GOVERNANCE TOOLKIT

For Ontario Boards of Health

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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Purpose of Toolkit

The Association of Local Public Health Agencies (alPHa) represents Ontario's public health units and their boards of health. alPHa is committed to helping those who sit on provincial boards of health better understand their roles and responsibilities as public health officials and keeping them updated on the latest public health initiatives.

This toolkit is an effort to support board of health members and the important work they do. It is intended for use by boards of health in Ontario. However, alPHa recognizes that some of these materials may need to be adapted to meet the needs of specific boards. Boards of health are therefore encouraged to customize the tools and templates to meet their unique needs and circumstances.

It should be further noted that the Toolkit does **not** replace, but complements alPHa's current *Orientation for Board of Health Manual*. Whereas the Manual provides an overview of the public health sector and the board of health's role within it, this toolkit focuses on giving boards of health practical tools and templates to help them govern more effectively.

This document is not intended as, nor should it be considered, legal advice. Boards of health are advised to seek legal or professional advice if they are concerned about the applicability of specific governance practices to their particular circumstances. They are also advised that the contents of this toolkit should not be considered a definitive list of resources and references on governance. The governance information provided is intended to give context to the practical tools, which are the focus of this document.

Disclaimer: *All documents appearing in this area, unless otherwise indicated, are the property of the original author and/or submitting organization, and appear here with the author's permission. alPHa is not responsible for the content of these submissions.*

Further Reading

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Much of the material in this toolkit came from the following sources:

Board Governance Classics. A compilation of articles, checklists, tools and templates. Canadian Society of Association Executives. www.csae.com

Governance Charter. Saskatchewan Health Authority.

Excellence in Governance. A handbook for health board trustees. Government of Newfoundland and Labrador. 2002.

Guide to Good Governance: Not-For-Profit and Charitable Organizations. The Governance Centre of Excellence. 2009. http://www.thegce.ca/

Governance as Leadership: Bringing new governing mindsets to old challenges, Board Member, June/July 2004, Volume 13, Number 4.

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Ministry of Health and Long-Term Care. 2018.

CHAPTER 1: *Introduction*

What is Governance?

In general terms, governance can be thought of as the stewardship of the affairs—particularly the *strategic direction*—of an organization. The board, acting in its governance role, sets the desired goals for an organization and establishes the systems and processes to support achievement of those goals. A key role of the board is to determine and oversee the governance of the organization. The chart below illustrates some of the key responsibilities for each governance area for boards of health (BOHs).

Governance Area	BOH Key Responsibilities
Strategic	• Providing strategic leadership and direction by setting the vision, mission and values • Assessing and approving the strategic plan • Determining organizational priorities • Supporting and complying with legislation, regulations, provincial policies and directives • Developing intersectoral alliances and/or partnerships with other stakeholders • Establishing policies and procedures for the management and operation of the board of health (BOH) • Ensuring the planning and delivery of services and programs • Ensuring operational plans are executed within the approved budget
Fiscal Management and Reporting	• Reporting on organizational activities to stakeholders and government • Safeguarding and allocating organization's resources through sound fiscal policies and internal controls • Setting and approving the budget • Commissioning independent financial audit
Relationships	• Establishing processes for effective communications with stakeholders • Developing effective working relationship with stakeholders and partners • Developing effective working relationship with the MOH/CEO
Quality Management	• Ensuring quality assurance processes are in place • Identifying and assessing risks to the health unit and board of health, and developing risk management policies • Meeting expectations of the Accountability Agreements with the Ministry of Health and Long-Term Care • Undergoing a business process audit (accreditation) by an accredited agency • Performing a governance review on a regular basis
Monitoring, Reporting and Evaluation	• Monitoring, assessing and reporting on progress of the strategic plan • Assessing and reporting on BOH's performance in achieving strategic outcomes • Ensuring processes are in place to monitor, evaluate and improve outcomes • Ensuring health status and health needs of the population are monitored, reported on and assessed regularly • Monitoring, reporting and assessing outcomes with respect to the Ontario Public Health Standards and Organizational Standards requirements
Management	• Establishing policies and procedures for BOH affairs • Ensure ongoing education of BOH members • Establishing sound processes for recruitment and appointment of the MOH/CEO • Hiring the MOH/CEO • Evaluating performance of the MOH/CEO on a regular basis

- Assessing performance of the BOH and its members
- Reviewing BOH bylaws, policies and procedures on a regular basis
- Conducting business with openness and transparency

It is important to note that while the board of health (BOH) works closely with the Medical Officer of Health (MOH/CEO), it is the MOH/CEO's responsibility to lead the health unit in achieving board-approved directions. *Therefore, the responsibility for the day-to-day management and operations of the health unit lies with the MOH/CEO.*

Governance also involves trust and confidence. This fiduciary role is another important function for BOHs. By fulfilling its oversight and fiduciary role, the BOH cultivates respect, confidence, support and unity within the health unit while acting in its best interest.

Fiduciary Responsibilities of the BOH

- *Avoiding conflict of interest*
- *Acting in the best interest of the health unit*
- *Corporate obedience – BOH solidarity, speaking with one voice*
- *Maintaining confidentiality*

Good Governance

(adapted from Guide to Good Governance, Governance Centre of Excellence, 2009, and Excellence in Governance: A handbook for health board trustees, Government of Newfoundland and Labrador, 2002)

Good governance occurs when a BOH carries out their trust or fiduciary responsibility to achieve the health unit's goals.

Foundations for good governance rest on:

Board Quality - The quality of the people at the BOH table and their collective skills

Board Role - What the BOH does

Board Structure & Processes - How the BOH does its work

A BOH applying good governance exercises its legal authority to conduct the health unit's affairs; shows leadership by reflecting the values and priorities of the health unit and

Checklist

A BOH practicing good governance:

- ☑ is clear on its roles and responsibilities
- ☑ maintains effective communications with external stakeholders
- ☑ has appropriate processes in place for decision-making
- ☑ sets policies for the health unit
- ☑ understands the budgeting process and financial reporting responsibilities
- ☑ develops the health unit's strategic plan and is accountable for outcomes
- ☑ evaluates the performance of the MOH/CEO, individual members and itself

developing positive relationships with stakeholders; manages the health unit's financial resources effectively and efficiently; and is accountable for its actions and responsibilities.

BOHs should take responsibility for their own good governance and review their own performance regularly. Please refer to the section on Evaluation in Chapter 6.

Board of Health Effectiveness

There are six elements that are necessary for a BOH to be effective:

1. **Commitment** — BOH members should be committed individually and as a group to the health unit's mission, mandate, goals and processes to achieve them. They should have the necessary knowledge, abilities and commitment to fulfil their duties.

2. **Acceptance** — BOH members must accept their responsibilities of their governance role. This means reading and making efforts to understand applicable background documents (legislation, policies, etc.) and knowing the health unit's business and performance.

3. **Planning** — The board of health focuses on strategic issues by engaging in the strategic planning process and avoiding involvement in operational management affairs of the health unit.

4. **Communication** — The board of health has internal and external communications processes that ensure access to relevant timely information, advice and resources.

5. **Outcomes** — The board of health evaluates its impact in the community by systematically reviewing its policies, monitoring progress in achieving strategic goals, and undertaking evaluations of itself, its members, and MOH.

A Few Definitions of Governance

Governance…

"… is the process whereby specified relationship to enable effective decision-making. It is shaped by the purpose for which the organization was created and is therefore primarily concerned with activities of the highest level including planning, goal setting, policy development and monitoring progress toward strategic goals." (Excellence in Governance: A handbook for health board trustees, Government of Newfoundland and Labrador, 2002)

"…is about how direction is set and control is exercised. In other words, "who makes decisions about what". It can be argued that every organizational member – whether volunteer, board member or employee – makes decisions about something. However what particularly distinguishes governance from all other decision-making is that governance is about the largest strategic questions of the organization such as its purpose and objectives." (Board Governance Classics, Canadian Society of Association Executives)

6. **Reporting**   The board of health should report on its activities and outcomes to various stakeholders and in accordance with any legislative requirements.

For further information on board of health effectiveness, see the upcoming pages:

Form 1 – Six Effective Board Habits

Form 2 – Tips for More Productive Board Meetings

A New Model: Governance as Leadership

Increasingly, nonprofit boards are looking to change the way they think about and carry out governance. The Governance as Leadership Model (Chait, Ryan & Taylor, 2004) offers boards a novel framework to understand governance and practice it effectively. It allows boards to reframe their work under three governance "modes": **fiduciary**, **strategic**, and **generative**.

"Boards could govern more effectively by taking a leadership approach to their work. Just as today's complex organizations demand leaders who work in multiple modes, they demand boards that govern in multiple modes." – Chait, Ryan & Taylor, 2004

Fiduciary

In this mode, boards are concerned mostly with the basic, traditional activities of stewardship—mission fulfillment, financial oversight, accountability, legal compliance. Work is focused on conformance to established board policies and procedures.

Strategic

In the strategic mode, boards establish organizational priorities and develop strategic directions. They engage in strategic planning, strategic decision-making, policy making, and problem solving. Work is focused on monitoring performance against the strategic plan.

Generative

The generative mode sees boards framing organizational issues and problems, and making sense of ambiguous situations. This involves boards positioning themselves differently; exploring issues from multiple, sometimes conflicting, perspectives; and looking to the past to uncover patterns, new ways to frame old issues, and new sources of ideas. Work is focused on active learning and organizational robustness.

Boards that are able to govern in these three modes are said to be truly governing, according to the Governance as Leadership Model. Using all three modes can lead to greater board engagement, stronger governance, and organizational excellence.

For further information about Governance as Leadership, please click here.

Source: *Governance as Leadership: Bringing new governing mindsets to old challenges*, Board Member, June/July 2004, Volume 13, Number 4.

Governance Issues for Boards of Health

In the upcoming chapters, this document will outline the following components of good governance for BOHs. These are all issues that every board of health in Ontario should address as part of its effort to govern effectively.

- Orientation Process and Materials (Chapter 2)
- Bylaws, Policies and Procedures (Chapter 3)
- Strategic Oversight and Planning (Chapter 4)
- Accreditation and Quality (Chapter 5)
- Evaluation (Chapter 6)
- Risk Management and Assessment (Chapter 7)
- Accountability (Chapter 8)
- Governance Review and Best Practices (Chapter 9)

Six Effective Board of Health Habits

Effective BOHs work together as a team focusing on strategic issues within the context of the health unit's strategic plan. Building effective, collective work habits can be difficult. It requires focused agreement on behavior and a shared will to improve and build team competence. Effective boards adopt a recurring pattern of six healthy habits.

Focus on Strategic Issues

An effective board defines its own work area by focusing on strategic issues rather than staff management affairs. This is often difficult. Most board members are frequently experts at addressing operational issues in their respective health units and naturally gravitate to that arena. To avoid this, it may be helpful for the board and its MOH/CEO to be clear on board responsibilities, i.e. the health unit's strategic agenda and the information required to carry out the strategic agenda.

Know the Business

Effective board members know the health unit's structure, strategy, markets, products, services and performance. They also know the sector and are familiar with stakeholders' activities. Boards cannot assume that their members maintain expert knowledge in all subject areas. Effective boards are quick to enlist outside experts to deliver fresh perspectives or new knowledge on topics where they lack experience.

Are Committed

Boards should expect and demand that each member identifies with the health unit's mission, has a well-defined team role, prepares for meetings, avoids conflicts of interest, regularly attends meetings and participates constructively and effectively in those meetings.

Adapt Knowledge to the Health unit

Board members have a wealth of experience that must be adapted to the unique circumstances of the health unit and evidence-based community needs. They may wish to adopt what has been done elsewhere, but should critically evaluate its appropriateness to the current health unit's environment before doing so.

Constructive Participation

Every Board member brings valuable experience, expertise and judgment to the board. Without the participation of each member, the effort is substantially diminished. An effective board is one where every voice is encouraged and respected. Interpersonal conflicts among Board members should be addressed in a timely fashion and may be addressed through board development programs.

Cont'd

Evaluate Performance

The effective board evaluates its performance periodically. Performance assessment leads to a culture of accountability, which, in turn may lead the board to hold itself and the MOH/CEO to higher performance standards and expectations.

Source: Adapted from *Board Governance Classics. A compilation of articles, checklists, tools and templates.* Canadian Society of Association Executives.

Tips for More Productive Board Meetings

The Meeting Agenda

Most board work is conducted at regularly scheduled meetings, so careful attention must be paid to preparing the meeting agenda and developing the background and other materials submitted to the board for its pre-meeting review. The board agenda should be accompanied by the reports, memoranda, plans, and other materials to be discussed at the meeting and should be delivered to the board in advance to allow members to adequately prepare for an informed discussion of the materials and management's recommendations and proposals.

Board Materials

The board packages prepared by management and sent to Board members before the meeting provide important information regarding the health unit's activities to help members evaluate management's proposals and directions, and enable the members to make informed judgments. Agenda materials should avoid information overload, and focus on relevant content.

Presentation Know-How

PowerPoint presentations have become an accepted way to deliver reports and proposals. To be truly effective, these tools should contain concise, relevant information in bullet points and legible graphics that enhance understanding of the topic being presented (see the next Form for guidelines on using PowerPoint as a presentation device).

The presentation topics should also somehow relate to the health unit's overall strategic agenda, goals and objectives. These strategic matters require serious, timely discussion by Board members, so appropriate time must be allotted at meetings to cover them adequately and consideration should be given to the timing of their discussion during meetings (beginning of the meeting is better than the end of the meeting).

Frequency of Board Meetings

The board should meet at least quarterly to review the health unit's activities and performance. The length of the meeting may help determine how many regular meetings are held. Additional special meetings are held as needed, particularly when there is need to discuss important or urgent matters prior to the next regular board meeting. Of course, consideration by the members of major issues affecting the health unit will require more frequent meetings.

Face-to-face committee meetings should generally be scheduled to coincide with board meetings to minimize travel and allow the committees to report promptly to the board on their deliberations and proposals. Alternatives to in-person meetings include teleconferencing and videoconferencing, which may be more practical as they save travel time and costs, in general, for participants.

Executive Sessions

Some boards hold executive sessions without management attendance immediately after the regular board meeting to evaluate the proposals and plans recommended by management at the meeting and allow members to evaluate management's performance candidly. This practice encourages candor and provides the freedom to speak openly and avoid embarrassment of staff involved.

Holding the executive session after each board meeting, whether or not an executive session is really necessary, alleviates the anxiety and tension management may feel over wrongdoing if the executive session were called for a specific purpose.

Whether the executive session is held regularly or only convened on an as-needed basis, it is important that the chairperson meet with the MOH/CEO promptly after the session to inform him or her of the matters discussed, and convey any suggestions or recommendation the session produced.

Source: Adapted from *Board Governance Classics: A compilation of articles, checklists, tools and templates.* Canadian Society of Association Executives.

General Guidelines for Successful PowerPoint Presentations

Components of the presentation

1. Title
2. Conflict of Interest Statement
3. Introduction
4. Overview
5. Body
6. Conclusion
7. References

Overall

- Keep text to a minimum. Let images and graphics illustrate and dramatize your points

- Ensure a consistency of syntax on each slide. For example, use the same font throughout your presentation.

- Use more slides, list only the key points and add details verbally

- Avoid abbreviations, unless you are sure everyone in the audience knows what they mean

- Don't forget to spell-check your content

- Remember that most people have about a 10-minute attention span. If you have a long presentation, add in some interactive elements every 8 – 10 minutes, so you do not lose your audience. Conference delegates are adult learners, so be as interactive as possible.

Formatting Fonts

- Use a font style that is simple (for example, Arial or Verdana) and large enough to be seen by those at the back of the room

- Use at least a 36-point font for headings

- Use at least 24-point font for body text

- Ensure that the size of the fonts used (for headings, body text, etc.) is consistent throughout the presentation

- Use at least a 24-point font for body text

- Don't use ALL CAPS, *italics* or <u>underlined text</u> – these types of formatting can be difficult to read and understand once projected on a screen

Bullets

- Keep the number of bullets per slide under five

- Keep the number of words to fewer than seven per bullet

- Don't use punctuation at the end of bullets

- Capitalize only the first word in a bullet unless a word is a proper noun

- Communicate one thought per bullet
- Use no more than two levels of bullets per slide
- Left-justify all bullets

Colour and Contrast

- To make text stand out and draw your audience's attention to it, make it bold, or change its colour and contrast
- Use a dark font on a light background (best for printing)
- Use a white or light font on a dark background (best for dark rooms)
- Remember that too many colours can overwhelm the eye

Backgrounds

- Very simple backgrounds are best
- Stick with a single background for the entire presentation

Images and Graphics

- Place graphics on the left with text on the right
- With a heading, a graphic can be centred
- Select high-quality graphics and illustrations
- Ensure that every image being used serves a purpose
- Clip art is not desirable
- Animated graphics can be distracting to your audience, unless they illustrate your point
- Use bar graphs and pie charts instead of tables of data, when possible. If you are using tables of data, make sure that the figures are large enough to be read by your audience.
- Ensure that you provide a reference for each graphic on the slide on which it appears (the font can be a small font, but must be visible)
- Dazzle your audience with information, not with graphics

Video and Audio

- Dynamic content, such as a brief video or audio clip, that illustrates an important point is a great way to engage your audience. Embed multimedia content in your presentation: https://www.bettercloud.com/monitor/the-academy/7-ways-to-enhance-your-powerpoint-presentation-with-multimedia/

Animations

- If you animate your presentation so that your points appear gradually, ensure that you are using the same transition throughout
- Animations with noise or other audio should be used sparingly

Source: Adapted from Speaker Resources, Public Health Ontario, www.tophc.ca

CHAPTER 2: *Orientation*

Every BOH in Ontario is responsible for orienting its new members to their roles and responsibilities following initial appointment. The orientation should be a positive team-building experience that results in new members' understanding of their role and the expectations for them.

An ideal orientation session will include the following:

- **Appropriate background materials** such as:
  - mission/values statement
  - bylaws and policies
  - relevant legislation
  - past meeting minutes
  - current and past financial statements
  - strategic plan
  - organizational chart for the health unit
  - list of BOH members and senior staff
  - annual calendar of events and meetings

- **Facilitated session -** The most appropriate person should facilitate the orientation session. The best time and place to hold the session should be chosen, i.e. as part of the regular board meeting or as a separate meeting.

- **Review of key topics** such as:
  - BOH manual
  - mission/vision and values of the health unit
  - history of the health unit
  - roles and responsibilities of the BOH, its individual members, and staff
  - relevant legislation, including Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (2018)
  - operational overview of the health unit
  - review of major events and activities that the BOH members will be involved in
  - review of committees that the BOH members may be involved in
  - processes for BOH meetings and attendance, communications with stakeholders, policy development, budgeting and finance, decision-making, strategic planning, and evaluation of board and MOH
  - role of the Association of Local Public Health Agencies (alPHa)

- **Question and answer period -** Time should be set aside for questions from members.

- **Immediate involvement of new board members -** New BOH members may be paired with current members during the orientation process.

For a sample of a board of health orientation presentation, go to the following on the next page:

Form 4 – Orientation for the Ottawa Board of Health, March 2011

(Note: Double click on the image shown to view the entire presentation in Adobe Reader)

alPHa Orientation Manual

Following each municipal election, alPHa updates its own Orientation Manual for Board of Health Members, which was developed to assist boards of health in their efforts to educate and orient their new members on their roles and responsibilities as board of health officials.

FORM 4 – Orientation for the Ottawa Board of Health (Ottawa Public Health)

(Double click the image below to view the file in Adobe Reader.)

CHAPTER 3: Board of Health Bylaws, Policies and Procedures

Bylaws vs. Policies vs. Procedures

Bylaw The overall framework for governing affairs of the organization; does not deal with day-to-day operations; once in place, policies and procedures may be developed.

Policy An expression of the will of the board that is:

- a governing principle
- a framework for carrying out work of the board
- a way for the board to delegate authority
- a definition of what is to be done

Procedure Step-by-step instructions that bring a policy to life; details the method for implementing a policy.

Source: Charity Central's Office in a Box (resource for small and rural Canadian charities), Governing Documents: Policies & Procedures, Section 6.2, Legal Resource Centre, 2010, Edmonton AB

Bylaws

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability require that all BOHs in the province have local bylaws and policies on the following (this is not a complete list):

- rules of order and frequency of meetings
- selection of officers
- selection of board of health members based on skills, knowledge, competencies, where possible
- conflict of interest
- confidentiality
- medical officer of health selection process, remuneration and performance review
- procurement of external advisors to the board (e.g. lawyers, auditors)

In addition to the above, it is suggested that BOHs may want to have bylaws on other necessary administrative or management matters concerning BOH affairs (e.g. electronic meeting participation, property management, banking and finances, provision of auditor, Building Code Act).

Please see a sample of board of health bylaws from various health units on the next pages:

Form 5 – Bylaw: Management of Property (KFL&A)

Form 6 – Bylaw: Banking and Finances (North Bay)

Form 7 – Bylaw: Calling of and Proceedings of Meetings (Peterborough, Toronto)

Form 8 – Bylaw: Appointment of Auditor (KFL&A)

Form 9 – Bylaw: Building Code Act (Peterborough)

Form 10 – Bylaw: Medical Officer of Health (North Bay)

FORM 5 – Bylaw: Management of Property (KFL&A)

Board of Health for Kingston, Frontenac and Lennox and Addington Public Health

BY-LAW NUMBER 5

A by-law to provide for the management of property,

THE BOARD OF HEALTH FOR KINGSTON, FRONTENAC AND LENNOX AND ADDINGTON PUBLIC HEALTH ENACTS AS FOLLOWS:

1.   The Board shall acquire and hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it [Health Protection and Promotion Act R.S.O. 1990, c.H.7, s.52(3)].

2.   Clause 1 is subject to the requirement that the Board of Health first obtain the consent of the councils of the majority of the municipalities within the Health Unit served by the Board of Health [Health Protection and Promotion Act R.S.O. 1990, c. H.7, s. 52(4);2002, c. 18, Sched I. s. 9(8)].

3.   Prior to the sale of any real property owned by the Board of Health, the Board shall,

(a)   by by-law or resolution passed at a meeting open to the public, declare the real property to be surplus;

(b)   obtain not more than one (1) year before the date of sale at least one appraisal of the fair market value of the real property from such person as the Director of Corporate Services considers qualified.

4.   Notice to the public of a proposed sale of real property owned by the Board of Health shall be given prior to the date of the sale by publication in a newspaper or electronic medium, that is of sufficiently general paid or unpaid circulation within the Health Unit area to give the public reasonable notice of the proposed sale.

5.   Despite the requirements of clause 3(b) of the by-law, and subject to the requirements of clause 2, the Board of Health may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:

(a) any municipality within the Health Unit served by the Board of Health;

(b) a local board as defined in the Municipal Affairs Act, R.S.O. 1990, Chapter M.46;

(c) The Crown In Right of Ontario or of Canada and their agencies.

6.   The Director of Corporate Services shall establish and maintain a public register listing and describing all real property owned or leased by the Board of Health and which should, to the extent that it is reasonably possible, include the following information:

(a)   a brief legal description of the property;

(b)   the assessment roll number of the property;

(c)   the municipal address of the real property, if available;

(d)   the date of purchase;

(e)   the name of the person from whom the property was purchased;

(f)   the instrument number of the transfer or deed by which title was transferred to the municipality;

(g)   the purchase price of the real property;

(h)   a brief description of improvements, if any, on the real property;

(i)   the date of the sale of the property;

(j)   the name of the person to whom the property was sold;

(k)   the sale price of the real property.

7.   The Medical Officer of Health and the Director of Corporate Services shall be responsible for the care and maintenance of all properties required by the Board.

8.   Such responsibility shall include, but shall not be limited to, the following:

(a)   the replacement of, or major repairs to, capital items such as the heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;

(b)   the maintenance and repair of the parking areas and the exterior of the building;

(c)   the care and upkeep of the grounds of the property;

(d)   the cleaning, maintaining, decorating and repairing the interior of the building;

(e)   the maintenance of up-to-date fire and liability insurance coverage.

9.   The Board shall ensure that all such properties comply with applicable statutory requirements contained in either local, provincial or federal legislation (e.g. building and fire code).

Read a first and second time this 27th day of July 1995.
Read a third time, signed and sealed this 27th day of July 1995.
Amended on this 26th day of October, 2004.
Read a first and second time this 28h day of June 2017.
Read a third time, signed and sealed this 20th day of September 2017.

FORM 6 – Bylaw: Banking and Finances (North Bay)

NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT

Approved by the Board of Health as per Resolution #BOH 2018/01/14

SECTION VII. BYLAW ON BANKING AND FINANCE
40. The Board shall direct the Medical Officer of Health to:

  a) Ensure the preparation of budgets for submission to the Board and administer approved budgets under the jurisdiction of the Board,
  b) Ensure the preparation of the financial and operating statements for the Board in accordance with established Ministry policies and generally accepted accounting principles, indicating the financial position of the Board with respect to current operation,
  c) Act as custodian of the books of account and records of the Board required to be kept by legislation or by the Board,
  d) Ensure that all accounting books and records are audited on an annual basis by a licensed public accountant,
  e) Register the Health Unit as a charitable organization and follow all the legal requirements associated therewith,
  f) Enter into an agreement with a recognized chartered bank or trust company which will provide the following services:
    i) current accounts
    ii) provision of monthly bank statements
    iii) payment of interested or surplus funds held at the institution
    iv) payroll services, as needed
    v) lending of money to the Board, as required
    vi) advice and other banking services, as required
  g) Perform other financial duties as the Board my direct.

Signing Authority
41. Signing authorities shall be assigned by Board policy to execute banking transactions, as well as to execute documents under Section VI. Bylaw on Execution of Documents #39.

Management of Property
42. The Board may acquire and hold real property for the purposes of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise change or dispose of real property owned by it in accordance with Section 52 of the *Act*.

FORM 7 - Bylaw: Calling of and Proceedings of Meetings (Peterborough, Toronto)

Peterborough Public Health (click on link below):

https://www.peterboroughpublichealth.ca/wp-content/uploads/2018/10/2-120-By-Law-Number-3-Calling-of-and-Proceedings-at-Meetings.pdf

Toronto Public Health:

https://www.toronto.ca/legdocs/bylaws/boh/boh-bylaw-2016-02.pdf

FORM 8 - Bylaw: Appointment of Auditor (KFL&A)

Board of Health for Kingston, Frontenac and Lennox and Addington Public Health

BY-LAW NUMBER 3

A by-law to provide for an auditor for the agency ,

THE BOARD OF HEALTH FOR KINGSTON, FRONTENAC AND LENNOX AND ADDINGTON PUBLIC HEALTH ENACTS AS FOLLOWS:

1. In accordance with the Health Protection and Promotion Act and the Municipal Act the Board shall appoint an auditor who shall not be a member of the Board and shall be licensed under the Public Accountancy Act.

2. The auditor shall:

    1. audit the accounts and transactions of the Board of Health;
    2. perform such duties as are prescribed for the auditor by the Health Protection and Promotion Act;
    3. perform such other duties of the auditor as may be required by the Board;
    4. have a right of access at all reasonable hours to all books, records, documents, accounts and vouchers of the Board; the auditor is entitled to require from the members of the Board and from the officers of the Board such information and explanation as in his or her opinion may be necessary to enable him or her to carry out such duties as are prescribed under the Health Protection and Promotion Act;
    5. be entitled to attend any meeting of members of the Board that concerns him or her as auditor and to receive all notices relating to any such meeting that any member is entitled to receive and to be heard at any such meeting that he or she attends.

Read a first and second time this 26th day of April 1990
Read a third time, signed and sealed this 26th day of April 1990.
Amended on this 22nd day of September, 2004.
Amended on this 26th day of April, 2013.
Reviewed on this 28th day of June, 2017.

FORM 9 – Bylaw: Building Code Act (Peterborough)

Peterborough Public Health (click on link below):

https://www.peterboroughpublichealth.ca/wp-content/uploads/2018/10/2-170-By-Law-Number-8-Building-Code-Act-Sewage-Systems.pdf

FORM 10 – Bylaw: Medical Officer of Health (North Bay)

NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT

Approved by the Board of Health as per Resolution #BOH 2018/01/14

SECTION IX. MEDICAL OFFICER OF HEALTH

Appointment of Medical Officer of Health/Associate Medical Officer of Health
44. The Board of Health:

   a) Pursuant to Subsection 62 (1) of the *Act*, shall appoint a full-time Medical Officer of Health,
   b) Pursuant to Subsection 62 (1) of the *Act*, may appoint one or more Associate Medical Officers of Health of the Board of Health,
   c) Shall not describe the position of a person whose services are employed by the Board by a title that incorporates the title "Medical Officer of Health" or designation "MOH" or other designation representing the title unless the person is the Medical Officer of Health, Associate Medical Officer of Health or Acting Medical Officer of Health of the Board,

Medical Officer of Health Absence or Inability to Act
   d) Pursuant to Subsection 69 (1) and (2) of the *Act*, where the office of the Medical Officer of Health of a Board of Health is vacant or the Medical Officer of Health is absent or unable to act and there is no Associate Medical Officer of Health of the Board or the Associate Medical Officer of Health of the Board is also absent or unable to act shall appoint forthwith a physician as Acting Medical Officer of Health who shall perform the duties and has the authority to exercise the powers of the Medical Officer of Health of the Board,
   e) Where necessary may appoint an Acting Medical Officer of Health in the short-term absence of the Medical Officer of Health/Associate Medical Officer of Health from one of the following health units, or by a qualified locum Medical Officer of Health, to ensure that the statutory duties and powers of the Medical Officer of Health may continue to be fulfilled,:

Algoma Health Unit
Northwestern Health Unit
Porcupine Health Unit
Public Health Sudbury & Districts
Simcoe Muskoka District Health Unit
Thunder Bay District Health Unit
Timiskaming Health Unit

   f) Shall pass a motion naming and updating the roster of Acting Medical Officers of Health of the Health Units specified in bylaw 44 (e)

Eligibility for Appointment
45. No person is eligible for appointment as a Medical Officer of Health or an Associate Medical Officer of Health unless:

   a) He/she is a physician,
   b) He/she possesses the qualifications and requirements prescribed by the regulations for the position, and
   c) The Minister approves the proposed appointment.

FORM 10 CONTINUED

Extension

46. Pursuant to Section 65 (2) of the *Act*, a Board of Health, with the approval of the Minister, may reappoint the Medical Officer of Health or Associate Medical Officer of Health, as the case may be, for a period not exceeding one year at a time until the end of the month in which the Medical Officer of Health or Associate Medical Officer of Health attains the age of seventy years.

Dismissal

47. Pursuant to Section 66 (1) of the *Act*, a decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:

   a) The decision is carried by the vote of 2/3 (two-thirds) of the members of the Board; and
   b) The Minister consents in writing to the dismissal.

Notice and Attendance

48. Pursuant to Section 66 (2) of the *Act*, a Board of Health shall not vote on the dismissal of a Medical Officer of Health unless the Board has given to the Medical Officer of Health:

   a) Reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered,
   b) A written statement of the reason for the proposal to dismiss the Medical Officer of Health, and
   c) An opportunity to attend and to make representations to the Board at the meeting.

Duties of Executive Officer

49. Pursuant to Section 67 (1) (2) and (3), the Medical Officer of Health of a Board of Health as the Executive Officer of the Board, reports directly to the Board of Health on issues relating to public health concerns and to public health programs and services and is responsible to the Board for management of the public health programs and services and related employees.

Policies and Procedures

Prior to 2018, the Ministry of Health and Long-Term Care required that boards of health establish policies in specific areas and bylaws in others. With the 2018 Organizational Requirements, no distinction has been made between policies and bylaws. As noted in the *Bylaws* section of this toolkit, BOHs must develop and implement policies or bylaws "regarding the function of the governing body," such as rules for meetings, selection of officers, and remuneration for board members, among others. Further information on the areas for which policies or bylaws are needed can be found here (see Requirement 12 on page 67 in the document).

BOHs must also review and revise their bylaws, policies and procedures at least every two years in accordance to the Organizational Requirements.

Samples of board of health policies and procedures on some of the above matters and others may be found in the following pages:

Form 11 – Policy: Meeting Procedures & Record (KFL&A)

Form 12 – Policy and Procedure: Remuneration of Board Members (Peterborough)

Form 13 – Policy: Conflict of Interest (KFL&A)

Form 14 – Policy: Privacy (Windsor-Essex)
Disclaimer: *The Windsor-Essex County City Health Unit does not recommend the use of its Privacy Policy at any other health unit. It is provided here as information only, not as legal advice.*

Form 15 – Code of Conduct/Ethics (Niagara Region, Windsor-Essex)

KINGSTON, FRONTENAC AND LENNOX & ADDINGTON PUBLIC HEALTH

BY-LAW, POLICY & PROCEDURE MANUAL

POLICY: BOARD OF HEALTH

APPROVED BY: NUMBER   **III-40**

DATE: 14 May 2007   PAGE: 1 of 1

RECORD OF BOARD OF HEALTH MEETINGS

Purpose
To provide for an accurate and comprehensive record of Board of Health meetings.

Policy

Minutes must be taken at each Board of Health meeting.   The recorder of minutes will be assigned as outlined in the following procedure. Once reviewed and approved, minutes are kept in the office of the Medical Officer of Health or designate.

ORIGINAL DATE:
1 January 1989

REVISIONS:
13 December 1990
9 May 1991
22 April 1992
15 March 1994
27 November 2002
23 September 2004

Procedure

1.0   General

Minutes of regular, special, and in-camera sessions of the Board of Health should accurately record the items of business discussed at the meeting, the decisions reached, and the actions taken. They should not be a verbatim account of the debate, but may include references to major points addressed

in the course of the debate. Generally speaking, the names of those who engage in discussion are not specified, but names may be used if they appear to be directly relevant to the issue under consideration. The primary aim in the preparation of the minutes should be to combine completeness and clarity with succinctness.

2.0   Minutes of general session

2.1   Minutes are taken by the Executive Assistant to the Medical Officer of Health or by a KFL&A Public Health staff member, appointed for that purpose by the Medical Officer of Health.

2.2   The arrival and departure of Board members during the meeting will be duly recorded.

2.3   The minutes are kept in a binder in the office of the Medical Officer of Health and are available for perusal during regular working hours.

2.4   Board motions will become effective immediately upon approval, unless otherwise stated.

3.0   Minutes of in-camera session

3.1   In-camera minutes are taken by the Executive Assistant to the Medical Officer of Health. In his or her absence, minutes will be taken by the Medical Officer of Health. In rare circumstances in which the Board meets without the Medical Officer of Health (H.P.P.A Section 70), the Board Vice-Chair will take minutes.

3.2   In-camera minutes must be in compliance with the other provisions of this policy statement.

3.3   Motions will be acted on and recorded in the minutes of the general session, unless the matter is exempted under Section 5, Article 16 (ii) c of By-law No. 1. In the latter case, the motion shall be recorded in the minutes of the in-camera session.

3.4   If direction on an issue is provided by the Board, rather than a motion, the nature of that direction shall be recorded in the minutes of the in-camera session.

3.5   In-camera minutes shall be approved by the Board at the next general session. If there is any discussion of the minutes, the Board shall move in camera.

3.6   The binder containing the in-camera minutes is kept in a secure location in the office of the Medical Officer of Health.

ORIGINAL DATE:
1 January 1989

REVISIONS:
13 December 1990
9 May 1991
22 April 1992
15 March 1994
27 November 2002
23 September 2004
25 January 2006

FORM 12 - Policy and Procedure: Remuneration of Board Members (Peterborough)

Peterborough Public Health (click on the link below):

(Policy) https://www.peterboroughpublichealth.ca/wp-content/uploads/2018/10/2-150-Remuneration-of-Members.pdf

KINGSTON, FRONTENAC AND LENNOX & ADDINGTON PUBLIC HEALTH

BY-LAW, POLICY & PROCEDURE MANUAL

POLICY & PROCEDURE: FINANCE

APPROVED BY: NUMBER   **VI-70**

DATE: 12 September 2006   PAGE: 1 of 1

CONFLICT OF INTEREST

Purpose

To ensure that all members of the public receive equitable treatment and that Board members and employees are not placed in positions in which they may be perceived as being under obligation to any person who might benefit from special consideration or favour.

Policy

A KFL&A Public Health employee or Board member may not accord, whether in return for reward or not, preferential treatment to any person in the performance of his or her official duties.

ORIGINAL DATE:
1 January 1989

REVISIONS:
11 January 2000

Procedure

1.0   KFL&A Public Health personnel may not:
   1.1.   Accord preferential treatment to relatives or friends, or to companies or organizations in which relatives or friends have an interest, financial or otherwise.

   1.2   Place themselves in a position in which they could derive any direct or indirect benefit from KFL&A Public Health business.

1.3 Demand or accept from any person or company which has dealings with KFL&A Public Health a commission, reward, advantage, or benefit of any kind, directly or indirectly (e.g., through a family member or another person), apart from tokens and advertising items, with the consent of the employee's immediate supervisor.

1.4 Benefit, or appear to benefit, from the use of information acquired during the course of his or her official duties which is not generally available to the public.

1.5 Engage in any business or transaction, or have a financial or other interest which is incompatible with the discharge of his or her official duties or which might be construed as being in actual or potential conflict with his or her official duties.

2.0 Donations

2.1 Donations may be accepted under the following conditions:

2.1.1 The donation is made directly to KFL&A Public Health, or is turned over to KFL&A Public Health and a receipt is issued.

2.1.2 It is made without the expectation of preferential treatment in the future.

2.1.3 The honorarium is a non-monetary item, such as a book or a resource, and can be used to contribute to the services of KFL&A Public Health (see policy V-130, *Honoraria*).

2.2 If there is a possibility of a perceived conflict of interest, the donation shall be refused.

3.0 All purchases of goods and services for KFL&A Public Health must be made in accordance with policy VI-10, *Purchasing*.

4.0   Members of the Board must declare any interest they have in a matter under discussion as specified in By-Law #1.

5.0   Members of the Board, or employees, or a business in which they have an interest, may do business with the Board only in accordance with policy VI-10, *Purchasing*.

ORIGINAL DATE:
1 January 1989

REVISIONS:
11 January 2000

FORM 14 – Policy: Privacy (Windsor-Essex)

Windsor-Essex County Health Unit:

https://www.wechu.org/key-policies/privacy-statement

Disclaimer: *The Windsor-Essex County Health Unit does not recommend the use of its Privacy Policy at any other health unit. It is provided here as information only, not as legal advice.*

FORM 15 – Code of Conduct/Ethics (Niagara Region, Windsor-Essex)

Niagara Region Public Health:

https://www.niagararegion.ca/government/council/code-of-conduct/code-of-conduct.pdf

Windsor-Essex County Health Unit:

https://www.wechu.org/key-policies/code-conduct

CHAPTER 4: Strategic Oversight and Planning

The BOH's role is primarily one of strategic oversight. Strategic oversight consists of:

- setting the mission, vision and values of the BOH
- setting strategic directions (i.e. future plan and measurable actions over a defined time period)
- approving major decisions that impact the direction of the health unit

Mission, Vision, Values	
Mission	A concise statement of health unit's purpose, who it serves and why
Vision	A statement describing the health unit's strategic direction (future plan) over a period of time
Values	Statements of fundamental principles on which health unit operates
Source:	Guide to Corporate Governance, Saskatchewan Ministry of Health

In approving major decisions, the BOH must be aware of the big picture and understand how decisions affect the big picture over the long-term. Rather than getting involved in day-to-day decision-making or operational issues, the BOH should have confidence in the MOH/CEO's ability to make sound decisions that serve the health unit's goals and objectives. The BOH is responsible for ensuring that the MOH/CEO understand the strategic direction of the health unit.

Under Requirement 8 of the Public Health Accountability Framework and Organizational Requirements, Delivery of Programs and Services Domain, all BOHs must have a strategic plan in place:

> *The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.*

Strategic planning is a continuous and systematic process in which a BOH identifies, monitors and measures its future outcomes over a specified timeframe. It includes defining specific goals and success for the health unit, and developing policies, framework and approach for achieving those goals.

The following table shows the different roles played by the BOH and MOH/CEO in the strategic planning process:

The Strategic Planning Process	
Board of Health Role & Responsibilities	**MOH/CEO Role & Responsibilities**
• Ensures strategic planning process is conducted	• Conducts strategic planning process
• Approves strategic planning process	• Conducts research, develops policies, writes strategic plan
• Reviews and approves strategic plan	• Implements strategic plan
• Monitor plan's implementation, annually review plan & recommend adjustments	• Executes board of health's recommended actions following review of plan

Current research shows there are two generally accepted approaches to strategic planning: goals-based and issues-based. According to Management Help, goals-based (or vision-based) planning works from the future to the present. A time in the future is chosen and the strategic plan identifies goals to be achieved by that time. Goals-based planning is therefore usually based on the long-range such as three to five years from the present. Issues-based planning, however, begins at the present and works to the future. Major issues faced by the organization at the moment are identified and actions to address the issues are laid out. Plans are therefore usually for the short-range; one year is typical.

Which approach a BOH uses—goals-based or issues-based—depends on the board's situation. Issues-based planning is done when a board has very limited funding and human resources or if there are many current issues that need to be dealt with sooner rather than later. This kind of planning is often done for organizations that are new, i.e. one to two years old.

However, most of the time, BOHs will undertake a goals-based strategic planning process. This is a cycle comprised of nine steps:

1. Planning the process
2. Conducting an environmental or SWOT review
3. Writing/reviewing the health unit's vision, values and mission
4. Identifying and confirming programs and services delivered
5. Establishing goals
6. Developing operational plan(s) and completing performance measurement
7. Writing a draft strategic plan
8. Reviewing and approving the strategic plan
9. Implementing, monitoring and reporting

Source: *Excellence in Governance: A handbook for health board trustees*, Government of Newfoundland and Labrador, 2002.

Strategic planning processes are often led by consultants. The links below will lead you to a sample of consultants' commercial websites that offer free tools and information on strategic planning. These tools and information may be of assistance and should be used with discretion.

Framework for a Basic Strategic Plan Document (by Authenticity Consulting, LLC)

Steps for Implementing Your Strategic Plan (by The Bridgespan Group)

Strategic Planning Toolkit (by Conscious Governance)

Click on the links below to view strategic plans developed by Ontario health units.

Eastern Ontario Health Unit, Strategic Plan 2014-2017

KFL&A Public Health, Strategic Plan

Middlesex-London Health Unit, Strategic Plan

Niagara Region Public Health, Strategic Plan 2012-2015

Peterborough County-City Health Unit, Strategic Plan 2013-2017

Simcoe-Muskoka District Health Unit, Strategic Plan 2019-2022

Sudbury & District Health Unit, Strategic Plan 2018-2022

Toronto Public Health, Strategic Plan 2015-2019

Windsor-Essex County Health Unit, Strategic Plan 2017-2021

CHAPTER 5: *Accreditation and Quality*

While it is not mandatory for a public health unit to be accredited, slightly more than half choose to participate in an accreditation process. Accreditation is an ongoing, voluntary process used by organizations to assess and improve the quality of its services to stakeholders. It helps the public health unit strive for excellence by setting benchmarks of consistent standards for programs and services that should be met by the public health unit.

Accreditation also provides a process for quality assurance by identifying areas for improvements in efficiency and performance related to the leadership, management and delivery of services. One public health unit, Eastern Ontario Health Unit (EOHU), has created a Quality Framework, a tool to help staff foster a culture of continuous quality improvement and articulate what it does in terms of quality.

Public health units may choose from a number of different accreditation organizations in the country. The scope of the accreditation standards differ across the various accreditation bodies. Following are a just a few of the Canadian accreditation organizations and their areas of emphasis:

Accreditation Canada (health quality)

Canadian Centre for Accreditation (community health and social services)

Canadian Accreditation Council (broad range of human services)

Excellence Canada (broad range of corporate and non-profits)

CHAPTER 6: *Evaluation*

Evaluations are an important component to ensure the maintenance and improvement of the governance process. To assess board effectiveness, evaluation of the BOH as a whole, individual BOH members, and the MOH should be undertaken. After deciding what it will do with the results, the board should ensure there is a process to allow the evaluation results to be acted upon.

The evaluation process for BOHs may consider the following questions:

- What is the purpose of the evaluation?
- Who should complete the evaluation?
- What is the process?
- How will results be shared?
- What is the process to ensure the results are acted upon?

Any of these aspects may be subject to evaluation (there may be others not listed below):

- individual BOH member's performance
- collective board performance
- board chair performance
- board meeting evaluation
- board strategic planning evaluation
- committee chair performance
- committee member's performance
- orientation session evaluation

Starting on page 44 is a template of a Guideline on Creating a Board Self-Assessment Survey (Form 16).

Evaluation of the Board of Health

Evaluating the BOH's effectiveness, it should be noted, is not the same as evaluating the effectiveness of the health unit. This distinction is important because it means that the BOH must be clear on its desired outcomes and that it has objective measures to evaluate the board's unique contribution.

When assessing board effectiveness, the review should encompass, but not be limited to:

- whether specific outcomes were achieved, including strategic goals
- whether legislative requirements have been met and to what degree
- whether committees of the board are functional and effective
- fiduciary and budgetary responsibilities were exercised
- flow and timeliness of information
- liaisons with stakeholders
- conduct of meetings
- agenda setting process
- decision-making and follow-up processes
- management of sensitive and/or legal matters

It goes without saying that board leadership requires openness to self-evaluation and board evaluation. The chair should also be open to evaluation of his or her performance and to acting upon constructive criticism.

For samples of board of health evaluations, see the following:

Form 17 – Board Performance Evaluation Questionnaire (Windsor-Essex)

Form 18 – Board Survey (Niagara Region)

Form 19 – BOH Meeting Evaluation (Peterborough)

FORM 16 – Guideline on Creating a Board Self-Assessment Survey

Source: www.thegce.ca, Governance Centre of Excellence, Good Governance

Guide to Good Governance Template - Form 7.11

Guideline on Creating a Board Self-Assessment Survey

This guideline is intended to assist a board in developing an appropriate board self-assessment tool. A board self-assessment or evaluation is completed by all board members and provides a process to evaluate and improve board performance, board processes and individual member performance. It is important that the questions are relevant to areas of board role and performance. Questions are usually asked in the following categories:

- Board Role and Responsibility
- Board Composition and Quality
- Board Structures and Processes
- Board Efficiency and Performance
- Member Self-Assessment

The usual format asks a member to rate the board's performance, and the member's own performance, on a sliding scale. It is also common to allow an opportunity for the board member to answer open-ended questions or offer narrative comments. Set out below is a template of a Board Self-Assessment Survey with instructions on how to modify the questions appropriate for an individual organization.

Instructions for Developing an Annual Board Self-Assessment of Board Performance

[Instruction #1 - Include a statement of purpose and instructions for completion.]

Example: The board's assessment of its own performance is an important part of the board's governance processes. Please complete this survey using the following scale:

0   No Comment
1   Strongly Disagree
2   Disagree
3   Somewhat Agree
4   Agree
5   Strongly Agree

[Instruction #2 - Indicate who will receive survey and how it will be acted upon.]

Example: The survey should be returned to the board secretary by _____. Results will be shared with the board at its _____ board meeting. The chair may meet with individual board members to discuss board performance and the self-assessment portion of the survey.

Board Role and Responsibility

[Instruction #3 - Questions in this part of the survey will usually address the board's knowledge and performance of its role. The questions should also be specific to matters that are relevant to the board such as a recent governance review or a capital project. The survey should be reviewed each year to determine if additional questions should be asked. Detailed questions can be included with respect to various aspects of each major category of board role as illustrated below.]

Sample Questions on Board Role and Responsibility

Question	No Comment (0)	Strongly Disagree (1)	Disagree (2)	Somewhat Agree (3)	Agree (4)	Strongly Agree (5)
1. The board understands its role in the following areas:						
• Strategic planning						
• Financial oversight						
• CEO supervision						
• *[Etc.]*						
2. The board effectively performs in each of the following areas:						
• Strategic planning						
• Financial oversight						
• CEO supervision						
• *[Etc.]*						

3. The board develops an annual work plan with reference to the organization's strategic directions and the board's role.						
4. The board follows its annual work plan.						
5. The work plan helps the board understand and perform its role.						
6. The board understands and performs the board's governance role and does not become overly involved in management issues.						
7. The board understands and considers the organization's accountabilities.						
8. The board makes decisions that are consistent with the organization's mission, vision and values.						
9. The board ensures the strategic plan is being implemented and makes decisions that are consistent with the strategic plan.						
10. The board is well-informed and kept up-to-date about:						
• The operations of the corporation						
• Current trends and issues relevant to the sector						
• The board's governance role						
11. The board uses a performance measurement system that meets the following criteria:						
• A specific process has been adopted.						
• Indicators are linked to the strategic plan.						
• Measures and indicators focus on results.						
• Responsibility for providing information and evaluating measures in clear						
• Reporting on measures allows for comparison to planned results and benchmarks						
• There is a process to react to variances.						
12. *[Include other questions appropriate to board role and current issues. If a formal statement of the board's role has been adopted by the board it should be used to formulate questions on the board's role.]*						

[Instruction #4 - Include a "comments" section to allow for narrative responses and consider open-ended questions.] Examples set out below:

Comments:

_____

_____

_____

List three things the board could do to improve the understanding and performance of its role:

_____

_____

_____

[Instruction #5 - The balance of the survey would follow the format set out above and ask questions in areas such as: Board Composition and Quality, Board Structure and Processes, Board Performance and Board Conduct. Sample questions for each of these areas are set out below.]

Sample Questions on Board Composition and Quality

1. The board is the right size for effective board discussion; all board members have an opportunity to contribute.
2. The board identifies the skills and qualities that are required to perform the board's role.
3. The board has clear, transparent and well-understood recruitment practices for new members.
4. New board members are recruited on the basis of skills, knowledge, experience and required qualities.
5. Board terms allow for board turnover to appropriately balance board continuity and new contributions.
6. The board reflects the diversity of the community served [where appropriate].
7. Board members receive orientation that prepares them to contribute effectively to the board.
8. Board members understand their fiduciary obligations and will:

   - Act in the best interests of the organization;
   - Avoid conflicts;
   - Speak with one voice;
   - Follow board governance policies.

9. Board members work well together.
10. Board members have an opportunity to participate in ongoing education programs.

Comments:

_____

_____

_____

Sample Questions on Board Structures and Processes

Committees

1. The board has the right committees.

2. Committee terms of reference are periodically reviewed.

3. Committee work plans are established annually and align with board work.

4. The board respects the work of its committees and does not redo committee work.

5. Committee members are assigned based on skill and experience.

6. Committee reports are timely.

7. Committee reports are effective in providing necessary information to the board.

8. Each committee evaluates its own performance and results are acted upon.

9. Committee chairs are evaluated and the results are taken into account in committee chair assignments.

10. New committee members receive orientation to the committee.

Meetings

1. Meeting materials are received sufficiently in advance to be thoroughly reviewed by board members.

2. Materials are appropriate and prepare members to make decisions.

3. Meetings are structured so there is sufficient time for discussion of decision items.

4. The board deals with *in camera* business appropriately.

5. Board agendas focus on items that are within the board's role.

6. Minutes accurately reflect board discussions and processes.

7. The board meets the right number of times.

8. The board meets at the right time of day.

Board Chair

1. The board chair conducts the meeting in a way that moves the business of the board forward.

2. The chair allows adequate time for debate.

3. The chair ensures all sides of an issue are heard.

4. The chair ensures the board has the necessary information or advice to make decisions.

5. The board chair invests time in building relationships with the following:

    a. The chief executive officer;
    b. The members;
    c. The committee chairs;

6. The board chair and the board understand the chair's role as the spokesperson for the board.

7. The chair represents the board and organization to its stakeholders and helps to build strong relationships with key stakeholders.

Comments:

_____

_____

_____

Sample Questions on Board Efficiency and Performance

1. Board members contribute their skill and experience.
2. Board members respect and value the views of all members of the board.
3. Board members come prepared.
4. Board members treat each other with courtesy and respect.
5. Board members respect the confidentiality of board discussions.
6. Board members declare conflicts as required.
7. Board members are aware of and adhere to the board Code of Conduct.

Comments:

_____

_____

_____

Self-Assessment

[Instruction #6 – Some evaluations will also include a self-assessment portion. Members rate their own performance and their rankings as compared with the board as a whole are provided to them to assist in self-improvement.]

Sample Self-Assessment Questions

Knowledge

1. I have a good understanding of the organization's activities and operations.
2. I understand the mission, vision and values.
3. I am familiar with the strategic plan and take it into account in board decisions.
4. I understand the difference between the governance role of the board and the role of managers.
5. I understand the board's role and annual work plan.
6. I understand and respect the roles of committees.

Comments:

_____

_____

_____

Contribution

1. I apply my skill and experience.
2. I listen and consider the views of others.

3. I prepare for meetings.
4. I ask questions that will help me make a decision.
5. I express my views even when I may be in the minority.
6. I respect the decision of the majority.
7. I meet or exceed the attendance requirements.
8. I support the corporation's events and activities.
9. I contribute to the committees on which I serve.

Comments:

_____

_____

_____

Other

1. I wish to continue on the board.
2. I am interested in the following committees.
3. I am willing to serve as a committee chair.
4. I am interested in becoming board chair.

Comments:

_____

_____

_____

FORM 17 – Board Performance Evaluation Questionnaire (Windsor-Essex)

Windsor-Essex County Health Unit:

(Double click the image below to view the file in Adobe Reader.)

SCHEDULE: BOARD PERFORMANCE EVALUATION QUESTIONNAIRE

WINDSOR-ESSEX COUNTY **HEALTH unit**
Bureau de santé de Windsor-comté d'Essex

BOARD PERFORMANCE EVALUATION QUESTIONNAIRE

For each statement, please check the response that best describes your opinion.

Statement	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Board Structure					
The Board has the sub-committees needed to maximize board efficiency.					
The balance between work done by Committees and by the Board is appropriate.					
The Board has the officers needed to maximize board efficiency.					
Board Responsibilities					
Board members have adequate knowledge of the Board's responsibilities.					
Board members demonstrate a clear understanding of the roles of:					
a. The Board					
b. The CEO					
c. MOH					
d. Senior Management					
The Board is adequately prepared to oversee an emergency situation.					
The Board assesses the CEO's performance in a systematic way, in accordance with Health Unit Policy.					
The Board assesses the MOH's performance in a systematic way, in accordance with Health Unit Policy.					
The Board focuses primarily on long-term and policy issues.					
The Board steers clear of discussions of short-term administrative matters.					

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Niagara Region Public Health: Areas for Survey

Board of Health Roles and Responsibilities

1. BOH members have a clear understanding of the roles and responsibilities of the BOH
2. BOH members have a clear understanding of the role of the Medical Officer of Health in relation to BOH
3. BOH has an appropriate committee structure (i.e., Public Health and Social Services Committee) to exercise its responsibilities in an effective manner to maximize BOH efficiency
4. BOH is aware of its role in a public health emergency
5. BOH has adequate information to approve the annual Public Health budget
6. BOH receives adequate information on Public Health compliance with applicable legislation (i.e., Health Protection and Promotion Act)
7. BOH members respect the confidentiality of in-camera BOH decisions

Meeting Structure (specific to Board of Health meetings)

8. There is sufficient time allocated for the full discussion of issues at BOH meetings
9. BOH uses its meeting time effectively and efficiently (i.e., discussion is focused, clear, concise, and on topic)

Board of Health Decision Making

10. BOH ensures that public health decisions are based on accurate, timely, and the best available information
11. BOH has adequate information to monitor overall Public Health performance
12. The Council Business Plan adequately reflects BOH objectives
13. BOH has effective by-laws and procedures to minimize and disclose potential conflicts of interest
14. BOH works toward compromise and consensus when there are disagreements among members
15. BOH decisions are supported by BOH members once made
16. BOH ensures processes are in place to identify, assess, and manage any risk
17. BOH is responsive to the public health needs of the community

Board of Health Relations

18. There are adequate opportunities to ask questions at BOH meetings
19. A climate of mutual trust and respect exists among BOH members
20. A climate of mutual trust and respect exists between the BOH and the Medical Officer of Health

FORM 19 – BOH Meeting Evaluation (Peterborough)

Peterborough Public Health

Board Meeting Evaluation Form

Please complete the following questionnaire by rating each category and adding your comments and suggestions. **Please return the form to _____, your input will be shared with the Board Chair.**
Thank you – your input will assist in making board meetings more productive and enjoyable.

Rating
0 N/A, 1 Poor, 2 Fair, 3 Neutral, 4 Good, 5 Excellent

The board information package provided the right information and was received in a timely manner.	0 1 2 3 4 5 N/A
The meeting was scheduled at a convenient time and location.	0 1 2 3 4 5 N/A
The majority of Board Members were in attendance.	0 1 2 3 4 5 N/A
The agenda was appropriate. Topics were relevant to the mission and goals of our organization. Items were clearly identified as for information, discussion or decision.	0 1 2 3 4 5 N/A
Time was used effectively. Discussions were focused.	0 1 2 3 4 5 N/A
The meeting structure and leadership encouraged the right amount of participation.	0 1 2 3 4 5 N/A
Appropriate information/evidence was available to support the board in making informed decisions.	0 1 2 3 4 5 N/A
All recommendations and decisions made by the board are documented and monitored to ensure implementation.	0 1 2 3 4 5 N/A
Board Members conduct was business-like, cordial, results-oriented and respectful of diversity.	0 1 2 3 4 5 N/A

FORM 19 CONTINUED

1. Strengths of this Meeting:

2. Suggestions for improvements this board should consider making to the way it governs:

3. Request for information and/or education:

Adapted from: Nova Scotia Association of Health Organization's "Continuing Care Board Meeting Evaluation Form"

Evaluation of the Individual Board of Health Member

An evaluation of an individual BOH members' performance can either be a self-assessment evaluation (done as part of the annual board evaluation), or it can be a peer evaluation. The more common approach is the self-evaluation by board members. Peer evaluations would involve every board member evaluating the performance of every other board member, and must be undertaken with care.

Feedback on individual BOH members' performance should be a regular process provided by the chair or through resources that are external to the BOH.

Areas to ask questions on a BOH member's self-evaluation survey may include:

- preparation for board and committee meetings
- regular attendance at meetings
- participation in discussions at board and committee meetings
- understanding the board's governance role and responsibilities
- decision-making based on evidence and research
- application and contribution of the individual BOH member's expertise
- behavior both inside and outside the board meeting
- adherence to board policies, particularly conflict of interest and Code of Conduct
- respect for harmonious board relations and principle of board solidarity

It should be noted that commitment and buy-in from individual BOH members to the evaluation process is crucial.

*For samples of evaluations of the **individual** board of health member's own performance, see:*

Form 20 – Board of Health Self-Evaluation Form (Niagara Region)

Form 21 – Individual Board Member Self-Evaluation (Peterborough)

Form 22 – Board of Health Self-Evaluation Survey (Toronto)

FORM 20 – Board of Health Self-Evaluation Form (Niagara Region)

Niagara Region Public Health:

(Double click the image below to view the file in Adobe Reader.)

Board of Health Self-Evaluation

This survey gives Board of Health (BOH) members a chance to reflect on <u>your own</u> performance as a BOH member and to identify possible areas to improve. Please answer the questions honestly, knowing that your responses will remain confidential. These responses will not be submitted.

For each statement, please check the response that best describes your opinion.

As a Board member:	Strongly Agree	Agree	Disagree	Strongly Disagree
BOH Roles and Responsibilities				
1) I clearly understand my role and responsibilities	o	o	o	o
2) I clearly understand my legal responsibilities.	o	o	o	o
3) I understand the organization's mission and its services/programs.	o	o	o	o
4) I have a good record of meeting attendance	o	o	o	o
5) I participate fully in committee/council discussions.	o	o	o	o
6) I practice the Region's corporate values of honesty, respect, serve, partnerships and choice	o	o	o	o
7) I follow through on things I have said that I would do.	o	o	o	o
8) I effectively represent the Region in the community	o	o	o	o
9) I read material and am sufficiently prepared for committee/council meetings.				
10) I have read and understand the Corporate Policy manual and By-laws.	o	o	o	o
BOH Relations				
11) I feel comfortable to ask questions if I do not understand something.	o	o	o	o
12) I am a good listener at committee/council.	o	o	o	o
Board Decision Making				
13) I maintain the confidentiality of all Board in-camera decisions.	o	o	o	o
14) I support Board decisions once they are made even if I don't agree with them.	o	o	o	o

FORM 21 - Individual Board Member Self-Evaluation (Peterborough)

Peterborough Public Health:

(Double click the image below to view the file in Adobe Reader.)

Form 21 - BOH Self
Eval Peterborough.p

FORM 22 – Board of Health Self-Evaluation Survey (Toronto)

Toronto Public Health:

(Double click the image below to view the file in Adobe Reader.)

TORONTO Public Health

City of Toronto Board of Health Self-Evaluation Survey 2013
One-On-One Interviews
(Not to be Submitted Online)

1. **Personal Competencies**

For each statement, please check/identify the response that best describes your opinion.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
I am aware of what skills I bring to the BOH.	❑	❑	❑	❑	❑
I feel that the BOH works as a team.	❑	❑	❑	❑	❑
I feel comfortable asking questions when I don't fully understand an issue presented at the BOH.	❑	❑	❑	❑	❑
I enjoy being on the Board, and feel that I have the opportunity and skills to contribute to the success of the organization.	❑	❑	❑	❑	❑
I believe I represent the public's interest.	❑	❑	❑	❑	❑

2. **Leadership**

For each statement, please check/identify the response that best describes your opinion.

	Strongly Disagree	Disagree	Don't know	Agree	Strongly Agree
I arrive at meetings on time and I am prepared to participate fully, to discuss, debate, and make decisions.	❑	❑	❑	❑	❑
I support the mission, vision and value statements of the Health Unit.	❑	❑	❑	❑	❑
I support and encourage others in the group to participate fully.	❑	❑	❑	❑	❑
I am able to tolerate differences of views and opinions.	❑	❑	❑	❑	❑
I am able to identify and analyze group problems and conflicts, and find creative solutions.	❑	❑	❑	❑	❑
I am confident in my ability to express myself and represent my views to the Board members during discussions.	❑	❑	❑	❑	❑

3. **Comments/ Points from Discussion**

Evaluation of the Medical Officer of Health (MOH)

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

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

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

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

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

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

On the next page is Form 23, alPHa's Medical Officer of Health Performance and Development Appraisal Form. Please note this document has not been updated since the late 1980's.

FORM 23 - alPHa's Medical Officer of Health Performance and Development Appraisal Form

(Double click the image below to view the file in Adobe Reader.)

The Association of Local Official Health Agencies

MEDICAL OFFICER OF HEALTH PERFORMANCE AND DEVELOPMENT APPRAISAL

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

THE PERFORMANCE APPRAISAL PROCESS

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

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

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

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

PERFORMANCE AND DEVELOPMENT APPRAISAL

MEDICAL OFFICER OF HEALTH NAME:

_____

REVIEWER NAMES: TITLE   APPRAISAL PERIOD: TO
1.

2.   DATE ENTERED PRESENT POSITION:

3.
_____

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

Evaluation of the Chief Executive Officer (CEO)

As of this writing, there are at least nine boards of health in Ontario who have separated the role of MOH and the CEO into two separate positions. Below is a sample performance appraisal tool for the CEO from Northwestern Health Unit.

FORM 24 – CEO Performance Appraisal Procedure and Forms (Northwestern)

(Double click the image below to view the file in Adobe Reader.)

NWHU CEO
Performance Appraisa

Evaluation of the Evaluations

It is recommended that the BOH periodically assess the types of evaluations it performs and the appropriateness of the tools it uses. It should also evaluate its processes for sharing survey results and providing resources to ensure that the results may be acted upon.

CHAPTER 7: *Risk Management and Assessment*

Under the provincial Public Health Accountability Framework (2018), BOHs are required to have a "formal risk management framework in place that identifies, assesses and addresses risks." A risk management plan can incorporate the following three components: Preparation, Prevention, Protection.

Preparation	Prevention	Protection
• Identify risk	• Policies and procedures	• Insurance
• Assess risk	• Staff competence	• Contracts
• Determine response	• Organization Culture	• Contingency Plans

Source: *Guide to Good Governance: Not-For-Profit and Charitable Organizations.* The Governance Centre of Excellence. 2009.

Preparation involves identifying and assessing potential risks, and determining the BOH's response to each risk. It often includes agreeing on a common definition for understanding risk within the health unit and determining what constitutes a high risk, medium risk, and a low risk. In defining risk, it might be useful to spell out the impact of consequence of each risk level (e.g. financial impact on the health unit is likely to exceed $X) and the degree of occurrence of each risk level (e.g. likely to occur each year or more than 25% chance of occurrence). In assessing risk, the health unit may want to further identify the following: scope of risk, nature of risk, stakeholders who could be affected, quantification of risk, and the health unit's level of tolerance for that risk. Determining the response means analyzing options for managing risk such as avoiding, accepting, reducing, eliminating or sharing a risk.

Strategies for preventing loss or risk include establishing policies and procedures, ensuring staff competence, and building an organizational culture that promotes results while identifying and assessing risks. Protection includes reducing risk by having insurance, contracts and contingency plans in place.

The BOH should monitor and evaluate its risk management strategy on a regular basis. The Ontario Internal Audit Division has developed a Risk Management Strategy & Process Toolkit (Form 25 – next page) that was presented to Ontario boards of health in 2016 for their adaptation and use.

Form 25 – Risk Management Strategy & Process Toolkit

Source: Ontario Internal Audit Division, Treasury Board Secretariat presentation to alPHa, Feb. 24, 2016

RISK MANAGEMENT STRATEGY & PROCESS TOOLKIT

Ontario

14 categories of risk

RISK	Description
Financial	Uncertainty around obtaining, committing, using, losing economic resources; or not meeting overall financial budgets/commitments.
Operational or Service Delivery	Uncertainty regarding the activities performed in carrying out the entity's strategies or how the entity delivers services.
People / Human Resources	Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet the objectives.
Environmental	Uncertainty usually due to external risks facing an organization including air, water, earth, forests... An example of an environmental, ecological risk would be the possible occurrence of a natural disaster and its impact on an organization's operations.
Information / Knowledge	Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting.
Strategic / Policy	Uncertainty around strategies and policies achieving required results; or that old and/or new policies, directives, guidelines, legislation, processes, systems, and procedures fail to recognize and adapt to changes.
Legal / Compliance	Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, MOUs and the risk of litigation.
Technology	Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources.
Governance / Organizational	Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture and values, organizational capacity, commitment, and learning and management systems, etc.
Privacy	Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data.
Stakeholder / Public Perception	Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image.
Security	Uncertainty relating to breaches in physical or logical access to data and locations (offices, warehouses, labs, etc).
Equity	Uncertainty that policies, programs, or services will have a disproportionate impact on the population.
Political	Uncertainty that events may arise from or impact the Minister's Office/Ministry, e.g. a change in government, political priorities or policy direction.

Risk

The future event that may impact the achievement of established objectives. Risks can be positive or negative.

Control / Mitigation Strategy

Controls / mitigation strategies reduce negative risks or increase opportunities.

The risk management process

Step 1 – Establish Objectives
Step 2 – Identify Risks & Controls
Step 3 – Assess Risks & Controls
Step 4 – Evaluate & Take Action
Step 5 – Monitor & Report

Step 1: Establish objectives

- Risks must be assessed and prioritized in relation to an objective
- Objectives can be at any level; operational, program, initiative, unit, branch, health system
- Each objective can be general or can include specific goals, key milestones, deliverables and commitments

Step 2: Identify risks & controls

Identify risks - What could go wrong?

- Consider each category of risk
- Obtain available evidence
- Brainstorm with colleagues and/or stakeholders
- Examine trends and consider past risk events
- Obtain information from similar organizations or projects
- Increase awareness of new initiatives/ agendas and regulations

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

- Preventive controls
- Detective controls
- Recovery / Corrective controls

Consequences

- Identify the specific consequences of each risk
- Consider financial, non-financial, performance, etc.

Vulnerability

- Identify exposure to risk
- Vulnerability may vary with each situation and change over time

Cause/Source of Risk

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

Ontario

RISK MANAGEMENT STRATEGY & PROCESS TOOLKIT

Step 3: Assess Risks & Controls

Assess inherent risks

- *Inherent likelihood* – Without any mitigation, how likely is this risk?
- *Inherent impact* – Without any mitigation, how big will be the impact of the risk on your objective?

Assess controls

- Evaluate possible preventive, detective, or corrective mitigation strategies.

Reassess residual risks

- Re-assess the impact, likelihood and proximity of the risk with mitigation strategies in place.
- *Residual likelihood* – With mitigation strategies in place, how likely is this risk?
- *Residual impact* – With mitigation strategies in place, how big an impact will this risk have on your objective?

Key Risk Indicators (KRI)

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

Risk Tolerance

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

  Risk Appetite
- The amount of risk that the area being assessed is willing to manage

The tolerance and risk appetite values may differ e.g. Staff can afford to lose email capabilities for five hours (risk tolerance) but only be willing to lose email capabilities for one hour (risk appetite).

Step 4: Evaluate & Take Action

- Identify risk owners.
- Identify control owners.
- Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels?
- Do you need to implement further mitigation strategies?
- Develop SMART (Specific, Measurable, Achievable, Realistic, Time-specific) actions that will either reduce the likelihood of the risks or minimise the impact.
- Develop detailed action plans with timelines, responsibilities and outline deliveries.

Step 5: Monitor & Report

- Have processes in place to review risk levels and risk mitigation strategies as appropriate.
- Monitor and update by asking:
  - Have risks changed? How?
  - Are there new risks? Assess them
  - Do you need to report or escalate risks? To whom? When? How?
  - Develop and monitor risk indicators

RISK PRIORITIZATION MATRIX
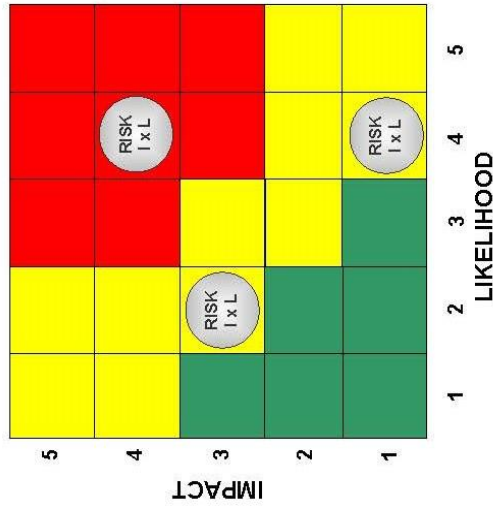
Definitions

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

Board of Health Liability

In partnership with its legal counsel, alPHa has produced a paper that reviews BOH members' liabilities as members of a board as well as their specific public health liabilities related to their role on the BOH. Click on the link below to access the review document.

Form 26 – Board of Health Liability Paper

https://cdn.ymaws.com/alphaweb.site-ym.com/resource/resmgr/boh_file/board_liability_paper_2018.pdf

CHAPTER 8: *Accountability*

Accountability is a relationship based on the obligation to demonstrate and take responsibility for performance in light of agreed expectations. It requires that BOHs understand who is responsible for what, what outcomes are to be achieved and what information needs to be shared to ensure appropriate decision-making. (*Excellence in Governance: A handbook for health board trustees, Government of Newfoundland and Labrador, 2002*)

Accountability vs. Responsibility vs. Answerability	
Responsibility	An obligation to act or make a decision.
Accountability	A formal relationship that happens when a responsibility is conferred and accepted, and with it, an obligation to report back on the discharge of that responsibility.
Answerability	An obligation to simply provide information or an explanation to another party.

Source: Guide to Corporate Governance, Saskatchewan Ministry of Health.

Ontario BOHs are ultimately accountable for the actions of their health units to the provincial Ministry of Health and Long-Term Care.

Provincial Accountability Framework

Following the first Public Health Accountability Agreements in 2011 with boards of health, the province of Ontario released the Public Health Accountability Framework, effective January 2018. The Framework "outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved. It articulates the expectations of the ministry of boards of health to promote a transparent and effective accountability relationship."

The Framework spells out the Organizational Requirements against which boards of health need to demonstrate accountability to the Ministry. The requirements fall into four "domains":
- Delivery of Programs and Services;
- Fiduciary Requirements;
- Good Governance and Management Practices; and
- Public Health Practice.

The Organizational Requirements incorporate one or more of the following functions:

- **Monitoring and reporting** (to measure and assess activities)
- **Continuous quality improvement** (to improve efficiency and effectiveness)
- **Performance improvement** (to ensure best results are achieved)
- **Financial managemen**t (to ensure resources are used efficiently)
- **Compliance** (to ensure ministry expectations are met)

Boards of health are expected to demonstrate accountability through Ministry-Board of Health Accountability Agreements; Board of Health Strategic Plan; Board of Health Annual Service Plan and Budget Submission; performance reports; and an annual report.

Learn more about the Public Health Accountability Framework by clicking **here** (scroll to pages 59 to 70).

Ontario Public Health Standards

The Ontario Public Health Standards communicate the province's minimum expectations for the local planning and delivery of public health programs and services by BOHs. They are published by the Minister of Health and Long-Term Care under the authority of Section 7 of the *Health Protection and Promotion Act*, which also obliges BOHs to comply with them. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced therein.

The Standards consist of three sections:

- **Defining the work that public health does** (including the Foundational and Program Standards);
- **Strengthened accountability** (including the Public Health Accountability Framework and Organizational Standards); and
- **Transparency and demonstrating impact** (including the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes, Transparency Framework: Disclosure and Reporting Requirements).

CHAPTER 9: *Governance Review and Best Practices*

To ensure the quality of a board of a health, it is advised that a BOH conduct a governance review or audit to evaluate its own performance and practices periodically. Approaches may include forming a governance committee at larger health units or taking a more informal approach at smaller health units. Typically, the governance review process is as follows:

1. **Establish the purpose of the governance review** – The purpose is to ensure the BOH is able to fully discharge its duties in an accountable manner and that it achieves its organizational mission.

2. **Establish the scope of the review** – The scope of the review may be as limited or broad as is necessary. A limited review may only look at only a few processes and practices compared to a full review which would cover every governance aspect.

3. **Establish the process for the review** – The process would include conducting the review (i.e. examining governance documents, process and practices), evaluating current practices, determining gaps, and assessing areas requiring change.

4. **Develop a workplan for governance improvement** – Using the results of the assessment, the BOH would develop an action plan to address gaps and make improvements.

On the following pages, you will find Form 27, Sample Governance Audit Questionnaire (adapted from a template on www.thegce.ca.) This checklist of governance practices is intended to be used to assist a BOH in conducting a comprehensive governance review. BOHs should be committed to ongoing governance improvement and should schedule periodic reviews or updates. For example:

- The BOH's by-laws should be periodically reviewed (once every three to five years would be a recommended practice) and should also be reviewed in response to any significant events impacting the health unit such as a board restructuring or a strategic planning exercise.

- Governance policies should be scheduled for review on a rotating basis. Each year, the governance committee should examine a percentage of the governance policies to ensure that all policies are reviewed over a two to three year timeframe. The date of last review should be noted on each policy.

- Committee terms of reference should be reviewed and confirmed on an annual basis.

- Certain governance elements, such as the board committees and board quality, should also be periodically reviewed (every three to five years is a recommended practice) and should also be reviewed in response to changes in mission, major strategic planning processes and other significant events such as significant sector restructuring or change.

Form 27 – Sample Governance Audit Questionnaire

Source: www.thegce.ca , Governance Centre of Excellence, Good Governance

Sample Governance Audit Questionnaire

Checklist of Governance Practices	Status of Governance Practices & Recommendations
ARTICLE I – LEGAL STRUCTURE BACKGROUND INFORMATION	
a. Constating documents: letters patent and supplementary letters patent/articles and articles of amendment or special Act. Review for special provisions.	
b. Date of most recent by-law review: Provide by-laws.	
c. Identify any special issues or challenges facing the health unit (i.e., member communication, resources, board stability).	
d. Date of most recent governance review. Provide report.	
ARTICLE II – ROLE OF THE HEALTH UNIT AND ACCOUNTABILITIES	
a. Role of the health unit (provide copies of: objects/purpose, mission, vision and values, strategic directions).	
b. Date of last strategic plan. Date of next review.	
c. Identify a health unit's accountabilities and key stakeholder relationships. Is there a formal statement of accountability? Date of last review.	
ARTICLE III – THE BOARD'S GOVERNANCE ROLE	
3.1 Define the role of the board of health	
a. Board exercises a governance role in the following areas: strategic planning, financial oversight, risk/quality, chief executive officer supervision and succession planning, stakeholder relations, communication, governance. Has the board expressly adopted a statement of the board of health's role? Provide copies. Date of last review.	
b. Is there an annual board work plan? Provide copies.	
3.2 Provide an outline of how the board of health performs its responsibilities for the following areas of board performance	
a. Strategic planning – ensuring a strategic plan is developed with board participation and ultimate board approval, ensure annual review takes place and participate in annual review of strategic plan.	

Checklist of Governance Practices	Status of Governance Practices & Recommendations
b. Oversight of management (MOH/chief executive officer) – develop and approve MOH/chief executive officer job description; select the MOH/chief executive officer, review and approve MOH/chief executive officer's annual performance goals; review MOH/chief executive officer performance; ensure succession plans are in place for MOH/chief executive officer and senior management; and exercise oversight of MOH/chief executive officer's supervision of senior management as part of MOH/chief executive officer's annual review.	
c. Quality and risk identification and management – ensure performance standards and indicators are established and approved by the board; ensure board monitors performance against indicators; ensure board understands its role in relation to quality and risk; ensure processes are in place for identifying risks; and that plans are developed and implemented to monitor and manage risks.	
d. Financial oversight – stewardship of financial resources including setting policies for financial planning; approving annual budget; monitoring performance; approving investment policies; monitoring investment performance and approving audited financial statements.	
e. Governance – the board of health is responsible for the quality of its own governance; the board establishes and periodically accesses policies regarding board conduct and processes; the board reviews its governance structures (board size and composition, committee mandates and composition, officers, meeting effectiveness, etc.) at periodic intervals; the board is appropriately responsible for board succession and on-going quality (education) and to monitor board and individual members effectiveness through annual evaluations.	
f. Stakeholder relations, communication and accountability – ensure organization appropriately communicates with its stakeholder in a manner consistent with accountability to stakeholders.	
ARTICLE IV – DUTIES, OBLIGATIONS AND EXPECTATIONS OF INDIVIDUAL MEMBERS	
a. Fiduciary obligations to adhere to and observe the standard of care expected of a member and to obey the "Rules of Fiduciary Conduct". The standard of care is to act honestly and in good faith and in the best interests of the corporation and to meet the applicable standard of care. Is there a formal policy with respect to members' duties? How are members made aware of their duties and obligations?	
b. Rules of fiduciary conduct: • Avoid conflict of interest; • Corporate obedience – solidarity, board speaks with one voice; • Confidentiality; • Loyalty – act in interest of health unit as a whole and not any one group or representative body. Is there a board Code of Conduct that describes the rules of fiduciary conduct?	
c. Describe expectations regarding the level of attendance and participation at board and committee meetings. How are these expectations communicated?	
d. Describe participation in board and individual member evaluation (self-evaluation and/or peer review).	
e. Is there a process to deal with underperforming members? Is the role of the chair clearly understood with respect to member performance and discipline?	
ARTICLE V– BOARD GOVERNANCE POLICIES	
a. Has a formal board Governance Policy Manual been prepared? Provide copies.	

Checklist of Governance Practices	Status of Governance Practices & Recommendations
b. Date of last review.	
c. Process for updating.	
ARTICLE VI – BOARD COMPOSITION & RECRUITMENT	
6.1 Board size and composition	
a. Identify number of elected/appointed/*ex officio* members. List *ex officio* members by office.	
6.2 Board quality	
a. Is there a process to identify skills required of board members?	
b. Is a board profile or skills matrix of the current board maintained?	
c. How are prospective board nominees identified? Is a roster of eligible candidates maintained?	
d. How are prospective candidates advised with respect to role and expectations of members?	
e. How are prospective candidates evaluated?	
f. Who makes the recommendation of approved candidates?	
g. How is election conducted at annual meeting?	
6.3 Term of office	
a. Board term (initial, renewal and maximum terms).	
b. Committee chair terms (initial, renewal and maximum terms).	
c. Officer terms (initial, renewal and maximum terms). Identify officers.	
ARTICLE VII – BOARD OF HEALTH EXECUTIVE OR OFFICERS	
a. There is a clear process for selecting officers and committee chairs. Describe the process.	
b. Are board position descriptions prepared and periodically reviewed?	
ARTICLE VIII – BOARD COMMITTEES	
a. Do committees have written mandates? Provide committees' Terms of Reference.	
b. Are committee mandates reviewed periodically?	

Checklist of Governance Practices	Status of Governance Practices & Recommendations
c. How are committees established? Committees are established pursuant to governance principles (committees do board work not management work).	
d. Describe how committees report to the board.	
e. Are there any committees required under applicable legislation and have such committees been established?	
f. Is there an Executive Committee and how does it report to the board? Describe the decision-making role of Executive Committee.	
ARTICLE IX – BOARD ORIENTATION, EDUCATION AND EVALUATION	
a. Is board orientation mandatory? How is orientation conducted? Provide index of orientation manual.	
b. Is there a written manual for new board members? Provide index.	
c. Is there a clear process for members to participate in external education programs? Describe process.	
d. How is board education conducted?	
e. What is the frequency of continuing education for members?	
f. Is an annual board retreat held? Date of last retreat, attendance and sample agenda.	
g. Is there an annual evaluation of the performance of individual members and the board as a whole? Provide a copy of the evaluation tool and describe the process for providing feedback and acting on results.	
ARTICLE X – BOARD MEETING PRACTICES	
a. Provide sample board agendas. Is board work aligned with the annual board goals and work plan and strategic directions?	
b. Are decision items separated from information items?	
c. Is specific time allocated for agenda items and is time adhered to?	
d. What is the process for bringing forward board committees' recommendations and reports? Is a board briefing report or decision support document used? Provide examples.	
e. Are meetings regularly evaluated? Provide copy of evaluation tool.	
f. Are meetings open and is there a proper use of *in camera* sessions? (Relevant where open board meetings are required by law or are in furtherance of transparency). Is there a formal policy for *in camera* meetings? Is there a policy for the attendance of the public at board meetings?	
g. Does the board (independent members) meet without management from time to time? Is there a written policy?	
h. Is there a clear policy that allows the board to obtain independent advice (legal or financial or other)?	

Checklist of Governance Practices	Status of Governance Practices & Recommendations
ARTICLE XI – MEMBERS – describe the following	
a. Composition (categories or classes, qualifications and process for admission as a member)	
b. Term	
c. Termination	
d. Role	
e. Voting Rights	

Best Practices for Governance

Below is a suggested list of twelve best practices for governance that may be of use to BOHs when evaluating their own governance.

Form 28 – Twelve Best Practices for Governance

Source: Guide to Good Governance: Not-For-Profit and Charitable Organizations. The Governance Centre of Excellence. 2009.

(Double click the image below to view the file in Adobe Reader.)

Twelve Best
Practices for Governa

Comments Welcomed

We hope you find this toolkit useful. It is a living document that alPHa plans to update periodically. To better support this collection of resources and to ensure ongoing relevancy and currency of information, an online version of the toolkit is in development.

If you have any comments, suggestions, or other tools and examples for possible inclusion in the toolkit, please contact Susan Lee at susan@alphaweb.org

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