

**ALGOMA PUBLIC HEALTH  
BOARD OF HEALTH GOVERNANCE STANDING COMMITTEE  
AUGUST 26, 2015 @ 4:00 – 6:00 PM  
WAWA MEETING ROOM 1<sup>ST</sup> FLOOR  
A\*G\*E\*N\*D\*A**

- 1) **Meeting Called to Order** by Mr. Frazier, Chair
- 2) **Declaration of Conflict of Interest**
- 3) **Adoption of Agenda Items Dated:** August 26, 2015
- 4) **Adoption of Minutes of Previous Meeting Dated:** July 22, 2015
- 5) **Business Arising from Minutes**
  - a. Terms of Reference
  - b. Performance Monitoring Plan
  - c. MOH/CEO Recruitment
- 6) **New Business/General Business**
- 7) **Additions to Agenda**
  - a)
  - b)
  - c)
- 8) **That The Board Go Into Committee**  
**Agenda Items:**
  - a) Labour Relations
- 9) **That The Board Go Into Open Meeting**
- 10) **Items Identified to Be Brought Forth to the Board**
- 11) **Next Meeting:** September 15, 2015
- 12) **That The Meeting Adjourn**

**Attachment**



Governance Standing  
Committee Terms of F



APH Performance  
monitoring Plan\_ June



Seconded: I. Frazier

THAT the minutes for the Governance Standing Committee dated June 15, 2015 be adopted as amended.

CARRIED.

**6) BUSINESS ARISING FROM MINUTES**

No business arising from previous minutes.

**7) NEW BUSINESS/GENERAL BUSINESS**

a) Opening of RFP Submissions

C. Luukkonen opened one submission received from Odgers Interim. In conjunction with the RFP issued we also advertised locally and provincially for the position. S. Laclé requested the Committee to allow them to move forward with the interviews of individual candidates that submitted to the job ad before awarding the RFP. The RFP submission is our out of our financial range. The Committee approved moving forward with the interview process.

**8) Additions to Agenda**

There were no additions to the agenda.

**9) THAT THE BOARD GO INTO COMMITTEE 2:12 pm**

GC2015-08 Moved: L. Mason

Seconded: I. Frazier

THAT Governance Standing Committee goes in-committee

CARRIED.

**10) THAT THE BOARD GO INTO OPEN MEETING**

GC2015-09 Moved: L. Mason

Seconded: I. Frazier

THAT Governance Standing Committee goes into open meeting.

CARRIED.

**11) ITEMS IDENTIFIED TO BE BROUGHT FORTH TO THE BOARD**

No items were identified to be brought forth to the Board.

**12) NEXT MEETING:** August 24, 2015 @ 1:00 pm

**13) THAT THE MEETING ADJOURN: 2:54 pm**

GC2015-10 Moved: L. Mason

Seconded: I. Frazier

THAT the meeting adjourns.

CARRIED.

**BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH  
GOVERNANCE STANDING COMMITTEE  
TERMS OF REFERENCE**

O: June 17, 2015

The following Terms of Reference are in accordance with By-Law No. 95-1. The Committee is advisory to the Board unless the Board expressly delegates authority to the Committee on a particular matter.

<b>Name:</b>	Board of Health Governance Standing Committee
<b>Purpose/Goal:</b>	<p>To fulfill the following functions on behalf of the Board:</p> <ul style="list-style-type: none"> <li>• Governance – To support the Board in fulfilling its commitment to and responsibility for sound and effective governance of Algoma Public Health</li> <li>• Nominations - To manage the process to identify potential provincial nominees for the Board to recommend for appointment to the Board (subject to the requirements of the Health Protection and Promotion Act and Provincial Public Appointments Process)</li> <li>• Orientation and Education – To support the Board by ensuring that new Directors receive adequate and appropriate orientation and that all Directors are provided ongoing education to assist them in fulfilling their duties effectively.</li> <li>• Performance accountability – To support the Board in overseeing key elements required to achieve its vision and mission.</li> </ul>
<b>Chair:</b>	<p>The Governance Standing Committee shall elect a chair amongst them. The Board Vice-Chair may be appointed as Committee chair.</p> <p>The Committee chair is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board.</p> <p>The Committee chair may be appointed for a term that is not longer than his or her term as a Director and may be reappointed for as many terms as the Board determines.</p>
<b>Recorder:</b>	The secretary to the Board will act as recorder for the Governance Standing Committee.
<b>Roles &amp; Responsibilities:</b>	<p>These Governance functions are fulfilled through the following roles and responsibilities:</p> <p><b>Governance Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Enable the Board to meet its fiduciary obligations by defining APH's approach to governance and supporting processes and practices that promote a leading-edge governance culture;</li> <li>• Recommend the development and oversee the implementation of governance structures, processes and protocols that enable the Board to fulfill its governance role effectively;</li> <li>• Support the Board of Directors in fostering a positive relationship with its key stakeholders;</li> </ul>

	<ul style="list-style-type: none"> <li>• Support a high standard of Board conduct.</li> </ul> <p><b>Mandate</b></p> <ul style="list-style-type: none"> <li>• Recommend, where appropriate, changes to the mandate of the Board of Directors, each of its Committees, the Board Chair and committee chairs based on the needs of APH and evolving governance standards (subject to requirements of the HPPA and Municipal Acts).</li> </ul> <p><b>Board of Health By-laws, policies and procedures</b></p> <ul style="list-style-type: none"> <li>• Review on a regular basis, and at a minimum of every two years, and make recommendations to the Board.</li> </ul> <p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• Recommend and oversee the implementation of a governance review / evaluation process regarding the performance of the Board, the Board Chair, committee chairs, committees and individual Directors;</li> <li>• Recommend procedures for the ongoing assessment of Board and Committee meeting effectiveness;</li> <li>• Recommend changes to address effectiveness issues arising out of these evaluations;</li> <li>• Assess the adequacy of the quality and timeliness of information provided to the Board of Directors and its Committees and make recommendations to the Board of Directors for change where appropriate.</li> </ul> <p><b>Performance Accountability</b></p> <ul style="list-style-type: none"> <li>• Approve and monitor various measures of performance accountability on a regular basis.</li> </ul> <p><b>MOH/CEO review</b></p> <ul style="list-style-type: none"> <li>• Support the Chair of the Board of Health with MOH/CEO review as requested;</li> <li>• Oversee succession planning for the MOH/CEO, including development of a clear and transparent process to recruit and select a future MOH/CEO.</li> </ul> <p><b>Nominations</b></p> <ul style="list-style-type: none"> <li>• Recommend, in consultation with the Board Chair, nominees for all Board Committees including Committee chairs .</li> </ul> <p><b>Orientation and Education</b></p> <ul style="list-style-type: none"> <li>• Ensure that there is an appropriate orientation and education program for new Directors and continuing education for all Directors including making recommendations on methods to improve Directors' knowledge of Algoma Public Health and their responsibilities as Directors;</li> <li>• Oversee the implementation of orientation and education programs for Directors to ensure these are undertaken effectively.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• The Committee shall study and make recommendations to the Board on any matter as directed by the Board.</li> </ul>
<b>Delegation of</b>	No authority is delegated by the Board through these terms of reference.

<b>Authority from the Board:</b>	However, the Board may from time to time delegate specific responsibilities to the Committee by resolution of the Board.
<b>Reporting and Accountability to the Board:</b>	<p>The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee.</p> <p>The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to another Director member of the Committee or to staff.</p>
<b>Membership:</b>	<p>The Committee shall have a minimum of three and a maximum of five members, all of whom shall be Directors. The Board Vice-Chair normally shall be a member of the Committee. The Board Chair may be a member of the Committee. Chairs of other standing committees normally would not be appointed as members of the Committee.</p> <p>Committee members will be appointed for a term not exceeding their term as a Director and may be reappointed at the discretion of the Board</p>
<b>Reporting to:</b>	Algoma Public Health Board of Health
<b>Frequency:</b>	<p>The Committee will meet at least four times a year. Meetings may be more frequent in the first year.</p> <p>The Committee may meet on other occasions at the call of the Committee chair.</p>
<b>Committee Operations:</b>	<p>Quorum for Committee meetings is a majority of the voting members of the Committee.</p> <p>The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1</p> <p>The Committee may, with the approval of the Board, establish sub-committees.</p>
<b>Distribution of Minutes:</b>	Distribute to members.

\_\_\_\_\_  
Signature of Board of Health Chair

\_\_\_\_\_  
Date

## TERMS OF REFERENCE MEMBERSHIP

	<b>Name</b>	<b>Position</b>	<b>Agency</b>
1	Sandra Laclé	Acting CEO	Algoma Public Health
2	Antoniette Tomie	Director of Human Resources and Corporate Services	Algoma Public Health
3	Ian Frazier	Board Member	Board of Health for Algoma Public Health
4	Lee Mason	Board Member	Board of Health for Algoma Public Health
5			Board of Health for Algoma Public Health
Ad hoc (performance monitoring item)			
7	Jonathan Bouma	Acting Director of Clinic Services	Algoma Public Health
8			
9			
10			
11			
12			
13			
14			
15			

## Guide for Completing Terms of Reference

- Please complete each section of the terms of reference (TOR) form.
- None of the sections should be blank.
- Ensure a copy of the previous TOR accompanies the newly edited TOR with the changes highlighted.

<b>Name:</b>	Indicate the name of the committee
<b>Purpose/Goal:</b>	Indicate the end result that the committee's plan is intended to achieve.  Use round bullets to identify individual points.
<b>Objectives:</b>	Previously Goals/Responsibilities  Indicate the activities, objectives, responsibilities that the plan will take in order to achieve the goal, e.g., To discuss...To review...To create...To facilitate, etc.  Use round bullets to identify individual points.
<b>Chair:</b>	Indicate position title or if the recorder rotates, indicate: 'Rotation System'.
<b>Recorder:</b>	Indicate position title or if the recorder rotates, indicate: 'Rotation System'.
<b>Membership:</b>	Indicate position titles not specific names. If necessary, complete the Terms of Reference Membership and attach to the TOR.  Include the Chair's title in this section. If the chair rotates, indicate: 'Chair rotates'
<b>Reporting to:</b>	Indicate position title or name of committee, e.g., Management Committee, to whom the committee reports and who will act on committee recommendations/ suggestions.
<b>Frequency:</b>	Indicate the number of times the committee will meet, e.g., once per month for one-hour session.  Quorum is not required to hold a meeting.
<b>Term:</b>	Indicate the length of time members remain on the committee, e.g. membership will change every two years.
<b>Decision-making Format:</b>	Indicate consensus/ majority/ not applicable, etc. Consensus is preferred where possible.  Quorum is required (50 percent participation plus 1 individual).
<b>Distribution of Minutes:</b>	Indicate the 'Reporting to' individual(s), committee, etc. along with who will benefit from the Committee.  Membership will automatically appear.



**Algoma Public Health**  
**Performance Monitoring Plan**  
**2015-2017**

O: June 17, 2105

**Introduction**

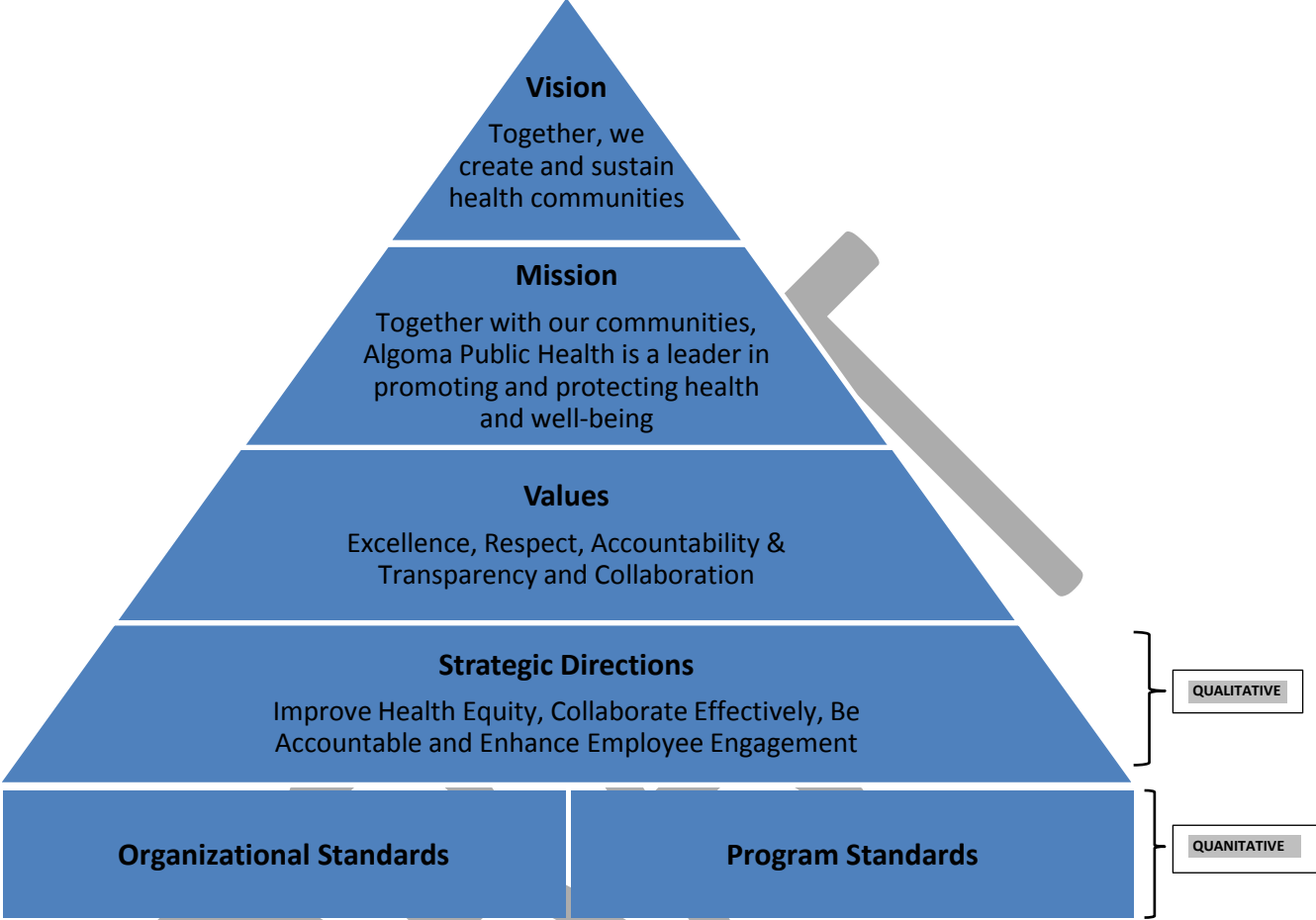
This performance framework provides an overarching view of Algoma Public Health's key areas of performance in fulfillment of its strategic plan and mandate.

APH's performance is assessed in relation to a defined set of indicators and associated performance measures. The development of indicators is an evergreen process. As implementation plans are developed and refined for each of the organizational standards, performance measures will continue to be developed and or refined in order to be able to report on APH's progress towards meeting the goals. Similarly as new program accountability indicators are introduced they will be included to report on APH's progress towards meeting its program goals.

Performance in public health is often challenging to describe using quantitative methods or numbers alone. The performance framework includes qualitative measures, such as narratives or impact stories related to each of the strategic directions.

O: June 1, 2015

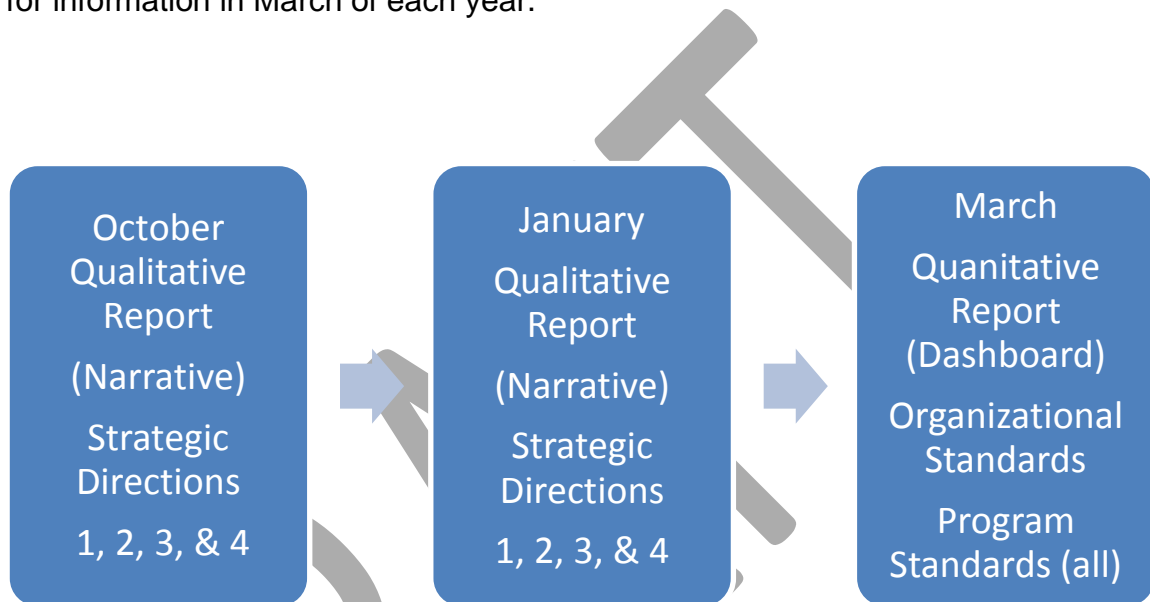
# Algoma Public Health's Performance Framework



## Performance Reporting Schedule

Qualitative reports or narratives will describe through stories the impact of the strategic directions on programming at APH. Impact stories will be reviewed by the Governance Committee and presented to the Board of Health by the Governance Committee chair, or delegate, for information in October and January of each year.

An annual quantitative reports or numbers dashboard will be reviewed by the Governance Committee and presented to the Board of Health, by the Governance Committee chair, or delegate, for information in March of each year.



### Time Line

The MOH/CEO will recommend performance/accountability indicators for the Governance Committee's review and consideration. For its inaugural report, the following indicators are recommended for the Governance Committee's consideration.

### **Strategic Directions – Qualitative Report (Narratives or Stories)**

1. Improve Health Equity – a descriptor of how a team improved health equity
2. Collaborate Effectively – a descriptor of how staff collaborated effectively
3. Be Accountable – an example of how the organization has been accountable
4. Enhance Employee Engagement – a descriptor from staff of how they have engaged

Note: throughout this document staff refers to staff and management: all employees of Algoma Public Health

## **Organizational Standards – Quantitative/Statistical Report – A Dashboard**

1. Leadership and Trustee Excellence
  - i. BOH Commitment Index. Four measures of commitment: uninterrupted BOH membership, attendance of BOH members at meetings, quorum at meetings, completion of the annual BOH self-evaluation questionnaire.  
(Baseline year 2015 then annual corresponding with the calendar year)
  - ii. Number of Program-related Board of Health Motions passed (Baseline year, June – December 2015 then annual reporting based on the calendar year)
  - iii. BOH Member's Satisfaction Index. Three measures of satisfaction: individual performance, Board processes and overall Board performance.  
(Baseline year 2015. Then December 2016, December 2017, etc)
2. Community Engagement and Responsiveness
  - i. Website Usage Status (Baseline year, 2015 then annual reporting)
  - ii. Number of External Partnership Effectiveness Reviews (Baseline year, 2015)
3. Organizational Excellence
  - i. Worker Engagement (Baseline year, 2015, based on Worker Engagement results within the Guarding Minds survey then every 3 years)
4. Service Excellence
  - i. Emergency Preparedness Index: sub indicators each weighted equally with a final score out of 100 (Baseline year, 2016, then annual reporting)
  - ii. Service Integration (Baseline year, 2015, then annual reporting)
    - (1) Number of examples of Community funded Program education and referrals integrated into Public Health funded programs.
    - (2) Number of examples of Public Health funded Programs education and referrals integrated into Community Funded programs.

## **Program Standards (OPHS) – Qualitative – Narrative**

1. Health Protection
  - i. 16 Health Protection accountability indicators each weighted equally based on achievement with agreed upon ministry target with a final score out of 100. Reported annually. (Baseline year, 2015, then annual reporting)

## 2. Health Promotion

- i. 7 Health Promotion indicators each weighted equally based on achievement with agreed upon ministry target with a final score out of 100. Reported annually. (Baseline year, 2015, then annual reporting)
- ii. 3 indicators each weighted equally based on achievement with agreed upon ministry target with a final score out of 100. Reported every 3 years. (Baseline year, TBD based on data availability and subsequent Ministry requirements)

### **Accountability Agreement Indicators (2014-2016)**

#### Health Protection

1. % of high risk food premises inspected once every 4 months while in operation
2. % of moderate risk food premises inspected once every 6 months while in operation
3. % of Class A pools inspected while in operation
4. % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection
5. % of public spas inspected while in operation
6. % of personal services settings inspected annually
7. % of suspected rabies exposures reported with investigation initiated within 1 day of PHU notification
8. % of confirmed gonorrhea cases where initiation of follow-up occurred within 2 days
9. % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case
10. % of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines
11. % of salmonella cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS
12. % of influenza vaccine wasted that is stored/administered by the PHU
13. % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection (new)
14. % of school-aged children who have completed immunizations for hepatitis B
15. % of school-aged children who have completed immunizations for HPV
16. % of school-aged children who have completed immunizations for meningococcus

#### Health Promotion ( i )

1. % of tobacco vendors in compliance with youth access legislation at the time of last inspection
2. % of secondary schools inspected once per year for compliance with section 10 of the Smoke-Free Ontario Act
3. % of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act
4. % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act
5. Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in publicly funded schools
6. Implementation of NutriStep® Preschool Screen
7. Baby Friendly Initiative Status

#### Health Promotion (ii)

1. % of population (19+) that exceeds the Low-Risk Drinking Guidelines
2. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)
3. % of youth (ages 12-18) who have never smoked a whole cigarette

## Appendix A

### 2015 Algoma Public Health Board of Health Member Self-Evaluation of Performance

As part of this Board's commitment to good governance, continuous quality improvement, compliance with the Ontario Public Health Organizational Standards, and in accordance with 02-05-000 and 02-05-055 of the Board of Health Manual, all Board members are encouraged to individually complete this Self-Evaluation of Performance. Your participation is voluntary. Your responses will be kept anonymous and all responses will be presented through aggregated results.

Please complete prior to June 17, 2015, in confidence to the attention of Christina Luukkonen by mail, by email at [cluukkonen@algomapublichealth.com](mailto:cluukkonen@algomapublichealth.com) or by fax at (705) 759-2540. Time will be allocated for Board members to complete the survey during the June Board meeting.

<b>Part 1: Individual Performance</b>					
<b>Compliance with Individual Roles and Responsibilities as a Board of Health Member.</b>					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
1. As a BOH member, I am satisfied with my attendance at meetings.					
2. As a BOH member, I am satisfied with my preparation for meetings.					
3. As a BOH member, I am satisfied with my participation in meetings.					
4. As a BOH member, I understand my roles and responsibilities.					
5. As a BOH member, I understand current public health issues.					
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.					
7. As a BOH member, I am aware and represent community perspective during board meetings.					
8. As a BOH member, I provide input into policy development and decision-making.					
9. As a BOH member, I represent the interests of the organization at all times.					

Do you have any other comments or suggestions pertaining to your role as a Board of Health member?

---



---



---

**Part 2: Board of Health Processes**  
**Effectiveness of policy and process**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
<b>1. The BOH is compliant with all applicable legislation and regulations.</b>					
<b>2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members.</b>					
<b>3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.</b>					
<b>4. The BOH holds meetings frequently enough to ensure timely decision-making.</b>					
<b>5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.</b>					
<b>6. The BOH is kept apprised of public health issues in a timely and effective manner.</b>					
<b>7. The BOH sets bylaws and governance policies.</b>					
<b>8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.</b>					

**Do you have any other comments or suggestions pertaining to Board of Health policy and process?**

---



---



---

<b>Part 3: Overall Performance of the Board of Health</b>					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
<b>1. The BOH contributes to high governance and leadership performance</b>					
<b>2. The BOH oversees the development of the strategic plan</b>					
<b>3. The BOH ensures planning processes consider stakeholder and community needs.</b>					
<b>4. The BOH ensures a climate of mutual trust and respect between themselves and the Medical Officer of Health (MOH/CEO).</b>					
<b>5. The BOH as a governing body is achieving its strategic outcomes.</b>					

**Do you have any other comments or suggestions pertaining to overall performance of the Board of Health?**

---



---



---

DRAFT