



Board Executive Committee Meeting

Friday, May 6, 2016

1 p.m.

Sudbury & District Health Unit, Boardroom

Board of Health Executive Committee Meeting

Executive Committee of the Board

1. Call to Order

2. Roll Call

3. Review of Agenda / Declaration of Conflict of Interest

Board EC Agenda - Page 3

4. Election of Board Executive Committee Chair for 2016

MOTION: Election of Board Executive Committee Chair 2016 - Page 5

5. Approval of Executive Committee Meeting Notes dated January 21, 2014

5.1 Board EC Meeting Notes dated January 21, 2014 - Page 6

MOTION: Approval of Board Executive Committee Meeting Notes - Page 9

6. New Business

6.1 Executive Committee of the Board Terms of Reference

C-II-10 Terms of Reference - Page 10

6.2 Governance

6.3 Risk Management Scoping/Review of Senior Management Work and Preparation for Board InService

6.4 MOH/CEO Performance Appraisal Process

Briefing Note from the Medical officer of Health / Chief Executive Officer to the Board Executive Committee dated April 29, 2016 Re: Performance Appraisal Process for MOH/CEO - Page 12

GAM Performance Management Policy K-II-20 - Page 16

GAM Performance Management Procedure K-II-20 - Page 18

IN CAMERA

MOTION: In Camera - Page 20

6.5 Personnel matters involving one or more identifiable individuals, including employees or prospective employees

RISE & REPORT

MOTION: Rise and Report - Page 21

7. Adjournment

MOTION: Adjournment - Page 22

**AGENDA
EXECUTIVE COMMITTEE OF THE BOARD**

FRIDAY, MAY 6, 2016

1 P.M.

BOARDROOM – SUDBURY & DISTRICT HEALTH UNIT

MEMBERS: Claude Belcourt
René Lapierre

Janet Bradley
Stewart Meikleham

Jeff Huska

STAFF: Marc Piquette

Rachel Quesnel

Dr. Penny Sutcliffe

1. CALL TO ORDER

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

4. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2016

MOTION: *THAT the Board of Health Board Executive Committee appoint _____ as the Board Executive Committee Chair for 2016.*

5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

5.1 Board Executive Committee Meeting Notes dated January 21, 2014 *

MOTION: *THAT the meeting notes of the Board of Health Executive Committee meeting of January 21, 2014, be approved as distributed.*

6. NEW BUSINESS

6.1 Executive Committee of the Board Terms of Reference C-II-10 *

6.2 Governance

6.3 Risk Management Scoping/Review of Senior Management Work and Preparation for Board InService

6.4 MOH/CEO Performance Appraisal Process

- Briefing Note from the Medical officer of Health / Chief Executive Officer to the Board Executive Committee dated April 29, 2016 Re: Performance Appraisal Process for MOH/CEO *
- SDHU's General Administrative Manual (GAM) Performance Management Policy and Procedure K-II-20 *

*attached

IN CAMERA

MOTION: *That this Board of Health Executive Committee goes in camera.*
Time: _____ *p.m.*

6.5 Personnel matters involving one or more identifiable individuals,
including employees or prospective employees

RISE & REPORT

MOTION: *That this Board of Health Executive Committee rises and reports.*
Time: _____ *p.m.*

7. ADJOURNMENT

MOTION: *That we do now adjourn. Time: _____ p.m.*

**BOARD OF HEALTH EXECUTIVE COMMITTEE
MEETING NOTES**

**TUESDAY, JANUARY 21, 2014
2:30 P.M.**

BOARDROOM, SUDBURY & DISTRICT HEALTH UNIT

BOARD MEMBERS PRESENT

Janet Bradley
Terry Kett

Madeleine Dennis
Brenda Spencer

Ron Dupuis

STAFF MEMBERS PRESENT

Sandra Laclé
Dr. Penny Sutcliffe, MOH

Marc Piquette

Rachel Quesnel, Secretary

R. DUPUIS PRESIDING

1. CALL TO ORDER

The meeting was called to order at 2:30 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

The agenda was reviewed and there were no declarations of conflict of interest.

4. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

4.1 Board Executive Committee Meeting Notes dated June 19, 2013

01-14 APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES

Moved by Dennis – Bradley: THAT the meeting notes of the Board of Health Executive Committee meeting of June 19, 2013, be approved as distributed.

CARRIED

5. NEW BUSINESS

02-14 IN CAMERA

Moved by Bradley – Spencer: THAT this Board of Health Executive Committee goes in-camera. Time: 2:36 p.m.

CARRIED

M. DENNIS PRESIDING

5.1 Personnel

03-14 RISE AND REPORT

Moved by Bradley – Spencer: THAT this Board of Health Executive Committee rises and reports. Time: 3:19 p.m.

CARRIED

R. DUPUIS PRESIDING

The following two motions emanated from the in-camera discussion:

04-14 APPROVAL OF IN CAMERA MEETING NOTES

Moved by Bradley – Spencer: THAT this Board of Health Executive Committee approve the meeting notes of the June 19, 2013, in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

05-14 SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

Moved by Dennis – Spencer: WHEREAS the Sudbury & District Board of Health has appointed Dr. Penny Sutcliffe as the full-time Medical Officer of Health and the Minister has approved this appointment;

AND WHEREAS the Medical Officer of Health has leave entitlements pursuant to the employment agreement with the Board of Health and utilizes leave with appropriate approvals and as per the terms of the agreement;

AND WHEREAS the Board of Health may institute arrangements with the Medical Officer of Health to continue to provide medical officer of health services to the Sudbury & District Health Unit during periods of leave so as to ensure that the requirements of the governing legislation continue to be met, and such that no compensation above that provide in the existing employment agreement is paid to the Medical Officer of Health;

BE IT RESOLVED THAT the Medical Officer of Health, wherever possible, will advise the Board of Health Chair if such arrangements constitute an absence or inability to act of the Medical Officer of Health as per Section 69(1) of the Health Protection and Promotion Act;

BE IT THEREFORE FURTHER RESOLVED THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals be appointed as Acting Medical Officers of Health for the Sudbury & District Health Unit:

Dr. Penny Sutcliffe

Dr. Jim Chirico, Medical Officer of Health, North Bay Parry Sound District Health Unit

Dr. Rosemarie Ramsingh, Medical Officer of Health, Porcupine Health Unit

**Dr. David Williams, Medical Officer of Health, Thunder Bay District Health Unit
Dr. James Arthurs, Medical Officer of Health, Northwestern Health Unit
Dr. Vera Etches, Associate Medical Officer of Health, Ottawa Public Health
Dr. Alex Hukowich, Medical Officer of Health (retired)**

BE IT FURTHER RESOLVED THAT activation of an Acting MOH appointment will be delegated to the MOH with the MOH providing notice of the Acting Appointment to the Board of Health Chair. In the event that the MOH is unable to activate an Acting MOH appointment the activation will be done by the Board of Health Chair. The Acting Medical Officer of Health must provide written consent to the appointment. In the event of Acting Medical Officer of Health appointments of six months or greater, the consent of the Minister and Chief Medical Officer of Health will be obtained in accordance with the HPPA;

BE IT FURTHER RESOLVED THAT these appointments be effective immediately;

AND BE IT FURTHER RESOLVED THAT resolution #65-11 is hereby rescinded.

CARRIED

5. ADJOURNMENT

06-14 ADJOURNMENT

Moved by Dennis – Kett: THAT we do now adjourn. Time: 3:25 p.m.

CARRIED

(Chair)

(Secretary)

APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES

MOTION: *THAT the meeting notes of the Board of Health Executive Committee meeting of January 21, 2014, be approved as distributed.*

**SUDBURY & DISTRICT HEALTH UNIT
BOARD OF HEALTH MANUAL**

INFORMATION

APPROVED:	Board of Health	CATEGORY:	Board of Health Structure & Function
DATE:	O: March 23, 1989 R: June 18, 2015	SECTION:	Board of Health Committees
NUMBER:	C-II-10	SUBJECT:	Board of Health Executive Committee Terms of Reference
PAGE:	1 of 2		

**BOARD OF HEALTH EXECUTIVE COMMITTEE
TERMS OF REFERENCE**

Purpose:

The Executive Committee functions as an advisory and standing committee of the Board to develop, review and oversee Board policies and procedures in collaboration with the Medical Officer of Health/Chief Executive Officer and Director of Corporate Services, to undertake specific responsibilities of the Board if so assigned by majority vote of the Board and to assume governance of the Board between Board meetings.

Reporting Relationship: To the Board of Health

Membership:

Membership must be assigned annually by majority vote of the full Board.

- Board Chair (1)
- Board Vice-Chair (1)
- Board Members at Large (3)
- Medical Officer of Health/Chief Executive Officer
- Director of Corporate Services
- Board Secretary

Chair: As elected annually by the committee at the first meeting of the Executive Committee of the Board of Health

Only Board of Health members have voting privileges. All staff members are ex officio.

Responsibilities:

The Executive Committee of the Board of Health may, from time to time, be assigned responsibilities by the Board of Health in areas such as: policy, personnel, and property. Assigned responsibilities must be delegated by majority vote of the full Board.

The Executive Committee assumes governance of the Board between Board meetings.

All actions taken by the Board Executive Committee must be reported to the full Board at its next scheduled meeting.

Committee Proceedings:

The rules governing the procedure of the Board shall be observed by the Executive Committee insofar as applicable.

Meetings are normally at the call of the Chair but may be requested by two or more members of the Executive Committee, subject to approval of the Chair.

Meetings are held at the health unit at a time mutually agreed upon by the committee, with the option of teleconferencing.

An agenda is developed by the Chair with the support of the Medical Officer of Health/Chief Executive Officer and distributed by the Secretary one week in advance of a scheduled meeting, whenever possible.

**SUDBURY & DISTRICT HEALTH UNIT
BOARD OF HEALTH MANUAL**

INFORMATION

APPROVED: Board of Health

CATEGORY: Board of Health Structure & Function

DATE: O: March 23, 1989
R: June 18, 2015

SECTION: Board of Health Committees

NUMBER: C-II-10

SUBJECT: Board of Health Executive Committee Terms of Reference

PAGE: 2 of 2

Meeting minutes, recommendations and supporting documentation are forwarded by the Secretary to the Board for inclusion in the agenda of the next Board meeting.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved at a subsequent meeting of the Board Executive Committee.

Briefing Note

To: Board of Health Executive Committee Chair
From: Dr. P. Sutcliffe, Medical Officer of Health/Chief Executive Officer
Date: April 29, 2016
Re: Performance Appraisal Process for MOH/CEO

For Information

For Discussion

For a Decision

Issue:

At its meeting of April 20, 2016, the Sudbury & District Board of Health agreed that the Board Executive Committee (EC) would review the process for MOH/CEO performance appraisal. Any recommendations for revisions to the current process would be incorporated into a Board Policy and considered by the Board of Health during its review of the Board of Health Manual.

Recommended Action:

That the Board of Health Executive Committee review the contents of this briefing note and consider the following direction to the MOH pursuant to discussing the same:

1. **That the MOH/CEO performance appraisal process and position description review be included as a separate policy in the Board of Health Manual (section I-IV-20).**
 - **This action would increase transparency and facilitate all Board members' familiarity with the process.**
2. **That the MOH/CEO performance appraisal process include the following:**
 - **Opportunities for input by all Board of Health members and direct reports to be shared anonymously with MOH/CEO and Board Chair;**
 - **Explicitly seek input relative to the position expectations (using a survey tool); and**
 - **Specify that the Board Chair conducts the performance appraisal meeting after appropriate consultation with the Board of Health Executive Committee.**

Background:

1. The performance management process of the Sudbury & District Board of Health is described in Policy and Procedure K-II-20 of the General Administrative Manual (see attached).

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

2. Per Policy K-II-20, performance appraisals/mapping is intended to be a constructive and positive experience. It is viewed as an opportunity for the employees to review how they are doing *relative to position expectations and to set goals and objectives for the future*. Further details are described in the Policy. The Procedure indicates that for employees who have completed more than five years in their present position, the frequency of performance maps may be changed to once every two years.
3. The current MOH/CEO was hired in August 2000 and has participated in seven formal performance appraisals, all conducted by the prevailing Board Chair and all documenting exemplary performance. The intervals between performance appraisals have ranged from one to three years, recognizing MOH/CEO leaves of absence and tenure of the Board Chair.
4. Although not required by Policy, the MOH/CEO implemented an appraisal practice that incorporates anonymous feedback from direct reports (i.e. senior management) and from the Board of Health Executive Committee members. Feedback is shared anonymously with the MOH/CEO and Board Chair who summarizes and reviews this with the MOH/CEO. The position description is reviewed at this time and the MOH/CEO shares the current strategic work plan. These practices have been implemented with senior management also.
5. The current Board Chair began his tenure January 2015 and conducted a performance appraisal of the MOH/CEO in March 2016. This review was preceded by the following advisement to the Board of Health at its February 18, 2016 meeting:
 - a. *The SDHU maintains a policy of ongoing evaluation of the job performance of its employees as a means of ongoing monitoring and quality improvement. As per the SDHU's performance management policy, the Medical Officer of Health performance review is scheduled to occur on March 3. Feedback will be sought from the members of the Senior Management Team as well as from the members of the Board Executive Committee and will inform my discussion with the Board Chair.*
 - b. *In consultation with the Board Chair, the Medical Officer of Health position description will also be reviewed and updated as per the Health Unit policy.*
6. At its meeting of April 20, 2016, the Board was informed through the MOH Report to the Board that the performance appraisal had been conducted. A Board member questioned the MOH/CEO performance appraisal process and it was concluded that the Board Executive Committee would discuss the process at its upcoming meeting. Any recommendations for revisions to the current process would be incorporated into a Board Policy and considered by the Board of Health during its review of the Board of Health Manual.
7. Per Board of Health Policy I-IV-10, the Board is responsible for the hiring of the MOH. The Board of Health Manual does not contain a separate performance appraisal policy for the MOH/CEO, however, A-I-10 indicates that the Board of Health Manual functions in conjunction with the General Administrative Manual, in which the performance management process is detailed per above.

 2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
5. Foster organization-wide excellence in leadership and innovation.

O: October 19, 2001
R: October 2013

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8. Appraisals of SDHU positions are relative to position expectations. The MOH/CEO position expectations are described in the MOH/CEO position description and the Board of Health Manual, C-III-11:
 - a. The Medical Officer of Health is the Chief Executive Officer of the Board and all information pertaining to Board operation, be it program or budget, is the responsibility of the Medical Officer of Health/Chief Executive Officer.

 9. The Board of Health regularly receives reports and information on the MOH/CEO performance relative to position expectations, key examples include the following:
 - a. *Finance*: Annual audited financial statements; MOH Report to the Board at each Board meeting including Financial Report and month-end financial statements; annual budget process; Board Finance Committee meetings
 - b. *Program*: Annual Performance Monitoring Report; three-times yearly narrative reports on strategic priorities; MOH Report to the Board at each Board meeting describing program highlights; new business and correspondence items on Board agendas; staff delegations to Board
 - c. *Community and stakeholder engagement*: Annual Performance Monitoring Report; MOH Report to the Board highlighting engagement initiatives
 - d. *Management*: Annual Performance Monitoring Report; MOH Report to the Board at each Board meeting highlighting human resource and management issues; new business and correspondence items on Board agendas including in camera items; Board Executive Committee Meetings
 - e. *Governance*: Annual Performance Monitoring Report; Board of Health orientation process (one time and ongoing); Board of Health meeting and annual evaluations

 10. Due to its significance as a monitoring tool in the MOH/CEO performance appraisal, the Performance Monitoring Plan is highlighted here. In June 2013, the Sudbury & District Board of Health approved the comprehensive 2013-2017 Performance Monitoring Plan. A Joint Board/Staff Performance Monitoring Working Group was established to regularly review the four components of the Performance Monitoring Plan. The third annual Performance Monitoring Plan was presented to the Board at its February 18, 2016 meeting. The annual plan reports on:
 - a. Strategic priorities
 - b. SDHU-specific performance monitoring indicators (derived from the former Ontario Council on Community Health Accreditation (OCCHA) indicators)
 - i. Leadership excellence
 - ii. Partnership and collaboration excellence
 - iii. Program and service excellence
 - iv. Organizational excellence
 - v. Workforce excellence
 - c. Ontario Public Health Organizational Standards (indicators of management and governance)
 - d. Ontario Public Health Standards (accountability indicators on programs)

2013-2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
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R: October 2013

11. The MOH/CEO performance appraisal process as historically conducted provides an opportunity for Board Executive Committee members and senior management to reflect on the performance information shared regularly with the Board per above and to provide constructive feedback on MOH/CEO performance, assisting in identifying goals and objectives for the future. There may be added value in ensuring that all Board of Health members are able to contribute feedback and that feedback be sought in a more systematic manner relative to the position expectations.

Financial Implications:

Ontario Public Health Standard:

Strategic Priority:

Contact:

2013–2017 Strategic Priorities:

1. Champion and lead equitable opportunities for health.
2. Strengthen relationships.
3. Strengthen evidence-informed public health practice.
4. Support community actions promoting health equity.
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O: October 19, 2001
R: October 2013

SUDBURY & DISTRICT HEALTH UNIT
GENERAL ADMINISTRATIVE MANUAL

POLICY

APPROVED:	Medical Officer of Health	CATEGORY:	Human Resources
DATE:	O: March 23, 1989 R: December 2009	SECTION:	Employee Selection and Assignment
NUMBER:	K-II-20 (Formerly L-I-80)	SUBJECT:	Performance Management (Performance Mapping)
PAGE:	1 of 2		

The Sudbury & District Health Unit (SDHU) maintains a policy of ongoing evaluation of the job performance of its employees as a means of measuring efficiency and effectiveness of the organization's operations; providing employees with meaningful information about their work; and aiding the SDHU in making personnel decisions related to such areas as training, promotion, work assignments, retention and long-range planning of its operations.

The management of employee performance will be done on an ongoing basis. Feedback related to meeting position expectations will be provided to employees during regular meetings with their supervisor.

Performance and development appraisals referred to at the SDHU, as performance mapping, will be conducted with all staff members as outlined in the procedure. The performance map is the responsibility of the Supervisor.

Performance appraisals/mapping is intended to be a constructive and positive experience. It is viewed as an opportunity for the employees to review how they are doing relative to position expectations and to set goals and objectives for the future. In addition, the performance map provides an opportunity for the employee to become involved in determining his/her future career development, and to map out ways in which they can be participants in the teams overall achievements.

The performance map is the sole property of the SDHU. The *Municipal Freedom of Information and Protection of Privacy Act* will govern use of the information contained therein.

Performance mapping at SDHU is intended to:

1. Focus maximum attention upon achievement of assigned duties and requirements as outlined in the position description.
2. Enable Supervisors to accurately assess an employee's strengths and areas of improvement, relate these assessments to current and future needs, and with the aid of management make staffing and organizational plans accordingly.
3. Challenge the employee to continually improve performance and personal effectiveness.
4. Keep employees continually informed of their progress so they know where they stand and are in a position to control their own performance.
5. Place primary emphasis on employee self-development and intimately involve employees in the planning and implementation of career objectives.

GENERAL ADMINISTRATIVE MANUAL POLICY

NUMBER: K-II-20

SUBJECT: Performance Management

PAGE: 2 of 2

For short term temporary/limited employees, students (including Peer Leaders and Test Shoppers) and very casual employees such as Immunization Nurses, a Manager will appraise performance and may choose to utilize a more condensed performance appraisal and use the *Performance Appraisal Tool* (h: drive, Human Resources folder) . This appraisal is to be completed annually or prior to the end of the temporary employment period for a temporary/limited position. Once complete the appraisal will be sent to Human Resources for retention on the personnel file.

Employees who are on probation or working in a trial period will have their performance assessed see the policy K-I-10 for Probationary/Trial Periods.

Note: Where there has been a change in an employee's performance that is not disciplinary in nature the supervisor may schedule and conduct a performance mapping and place on the personnel file as recognizing a formal need to correct significant declines in employee performance.

SUDBURY & DISTRICT HEALTH UNIT
GENERAL ADMINISTRATIVE MANUAL

PROCEDURE

APPROVED:	Medical Officer of Health	CATEGORY:	Human Resources
DATE:	O: March 23, 1989 R: December 2009	SECTION:	Employee Selection and Assignment
NUMBER:	K-II-20 (Formerly L-I-80)	SUBJECT:	Performance Management (Performance Mapping)
PAGE:	1 of 2		

1. Performance maps will normally be done around the anniversary date of hire or promotion of an employee, but no later than December 31 of any year. The Division Director is responsible for ensuring that the performance maps have been completed.
2. For staff members who have completed five years in their present position, the frequency of performance maps may be changed to once every two years if mutually agreed upon by the staff member and his/her Supervisor.
3. If there are any performance issues then a performance map must be conducted at least annually or more frequently if required to manage the performance.
4. For reviewing performance with a probationary employee or an employee who is on a trial period please refer to Probationary/Trial Period K-I-10 policy.
5. All persons conducting the appraisal will use the Supervisor's Guide to Performance Mapping as the approved performance appraisal instrument. A copy of the Guide is located in the General Administration Manual (GAM) as an information attachment to this policy and procedure.
6. Prior to the mapping session employees are given a copy of the Employee Instructions for Performance Mapping as well as a copy of the Employee's Self-Evaluation form to be completed in advance of the performance mapping meeting.
7. Current position descriptions will be used as a tool to prepare and conduct a performance map.
8. Information regarding the work and conduct of an employee should be referred to when preparing the performance map and all relevant successes and performance issues should be included in the performance map from the entire review period.
9. The factors evaluated during mapping are the employee's quality of work, work habits, and interpersonal relations. Each map is thoroughly discussed with the employee to point out both areas of successful performance and areas that require improvement or are unacceptable.
10. The evaluation of each employee is intended to be participatory in nature, involving the employee's input as much as that of the direct Supervisor.

GENERAL ADMINISTRATIVE MANUAL PROCEDURE

NUMBER: K-II-20

SUBJECT: Performance Management

PAGE: 2 of 2

11. The employee's signature on the completed performance map shall be part of the completed document. The signature signifies that the map has been completed and discussed with the staff member. It does not necessarily imply agreement with the map. An employee who wishes to provide additional comments to their performance map shall do so and these comments will be appended to the performance map being placed in the employee's personnel file.
12. Should an employee refuse to sign the performance map, the Manager is to make a note to this effect on the performance map and proceed with processing the performance map.
13. The original performance map (plus any additional comments) will be filed in the personnel file located in the Corporate Services Division.
14. A copy of the performance map is provided to the employee.

IN CAMERA

MOTION: *THAT* this Board of Health Executive Committee goes in camera.
Time: _____ p.m.

RISE AND REPORT

MOTION: *THAT this Board of Health Finance Standing Committee rises and reports. Time: _____ p.m.*

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____ p.m.