



TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 January 17

BOARD OF HEALTH CODE OF CONDUCT: SECOND DRAFT

Recommendation

It is recommended that Report No. 003-13 re “Board of Health Code of Conduct: Second Draft” be reviewed and feedback provided.

Key Points

- Feedback from the December 13, 2012 Board meeting has been incorporated into the second draft of the Board of Health Code of Conduct. Board members now have the opportunity for further review and to provide additional feedback.

Background

A draft Board of Health Code of Conduct, which was requested in September 2012, was presented at the December 13, 2012 Board of Health meeting (see [Report No. 141-12](#), [Appendix B](#)). The draft Board of Health Code of Conduct was written to comply with the Public Health Accountability Agreement, which requires a Code of Conduct for all levels of the organization. The draft Code of Conduct is intended to support the Board of Health in its governance role. It was developed following a scan of similar Codes for local governance bodies. Feedback provided by Board members at the December 13, 2012 Board of Health meeting has been incorporated into the second draft which is attached as [Appendix A](#) to this report.

Summary of Revisions

Changes have been made in six areas of the draft Code of Conduct:

1. Statements that Board members will “always act in the best interest of the Board of Health and the Health Unit” have been supplemented with “...to support the delivery of public health programs and services.” This language was included to reflect the role of the Board of Health to support the Health Unit in order for it to achieve its mandate of providing public health programs and services.
2. The relationship between Board members and the Board’s Executive Assistant has been clarified.
3. Under Section 7, “Interactions with Staff Members”, text has been added to support the distinction between governance and operational responsibilities: Board members will “not involve themselves in the operations of the Health Unit”. This concept is covered in other Code of Conducts but was not captured in the first draft.
4. The “Acting in the Interests of Other Entities” section has been revised to provide better clarity.
5. Text has been added to support recordkeeping during a complaint process: “The Board of Health member to whom the complaint is directed should also keep a written record of when they were

approached by the complaint, the discussion(s) that took place, and what they have done to address the complaint.”

6. Under the Section 11, Formal Complaints, the option of the following remedy for contravention of the Code of Conduct has been removed: “a resolution of the Board of Health requesting the resignation of the Board of Health member which shall be non-binding on the Board of Health member in question”.

In addition, under Section 11, the Informal Complaints process, there was discussion as to whether the complainant should be “A person” as currently written, or “A Board of Health member”. This was not changed pending further discussion.

Next Steps

Board members now have an opportunity to review the second draft and provide additional feedback to staff. Feedback will be incorporated into a third draft, which will be presented to the Board either for further discussion or for approval.

This report was prepared by Mr. Ross Graham, Manager, Special Projects.



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