



Board of Health

Regular Board Meeting

Tuesday, June 26, 2018

The meeting of the Regular Board of Health of Renfrew County and District Board was held in the RCDHU Classroom, at 7 International Drive, Pembroke, Ontario.

Present:

Janice Visneskie Moore	Chair
Carolyn Watt	Vice-Chair
M. Ann Aikens	Member
Michael Donohue	Member (<i>vacated the meeting at 11:45 a.m.</i>)
J. Michael du Manoir	Member
Jane Dumas	Member (<i>vacated the meeting during the closed meeting at 1:12 p.m.</i>)
Peter Emon	Member (<i>vacated the meeting at 11:05 a.m.</i>)
Daniel Janke	Member
Christine Reavie	Member
John Reinwald	Member

Staff:

Heather Daly	Acting Chief Executive Officer/Director, Corporate Services
Vicki Benoit	Director, Health Protection
Marilyn Halko	Executive Assistant (Secretary)
Colleen Musclow	Coordinator, Quality Improvement
David Tantaló	Manager, Environmental Health
Courtney Trombley	Coordinator, Communications and Emergency Preparedness
Carla Walters	Director, Health Promotion/Chief Nursing Officer

Regrets:

Dr. Robert Cushman	Acting Medical Officer of Health
Wilmer Matthews	Member

01. a. Call to Order

J. Visneskie Moore called the meeting to order at 10:00 a.m.

b. Agenda Approval

The agenda was amended as follows:

- M. A. Aikens's name was removed from the Regrets column of the draft agenda.

Resolution: # 1 BoH 2018-Jun-26

A motion by J. Dumas; seconded by J. M. du Manoir; be it resolved that Board approve the agenda, as amended.

Carried

c. Declaration of Conflict of Interest

No conflicts of interest were declared.

Generative

d. Delegations - none

Fiduciary

02. Minutes of Previous Regular Board of Health and Committee Meetings (Approval/Acceptance)

- a. i) Regular Board Meeting, Tuesday, May 29, 2018

Resolution: # 2 BoH 2018-Jun-26

A motion by C. Reavie; seconded by J. Reinwald; be it resolved that Board approve the Regular Board meeting minutes of Tuesday, May 29, 2018.

Carried

- b. i) Executive Committee Meeting, April 19, 2018

Resolution: # 3 BoH 2018-Jun-26

A motion by J. Reinwald; seconded by C. Watt; be it resolved that Board accept the Executive Committee meeting minutes of the Thursday, April 19, 2018.

Carried

- ii) Governance Committee Meeting, May 07, 2018

Resolution: # 4 BoH 2018-Jun-26

A motion by P. Emon; seconded by M. A. Aikens; be it resolved that Board accept the Governance Committee meeting minutes of Monday, May 07, 2018.

Carried

- iii) Resources Committee Meeting Minutes, May 11, 2018

Resolution: # 5 BoH 2018-Jun-26

A motion by D. Janke; seconded by C. Watt; be it resolved that Board accept the Resources Committee meeting minutes of Friday, May 11, 2018.

Carried

- iv) Strategic Planning and Stakeholder Communication Committee Meeting Minutes, May 16, 2018

Resolution: # 6 BoH 2018-Jun-26

A motion by C. Reavie; seconded by M. Donohue; be it resolved that Board accept the Strategic Planning and Stakeholder Communication Committee meeting minutes of Wednesday, May 16, 2018.

Carried

3. Board Work Plan 2018

As per the 2017 Board Retreat, the Board Work Plan 2018, attached in **BoH Appendix 1**, is a standing item on all Regular Board of Health Meeting agendas, as an information item.

4. Correspondence

The Strategic Planning and Stakeholder Communication Committee forwarded the following correspondence to the Board as information items:

	Subject:	From:
1.	Cannabis Sales Taxation Revenue	Grey Bruce Health Unit

The Committee recommended that Board support this correspondence.

5. Staff Reports

- a. i) 2018 Corporate Operational Plan Q1 Report

C. Musclow and C. Trombley collaboratively presented, for the Board's review, the 2018 Corporate Operational Plan Q1 Report.

C. Musclow started the presentation with a PowerPoint slideshow. The last slide in the group identified the 2018 Corporate Operational Plan Priorities, as follows:

Priority	Responsibilities	Performance Measurement
Communication Strategy	Communication Strategy Committee	<ul style="list-style-type: none">• 2018 Action Plan• Quarterly Reporting
Health Equity	Health Equity Committee	<ul style="list-style-type: none">• 2018 Action Plan• Quarterly Reporting

Community and Stakeholder Engagement	Lead-Coordinator, Communications and Emergency Preparedness	<ul style="list-style-type: none"> • 2018 Action Plan • Quarterly Reporting
Emergency Management	Lead - Coordinator, Communications and Emergency Preparedness	<ul style="list-style-type: none"> • 2018 Action Plan • Quarterly Reporting
Capital Infrastructure Projects	<ul style="list-style-type: none"> • Corporate Services • Senior Management Team (in collaboration with County of Renfrew) 	<ul style="list-style-type: none"> • 2018 Action Plan • Quarterly Reporting

C. Trombley shared some of the following highlights of RCDHU's Communication Strategy:

Corporate Communication

- RCDHU staff received the *Communication Style Guide* in Q2. It provided staff with information regarding corporate branding and visual identity standards.

Internal Communication

- Communication Policy expected to be released in Q2
- Development of Staff Portal
- Board Portal landing page will change

External/Health Communication

- Social Media Task Group established
- Implementing the 2018, Social Media Communications Plan
- Promoted RCDHU programs and services on social media and RCDHU website

Emergency/Crisis Communication

- RCDHU Emergency Management Plan updated

C. Musclow addressed:

Health Equity

- Draft *Optimal Health for All* was prepared by Kingston, Frontenac, Lennox and Addington Public Health Unit Knowledge Management Division and reviewed by Health Equity Report Task Group.
- Twenty-five RCDHU staff members completed an Evidence-Informed Public Health Online Learning Course from McMaster University.

Community and Stakeholder Engagement

- Community Engagement Review was completed
- The 2017 Community Engagement Review Report is being produced and will be shared with the Board when completed. This report establishes a baseline for future interaction with priority populations.

Emergency Management

- *RCDHU Emergency Management Plan* is expected to be released in Q2
- C. Trombley and D. Tantalo completed the Emergency Management Communication Tool (EMCT) training

Capital Infrastructure Projects

- RCDHU received approval for one-time funding for up to \$145,200, from the Ministry of Health and Long-Term Care for capital infrastructure projects.

The following 3 projects will be carried out in the Pembroke Office:

1. front security improvements
2. public washroom retrofit for the immunization clinical area
3. flooring replacement

At 11:05 a.m. P. Emon vacated the meeting.

ii) 2018 Risk Management Report Objectives

C. Musclow reported on the following items in the Risk Management Report:

1. Implementation of recommendations from 2017 Organizational Review
2. IT infrastructure
3. Agency wide review of policies and procedures
4. Effective implementation of the new Ontario Public Health Standards

C. Musclow and C. Trombley answered questions from Board Members regarding the 2018 Corporate Operational Plan Q1 Report and 2018 Risk Management Report Objectives.

b. 2018 aPHa Annual General Meeting

J. Visneskie Moore attended the 2108 aPHa Annual General Meeting (AGM) from June 10 to June 12, 2018, in Toronto, as a representative of Renfrew County and District Board of Health. Materials collected from the

AGM were shared on the Board Portal in advance of this meeting and included:

- Program-at-a-Glance
- Walking Tour Leaders
- Delegates List
- Meeting Notes
- Agenda 2018 alPHa Annual General Meeting & Resolutions Session
- June 2018 Resolutions for Consideration
- Speaker Biographies
- Board of Directors Record of Attendance
- AGENDA Boards of Health Section Meeting
- Seven tips for thoughtful approach to introducing yourself to the new Ontario Government

The following document was added to the Board Portal on June 14, 2018:

- Disposition of alPHa June 2018 Resolutions

c. Acting MOH Board Report

In Dr. Robert Cushman's absence, J. Visneskie Moore shared the Acting Medical Officer of Health's Board Report, as follows:

Acting MOH's June 2018 Board Report

1. Infectious disease oversight – quiet month.
2. Recruitment strategy discussions with the Board.
3. Supervising public health consultant.
4. Reorganization discussions, decisions, plus communications with staff.
5. Opioid Situation: ongoing discussions with staff.
6. SMT meetings: working with the team on important administrative issues.
7. Discussions with other health units about potential forms of collaboration and call in my absence.
8. A second LHIN meeting with Public Health and Primary Care re sub-region planning.
9. Boil Water Advisory in Renfrew – David Tantalo will provide an update.

D. Tantalo provided an update on the Boil Water Advisory in Renfrew that was issued on Monday, June 18, 2018. The Advisory was lifted on Wednesday, June 20, 2018.

D. Tantalo and C. Trombley, as a next step, will meet with the Town of Renfrew for a debriefing session, to collaboratively assess the communication roll-out surrounding the advisory.

Resolution: # 7 BoH 2018-Jun-26

A motion by J. Dumas; seconded by M. Donohue; be it resolved that Board accept Dr. R. Cushman's MOH Board Report.

Carried

06. Board Committee Reports

a. Governance

C. Watt presented the Governance Committee Report from the Monday, June 04, 2018 meeting, on behalf of P. Emon, as follows:

**Governance Committee Report to RCDHU Board
Monday, June 04, 2018**

Information

Fiduciary

1. MOH Recruitment

- (a) In a conference call with Pam Colquhoun, Four Corners and joined by Acting MOH Dr. Cushman the committee was informed of a competitive environment which notes a number of Ontario Public Health Units are searching unsuccessfully for an MOH.
- (b) The committee referred this matter to the Executive Committee meeting later in the day.

2. Committee

- (a) Discussion, as requested by the Board on May 29th, about Procedural By-Law & Governance Manual Review/Revision of Sections 7, 17 & 57 commenced and it was noted the changes will be presented to the board at the June 26th meeting.
- (b) The Governance Committee will begin a review the 70 sections of the Procedural By-law at a meeting July 16, 2018. Recommended revisions will be brought forward to the Regular Board Meeting on November 27, 2018.
- (c) Decision Making Framework will be presented at the September meeting.
- (d) Committee Reports will appear within the body of the minutes and documents that are referenced in the Reports will be attached as appendices. Further a committee meeting template will be presented to Board at a later in 2018.

Strategic/Generative

- 1. Board Retreat
- 2. Evaluation

- (a) The Governance Committee Evaluation form was discussed and no recommendations were suggested.

Resolutions

None

The Governance Committee will meet again July 16, 2018 at 9:30 a.m. in the classroom of the RCDHU.

Respectfully submitted by: Acting Chair Emon on behalf of committee members, M. Donohue, J. Visneskie Moore and C. Watt

During the delivery of the Governance Report, M. Donohue reviewed the changes to Procedural By-law Sections 7, 17 and 57(i) (as per item # 07. a. on the agenda).

At 11:45 a.m. M. Donohue vacated the meeting.

Suggested changes to Section 57(i) were as follows:

- That the last sentence of the paragraph be amended to read: The Board of Health's Standing Committees Terms of Reference are attached as Appendix B.
- Include and attach the Executive Committee's Terms of Reference in Appendix B. The changes are reflected in [BoH Appendix 2](#).

Resolution: # 8 BoH 2018-Jun-26

A motion by J. M. du Manoir; seconded by M. A. Aikens; be it resolved that Board approve the By-law amendment 57. i) as amended and that the remainder of the By-law amendments be tabled.

Carried

Resolution: # 9 BoH 2018-Jun-26

A motion by C. Reavie; seconded by J. Reinwald; be it resolved that Board accept the Governance Committee Report for June 04, 2018.

Carried

c. Resources Committee

D. Janke presented the Resources Committee Report to the Board, from the Friday, June 15, 2018 meeting as follows:

Resources Committee Meeting Board Report

Date of Meeting: June 15, 2018 (9:30 a.m.)

Present: Janice Visneskie Moore, Jed Reinwald, Danny Janke, Carolyn Watt, Michael du Manoir, Heather Daly, Marilyn Halko

Agenda Items

Resources Committee Work Plan 2018

- The Committee reviewed the 2018 Resources Committee Work Plan.

Renfrew Office Lease

- The five-year year Renfrew Office Lease with the County of Renfrew has been signed and runs from July 1, 2018 until June 23, 2023.

Contingency Reserves

- The auditor confirmed it is a best practice of a business entity to maintain contingency reserves (to cover two payrolls) for unanticipated financial/events.

Q1 Financial Update for Healthy Babies/Healthy Children, MCYS

- Healthy Babies Healthy Children (HBHC) financial results for Q1 were on target with 25% (\$197,218) of the total budget (\$780,631) spent in the first quarter. The report was submitted to the Ministry of Children and Youth Services on schedule.

2018 Q1 Standards Activity Reports (formerly Program Based Grants) MOHLTC

- Program spending for Q1 was 23% of the budget or \$1,822,000 out of \$7,785,000. With the new Ministry Standards Activity Reports, the Health Unit will be required to report on 32 programs, in detail, compared to 16 programs in the past.

Resolution: # 3 RC 2018-Jun-15

A motion by J. Visneskie Moore; seconded by J.M. du Manoir; be it resolved that the Resources Committee recommend to the Board that the Board accept the Q1 Financial Report for HBHC and MOHLTC.

Carried

Settlement 2017 – MOHLTC

- 2017 Program-Based Grants Annual Reconciliation Report and Schedules were forwarded to and approved by the auditors. Subsequently, they were submitted to the Ministry of Health and Long-Term Care. RCDHU will receive a rebate of \$24,228, in comparison to \$231,350 returned to the Ministry in 2017.

Resolution: # 4 RC 2018-Jun-15

A motion by J. M. du Manoir; seconded by J. Reinwald; be it resolved that the Committee recommend to Board the acceptance of the 2017 Program Based Grants Reconciliation Report.

Carried

Board Stipends

- The Committee discussed Board stipends per the Resources Committee Work Plan.

Resolution: # 5 RC 2018-Jun-15

A motion by J. Visneskie Moore; seconded by C. Watt; be it resolved that the Resources Committee discussed Board stipends and are recommending status quo.

Carried

Closed Meeting

- The Committee moved into a closed session regarding an identifiable individual and labour relations.

Respectfully submitted by Danny Janke on behalf of the Resources Committee

The *Briefing Note* presented by H. Daly to the Committee is attached as [BoH Appendix 3](#).

Resolution: # 10 BoH 2018-Jun-26

A motion by C. Reavie; seconded by C. Watt; be it resolved that Board accept the Resources Committee Report of Friday, May 11, 2018.

Carried

d. Strategic Planning and Stakeholder Communication Committee

C. Reavie presented the two Board Reports for the Strategic Planning and Stakeholder Communication Committee, to the Board from the meeting held on Wednesday, May 16, 2018 and Wednesday, June 20, 2018 as follows:

**Strategic Planning and Stakeholder Communication
Committee Board Report
May 16, 2018**

Information

Fiduciary

1. Correspondence

Three pieces of correspondence were reviewed and referred to the Board as information items. The correspondence from the Association of Local Public Health Agencies re the 2018 alPHa Fitness Challenge of Board of Health Members was discussed. The Committee recommended that Board Members meet on May 29, 2018 at 9:30 to have a walk prior to the Board meeting.

2. Board Work Plan

Committee reviewed the Board Work Plan.

Action:

- (i) Committee has agreed that the responsibility for the Board Retreat should become the responsibility of the Executive Committee.

3. Committee Work Plan

Committee reviewed the Work Plan. There are three items from the Board Work Plan that are the responsibility of the Committee. Item # 2 has been reassigned to the Executive Committee (as stated above).

Action:

- (i) A report of the RCDHU 2017 Community Engagement Review is being prepared. Staff have been exploring the different ways that they have been working with community partners in 2017. The review will identify community engagement with groups who serve priority populations and identify strategies to increase engagement. The report will be presented to the Board in the Fall of 2018.

Ann suggested that RCDHU partnerships should be outlined and included in the policy and committee was assured that this will be the case.

Strategic

1. Board Retreat 2018

The Board Retreat will be held on Friday October 26, 2018 and will be facilitated by Dr. Cushman. Presentations will be made by RCDHU staff.

Generative

None

Strategic Planning and Stakeholder Communication Committee Board Report June 20, 2018

Information

Fiduciary

1. Correspondence

Several items of correspondence were reviewed and referred to the A/MOH and A/CEO.

The correspondence from Grey Bruce Health Unit re Cannabis Sales Taxation Revenue is being recommended for Board support.

2. Board Work Plan

Committee reviewed the Board Work Plan.

Action:

- (i) Colleen Musclow advised Committee that the 2017 Community Engagement Review is still in draft form.
- (ii) Colleen Musclow advised Committee that structured quarterly reports that are presented to the Board are a key communication tool. Q1 reports for the 2018 Operational Plan and the 2018 Risk Management Report will be presented at the Regular Board Meeting on June 26, 2018.

3. Committee Work Plan

The Committee Work Plan was reviewed and the Terms of Reference were discussed. Consensus was reached that the Committee needs a better understanding of the TORs and is looking for Board direction.

Ann suggested that RCDHU partnerships should be outlined and included in the policy and committee was assured that this will be the case.

Strategic

1. Board Retreat 2018

The Champlain LHIN Board Chair, Jean-Pierre Boisclair responded that it was best to defer attendance to the June 26, 2018 Regular Board meeting until the new government is sworn in. The Champlain LHIN remain is a caretaker period with limited stakeholder engagement sessions. The Committee has extended an invitation to Mr. Boisclair and other LHIN members to the retreat in the Fall.

- 2.** Carolyn provided an update to Committee on her (and Dan Janke's) attendance at the Madawaska Communities Circle of Health session on Thursday May 31, 2018. She shared that the committee includes several different groups that share ideas to create solutions.

Generative

None

Resolution: # 11 BoH 2018-Jun-26

A motion by J. Dumas; seconded by J. Reinwald; be it resolved that Board accept the Strategic Planning and Stakeholder Communication Committee Reports of Wednesday, June 20, 2018 and May 16, 2018.

Carried

b. Executive

On behalf of P. Emon, C. Watt presented the Executive Committee Report to the Board from the Monday, June 04, 2018 meeting, in the closed meeting.

Resolution: # 12 BoH 2018-Jun-26

A motion by D. Janke; seconded by M. A. Aikens; be it resolved that Board accept the Executive Committee Board Report of June 4, 2018.

Carried

7. By-Laws

- a. By-law Number 2018-02 – A By-law to Amend By-law Number 2017-01
This item has been returned to the Governance Committee for further revision.

8. Business Arising

9. New Business

- a. Accounts Payable
A motion by C. Watt; seconded by D. Janke; that the schedules of accounts paid in the amount of **\$343,894.91** for Renfrew County and District Health Unit operations, May 31, 2018 and June 14, 2018, be accepted as present.

Carried

10. Closed Meeting

At 12:45 p.m. the meeting moved from the open session into a closed meeting.

Resolution: # 13 BoH 2018-Jun-26

A motion by C. Reavie; seconded by C. Watt; that Board move in to a closed meeting to discuss matters pertaining to identifiable individuals.

Carried

The Chair rose to report that Board met in a closed meeting to discuss matters pertaining to identifiable individuals.

Strategic

11. Date of Next Meeting

The next Regular Meeting of the Board of Health will be held on Tuesday, September 25, 2018, at 10:00 a.m., in the Classroom, at 7 International Drive, Pembroke.

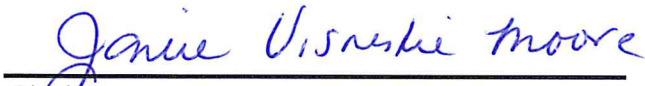
12. Adjournment

Resolution: # 14 BoH 2018-Jun-26

A motion by J. M. du Manoir; seconded by J. Reinwald; be it resolved that the Board meeting be adjourned at 1:45 p.m.

Carried

The meeting adjourned at 1:45 p.m.


Chair

BoH Appendix 1


**Renfrew County and District Health Unit
Board Work Plan 2018**
Revised: **2018-Jun-26**

Priority	Task	Responsibility	Time Frame
Fiduciary			
1.	Quality Performance & Annual QIP (S15)	Executive Committee	May 2018
2.	High Performing Board Culture (S30)	Executive Committee	2018 and on-going
3.	Renfrew County and District Liaison with Ministry of Health & Long-Term Care	Executive Committee	On-going
4.	Senior Management Performance (S16)	Governance – Acting MOH	2018
5.	Senior Management Performance (S16)	Resources – Acting CEO/Director, Corporate Services	2018
6.	Fiduciary Roles (S20)	Resources	2018 and on-going
7.	Accountabilities (S12)	Strategic Planning and Stakeholder Communication	2018
Strategic			
8.	Research and Academic	Executive Committee	2018 and on-going
9.	Board to Board Engagement (Retreat 2017)	Executive Committee	2018 and on-going
10.	Health Equity - Tracking/Reporting – Board Education/RCDHU Staff Presentations (Retreat 2017)	Executive Committee/Strategic Planning and Stakeholder Communication	2018 and on-going
Generative			
11.	Innovative and Generative Thinking (S37 - S43)	Governance	2018 – 2019 ongoing
Other Priorities			
12.	Board Support for Decisions - Decision Making Framework (Item 17) (S20)	Governance	September 2018

- Note:
1. Refer to “Becoming a High Performance Board” slide deck 2016 & 2017 (s + # = slide # in deck).
 2. Other priorities - refer to Board Evaluation Results 2016 (items).
 3. High Performing Board Culture - Openness, candor, trust, constructive thinking & challenging questioning.
 4. Mission statement: “To become a high performing board, who in partnership with management will lead the RCDHU to be recognized for its excellence in Public Health.”
 5. Values: To be transparent, accountable, collaborative, and committed to continuous learning.
 6. Guiding Principle: To ensure Public health services reflect community needs by engaging stakeholders as valued partners.

BoH Appendix 2

57. i) There will be four Standing Committees of the Board: (i) Executive; (ii) Governance; (iii) Resources; (iv) Strategic Planning and Stakeholder Communication; and, the Board may appoint Ad Hoc Committees from time to time to consider such matters as specified by the Board. The Board of Health's Standing Committees Terms of Reference are attached as Appendix B.

Appendix B

Terms of Reference are attached for the following Committees:

- Board of Health Striking Committee
- Board of Health Executive Committee
- Board of Health Governance Committee
- Board of Health Resources Committee
- Board of Health Strategic Planning and Stakeholder Communication Committee

Terms of Reference for the Striking Committee

Renfrew County and District Health Unit Board of Health	
Terms of Reference	
Board of Health Striking Committee	Original Date: December 9, 2015
Approved by: Board of Health	Revision Date: January 31, 2017
	Reviewed Date: February 28, 2017

Purpose: The purpose of the Striking Committee is to select members of the Board of Health Standing and Ad-hoc committees for the ensuing year.

Responsibilities: (Ontario Public Health Organizational Standards item)

1. At the Inaugural meeting of the Board of Health in each year, the Chair shall appoint a Striking Committee.
2. The Striking Committee will select and nominate members of the Standing Committees and Ad Hoc Committees of the Board for the ensuing year.
3. At the Board meeting at which appointments to the Standing Committees are made, the Chair of the Striking Committee shall report to Board the recommendations of the Striking Committee regarding the names of the members who should serve on the various Standing Committees and Ad Hoc Committees for the ensuing year, including the Chair of each Committee.

Composition:

- The striking committee will include three members including the Board Chair and Vice-Chair. As well the composition must ensure the inclusion of at least one provincial appointee and one municipal representative.
- The Chair of the Striking Committee will be the Vice-Chair of the Board of Health.
- The Medical Officer of Health/CEO will be an ex-officio, non-voting member of the committee.

Terms of Membership:

- Members will be appointed at the inaugural meeting of the Board of Health each year.

Structure:

- The committee will meet at least once per year at the call of the Committee Chair.
- Quorum requires that a majority of the members be in attendance.
- The Secretary to the Board will provide administrative support.
- The Chair of the Committee with the support of the Secretary to the Board will identify agenda items in collaboration with members.
- Information to be discussed at the meeting will be circulated in advance of the meeting.
- The Terms of Reference will be reviewed every two years.

Accountability and Decision Making:

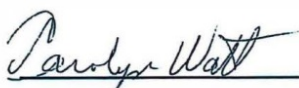
- The Striking Committee submits written reports and makes recommendations to the Board of Health.

Responsibilities of Members:

- Follow the Board of Health Procedural By-Law 2017-01 as amended periodically.

Communication:

- The Chair of the Committee will provide written reports of the recommendations of the Striking Committee to be included in the meeting materials for the same Board meeting.



Carolyn Watt
Vice Chair, Board of Health



Kathryn Reducka
Acting Medical Officer of
Health/Chief Executive Officer

Revision History:

Revision	Date	Description of changes

Renfrew County and District Health Unit - Board of Health	
Terms of Reference	
Board of Health Executive Committee	Original Date: June 27, 2017
Approved by: Board of Health	Revision Date: December 04, 2017
	Reviewed Date: January 30, 2018

Purpose: The purpose of the Executive Committee is to provide oversight of key strategic activities, reviews, on an annual basis, the corporate performance, and conducts periodic reviews of the role, functioning and mandates of the Renfrew County and District Health Unit.

Responsibilities: (Ontario Public Health Organizational Standards – items 2:10, 2.1, 3.1, 3.2, 4.1)

The roles and responsibilities of the Executive Committee include:

1. **Strategic Issues**
 - Identify strategic issues for Standing Committees' and Renfrew county and District Board of Health's consideration.
2. **Performance Outcomes – Organization**
 - Develop, for Renfrew County and District Board of Health's approval, strategic responses, and monitor implementation of any follow-up actions resulting from Board Mission Statement, Values and Guiding Principle Statement Reviews.
 - Recommend measures to ensure the Board operates in a transparent and accountable manner. (4.1) – **from Governance Committee Terms of Reference**
3. **Performance Outcomes – RCDHU Board Performance**
 - Oversee the evaluation of Renfrew County and District Board of Health's Standing Committees' annual performance to ensure achievement of the Renfrew County and District Board of Health's Work Plan, with a recommendation in December of each year to Renfrew County and District Board of Health for the succeeding year.
 - Develop a framework for Renfrew County and District Board of Health to consider the contribution of each Standing Committee to the objective by monitoring the individual Standing Committee Work Plans.
 - Oversee the overall performance of Renfrew County and District Health Unit against its legislated objective as specified in Section 56 of the *HPPA Act* and the objectives of the Strategic Plan, and prepare recommendations for Renfrew County and District Board of Health.
4. **Role, Functioning and Mandate of Standing Committees**
 - Recommend Board sub-committees and review their terms of reference every two years (2.1) – from Governance Committee Terms of Reference
 - Conduct annual/periodic reviews of the mandate, slate and number of Renfrew County and District Board of Health Standing Committees, and prepare recommendations for Renfrew County and District Board of Health discussion and approval.

Composition:

- Members will consist of the Chair, Vice-Chair and Standing Committee Chairs.
- The Chair of the Committee will be the Chair of the Board.
- From time to time, as deemed necessary by the Committee, the Committee may invite other

Board members to attend Committee meetings in order that they may contribute their knowledge/skills to the work of the Committee.

- The MOH/CEO will be an ex-officio, non-voting member of the Committee.

Terms of Membership:

- Members will be appointed a one year term.

Structure:

- The Secretary to the Board, or designate will provide administrative support.
- The Chair of the Committee with the support of the Secretary to the Board will identify agenda items in collaboration with members.
- Information to be discussed at the meeting will be circulated in advance of the meeting.
- The Committee will quarterly or at the call of the Chair.
- The Committee Terms of Reference will be reviewed annually.

Accountability and Decision Making:

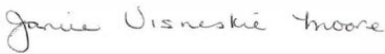
- The Executive Committee reports and makes recommendations to the Board of Health.

Responsibilities of Members:

- Prepare in advance of meetings
- Follow the Board of Health Procedural By-Law 2017-01 as amended periodically.

Communication:

- The Chair of the Committee will submit a written report on the work of the Executive Committee to be included with meeting materials for the next Regular Board meeting.
- Minutes including recommendations to the Board will be prepared by the Secretary to the Board and will be circulated in advance of the Board meeting.
- The Annual Committee Work Plan will be shared with the Board.


 Janice Visneskie Moore
 Chair
 Renfrew County and District Board of Health


 Dr. Robert Cushman
 Acting Medical Officer of Health

Related References:

Ontario Public Health Standards

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/

Revision History:

Revision	Date	Description of Changes

Terms of Reference for Governance Committee

Renfrew County and District Health Unit Board of Health	
Terms of Reference	
Board of Health Governance Committee	Original Date: December 9, 2015
Approved by: Board of Health	Revision Date: January 31, 2017
	Reviewed Date: February 28, 2017

Purpose: The purpose of the Governance Committee is to provide leadership and accountability to support effective and efficient functioning of the Board of Health and to ensure compliance with the Health Protection and Promotion Act and the Ministry of Health and Long-Term Care Ontario Public Health Organizational Standards.

Responsibilities: (Ontario Public Health Organizational Standards item)

1. Review the number of members on the Board and recommend changes as needed. (1.2)
2. Review Board policies and Procedural By-Law #14-01 every two years, and recommend changes as appropriate. (2.4, 2.5, 2.10)
3. Recruit and recommend community members for consideration for appointment as provincial appointments to the Board. (1.3)
4. Recommend measures to ensure the Board operates in a transparent and accountable manner. (4.1)
5. Organize orientation and continuing education activities for Board members on an ongoing basis. (4.2)
6. Prepare an inventory of Board member knowledge and skills related to Board functions. (1.2)
7. Conduct a Board Self-Evaluation annually, and make recommendations for improvement in Board effectiveness and engagement. (4.3)
8. Recommend Board sub-committees and review their terms of reference every two years. (2.1)
9. Ensure performance evaluation of the Medical Officer of Health/Chief Executive Officer (MOH/CEO) is completed annually refer to Board Governance Manual BMD 6, or as needed. (2.1)
10. Recruit an MOH/CEO when a vacancy arises.

Composition:

- Three to four Board members with one being the Board Chair.
- The Chair of the committee will be appointed by the Board.
- The MOH/CEO will be an ex-officio, non-voting member of the committee.
- From time to time, as deemed necessary by the committee, the Committee may retain independent advice regarding those issues within its mandate, subject to approval by the Board. Additional Board members may be invited to attend committee meetings in order to contribute their knowledge/skills to the work of the committee.

Terms of Membership:

- Members will be appointed for a renewable one year term. Where possible, staggered terms will be maintained to ensure a balance of new and continuing members

Structure:

- The committee will meet at least two times per year or at the call of the Committee Chair.
- Quorum requires that a majority of the members be in attendance.
- The Secretary to the Board will provide administrative support.
- The Chair of the Committee with the support of the Secretary to the Board will identify agenda items in collaboration

Accountability and Decision Making:

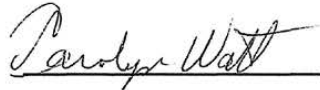
- The Governance Committee reports and makes recommendations to the Board of Health.

Responsibilities of Members:

- Prepare in advance of meetings.
- Follow the Board of Health Procedural By-Law 2017-01 as amended periodically.

Communication

- The Chair of the Committee will submit a written report on the work of the Governance Committee to be included with meeting materials for the next Regular Board meeting.
- Minutes including recommendations to the Board will be prepared by the Secretary to the Board and will be circulated in advance of the Board meeting.
- The annual Committee Work Plan will be shared with Board.



Carolyn Watt
Vice Chair, Board of Health



Kathryn Reducka
Acting Medical Officer of Health/CEO

Related References:

Ontario Public Health Standards

<http://www.health.gov.on.ca/en/pro/programs/publichealth/standards/docs/orgstds.pdf>

Revision History:

Revision	Date	Description of changes

Terms of Reference for Resources Committee

Renfrew County and District Health Unit Board of Health	
Terms of Reference	
Board of Health Resources Committee	Original Date: December 9, 2015
Approved by: Board of Health	Revision Date: January 13, 2017
	Reviewed Date: February 28, 2017

Purpose: To provide advice to the Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO) on the effective use of resources (financial, capital assets and human resources) and risk management related to the operations, finances and facilities of the organization, including rental sites, in compliance with the Health Protection and Promotion Act, the Ministry of Health and Long-Term Care (MOHLTC)/Board of Health for Renfrew County and District Health Unit Public Health Funding and Accountability Agreement and the Ontario Public Health Organizational Standards.

Responsibilities: (Ontario Public Health Organizational Standards Item)

1. Review the annual general public health program cost-shared budget and the 100% funded program budgets and make recommendations to the Board. (3.1)
2. Monitor the annual budget by reviewing quarterly financial statements and analyses, including the annual reconciliation settlement with the MOHLTC and identify any significant variances or other concerns to the Board. (3.1)
3. Review the annual financial statements and auditor's report for approval by the Board and prepare a response to the comments in the Management Letter in collaboration with the MOH/CEO and Director of Corporate Services. (3.1)
4. Provide oversight of human resources (HR) to ensure the administration establishes an HR strategy and activities to support workforce development, succession planning and excellence in professional practice. (6.14, 6.15, 6.16)
5. Review annually the types and amounts of insurance carried by the Health Unit and recommend changes as needed. (3.1)
6. Review annually administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority and recommend changes as needed. (3.1)
7. Review annually the RCDHU Enterprise Risk Management Policy and Plans and recommend changes as needed. (3.1)
8. Develop a capital funding plan, monitor the Health Unit's physical assets and facilities, and identify where improvements are needed. (3.1)
9. Review annually all rental, service level, and funding agreements and make recommendations as needed. (3.1)
10. Meet at least annually with the Director of Corporate Services to review the corporation's investments and make recommendations to the Board accordingly. (2.1)
11. Review the Board stipends annually and make recommendations on any changes. (3.1)
12. Recommend the method of allocating the municipal portion of the budget to obligated municipalities. (3.1)
13. Research and cost accommodation alternatives including new properties, capital improvements and construction projects. (3.1)
14. Review building construction plans including additions and/or major alterations to existing buildings. (3.1)

- Three to four Board members with one being the Board Chair.
- The Chair of the Committee will be appointed by the Board.
- The Medical Officer of Health/CEO and the Director of Corporate Services will be ex-officio, non-voting members of the committee.
- From time to time, as deemed necessary by the Committee, the Committee may retain independent advice regarding those issues within its mandate, subject to approval by the Board and may invite other Board members to attend Committee meetings in order that they may contribute their knowledge/skills to the work of the Committee.

Terms of Membership:

- Members will be appointed for a renewable one year term. Where possible, staggered terms will be maintained to ensure a balance of new and continuing members.

Structure:

- The Committee will meet at least quarterly or at the call of the Committee Chair.
- Quorum requires a majority of the members be in attendance.
- The Secretary to the Board will provide administrative support.
- The Chair of the Committee with the support of the Secretary to the Board will identify agenda items in collaboration with members.
- Information to be discussed at the meeting will be circulated in advance of the meeting.
- The Terms of Reference will be reviewed every two years.

Accountability and Decision Making:

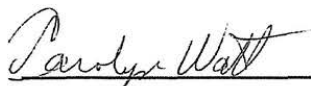
- The Resources Committee reports and makes recommendations to the Board of Health.

Responsibilities of Members:

- Come prepared to the meetings.
- Follow the Board of Health Procedural By-Law 2017-01 as amended periodically.

Communication:

- The Chair of the Committee will ensure provision of a written report on the work of the Resources Committee to be included with meeting materials for the next Regular Board meeting.
- Minutes including any recommendations to the Board will be prepared by the Secretary to the Board and will be circulated in advance of the next Resources Committee meeting.
- The annual Committee Work Plan will be shared with Board.



Carolyn Watt
Vice Chair, Board of Health



Kathryn Reducka
Acting Medical Officer of
Health/Chief Executive Officer

Related References:

Ontario Public Health Organizational Standards

<http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/orgstds.pdf>

Revision History:

Revision	Date	Description of changes

Terms of Reference for Strategic Planning and Stakeholder Communication Committee

Renfrew County and District Health Unit Board of Health	
Terms of Reference	
Board of Health Strategic Planning and Stakeholder Communication Committee	Original Date: December 9, 2015
Approved by: Board of Health	Revision Date: January 9, 2017
	Reviewed Date: February 28, 2017

Purpose: The purpose of the Strategic Planning and Stakeholder Communication Committee is to ensure compliance with the Ontario Public Health Organizational Standards in developing a shared vision for the organization in the form of a strategic plan, taking responsibility for governing the organization to achieve their desired vision and to provide advice to the Board on matters relating to community and stakeholder engagement.

Responsibilities: (Ontario Public Health Organizational Standards item)

1. Ensure development of a strategic plan and participate in the formulation and adoption of the organization's mission, vision, values and strategic directions. (3.2)
2. Recommend approval of the strategic plan, provide oversight to ensure consistency of operations and conduct an annual review of the strategic plan. (3.2)
3. Receive briefings or progress reports on implementation of the strategic plan. (3.2)
4. Ensure decisions of the Board are consistent with the vision, mission and values of the strategic plan. (3.2)
5. Identify opportunities for the Board to participate in collaborative governance opportunities within the community that will promote and protect the health of the population. (3.2)
6. Identify Board stakeholders and understand stakeholder accountability. (5.1, 5.2)
7. Ensure the organization appropriately communicates with stakeholders in a manner consistent with accountability to stakeholders. (5.1, 5.2)
8. Contribute to the maintenance of strong stakeholder relationships. (5.1, 5.2)
9. Perform advocacy on behalf of the organization where required in support of the mission, vision, values and strategic directions of the Renfrew County and District Health Unit. (5.1, 5.2)

Composition:

- Three to four Board members with one being the Board Chair.
- The Chair of the Committee will be appointed by the Striking Committee.
- The Medical Officer of Health/CEO will be an ex-officio, non-voting member of the committee.
- From time to time, as deemed necessary by the Committee, the Committee will retain independent advice regarding those issues within its mandate, subject to approval by the Board and may invite other Board members to attend Committee meetings in order to contribute their knowledge/skills to the work of the Committee.

Terms of Membership:

- Members will be appointed for a renewable one year term. Where possible, staggered terms will be maintained to ensure a balance of new and continuing members.

Structure:

- The Committee will meet at least six times a year or at the call of the Committee Chair.
- Quorum requires a majority of the members be in attendance.
- The Secretary to the Board will provide administrative support.
- The Chair with the support of the Secretary to the Board will identify agenda items in collaboration with members.
- Information to be discussed at the meeting will be circulated in advance of the meeting.
- The Terms of Reference will be reviewed every two years.

Accountability and Decision Making:

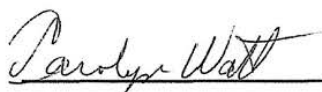
- The Strategic Planning and Stakeholder Communication Committee reports and makes recommendations to the Board of Health.

Responsibilities of Members:

- Come prepared to the meetings.
- Follow the Board of Health Procedural By-Law 2017-01 as amended periodically.

Communication:

- The Chair of the Committee will provide written reports on the work of Strategic Planning and Stakeholder Communication Committee to be included in the meeting materials for the next Regular Board meeting.
- Minutes including any recommendations to the Board will be prepared by the Secretary to the Board and will be circulated in advance of the Board meeting.
- The Annual Committee Work Plan will be shared with the Board.



Carolyn Watt
Vice Chair, Board of Health



Kathryn Reducka
Acting Medical Officer of
Health/Chief Executive Officer

Related References:

Ontario Public Health Organizational Standards

http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf

Revision History:

Revision	Date	Description of changes

BoH Appendix 3



Renfrew County and District Health Unit

*"Optimal health for all in Renfrew County and District"***Briefing Note**

To: Resources Committee

Cc: Dr. Robert Cushman

Date: June 14, 2018

From: Heather G Daly
CEO (A)/Director, Corporate Services**Q1 Financial Update**Healthy Babies/Healthy Children (HBHC) MCYS:

The first quarter results to March 31, 2018 were compiled and delivered to Ministry of Children and Youth Services on schedule. The results are on target with 25% of budget spent in the first quarter or \$197,218 out of a total budget of \$780,631. A copy of the Q1 report is attached.

2018 Standards Activity Reports (formerly Program Based Grants) MOHLTC:

The first quarter results to March 31, 2018 were compiled and delivered to the Ministry of Health and Long term care on June 14, 2018. Program spending is 23% of budget or \$1.822M out of \$7.785M. Included for the committee are the new Ministry Standards Activity Reports showing the detailed reporting required over 32 programs. In prior years, reporting was for 16 programs. In effect the reporting requirement has doubled in scope.

The Ministry granted deadline extensions to Health Units because the reporting templates were not available. In response to the new program standards and extensive reporting requirements it was necessary for RCDHU to establish a new General Ledger/Chart of Accounts along with a full software upgrade. This process is still underway and has been a significant undertaking. It is progressing well.

The Ministry is adding new reporting requirements for Q2 which will include program activity reporting by departments, along with the financial results. The Corporate Services group will be working closely with the program divisions to coordinate this effort when requirements are known. This template has not been released and it is anticipated that Q2 reporting will be delayed to August.

In Q3 there is a new Risk Management reporting requirement from the Ministry. RCDHU should be well positioned for this requirement as our Risk Management plan is in place. However, we have no information as to the template, style and contents they will require.

2017 Settlement – MOHLTC

The Program-Based Grants Annual Reconciliation report for the calendar year 2017 was submitted to the Ministry on May 29, 2018, per the terms of our Accountability Agreement.

This report reconciled the funding provided for mandatory and related programs. The following documents were included:

- A copy of the Audited Financial Statements
- Auditor's Attestation Report in a Ministry prescribed format and signed by the RCDHU Auditors Karen Black from Scott Dempsey Black and Lock.
- Annual Reconciliation Report Forms, Certificate of Settlement that included a Summary Page, Schedules A and B. Copies are attached for review.
- 2017 Actual expenditures for the Mandatory programs.

This report considers cash flow transactions that occurred in 2017 and January 1st to March 31st, 2018.

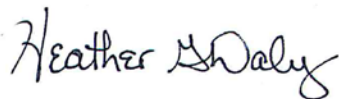
The reports are grouped by the source of funding from the Ministry including Public Health and Health Promotion along with breakdown of percentage funded (75%/100%). Reporting is separate for one-time projects such as Panorama and Vaccine Refrigerators.

The Summary Page includes approved amounts, actual funding received in cash, expenditures for the year and remaining settlement amounts due to/from Ministry. Funding for one-time initiatives which span two fiscal years, such as Panorama are broken out to show the amounts that relate to the relevant funding year.

RCDHU Results

RCDHU consolidated expenditures for all programs was \$5.57M out of an approved \$6.20M. This translates to 90% of eligible funding spent in 2017. The total amount due to RCDHU from the Ministry for 2017 is \$24,228. In comparison, the amount due back to the Ministry last year from 2016 settlement was \$231,350.

Respectfully submitted,



Healthy Babies Healthy Children
Early Child Development Branch
Strategic Policy and Planning Division
Ministry of Children and Youth Services
Quarterly Financial Report - 2018
1st Quarter 2018

Board of Health:

Renfrew County and District Health Unit

	(1) 2018 Grant Allocation \$	(2) YTD Actual Expenditure \$	(3) Forecast For the Remaining Months \$	(4) Year End Projected Expenditure \$	(4-1) Variance \$	Explanation of Variance (must be completed if variance is reported)
1a. Salaries & Wages - Unionized						
Management						
Public Health Nurses	465,045	102,119	229,928	465,045	-	
Day Home Visitors	111,662	28,188	63,013	111,662	-	
Direct Workers						
Administration Program Support						
Administration ECG Data Entry Support						
Administration ECG Referral Support						
Other Professional Support						
Other Non-Professional Support						
Total Salaries & Wages - Unionized	616,647	132,308	282,939	616,647	-	
Employee Benefits - Unionized	122,995	24,176	48,819	122,995	-	
1b. Salaries & Wages - Non-unionized						
Management	41,859	10,265	52,194	41,859	-	
Public Health Nurses						
Day Home Visitors						
Direct Workers						
Administration Program Support	5,393	1,345	4,045	5,393	-	
Administration ECG Data Entry Support						
Administration ECG Referral Support						
Other Professional Support						
Other Non-Professional Support						
Total Salaries & Wages - Non-unionized	48,452	11,611	56,239	48,452	-	
Employee Benefits - Non-unionized	11,149	2,961	8,188	11,149	-	
Total Salaries & Wages	813,998	146,114	417,378	813,998	-	
Employee Benefits	135,140	27,137	56,967	135,140	-	
2. Contract Services						
Other Professional Support						
Other Non-Professional Support						
Day Home Visitors						
Administration ECG Referral Support	1,000		1,000	1,000	-	
Total Contract Services	1,000	-	1,000	1,000	-	
3. Operating Costs						
Office Supplies	8,320	1,298	1,304	8,320	-	
Office Equipment	3,500		3,500	3,500	-	
Professional Development & Training	2,700		2,700	2,700	-	
Travel	46,888	13,557	36,221	46,888	-	
Public Awareness/Photocopy	2,500		2,500	2,500	-	
Program Resources	3,000	33	2,967	3,000	-	
Computer costs for ECGs	2,000		2,000	2,000	-	
Water	4,000	2,844	1,156	4,000	-	
Other (program engine input fees)	3,500		3,500	3,500	-	
Other Supplies						
Total Operating Costs	81,928	14,701	95,628	81,928	-	
Total Request from MCFB (1+2+3)	780,821	197,218	583,413	780,821	-	
4. Adjustments						
Contributions from Donor Sharing Programs						
Gaping						
Total (1+2+3+4)	780,821	197,218	583,413	780,821	-	
4. One Time Grant Request						
Grand Total	780,821	197,218	583,413	780,821	-	

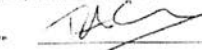
Prepared by:

Name: Heather G. Goy

Title: Director, Capital Construction

Date: 03 May 18

Authorized by Chair Board of Health, CEO, Renfrew County

Signature: 

Name: Dr. Robert G. Goy

Date: 03 May 18