

## 2017 Governance Committee Reporting Calendar

Q1 (Jan 1 to Mar 31)	Q2 (Apr 1 to Jun 30)
<ul style="list-style-type: none"> <li>• Confirm Reporting Calendar.</li> <li>• Initiate Board of Health Orientation and Development.</li> <li>• Initiate Board of Health Self-Assessment and Member Evaluations.</li> <li>• Initiate Terms of Reference Review (2018).</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Board of Health Orientation and Development.</li> <li>• Initiate and Complete Medical Officer of Health Performance Appraisal.</li> <li>• Report on Board of Health Self-Assessment and Member Evaluations.</li> <li>• Q4 Strategic Plan Report.</li> </ul>
Q3 (Jul 1 to Sep 30 )	Q4 – (Oct 1 to Dec 31)
<ul style="list-style-type: none"> <li>• Initiate Board of Health Risk Management &amp; Assessment.</li> <li>• Review of Governance By-laws and policies (2018).</li> </ul>	<ul style="list-style-type: none"> <li>• Report on Board of Health Risk Management &amp; Assessment.</li> <li>• Report on Accountability (PHFAA) and Compliance (HPPA, OPHOS and OPHS) status.</li> <li>• Report on Accreditation Status/Options.</li> <li>• Q2 Strategic Plan Report.</li> </ul>

### Proposed 2017 Meeting Dates:

<b>Thursday</b>	<b>January 19, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>March TBD, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>April 20, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>June 15, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>July 20, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>September 21, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>October 19, 2017</b>	<b>6:00pm – 7:00pm</b>
<b>Thursday</b>	<b>December 14, 2017</b>	<b>6:00pm – 7:00pm</b>

### **Board of Health Orientation and Development**

The Board of Health must ensure that all new members receive an orientation to the role and ongoing development and education. A comprehensive orientation can support a positive board culture and enrich the members' understanding of their role and the expectations of the Board of Health.

Board development opportunities provide a forum for improvements to generative governance, identification of recommended future directions, and the development of board goals and future education topics.

### **Performance Evaluations**

#### **Medical Officer of Health & Chief Executive Officer Performance Appraisal**

The Medical Officer of Health & Chief Executive Officer Performance Review will be conducted annually during the first quarter of the calendar year with a report coming to the Governance Committee documenting the results in second quarter.

#### **Board of Health Self-Assessment**

In accordance with the Ontario Public Health Organizational Standards, the Board of Health should complete a self-assessment at least every other year and provide recommendations for improvements in board effectiveness and engagement. It has been the practice of the Middlesex-London Health Unit Board of Health to complete the self-assessment annually to assist with identifying development opportunities and to enhance generative and effective governance.

### **Terms of Reference Review**

The Governance Committee Terms of Reference sets out the parameters of how authority is delegated to the committee and how the committee is accountable to the Board of Health.

It is incumbent upon the Governance Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, bylaws and review) are still relevant to the needs of the committee.

### **Board of Health Bylaws, Policies and Procedures Review and Development**

These bylaws and policies represent the general principles that set the direction, limitations and accountability frameworks for MLHU. Governance Policies relate to bylaws, organizational structure and finances.

The Ontario Public Health Organizational Standards address bylaws that must be in place for board operation as well as suggestions for additional policies. The Board of Health Governance Committee should ensure that these policies are revised or reviewed biannually. The Senior Leadership Team may make recommendation for additional bylaws, policies or procedures or revising to existing ones should the need arise.

By-laws and policies that are contained within the Board of Health Governance Manual will be brought, from time-to-time to the Governance Committee who will then recommend them for approval by the Board of Health.

## **Accountability**

### **Compliance with Ontario Public Health Standards**

The Ontario Public Health Standards communicate the provincial expectations in the local planning and delivery of public health programs and services by the Board of Health. They provide the minimum requirements in the assessment, planning, delivery, management and evaluation of programs and services targeting disease prevention, health protection and promotion and community health surveillance. The standards are published by the Ministry of Health and Long-Term Care under the authority of Section 7 of the Health Protection and Promotion Act.

### **Compliance with the Ontario Public Health Organizational Standards**

The Ontario Public Health Organizational Standards are a set of organizational and governance standards that apply to all Boards of Health. They provide the basis for assessing the governance and administrative functioning of boards and Public Health Units.

### **Provincial Accountability Framework (PHFAA)**

The Public Health Financial and Accountability Agreements provide a framework for setting specific performance expectations, and establishing data requirements to support monitoring of these performance expectations. The Middlesex-London Health Unit reports on performance of these indicators at least annually.

### **Public Health Unit Audits**

The Ministry of Health and Long-Term Care conducts an auditing process for health units under Article 8.3 of the Accountability Agreement and an assessment of the board of health under section 82 of the Health Protection and Promotion Act. Its goal is to audit at least two public health units per year as efforts to ensure compliance with three main areas: the Ontario Public Health Organizational Standards, Public Health Accountability Agreement, and the Smoke-Free Ontario Agreement.

With respect to the Organizational Standards, the province may audit the BOH's structure, operations, leadership, trusteeship, community engagement and responsiveness, and management operations.

## **Strategic Planning**

In approving major decisions, the Board of Health must be aware of the big picture and understand how their decisions will shape an organization over the long-term. Board members do not generally participate in the creation and formulation of strategy. This is the responsibility of the MOH/CEO and the Senior Leadership Team. However, Board Members must understand and approve the strategy proposed by the leadership team for long-term value creation. Once approved, Board Members should continually monitor the execution and results of the strategic plan. For these purposes, directors must know the key value and risk drivers of the organization.

A strategic plan is required by each health unit in accordance the Ontario Public Health Organizational Standards.

### **Accreditation and Quality**

While it is not mandatory for Public Health Units to be accredited, slightly more than half choose to participate in the accreditation process. Accreditation is an ongoing, voluntary process used to assess and improve the quality of programs and services to stakeholders.

Accreditation also provides a process for quality assurance by identifying areas for improvements in efficiency and performance related to leadership, management and delivery of services.

The Middlesex-London Health Unit will continue to monitor and assess whether or not accreditation is a direction that we should consider pursuing.

### **Risk Management and Assessment**

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The Board of Health should have a risk management strategy that is monitored and evaluated on a regular basis. This strategy should include a Board of Health policy and procedures that allow for risk identification, planning and mitigation. A risk management strategy would also necessitate a common understanding of risk, the impact or consequences that each risk may have on the organization and the probability of occurrence that the risk may have.