

Ontario Public Health Organizational Standards

Ministry of Health and Long-Term Care
Ministry of Health Promotion and Sport



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Part I: Introduction

Purpose

The Ontario Public Health Organizational Standards (Organizational Standards) establish the management and governance requirements for all boards of health and public health units. Similar to the Ontario Public Health Standards (OPHS) 2008 (or as current),¹ which outline the expectations for providing public health programs and services, the Organizational Standards outline the expectations for the effective governance of boards of health and effective management of public health units. Organizational Standards help promote organizational excellence, establish the foundation for effective and efficient program and service delivery and contribute to a public health sector with a greater focus on performance, accountability and sustainability.

Scope and Accountability

This document specifies requirements that all boards of health are required to implement throughout their organizations. This document contains both new requirements for boards of health as well as requirements related to governance and management from existing sources. The existing obligations within the *Health Protection and Promotion Act* (HPPA)² and its Regulations have been included here so as to provide a single compiled set of governance and management requirements that boards of health are obligated to meet as a board of health.

Outside of these obligations, boards of health have other duties and responsibilities, which relate to their role as employers, holders of personal and personal health information, corporate entities, service providers and so on. The legal obligations of boards of health in these areas are set out in other provincial and federal legislation and regulation. Boards of health may also be subject to local municipal by-laws. This document does not contain an exhaustive list of the legal obligations of boards of health, as these additional obligations are beyond the scope of this document. Boards of health need to be aware of and to meet these additional obligations.

Boards of health are accountable for implementing the requirements established in this document throughout their organizations. The scope of the Organizational Standards includes activities that will assist boards of health in developing strong governance and management practices, which in turn are a support to the planning and delivery of public health programs and services.

The Organizational Standards are complementary to the OPHS and support the Principles outlined in the OPHS that guide boards of health in assessment, planning, delivery, management, and evaluation of public health programs and services. While there may be variations in the internal lines of authority in different boards of health, the expectation is that all boards of health will implement and meet each of the Organizational Standards requirements. Because the Organizational Standards are complementary to the OPHS, there are no program specific requirements, nor have the sections of HPPA which relate to program delivery been repeated here.

The Organizational Standards apply to all boards of health, regardless of the type of board governance model. Any exceptions as required by the HPPA have been noted.

Currently, there are five types of board governance models operating in Ontario's public health sector as follows:

- **Autonomous:** Separate from any municipal organization but with multi-municipal representation, including citizen representatives appointed by municipalities; potential for provincial appointees.
 - **Autonomous/Integrated (a subset of Autonomous):**
Only one municipality appoints representatives including citizen representatives; potential for provincial appointees; operates within municipal administrative structure.
- **Regional:** Boards are Councils of Regional Government (federations of local municipalities); no citizen representatives; no provincial appointees.
- **Single-Tier:** Boards are Councils of Single-Tier Municipalities (areas with only one level of municipal government); no citizen representatives; no provincial appointees.
 - **Semi-Autonomous (a subset of Single-Tier):**
Single-Tier Council appoints members to a separate “board of health” including citizen representatives; Council approves budget and staffing; no provincial appointees.

Although the language of the requirements may appear to apply primarily to autonomous boards, this is not the intention. Regardless of the governance model, the board of health as the governing body is legally accountable to the government of Ontario, and is the body that has the authority to enter into agreements with ministries.

The strategies that boards of health use to implement the necessary practices to meet the requirements will vary from board to board, in part due to differences in management structures. While in some boards of health, there is a Chief Executive Officer* (CEO) as well as a Medical Officer of Health (MOH), in others, the MOH plays both roles. Another variation is seen in regional boards, where the MOH relates to a Chief Administrative Officer (CAO) to coordinate services provided by the region, such as HR, procurement, and finances. In these requirements, the CEO and CAO roles have not explicitly been acknowledged but this does not preclude the delegation of administrative and management responsibilities to the CEO or CAO, as appropriate for each organization.

Note that for clarity, the requirements refer to these senior management positions as “the administration.” All of the requirements in Section 6: Management Operations reference the board of health as the governing body delegating management tasks to the administration, which is meant to clarify that the board itself is not expected to be involved in undertaking these tasks, but should be ensuring these activities take place through the management team.

In order to respect the board of health as the body that is accountable to the ministries while also respecting the delegation of authority for the day-to-day management and administrative tasks to the MOH (and CEO or

* Within the body of the document, the term executive officer is meant to include all related titles such as CEO, CAO and COO (Chief Operating Officer).

other executive officers, where applicable), the requirements have been written to make these distinctions explicit. Where the board of health as the governing body is expected to fulfill a requirement directly, the requirement states: “The board of health shall...” In cases where the expectation is that the board would delegate the responsibilities to the management team, the language of the requirement shifts to “The board of health shall ensure that the administration...”.

Background

As stated in the OPHS, boards of health have the responsibility for the delivery of local public health programs and services. The effective delivery of required public health programs and services can be supported by a strong organizational structure which includes effective and efficient governance and management practices. The Organizational Standards are one component of a comprehensive public health performance management system currently being developed for the province of Ontario. By addressing structural aspects such as human resources management, administrative policies, board of health functioning, and financial management, it is intended that the Organizational Standards will help establish consistent organizational processes in all boards of health across the province that will in turn facilitate desired program outcomes.

Although there is limited research and evidence available related to the development of organizational standards within the public health sector, the development of the Organizational Standards was based on a consolidation of the relevant themes and ideas from available peer-reviewed and grey literature, resources and organizations.

How Can the Organizational Standards Help Public Health Units?

Research indicates that improvements in processes and structures used to make important decisions will lead to improved results.³ As such, an essential component of performance management, from which targets and goals can be developed, is the establishment of performance standards.⁴ As part of a comprehensive public health performance management system, the Organizational Standards can help boards of health achieve their objectives and improve operations by clearly communicating expectations of boards of health and public health units.⁵

The Organizational Standards can help boards of health make managerial decisions to improve the quality and effectiveness of programs and services, prioritize and allocate resources, inform managers about needed changes in operations to improve efficiency, and identify required changes in policy or program directions to meet goals and objectives.^{4,6} The Organizational Standards can be used as a tool for planning and operational assessment by helping boards of health stay on course toward improving outcomes, identifying gaps in training, leadership, and resources, and encouraging collaboration to reach goals.^{5,7}

The Principles that guide boards of health outlined in the OPHS include Capacity and Partnership and Collaboration.¹ The Principle of Capacity includes the areas of organizational structures and processes; workforce planning, development, and maintenance; information and knowledge systems; and financial resources. The Principle of Partnership and Collaboration refers to fostering partnerships and collaborating

with community partners, and creating supportive environments for health through community and citizen engagement.¹ The Organizational Standards will assist boards of health to operate according to the Principles outlined in the OPHS that are relevant to governance and management.

Framework of the Organizational Standards

The Ontario Public Health Organizational Standards document outlines the requirements for boards of health and the management practices of each public health unit.

The Organizational Standards requirements are grouped into the following categories:

- Board Structure
- Board Operations
- Leadership
- Trusteeship
- Community Engagement and Responsiveness
- Management Operations

Within each category, there are varying numbers of requirements. These are either new requirements, which are based on best practice advice from the literature on governance and administration or have been transferred from the HPPA and its regulations. These have been consolidated within this document to assist boards of health to have a complete understanding of the requirements they are obligated to meet in the areas of governance, management and administration. Each requirement identifies whether it is a new requirement or originates from the HPPA or its regulations.

To ensure consistency, the obligations under the HPPA or its regulations are written exactly as they appear in the original source documents, along with the specific section numbers for ease of referencing back to the original source.

Organizational Standards Categories

Following is a description of the concepts that are addressed in the requirements within each category. The first five categories lay out the requirements that apply directly to boards of health governing bodies. The final category, Management Operations, relates to the responsibilities that will be carried out by the administration of each health unit, under the senior executives who report to the governing body.

1. Board Structure

Boards of health operate through a formal structure that supports governance through a set of expectations regarding membership, size, terms of office, reporting relationships, and other structural features.

2. Board Operations

In order to ensure good governance, board of health members must be aware of current and emerging best practices regarding board operations, which include the establishment of by-laws, as well as policies and

practices related to the conduct of meetings. Board of health members must also have an understanding of their duties and responsibilities as individuals and as a group, and must have an understanding of evaluation to improve their effectiveness as a board.

3. Leadership

Leadership functions at the board of health level require that the board of health assess and take action to improve its governance processes to accomplish its objectives of strategic direction setting, promotion of appropriate ethics and values within the organization, effective organizational performance management and accountability, and effective coordination of board of health activities at all levels of the organization.

While the board of health has responsibility for strategic direction setting, the management team has a related responsibility in operational planning to support the board of health's strategic priorities and objectives. A strong strategic plan will recognize internal and external forces for and against change, incorporate strategies to overcome resistance to change and address gaps, and include a commitment to action steps to adapt to changes.

4. Trusteeship

In carrying out their functions, board of health members must fulfill fiduciary duties of care, loyalty, and good faith. While the board of health as the governing body typically delegates the day-to-day management of the public health unit to the MOH, CEO and other senior management, board members retain responsibility for oversight and monitoring of the organization's operations and performance.

Carrying out fiduciary duties requires that board members exercise duty of care, which is the duty to exercise appropriate diligence and make decisions that are informed, and the duty of loyalty, which is the duty to put the interests of the organization before those of the individual.

As part of their duty of loyalty, board members also need to act in good faith, which involves acting with honesty of purpose and in accordance with evolving corporate governance best practices.

5. Community Engagement and Responsiveness

Public health units are expected to undertake their operational duties in a way that demonstrates an understanding of the local community's context, openness to the community and its needs, and innovation to address emerging needs or gaps in services.

Because public health is rooted in community-based practice; partnerships with all types of organizations are a necessary part of the operational practice of a public health unit. The effectiveness of these partnerships will depend on the work involved in engaging local communities, collaborating with community partners, monitoring and evaluating these partnerships, and public health unit involvement in networking and local planning within the community.

This section contains requirements which refer to both community partners and stakeholders. To be clear, community partners include the agencies, organizations and groups which the board of health works directly with, or partners with or consults with in the design or delivery of programs and services. In the OPHS, the list of community partners includes the voluntary sector, non-governmental organizations, local associations, community groups, networks, coalitions, academia, government bodies, the private sector

and others. Stakeholders is a broader category which includes all of the types of community partners noted above as well as clients, the general public, the media and staff. Anyone with an interest in public health could be considered a stakeholder.

6. Management Operations

A strong organization will have administrative practices that support transparency and accountability, and demonstrate organizational effectiveness and due diligence in exercising day-to-day responsibilities.

Strong organizations will also have an operational planning process that describes how the strategic directions, priorities and objectives of the organization will be achieved in concrete terms within a specified timeframe. The resulting operational plan may include several separate documents, such as an HR strategy, an IT strategy, financial projections, program planning framework, and an evaluation framework. Together, this information provides an overall picture of how the public health unit will use available resources to meet objectives.

The requirements within the Management Operations category relate to the administrative functions in terms of:

- Financial management;
- Information management;
- Communication strategies;
- Human resources planning and management; and
- Program management.

Part II: The Ontario Public Health Organizational Requirements

1. Board Structure

Goal/Objective

To ensure that the structure of the board of health facilitates effective governance and respects the required partnership with municipalities as well as the need for local flexibility in board structure.

Requirements

1.1 Definition of a board of health

There shall be a board of health for each public health unit. (HPPA, s.48) A board of health is composed of the members appointed to the board under this Act and the regulations. (HPPA, s.49 (1)) The term of office of a municipal member of a board of health continues during the pleasure of the council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the council. (HPPA, s.49(7)) (Does not apply to all municipalities – see HPPA s.49(9) and (10) for exceptions)

1.2 Number of members on a board of health

There shall be not fewer than three and not more than thirteen municipal members of each board of health. (HPPA, s.49(2)) (Does not apply to all municipalities – see HPPA s.49(9) and (10) for exceptions)

1.3 Right to make provincial appointments

The Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health. (HPPA, s.49(3)) (Does not apply to all municipalities – see HPPA s.49(9) and (10) for exceptions)

A member of a board of health appointed by the Lieutenant Governor in Council may be appointed for a term of one, two or three years. (HPPA, s.51(1))

1.4 Board of health may provide public health services on reserve

A board of health for a public health unit and the council of the band on a reserve within the public health unit may enter into an agreement in writing under which (a) the board agrees to provide health programs and services to the members of the band; and (b) the council of the band agrees to accept the responsibilities of the council of a municipality within the public health unit. An appointment under this section may be for one, two or three years. (HPPA, s.50 (1) and (4))

The council of the band that has entered into the agreement has the right to appoint a member of the band to be one of the members of the board of health for the public health unit.

The councils of the bands of two or more bands that have entered into agreements under HPPA, s.50(1) have the right to jointly appoint a person to be one of the members of the board of health for the public health unit instead of each appointing a member under HPPA, s.50(2). (HPPA, s. 50(2) and (3))

1.5 Employees may not be board of health members

No person whose services are employed by a board of health is qualified to be a member of the board of health. (HPPA, s.51(3))

1.6 Corporations without share capital

Every board of health is a corporation without share capital (i.e., Corporations Act and Corporations Information Act do not apply). (HPPA, s.52(1) and (2)) (Does not apply to all municipalities – see HPPA s.55 for exceptions)

1.7 Election of the board of health chair

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year. (HPPA, s.57(2)) (Does not apply to all municipalities – see HPPA s.55 for exceptions)

1.8 Municipal membership

The number of municipal members per municipality for specific boards of health is set out. (HPPA, Reg.559)

2. Board Operations

Goal/Objective

To enable boards of health to operate in a manner that promotes an effective board, effective communication and transparency.

Requirements

2.1 Remuneration of board of health members

A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. A board of health shall pay the reasonable and actual expenses of each member of the board of health. The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the public health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. (HPPA, s.49(4), (5), and (6)) (Does not apply to all municipalities – see HPPA s.49(9) and (10) for exceptions)

HPPA, s.49(4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. (HPPA, s.49(11))

2.2 Informing municipalities of financial obligations

A board of health shall give annually to each obligated municipality in the public health unit served by the board of health a written notice that complies with the following requirements:

- *The notice shall specify the amount that the board of health estimates will be required to defray the expenses referred to in HPPA, s.72(1) for the year specified in the notice.*
- *If the obligated municipalities in the public health unit have entered into an agreement under HPPA, s.72(3) respecting the proportion of the expenses referred to in HPPA, s.72(1) to be paid by each of them, the notice shall specify the amount for which the obligated municipality is responsible in accordance with the agreement.*
- *If the obligated municipalities in the public health unit have not entered into an agreement under HPPA, s.72(3) respecting the proportion of the expenses referred to in HPPA, s.72(1) to be paid by each of them, the notice shall specify the amount for which the obligated municipality is responsible in accordance with the regulations.*
- *The notice shall specify the times at which the board of health requires payments to be made by the obligated municipality and the amount of each payment required to be made. (HPPA, s.72(5))*

2.3 Quorum

A majority of the members of a board of health constitutes a quorum of the board. (exceptions apply) (HPPA, s.54)

2.4 Content of by-laws

A board of health shall pass by-laws respecting, (a) the management of its property; (b) banking and finance; (c) the calling of and proceedings at meetings; and (d) the appointment of an auditor.

A board of health may pass by-laws respecting, (a) the appointment, duties and removal of officers (other than the medical officer of health or an associate medical officer of health) and employees, and the remuneration, pensions and other benefits of officers and employees; and (b) any other matter necessary or advisable for the management of the affairs of the board of health. (HPPA, s.56(1) and (2))

2.5 Minutes, by-laws and policies and procedures

A board of health shall keep or cause to be kept minutes of its proceedings and the text of the by-laws and resolutions passed by it. (HPPA, s.58)

2.6 Appointment of a full-time medical officer of health

Every board of health (a) shall appoint a full-time medical officer of health; and (b) may appoint one or more associate medical officers of health, of the board of health. If the position of medical officer of health of a board of health becomes vacant, the board of health and the Minister, acting in concert, shall work expeditiously towards filling the position with a full-time medical officer of health. (HPPA, s.62(1) and (2))

2.7 Appointment of an acting medical officer of health

Where (a) the office of medical officer of health of a board of health is vacant or the medical officer of health is absent or unable to act; and (b) there is no associate medical officer of health of the board or the associate medical officer of health of the board is also absent or unable to act, the board of health shall appoint forthwith a physician as acting medical officer of health. (HPPA, s.69(1))

2.8 Dismissal of a medical officer of health

A decision by a board of health to dismiss a medical officer of health or an associate medical officer of health from office is not effective unless, (a) the decision is carried by the vote of two-thirds of the members of the board; and (b) the Minister consents in writing to the dismissal. A board of health shall not vote on the dismissal of a medical officer of health unless the board has given to the medical officer of health (a) reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered; (b) a written statement of the reason for the proposal to dismiss the medical officer of health; and (c) an opportunity to attend and to make representations to the board at the meeting. (HPPA, s.66(1) and (2))

2.9 Reporting relationship of the medical officer of health to the board of health

The medical officer of health of a board of health reports directly to the board of health on issues relating to public health concerns and to public health programs and services under this or any other Act. The medical officer of health of a board of health is responsible to the board for the management of the public health programs and services under this or any other Act. (HPPA, s.67(1) and (3))

The medical officer of health of a board of health is entitled to notice of and to attend each meeting of the board and every committee of the board, but the board may require the medical officer of health to withdraw from any part of a meeting at which the board or a committee of the board intends to consider a matter related to the remuneration or the performance of the duties of the medical officer of health. (HPPA, s.70)

2.10 Board of health policies

The board of health shall develop and implement policies or by-laws as applicable regarding the functioning of the governing body, including:

- Use of sub-committees, which includes a process for establishing sub-committees and the requirement for the development of Terms of Reference (if sub-committees are used);
- Frequency of meetings;
- Rules of order for meeting procedures, including recognizing delegations to meetings and conditions for special meetings of the board;
- Preparation of meeting agenda and materials;
- Preparation of minutes and other record-keeping;
- Selection of officers (i.e., executive committee members)
- Selection of board members based on skills, knowledge, competencies and representativeness of the community, where boards of health are able to recommend the recruitment of members to the appointing body;
- Remuneration and allowable expenses for board members;
- Procurement of external advisors to the board, such as lawyers and auditors (if applicable);
- Conflict of interest;
- Confidentiality;
- MOH and executive officers (where applicable) selection process, remuneration, and performance review; and
- Delegation of the MOH duties during short absences such as during a vacation.

In addition, the board of health shall ensure that board of health by-laws, and policies and procedures are reviewed and revised as necessary, and at least every two years.

3. Leadership

Goal/Objective

To ensure the board of health members develop a shared vision for the organization, use a proactive, problem solving approach to establishing the organization's strategic directions, and take responsibility for governing the organization to achieve their desired vision.

Requirements

3.1 Board of health stewardship responsibilities

The board of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following:

- The delivery of the OPHS and its Protocols;
- Organizational effectiveness through evaluation of the organization and strategic planning;
- Stakeholder relations and partnership building;
- Research and evaluations, including ethical review;
- Compliance with all applicable legislation and regulations;
- Workforce issues, including recruitment of the MOH and any other senior executives (i.e., CEO where applicable);
- Financial management, including procurement policies and practices; and
- Risk management.

3.2 Strategic plan

The board of health shall have a strategic plan and shall ensure that it:

- Expresses the philosophy/mission, a values statement, and the goals and objectives of the board of health;
- Describes how equity issues will be addressed in the delivery and outcomes of programs and services;
- Describes how the outcomes of the Foundational Standard in the 2008 OPHS (or as current), will be achieved;
- Establishes policy direction regarding a performance management and quality improvement system;
- Considers organizational capacity;
- Establishes strategic priorities for the organization that address local contexts and integrate local community priorities;
- Covers a 3 to 5 year timeframe;
- Includes the advice and input of staff, and community partners; and
- Is reviewed at least every other year and revised as appropriate.

4. Trusteeship

Goal/Objective

To ensure that board of health members have an understanding of their fiduciary roles and responsibilities, that their operations are based on the principles of transparency and accountability, and that board of health decisions reflect the best interests of the public's health.

Requirements

4.1 Transparency and accountability

The board of health shall operate in a transparent and accountable manner by ensuring that staff and community partners have access to information about board decisions and processes in a timely manner.

The board of health shall develop and implement policies and practices regarding:

- Criteria for holding closed board or committee meetings;
- Public access to key organizational documents including the strategic plan, by-laws, policies and procedures, and minutes of board meetings.

4.2 Board of health member orientation and training

The board of health shall ensure that board of health members are aware of their roles and responsibilities and emerging public health issues and trends by ensuring the development and annual implementation of a comprehensive orientation plan for new board members and a continuing education program for continuing board members.

Orientation and continuing education activities shall occur on an on-going basis and shall include information on the following topics:

- The structure, vision, mission goals and objectives of the public health unit;
- Overview of the strategic plan, the planning process, its relationship to the operational plan, and performance monitoring;
- Community demographics overview, including information on social and cultural diversity;
- Program and service overview, including organizational emergency preparedness planning;
- Provincial government structure and the funding streams of the three ministries;
- The duties and responsibilities of board members, including requirement to attend board meetings, advanced review of meeting materials, understanding of board of health policies and procedures, and understanding of public health issues;
- Board members' fiduciary responsibilities in terms of trusteeship, due diligence, avoiding conflict of interest, maintaining confidentiality, strategic oversight, ethical and compliance oversight, stakeholder engagement, MOH (and executive officers, where applicable) compensation, risk management oversight and succession planning; and
- Opportunities for board members to participate in conferences or seminars that are sponsored or hosted by other organizations.

4.3 Board of health self-evaluation

The board of health shall have a self-evaluation process of its governance practices and outcomes that is implemented at least every other year and results in recommendations for improvements in board effectiveness and engagement. This may be supplemented by evaluation by key partners and/or stakeholders.

The self-evaluation process shall include consideration of whether:

- Decision-making is based on access to appropriate information with sufficient time for deliberations;
- Compliance with all federal and provincial regulatory requirements is achieved;
- Any material notice of wrongdoing or irregularities is responded to in a timely manner;
- Reporting systems provide the board with information that is timely and complete;
- Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
- The board as a governing body is achieving its strategic outcomes.

5. Community Engagement and Responsiveness

Goal/Objective

To ensure that the board of health is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of the health unit in planning, operating, evaluating and adapting its programs and services.

Requirements

5.1 Community engagement

The board of health shall ensure that the administration develops and implements a community engagement strategy which includes:

- The provision of information to the public on the board of health's mission, roles, processes, programs and activities to improve the health of its communities;
- The dissemination of results of population health assessments to its communities;
- Providing all information noted above in formats that are accessible to everyone in local communities, and are available through a variety of methods, including a website; and
- The recruitment and engagement of community partners and the public to participate in the development of the strategic and operational plans for the board of health, and in the evaluation of programs and services.

5.2 Stakeholder engagement

The board of health shall ensure that the administration develops and implements a stakeholder engagement strategy which includes:

- Establishing and participating in collaborative partnerships and coalitions which address public health issues with non-health sector partners such as community planning organizations, boards of education, social housing authorities, labour organizations, children and youth services and local chambers of commerce;
- Collaborative relationships with key health sector partners, including but not limited to the chief executive officer(s) of the local health integration network(s) (LHINs), hospital administrators, long-term care facility administrators, community health centre administrators and community care access centre administrators, to identify mechanisms for collaboration and coordination in planning and service delivery;
- Establishing relationships with schools of public health and/or other related academic programs to promote the development of qualified workers for public health; and
- Monitoring and evaluating these partnerships to determine their effectiveness and identify and address gaps.

5.3 Contribute to policy development

The board of health shall contribute to the development and/or modification of healthy public policy, as described in the Ontario Public Health Standards, 2008 (or as current), by facilitating community involvement and engaging in activities that inform the policy development process.

5.4 Public reporting

The board of health shall produce an annual financial and performance report to the general public, with a description of the mission, roles, processes, programs and operation of the public health unit and performance indicators, to ensure transparency and accountability.

5.5 Client service standards

The board of health shall ensure the administration develops and implements a set of client service standards which will articulate the organization's commitment to provide services that are accessible and timely for clients, community partners and the general public. Client service standards shall include:

- Set times for responsiveness to enquiries;
- Accessibility of programs and services in terms of locations, hours of service, and language; and
- Provision of public information in a manner that is timely and accessible, in multiple formats.

6. Management Operations

Goal/Objective

To ensure that the administration of the board of health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

Note that the requirements in this section require that the board delegate tasks to the senior staff of the health unit, described here as “the administration.” This is further defined in the introduction, within the Management Structures section.

Requirements

6.1 Operational plan

The board of health shall ensure that the administration establishes an operational plan for the organization which:

- Describes the composition, responsibilities and function of the public health unit;
- Documents the internal processes for managing day-to-day operations of programs and services to achieve the required board of health outcomes as per OPHS;
- Demonstrates that the operational activities of the public health unit are aligned with the board of health’s goals, objectives and priorities, as described in the strategic plan;
- Includes objectives, activities, timeframes, responsibilities, intended results, monitoring processes, an organizational chart and internal reporting requirements;
- Contains planned activities based on an assessment of its communities’ needs;
- Demonstrates efforts to minimize barriers to access; and
- Describes the monitoring of key performance indicators to support continuous quality improvement and evidence-informed public health practice.

The development of the operational plan shall involve staff at all levels of the organization and include input from community partners and shall be reviewed and updated at least annually, or more often as required by local circumstances, with the date of the most recent revisions noted.

Achievement of the operational plan shall be monitored and reported in status reports on a quarterly basis to board members and staff.

6.2 Risk management

The board of health shall ensure that the administration monitors and responds to emerging issues and potential threats to the organization, from both internal and external sources, in a timely and effective manner. Risk management is expected to include but is not limited to: financial risks, HR succession and surge capacity planning, operational risks, and legal issues.

6.3 Medical officer of health provides direction to staff

The employees of and the persons whose services are engaged by a board of health are subject to the direction of and are responsible to the medical officer of health of the board if their duties relate to the delivery of public health programs or services under this or any other Act. (HPPA, s.67(2))

6.4 Eligibility for appointment as a medical officer of health

No person is eligible for appointment as a medical officer of health or an associate medical officer of health unless (a) he or she is a physician; (b) he or she possesses the qualifications and requirements prescribed by the regulations for the position; and (c) the Minister approves the proposed appointment. (HPPA, s.64)

6.5 Educational requirements for public health professionals

The educational and experiential qualifications of boards of health staff are specified for the positions of business administrator, public health dentist, dental hygienist, public health inspector, public health nurse, and public health nutritionist. (HPPA, Reg.566)⁸

6.6 Financial records

The board of health shall keep or cause to be kept (a) books, records and accounts of its financial affairs; (b) the invoices, receipts and other documents in its possession that relate to the financial affairs of the board.

The board of health shall cause to be prepared statements of its financial affairs in each year including but not limited to (a) an annual statement of income and expenses; (b) an annual statement of assets and liabilities; and (c) an annual estimate of expenses for the next year. (HPPA, s.59(1) and (2))

6.7 Financial policies and procedures

The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures that the following are in place:

- A plan for the management of physical and financial resources;
- A process for internal financial controls, which is based on generally accepted accounting principles;
- A process to ensure that areas of variance are addressed and corrected;
- A procedure to ensure that the procurement policy is followed across all programs/services areas;
- A process to ensure the regular evaluation of the quality of service provided by contracted services, in accordance with contract standards;
- A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity; and
- A budget forecast for the current fiscal year that does not project a deficit.

6.8 Procurement

The board of health shall comply with Section 270(2) of the *Municipal Act, 2001*,⁹ which requires that the board of health ensures that the administration adopts policies with respect to its procurement of goods and services.

Such policies shall include:

- The types of procurement processes that shall be used;
- The goals to be achieved by using each type of procurement process;
- The circumstances under which each type of procurement process shall be used;
- The circumstances under which a tendering process is not required;

- The circumstances under which in-house bids will be encouraged as part of the tendering process;
- How the integrity of each procurement process will be maintained;
- How the interests of the board, the public and persons participating in the procurement process will be protected; and,
- How and when the procurement processes will be reviewed to evaluate their effectiveness.

The board of health is expected to implement procurement policies and practices that align with those of the relevant municipality as appropriate.

6.9 Capital funding plan

A board of health may acquire and hold real property for the purpose of carrying out the functions of the board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it. HPPA, s.52(3) does not apply unless the board of health has first obtained the consent of the councils of the majority of the municipalities within the public health unit served by the board of health. (HPPA, s.52(3) and (4))

The board of health that owns its own building(s) shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported.

6.10 Service level agreements

Where a board of health functions as part of a municipal or regional government and is required to contribute financially to the corporate provision of services (e.g., IT, HR, financial management services), the board of health shall ensure that the administration negotiates a service level agreement with its local government which includes a description of the scope, volume and timeliness of services to be provided for a specific cost.

6.11 Communications strategy

The board of health shall ensure that the administration develops an overall communication strategy that is complementary to the program specific communication strategies required in the OPHS and its Protocols, and addresses both external and internal audiences. The communication strategy shall include:

- Guidelines for sharing information with community partners and staff;
- A plan to ensure consistency in messaging at all levels, to all audiences;
- Dissemination plans to disseminate relevant research findings for each approved research project proposal;
- Guidelines for use of relationships with media channels (e.g., print, radio, television, web) to share health information with general public and targeted populations or audiences;
- Plan for use of multiple modalities to ensure accessibility;
- Strategies for educating community partners and the public about key public health issues; and
- An internal communication strategy, including the posting of minutes of senior management team meetings, which informs staff of significant management decisions.

6.12 Information management

The board of health shall ensure that the Medical Officer of Health, as the designated health information custodian under the Personal Health Information Protection Act, maintains information systems that support the organization's mission and workforce by providing infrastructure for data collection/analysis, program management, administration and communications.

The board of health shall ensure that the Medical Officer of Health establishes, maintains and implements policies and procedures related to data collection and records management, which ensure:

- Compliance with all applicable legislation, regulations and policies, including the HPPA, *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*,¹⁰ and *Personal Health Information Protection Act (PHIPA)*¹¹ to the management of all personal information and personal health information in board of health records;
- Data quality in the creation and collection of data;
- Confidentiality in how records are used and accessed;
- Use of current and appropriate security features, including strong encryption of personal health information during transfers and when stored on mobile devices;
- A records maintenance process that includes remediation of errors;
- Appropriate records retention process that varies by type of record;
- Secure disposal of records; and
- That the purposes and appropriate uses of data being created are communicated to and respected by staff and management who collect, enter, store, analyze, use and/or destroy the data.

This requirement applies to all information that the board of health has in its control, including personal information and personal health information.

6.13 Research ethics

The board of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics that reflect accepted standards of practice.

6.14 Human resources strategy

The board of health shall ensure that the administration establishes a human resources strategy, based on a workforce assessment which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development and leadership development of the public health unit workforce.

The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision. Written policies and procedures shall be maintained concerning:

- Orientation of public health unit staff;
- The availability of job standards and position descriptions for staff;
- A process to ensure that staff meet qualifications for their positions, job classifications and licensure (as required);

- Contents of a personnel file and provisions for access; complete personnel files shall be maintained for each staff member, with appropriate policies and practices regarding the confidentiality of personnel information;
- Occupational health and safety policies;
- Recruitment and retention strategies, including workplace health practices;
- A code of conduct;
- Compensation policy;
- Reporting relationships;
- Discipline and labour relation policies;
- Staff performance evaluation processes; and
- Succession planning.

6.15 Staff development

The board of health shall ensure that the administration develops a workforce development plan which identifies the training needs of staff, including discipline specific and management training, and encourages opportunities for the development of core competencies and partnerships with academic institutions.

The board of health shall ensure that the administration provides formal and informal opportunities for leadership development, such as educational programs, membership in professional associations, coaching and mentoring, for staff at all organizational levels and with consideration to equity and fairness.

The board of health shall ensure that the administration fosters an interest in public health practice for future health professionals by supporting student placements.

6.16 Professional practice support

The board of health shall support a culture of excellence in professional practice for all regulated and unregulated health professions that ensures inter-professional collaboration and learning, and that staff are able to comply with professional regulatory body requirements where applicable. A range of models could be used, including the designation of professional practice leads.

Effective January 2013, boards of health are required to designate a Chief Nursing Officer (CNO) to be responsible for nursing quality assurance and nursing practice leadership.*

* Further work will be undertaken during 2011 with the Registered Nurses Association of Ontario (RNAO) and the Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario (ANDSOOHA) to define the role and requirements of the CNO position within a public health context. Implementation expectations and the associated resource implications will be identified and addressed as part of the development of the model.

Part III: References

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