 Strategic objectives.</p> <p>A Labour-Management Committee has been established with each of the three bargaining units.</p> <p>The recruitment and hiring procedure has been reviewed and updated.</p> <p>The attendance management policy and procedure is currently under review.</p>
	a. Orientation of public health unit staff;		There is a policy and procedure on orientation as well as an orientation checklist and modules.
	b. The availability of job standards and position descriptions for staff;		Job descriptions are posted to the Health Unit intranet site which is accessible by all staff.
	c. A process to ensure that staff meet qualifications for their positions, job classifications and licensure (as required); ²³ Ontario Public Health Organizational Standards		The CNO has developed and implemented a policy and procedure on verification of qualifications for professional (regulated) staff.
	d. Contents of a personnel file and provisions for access; complete personnel files shall be maintained for each staff member, with appropriate policies and practices regarding the confidentiality of personnel information;		<p>All staff members have personnel files and there are Policy & Procedures on access to files.</p> <p>HR, Labour, employment, disciplinary and other Policies and Procedures being reviewed, developed and approved.</p>
	e. Occupational health and safety policies;		Policies, procedures, checklists, forms and other documents available on the Intranet for all staff access. An OH&S committee meets quarterly or as required. OH&S committee has terms of reference. OH&S Policies and Procedures are reviewed by PP&F committee and OH&S committee
	f. Recruitment and retention strategies, including workplace health practices;		<p>All positions have job descriptions to assist in recruiting. Program managers with the guidance of HR have reviewed job interview questions for positions where recruitment needs arise. BOH has adopted the national standard for employee mental health and the survey will be undertaken in 2016.</p> <p>Joint Occupational Health and Safety Committee surveys, provide recommendations as well as oversight</p>

Requirements	Details	Lead	Comments
	g. A code of conduct;		The management team has developed a Management Framework to guide management conduct. A new Respect and Civility in the Workplace guide has been developed and all employees expected to sign off.
	h. Compensation policy;		Unionized staff wages and hours are negotiated through collective bargaining and the Collective Agreements is ratified by the Board. Policies have been approved for non-union benefits. BOH has approved a new non-union compensation policy to maintain salaries at the 50 th percentile. This will be fully implemented by 2016. Contracts are negotiated with three bargaining units which outlines compensation. A board policy regarding procedure is being developed for the Governance Committee.
	i. Reporting relationships;		There is an organizational chart showing reporting relationships. An orientation module describing all committees and reporting relationships was created in 2013.
	j. Discipline and labour relation policies;		Discipline and labour relations policies are in place.
	k. Staff performance evaluation processes; and		There is a policy with directive for staff performance appraisals to be done annually, including re-signing confidentiality agreement.
	l. Succession planning.		Succession planning policy and procedure are covered above.
6.15 Staff development	The board of health shall ensure that the administration develops a workforce development plan which identifies the training needs of staff, including discipline specific and management training, and encourages opportunities for the development of core competencies and partnerships with academic institutions.	Mgmt. Team	Each supervisor develops a professional development plan with his or her employee and then seeks opportunities to have these needs met. Priorities for organizational training are established by Management Committee with input from HR and Standing Committees.
	The board of health shall ensure that the administration provides formal and informal opportunities for leadership development, such as educational programs, membership in professional associations, coaching and mentoring, for staff at all organizational levels and with consideration to equity and fairness.		Leadership development is being pursued by the Executive Committee as part of our succession planning. Acting non-union positions are offered when possible. Incentives are offered for staff to take online PHAC modules in epidemiology. Workshop and conference policies and procedures have been updated. A new fund has been established to assist employees with education. A mentorship policy has been developed and implemented. Placements will be supported. PEAK Leadership training is being offered and supported for staff.
	The board of health shall ensure that the administration fosters an interest in public health practice for future health professionals by supporting student placements.		Compliant. We offer a variety of student placements. Several educational agreements are in place.

Requirements	Details	Lead	Comments
6.16 Professional practice support	The board of health shall support a culture of excellence in professional practice for all regulated and unregulated health professions that ensures inter-professional collaboration and learning, and that staff are able to comply with professional regulatory body requirements where applicable. A range of models could be used, including the designation of professional practice leads.	PF	CNO has established a Nursing Practice Council and will develop a Professional Practice Council.
	Effective January 2013, boards of health are required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership.		Compliant. The Health Unit recruited a CNO in July 2012.



Staff Report

Board Remuneration Review

Date:	December 1, 2015	
To:	BOH Governance Committee	
From:	Dr. Rosana Salvaterra, Medical Officer of Health	
<i>Original approved by</i>	<i>Original approved by</i>	
Rosana Salvaterra, M.D.	Larry Stinson, Director Corporate Services	

Recommendations

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

- receive the staff report, *Board Remuneration Review*, for information;
- forward the staff report to the Board for its consideration at the January 13, 2016 meeting; and
- recommend an increase of \$.73 the current honourarium for 2015.

Financial Implications and Impact

City councillors are not entitled to receive the honourarium, however County councillors, First Nation Council Appointees and Provincial Appointees receive an honourarium while on Health Unit business. The current honourarium is \$146.34 so every 1% increase would amount to \$1.46 increase.

Decision History

With respect to honourarium increases, on March 13, 2013, the Board approved the following motion (M-13-43):

That the Board of Health for the Peterborough County-City Health Unit, starting this year, establish board member compensation in the future that is equal to staff increases or to the Consumer Price Index, whichever is lower.

On June 12, 2013, the Board approved a revision to the By-Law on remuneration requesting that:

The Board shall be provided with a recommendation from the Governance Committee on proposed adjustments or increases to support their decision.

Background

Policy requires the Board to confirm, at its first meeting of the year, which members shall be remunerated for attending meetings and determine the amount of the remuneration. Policy also requires Governance to review the Board honourarium rate at the end of each calendar year and that the Committee considers the increase granted to staff during the current year and to consider the Consumer Price Index (CPI) increase in making a recommendation.

For 2015 all three bargaining units were given a .5% increase. Non-Union staff were not given a cost of living increase, but instead had pay adjustments made to align compensation levels with the 50th percentile ranking for peer health units for each classification. The rate of increase varied from .5 to 17%. The most recent annual Canadian CPI rate, released at the end of October, was 1.03%.

Rationale

The Board approved motion reads *“board member compensation in the future that is equal to staff increases or to the Consumer Price Index, whichever is lower.”* Wages have been increased by .5% for all three bargaining units. Although there were more significant increases for non-union positions, these adjustments were to adjust historical inequities and not based on cost of living increases.

Strategic Direction

This will allow the Board to pursue its strategic direction of Quality and Performance.

Contact:

Larry Stinson
Director, Corporate Services
(705) 743-1000, ext. 255
lstinson@pcchu.ca

To: BOH Governance Committee
From: Dr. Rosana Salvaterra, Medical Officer of Health
Subject: Policies and Procedures for Review/Revision
Date: December 1, 2015

Proposed Recommendation:

That the Governance Committee recommend to the Board of Health of the Peterborough County-City Health Unit that it approve revisions to 2-120 By-Law Number 3, Calling of and Proceedings at Meetings.

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

Attachments

Attachment A - 2-120 By-Law Number 3, Calling of and Proceedings at Meetings

Attachment B - 2-140 By-Law Number 5, Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health

Attachment C – 2-251 Orientation for Board of Health Members

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): 2015-09-09		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 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. 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 forth 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): 2014-06-11**
- On (YYYY-MM-DD): 2013-12-11**
- On (YYYY-MM-DD): 2013-04-10**
- On (YYYY-MM-DD): 2010-10-13**
- 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**

Board of Health
POLICY

Section: Board of Health	Number: 2-140	Title: By-Law Number 5 Powers, Duties and Term of Office of the Chairperson and Vice-Chairperson of the Board of Health
Approved by: Board of Health		Original Approved by the Board of Health
Signature: _____		On (YYYY-MM-DD): 1989-10-25
Date (YYYY-MM-DD): 2013-10-30	Revision	
Housekeeping Revision	Approved by: Board of Health	
Approved by:	On (YYYY-MM-DD): 2013-09-11	
On (YYYY-MM-DD):	Reviewed by: Governance Committee	
		On (YYYY-MM-DD): 2013-05-30
Reference: 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;
 - 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.
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.

Historical Record

Revisions:

Board of Health, October 13, 2010

Board of Health, October 11, 2007

Board of Health, March 6, 2006

Board of Health, January 12, 2005

Board of Health, October 28, 1998

Review:

By-Laws, Policies and Procedures Committee, October 13, 2010

Board of Health
PROCEDURE

Section: Board of Health	Number: 2-251	Title: Orientation for Board of Health Members
Approved by: Board of Health		Original Approved by the Board of Health
Signature: _____		On (YYYY-MM-DD): 1984-09-01
Date (YYYY-MM-DD): 2013-10-30	Revision	
Housekeeping Revision	Approved by: Board of Health	
Approved by:	On (YYYY-MM-DD): 2013-09-11	
On (YYYY-MM-DD):	Reviewed by: Governance Committee	
	On (YYYY-MM-DD): 2013-05-30	
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.

Objective

To provide new Board members with appropriate orientation to the Health Unit and its programs and services; and, to ensure that all returning members are provided with ongoing education to enhance their potential contribution and to the capacity of the Board as a whole.

Procedure

1. A letter will be sent welcoming the new Board member and advising of the date of the next Board meeting.
2. The new Board member will be invited to visit the Health Unit to meet with the Medical Officer of Health and the Directors, and to tour the building.
3. The Medical Officer of Health and Directors will describe the programs and services of the Health Unit and answer any questions of the new Board member.
4. The new Board member will be provided with the following information:

- Association of Local Public Health Agencies Board of Health Orientation Manual
- History of the Peterborough County-City Health Unit (PCCHU)
- History of Public Health Units of Ontario
- PCCHU Strategic Plan
- Current Organizational Chart
- Most recent PCCHU Annual Report
- Medical Officer of Health Job Description
- Board of Health By-Laws, Policies and Procedures
- Ontario Public Health Standards
- Ontario Public Health Organizational Standards
- Health Protection and Promotion Act and applicable Regulations
- Municipal Conflict of Interest Act
- Information on Related Organizations (e.g., Ministry of Health and Long-Term Care, Public Health Ontario, etc.)
- Names and contact information of current Board of Health Members

This list may be supplemented with any reports/documents pertaining to major developments or issues of current interest to the Board.

5. The new Board member will be required to sign a Declaration of Confidentiality Form prior to attending their first Board of Health meeting. Returning Members will be required to sign the same form at the first regular Board of Health meeting of each calendar year.
6. Beyond the initial orientation program, the Board of Health will provide ongoing professional development to ensure that its members maintain or improve their skills, and that they continue to deepen their understanding of the Health Unit's services, related community matters and governance.
7. Ongoing education may take place as part of a regular or special Board meeting, or in a separate educational session. Additional opportunities may include attendance with external organizations at meetings, workshops and conferences.

Historical Record

Revisions:

Medical Officer of Health, July 12, 1989

Review:

Medical Officer of Health, October 30, 2007

To: BOH Governance Committee

From: Dr. Rosana Salvaterra, Medical Officer of Health

Subject: Correspondence Options

Date: December 1, 2015

Proposed Recommendations:

That the Governance Committee review the information provided propose changes (if any) to the current Board of Health correspondence procedure.

Following up on a request from the Board Chair, local municipalities were polled regarding their correspondence practices. Responses have been included below:

City of Peterborough

Correspondence that goes to Councillors does not appear on any agendas or in reports. Electronic correspondence is copied to them by email and paper documents are included with their mail. If a Council member wishes they can bring up an item under "Under Business", i.e., wanting to support a resolution passed by another municipality.

County of Peterborough

The current County process is that every letter addressed to Warden and/or Councillors is included in the Council Agenda package either in Action Correspondence (decision as to whether Council will support or receive the item of correspondence) or in the Correspondence Report under the Staff Reports for Information Only.

If a correspondence item is received that specifies a date prior to the next publishing date of the Agenda (the Thursday prior to the Council Meeting), those items are sent to Council via email for Council information (i.e. an invitation to attend an information meeting that is being held prior to publishing date). That item is still included in the Council agenda package for transparency purposes.

Asphodel-Norwood

We do not have a formal municipal policy to direct this method of dealing with correspondence. I did take a report to Council recommending this procedure a few years ago in an effort to unclog Council agendas. Council agreed and we have done it this way since. On occasion, Council has requested that an item be included on the agenda from the email list, and they are then included. Council still see the correspondence, only in a less formal manner.

In the Township of Asphodel-Norwood we include your correspondence in the council agenda packages. If it is time sensitive, i.e., our meeting isn't for two weeks and your information is an event happening two days from now, it is e-mailed out to members of council right away.

Cavan Monaghan

We compile all information items and scan them to Council with their bi-weekly agenda packages. Correspondence for Information is still an item on the agenda in case Council wishes to bring anything forward from the list provided to them in advance. We no longer list each item on the agenda. The information items package is available to the public to view if they wish.

Havelock-Belmont-Methuen

We do not include all correspondence received by the municipality on the meeting agendas. We do include all action items, correspondence from local residents, municipalities, Health Unit, government ministries and related material on the agenda. Correspondence from organizations providing information and updates on their activities, like Ontario Good Roads, AMO and similar organizations are generally provided by email, with the understanding that if a member of Council would like to have a particular item of correspondence from an email included on an agenda, they let me know and it is included on an agenda. It works very well and reduces the volume of correspondence by probably a third. This helps reduce the length of meetings as members of Council have a tendency to discuss most correspondence even if no action is directed.

North Kawartha

Currently, North Kawartha does not have in place a correspondence procedure, basically all items get placed on the Agenda. Sometimes correspondence / emails about invitations / workshops etc., that are timely get emailed to Council so they are aware. I do have a draft protocol going forward to Council for consideration at an upcoming meeting (see Attachment B).

Otonabee - South Monaghan

Practice of Otonabee-South Monaghan is if the correspondence is directed to Council then the item if not a priority is placed on the Council agenda.

Attachments

Attachment A – Current BOH Correspondence Procedure

Attachment B – Excerpts from Draft North Kawartha By-Law

Board of Health
POLICY AND PROCEDURE

Section: Board of Health	Number: 2-284	Title: Correspondence
Approved by: Board of Health		Original Approved by Board of Health
Signature: _____		On (YYYY-MM-DD): 2011-09-14
Date (YYYY-MM-DD): 2012-09-12		Author: Director Corporate Services
Reference:		

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POLICY

All paper and electronic correspondence addressed, or copied, to the Chair of the Board of Health will be reviewed by the Chair of the Board of Health and the Medical Officer of Health to determine what correspondence is to be included in Board of Health agenda packages.

Correspondence must be received no later than two weeks prior to the scheduled Board of Health meeting to be eligible for consideration. Any correspondence received after this deadline may be carried forward to the following meeting.

All correspondence requested or directed to be sent on behalf of the Board of Health is to be documented (in the minutes of Board of Health meetings and sent by the Secretary of the Board of Health).

Historical Record

Revisions:

Board of Health, December 12, 2012

Review:

Governance Committee, November 3, 2014

Governance Committee, May 28, 2012

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by a motion to approve the minutes, as amended. The Clerk shall so note such change in the minutes.

3) Council may adopt all minutes in one motion.

6.9 Correspondence, Communications and Petitions

1) Items of correspondence or other forms of written communication intended to be presented to Council on the meeting agenda, including petitions:

- a) shall be legibly written or printed;
- b) shall not contain any obscene or improper language; and
- c) shall contain the signature or name of at least one person.

2) To be eligible to appear on a meeting agenda, items of correspondence, communications or petitions shall be received by the Clerk no later than 4:30 p.m. on the Tuesday preceding the date of the next Regular Council Meeting.

Notwithstanding the foregoing, items received after this time may be added to the meeting agenda by resolution of Council where such item(s) is germane to a matter of business that is on the Meeting agenda or is of a time-sensitive nature.

3) Upon consideration of any item of correspondence, communication or petition; Council may adopt a motion to:

- a) receive the item of correspondence;
- b) refer the item of correspondence to another item listed on the meeting agenda;
- c) refer the item of correspondence to a Committee, Local Board or Municipal staff for a report; or
- d) may consider a substantive motion with respect to the same.

4) The meeting agenda shall include under the Correspondence for Information items that are principally for the information of Council and that do not by necessity require action or response from Council. Council may receive information items by one motion, but prior to consideration of such motion, Members may request that specific items be removed from consideration under such motion and Council shall consider such items individually.

5) Items of correspondence shall be directed to Council and added to an agenda by Municipal staff in accordance with the Correspondence Protocol attached as Schedule "B" and forming part of this By-law.

6.10 Staff Reports or Requests for Staff Reports

1) Any Member may request Staff to prepare a report pertaining to any issue. Council by resolution shall direct staff as requested and shall provide direction as to when the report is required to be presented.

6.11 Consideration of Committee Minutes and Recommendations

1) The Clerk shall ensure that minutes of all Local Boards and Committees are placed on the next Regular Council Meeting agenda as soon as practicable.

2) Council shall receive the minutes by resolution. All recommendations contained within those minutes requiring Council action will be placed on the agenda as the next item of business following the minutes for Council consideration.

6.12 Motions/Notice of Motions

1) The Clerk shall ensure that proposed motions, for which Notice of Motion has been given, or that otherwise failed to secure the requisite minimum two-thirds vote for items raised in New Business at a previous meeting, are included in full in the meeting agenda.

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SCHEDULE “A” to By-law 2015-000**Correspondence Protocol**

A large amount of correspondence is received on a daily basis by the Township of North Kawartha which is intended, in some way, for Council’s information and/or action.

It may be addressed to:
 the Mayor
 Council
 all municipalities in Ontario
 individual councillors
 the municipality generally
 the Clerk
 individual Department Heads
 the Chief Administrative Officer (CAO)

This information may be very generic (like information addressed to every municipality in the province) or very specific (like a complaint addressed to a specific councillor). Historically, most of this correspondence and information was placed on the Council Agenda. There was always a subjective element to the decision to add an item or not.

Implementation of a “*Correspondence Protocol*” will assist with the following goals:

- categorize correspondence for efficiencies at Council meetings;
- ensure due regard is given to correspondence action items
- facilitate posting of the agenda on the website and meeting requirements of Accessibility legislation

Responsibility and Interpretation

Individual members of Council are responsible for:

- their own communications to constituents and;
- bringing forward to Council, **through the Mayor**, items of correspondence deemed important to provide to Council as a whole either for action or information.

Members of Council and Staff shall be fair and unbiased when giving consideration to responding to and adding items to the Agenda. It is recognized that consideration is subject to interpretation. Correspondence items that are timely or may have been missed may be considered as an addition to the Agenda by motion of Council preferably at the time of adoption of the Agenda, however items added to the Agenda do not provide advance notice to the public.

Protocol Procedures

It is proposed that correspondence in the future will be categorized into three categories and dealt with in the following manner:

1. Personal Correspondence addressed to a member(s) of council

Includes: correspondence which is received by any means (ie. regular mail, fax, email or in-person) by virtue of a Councillor’s membership in a certain group, complaints to a specific councilor or the Mayor, AMO Watch File, Letters of Appreciation or Thanks, Announcements, Event invitations

Protocol: All such correspondence will be provided directly to the member of Council in the format received. The original will NOT be retained by staff in a general correspondence file and will NOT be acted upon unless directed by

The Corporation of the Township of North Kawartha Procedural By-Law

Council as a whole or the CAO. Individual members are responsible for their own communications to constituents and it will be up to the individual member to respond as appropriate. If assistance is required from Staff, the correspondence shall be provided to the CAO for follow up or distribution to the appropriate Staff member.

Any member of Council wishing the item of correspondence to be put before Council will inform the Clerk, **through the Mayor**, and will indicate if it is for information or for action and the recommended action. The Clerk's department will add the piece of correspondence to the next available Council agenda.

2. Correspondence for Information Only – Formally received by Council

Includes: any mail, email or fax addressed to every Council / Municipality in the Province, newsletters or bulletins from outside agencies, correspondence received by the CAO, Department Head or other Staff member which they believe is of interest to Council, correspondence from other municipalities requesting support of their resolution, requests for declarations and proclamations

Excludes: personal correspondence of Council and correspondence requesting an action be taken

Protocol: This correspondence will be collected and a summary prepared which includes the organization it is from, the date and a brief description of the item. This summary will be attached to the next available Council agenda to be received. The full item will NOT be attached to the agenda. If Council wishes to review the full item of correspondence for information they may request it from the Clerk's Department at any time. If Council wishes to pull an item from the summary for separate discussion they may do so by amending the resolution to receive. The item will then be the next order of business on the agenda.

3. Correspondence for Action – Council provides direction

Includes: correspondence addressed to Council requesting a specific action on an item (e.g. request for funding, change in policy), correspondence received by the CAO, Department Head or other Staff member that in their opinion requires an action by Council, an item that requires council adoption, approval or action by statute

Excludes: Correspondence from other municipalities requesting support for their resolution which will only be received unless separated by Council for support

Time sensitive correspondence such as requests for advertising will be handled by the appropriate department head if included within the current approved budget.

Protocol: The full item will be included as an attachment to the agenda package. The Clerk's Department or appropriate other department will respond to all Correspondence for Action as necessary.