



# INFORMATION REPORT

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> November 28, 2011	
<b>SUBJECT/REPORT NO:</b> Ontario Public Health Organizational Standards Compliance BOH11003(a) (City Wide)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services	<b>PREPARED BY:</b> Debra Clarke (905) 546-2424 Ext. 5752
<b>SIGNATURE:</b>	

## Council Direction:

In follow-up to Report BOH11003 of January 24, 2011 which provided an update on the Performance Management System of Local Public Health Agencies, and Report BOH11038 of October 24, 2011 regarding the Public Health Accountability Agreement, this report describes the newly released Ontario Public Health Organizational Standards and the current compliance level of Hamilton Public Health Services and its Board of Health.

## Information:

Implementation of a performance management system was a key recommendation of the provincial Capacity Review Committee as a means to strengthen Ontario's public health system in the wake of the 2003 SARS outbreak. One component of this Public Health Performance Management Framework is the new Ontario Public Health Organizational Standards (Organizational Standards) for Boards of Health and public health agencies. These Organizational Standards, released earlier this year, are a way to support organizational accountability and capacity.

The Organizational Standards have been grouped into six (6) categories and are defined as follows:

**1. Board Structure**

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

**2. Board Operations**

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

**3. Leadership**

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.

**4. Trusteeship**

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.

**5. Community Engagement and Responsiveness**

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.

**6. Management Operations**

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.

Within each category, there are varying numbers of requirements that boards of health and the management of each health unit are obligated to meet. These are either new requirements, based on best practice advice from literature on governance and administration or they have been transferred from the *Health Protection and Promotion Act (HPPA)* and its regulations.<sup>1</sup>

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<sup>1</sup> Ministry of Health and Long-Term Care and Ministry of Health Promotion and Sport. Ontario Public Health Organizational Standards. Toronto, ON: Queen's Printer for Ontario; 2011. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org\\_stds.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf) .

The first five (5) categories lay out the requirements that apply directly to boards of health as governing bodies. The final category, Management Operations, relates to the responsibilities to be carried out by the administration of each health unit, under the senior executives who report to the governing body.

Staff have conducted a review of the current compliance level of Hamilton's Board of Health and Public Health Services (PHS) management operations to identify strengths and areas for improvement that need to be addressed to bring Hamilton into full compliance. Appendix A to Report BOH11003(a) outlines in more detail, requirements in full compliance and those that require further work. The following description summarizes key strengths, areas for improvement where requirements are not being fully met and generally how staff will address or are addressing areas for improvement.

### ***Strengths***

Since the organizational standards reflect current thinking on best practices and existing legislative and regulatory requirements, it was anticipated that achievement of the standards would not be onerous as mature, well functioning boards of health are likely already adhering to practices that are in line with the standards. This has proven to be the case in Hamilton.

Overall, the key areas of strength include complete or near complete compliance in three (3) of the six categories: Board Structure, Board Operations and Community Engagement and Responsiveness.

Under the sixth category, Management Operations, more than half of the requirements are either fully compliant or well underway of achieving compliance.

### ***Areas for Improvement***

The areas in which compliance must be improved fall primarily under the Leadership, Trusteeship and Management Operations categories. They can be summarized under six (6) theme areas. These include:

- operational planning and Ontario Public Health Standards (OPHS) compliance monitoring of programs and services;
- human resources activities relating to performance management and evaluation of staff and position description development;
- information management practices relating to privacy and security and development of a records retention schedule for PHS records;
- the development of a PHS Strategic Business Plan in consultation with staff and community;
- community partnership monitoring and evaluation; and
- board of health members' participation in continuing education and self-evaluation.

### ***Addressing Areas of Non-compliance***

The only area of non-compliance relates to the obligation of the Board of Health to conduct self-evaluation and for individual Board members to participate in continuing education. The latter is a requirement of both the Organizational Standards and the Accreditation Standards.

In order to support the Board members to achieve compliance in these two (2) areas under the Trusteeship standard:

- 1. Continuing Education:** PHS staff will continue to provide a list of continuing education opportunities in the Board of Health agendas related to the roles and responsibilities of Board members under the *Health Protection and Promotion Act*. (NOTE: Every three (3) years, the accreditation process requires all Board members to submit a list of their continuing education activities over the previous three years.)
- 2. Self-evaluation:** PHS staff are available to assist the board to come into compliance with the standard requiring boards of health to participate in self-evaluation by conducting a search for various appropriate self-evaluation tools.

### ***Addressing Areas of Partial Compliance***

Most of the theme areas described above are already in progress of being addressed because previous continuous quality improvement assessment and monitoring activities such as accreditation and the organizational structure review covered many of the new organizational standards.

These areas for improvement are, or will be, addressed through a series of initiatives designed to provide the structure and resources to ensure the necessary tools, capacity and support are in place to fulfil the applicable requirements.

Two (2) departmental committees have recently been established with cross divisional representation to complete goals that were left over from the previous PHS Strategic Business Plan and Organizational Structure Review and support other organizational and corporate priorities.

- The first committee, the Service Performance and Accountability Committee, was established to coordinate and provide support to PHS's strategic organizational performance initiatives to improve our efficiency and effectiveness. These include OPHS compliance, program evaluation and process reviews, operational planning and the implementation of the corporate Financial Sustainability and Service Delivery Review initiatives.

- The second committee, called the Organizational Effectiveness Committee was established to develop and implement corporately aligned strategies that cover workforce related priorities such as performance management, staff and management development, recruitment, retention and succession planning.

An additional departmental committee under development will focus on the management of personal and personal health information under the custody and control of PHS to ensure on-going compliance with privacy legislation and implement and support best practices in this field.

The updating and reviewing of departmental, divisional and program policies and procedures is an on-going process. PHS staff will continue to bring outdated policies up to date and maintain their currency through regular review, and ensuring that they are aligned with corporate policies. Departmentally, there are approximately 100 policies and procedures to maintain, one third of which require annual review by staff and approval by the Medical Officer of Health. The remainder must be reviewed at least every three (3) years or sooner as needed. There are approximately 550 divisional and programs policies and procedures and medical directives to be maintained. Program managers are responsible for reviewing, or updating these policies and medical directives. Approximately half need to be reviewed every year. These policies and medical directives must then be reviewed and approved by the division director or Associate Medical Officer of Health for that division.

Once the Corporate Strategic Plan is developed, a PHS Strategic Business Plan will be updated and aligned with the new Corporate Strategic Plan. The on-going monitoring and evaluation of partnerships will be identified as a priority to be incorporated into the next business plan. Once the new Corporate Strategic Plan process is determined, PHS will review the new process to determine if it meets the organizational standard requirement for staff and community consultation. If the new process does not meet the requirement, PHS will bring forward a strategy to ensure the requirement can be met.

### ***Next Steps***

The province has given boards of health 2011 as a transition year to become familiar with and prepare to report on these Organizational Standards. Staff will report back to the Board of Health when further information on the monitoring strategy is available from the province.

Appendix A to Report BOH11003(a) Ontario Public Health Organizational Standards Compliance Overview (attached)

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
<b>1.0</b>	<b>Board Structure</b>		
	<b>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.</b>		
1.1	Definition of a board of health	Yes	
1.2	Number of members on a board of health	N/a	
1.3	Right to make provincial appointments	N/a	
1.4	Board of health may provide public health services on reserve	N/a	
1.5	Employees may not be board of health members	Yes	
1.6	Corporations without share capital	N/a	
1.7	Election of the board of health chair	N/a	
1.8	Municipal membership	N/a	
<b>2.0</b>	<b>Board Operations</b>		
	<b>To enable boards of health to operate in a manner that promotes an effective board, effective communication and transparency.</b>		
2.1	Remuneration of board of health members	N/a	
2.2	Informing municipalities of financial obligations	Yes	
2.3	Quorum	Yes	
2.4	Content of by-laws	Yes	
2.5	Minutes, by-laws and policies and procedures	Yes	
2.6	Appointment of a full-time medical officer of health	Yes	
2.7	Appointment of an acting medical officer of health	Yes	
2.8	Dismissal of a medical officer of health	Yes	

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
2.9	Reporting relationship of the medical officer of health to the board of health	Yes	
2.10	Board of health policies:		
	(a) Use of sub-committees, which includes a process for establishing sub-committees & the requirement for the development of Terms of Reference (if sub-committees are used);	Yes	
	(b) Frequency of meetings;	Yes	
	(c) Rules of order for meeting procedures, incl. recognizing delegations to meetings and conditions for special meetings of the board;	Yes	
	(d) Preparation of meeting agenda and materials;	Yes	
	(e) Selection of officers (i.e. executive committee members);	N/a	
	(f) Selection of BOH members based on skills, knowledge, competencies & representativeness of the community, where BOH are able to recommend the recruitment of members to the appointing body;	N/a	
	(g) Remuneration & allowable expenses for board members;	Yes	
	(h) Procurement of external advisors to the board, such as lawyers and auditors (if appl.);	Yes	
	(i) Conflict of interest;	Yes	
	(j) Confidentiality;	Yes	
	(k) MOH and executive officers (where appl.) selection process, remuneration & performance	N/a	

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	review;		
	(l) Delegation of the MOH duties during short absences such as during a vacation	In progress	Update relevant Departmental policies & procedures
	(m) BOH shall ensure that BOH by-laws and policies and procedures are reviewed and revised as necessary, and at least every 2 years.	Yes	
<b>3.0</b>	<b>Leadership</b> <b>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.</b>		
3.1	Board of health stewardship responsibilities		
	(a) The delivery of the Ontario Public Health Standards (OPHS) & its protocols	Yes	
	(b) Organizational effectiveness through evaluation of the organization & strategic planning	Yes	
	(c) Stakeholder relations and partnership building;	In progress	Update relevant departmental policy & procedure and approved by MOH & BOH.  Revisit Goal E3 (monitor & evaluate partnerships) from previous PHS Strategic Business Plan during next PHS strategic business planning.
	(d) Research and evaluations, including ethical review	Partial Annual research inventory is completed. Some research project updates are forwarded to the BOH	Update research related departmental policy and procedures and have approved by MOH and BOH



#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	(e) Compliance with all applicable legislation and regulations	Yes	
	(f) Workforce issues, including recruitment of the MOH and any other senior executives; (senior executives n/a)	Yes	
	(g) Risk management	Yes	
3.2	Strategic plan – The BOH shall have a strategic plan & shall ensure that it:		
	(a) Expresses the philosophy/mission, a values statement, & the goals and objectives of the BOH;	Partial 2011 PHS Management Team Work Plan developed Corporate Strategic Plan being updated fall 2011	Officially “Close out” the 2007-2010 Strategic Business Plan when developing new business plan
	(b) Describes how equity issues will be addressed in the delivery & outcomes of programs & services;	Yes	
	(c) Describes how the outcomes of the Foundational Standard in the 2008 OPHS (or as current), will be achieved;	Partial	Develop new PHS Strategic Business Plan after the development of the Corporate Strategic Plan Implement results of manager and staff core competencies needs assessments.
	(d) Establishes policy direction regarding a performance management and quality improvement system;	Partial	Report BOH11038 re: Accountability Agreements presented to BOH October 24, 2011 and Organizational Standards in Nov 2011 Service Performance & Accountability Committee established to monitor OPHS compliance

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	(e) Considers organizational capacity;	Yes	
	(f) Establishes strategic priorities for the organization that address local contexts and integrate local community priorities;	Partial SMT Priority Plan Established annual 2011 PHS priority plan	Participate in the development of the corporate strategic plan Amend the PHS Strategic Business Plan as per Corporate Strategic Plan
	(g) Covers a 3 to 5 year timeframe;	Yes	Corporate Strategic Plan to cover term of Council, PHS priority plan an evergreen document
	(h) Includes the advice and input of staff, and community partners; and	Yes – for previous PHS Strategic Business Plan	Participate in the environmental scan/ community engagement plans for next Corporate Strategic Plan
	(i) Is reviewed at least every other year and revised as appropriate	Yes	
<b>4.0</b>	<b>Trusteeship</b> <b>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 decision reflect the best interests of the public's health.</b>		
4.1	Transparency and accountability	Yes	
4.2	Board of health member: (a) orientation and	(a) Yes	
	(b) training	(b) No	BOH training – OCCHA Suggestion from 2010 Accreditation that <i>“BOH members are encouraged to participate in continuing education, opportunities to facilitate their knowledge, skills and understanding relative to their roles and responsibilities.”</i>  BOH members avail themselves of continuing education opportunities listed in BOH agendas.

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
4.3	Board of health self-evaluation	No	BOH currently does not participate in self-evaluation. Seek direction from BOH regarding administration's role in supporting the board's self- evaluation
<b>5.0</b>	<b>Community Engagement and Responsiveness</b> <b>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.</b>		
5.1	Community engagement	Yes	Ongoing – participate in development of next Corporate Strategic Plan's recruitment & engagement of community partners & public participation
5.2	Stakeholder engagement	Partial	Participate in the development of the corporation's community/stakeholder engagement strategy  Revisit Goal E3 (Monitoring & Evaluating Partnerships) in PHS Strategic Business Plan development
5.3	Contribute to policy development	Yes	
5.4	Public reporting	Yes	
5.5	Client service standards	Yes	
<b>6.0</b>	<b>Management Operations</b> <b>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.</b>  <b>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.</b>		
6.1	Operational plan		

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	(a) Describes composition, responsibilities & function of the public health unit	Yes	
	(b) Documents the internal processes for managing day-to-day operations of programs/services to achieve the required BOH outcomes as per OPHS	Yes	New Service Performance and Accountability Committee reviewing process Currently reviewing operational planning process and will update the operational planning policy
	(c) Demonstrates that the op activities are aligned with the BOH goals, objectives & priorities, as described in the strategic plan	Yes	
	(d) Includes objectives, activities, timeframes, responsibilities, intended results, monitoring processes, and org chart & internal reporting requirements	Yes	
	(e) Contains planned activities based on an assessment of its communities' needs	Yes	
	(f) Demonstrates efforts to minimize barriers to access	Yes	
	(g) Describes the monitoring of key performance indicators to support continuous quality improvement & evidence-informed public health practice.	Partial	Service Performance & Accountability Committee to determine process
6.2	Risk management	Yes	
6.3	Medical officer of health provides direction to staff	Yes	
6.4	Eligibility for appointment as a medical officer of health	Yes	
6.5	Educational requirements for public health professionals	Partial	Position descriptions to be completed by late 2012

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
6.6	Financial records	Yes	
6.7	Financial policies and procedures		
	(a) Plan for management of physical & financial resources	Partial Plan for financial resources management – yes	Response in OCCHA Accreditation (April 2010) – “There is no overall management plan for the City. There are various inventory lists kept by different departments and divisions depending on the type of resource.”
	(b) Process for internal financial controls	Yes	
	(c) Process to ensure areas of variance are addressed & corrected	Yes	Implementing recommendations of business process review on budget exception reporting to improve processes
	(d) Procedure to ensure that procurement policy is followed	Yes	
	(e) Process to ensure regular evaluation of quality of service provided by contracted services, in accordance with contract standards	Partial	Complete relevant departmental policy & procedures in consultation with legal services and disseminate process
	(f) Process to inform the BOH regarding resource allocation plans & decisions, both financial & workforce related, that are required to address shifts in need & capacity	Yes	
	(g) Budget forecast for current fiscal year that does not project a deficit	Yes	
6.8	Procurement	Yes	
6.9	Capital funding plan	Yes	
6.10	Service level agreements	Yes	
6.11	Communications strategy		

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	(a) Guidelines for sharing information with community partners and staff	For staff see 6.11(g)	PHS policy & procedures are updated re: communication to be approved
	(b) Plan to ensure consistency in messaging at all levels, to all audiences	Partial	PHS policy & procedures are updated re: communication to be approved
	(c) Dissemination plans to disseminate relevant research findings for each approved research project proposal	Yes	
	(d) Guidelines for use of relationships with media channels to share health info with general public and targeted populations or audiences	Yes	
	(e) Plan for use of multiple modalities to ensure accessibility	Yes	
	(f) Strategies for educating community partners & the public about key public health issues	Partial	Communication policies updated - to be approved
	(g) Internal communication strategy, including posting minutes of senior management, which informs staff of significant management decisions	Yes	
6.12	Information management (MOH)		
	(a) Compliance with all applicable legislation, regulations & policies (HPPA, MFIPPA, PHIPA) to manage all personal health info and personal info in BOH records	Partial PHIPA Audit recommendations implemented	Submit annual report to Information Privacy Commissioner of Ontario by Feb 2012 Training for staff in 2012
	(b) Data quality in the creation & collection of data	Yes	
	(c) Confidentiality in how records are used & accessed	Partial Included in Orientation to PHS and in policies	Provide training to staff on PHIPA and relevant policies

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	(d) Use of current & appropriate security features, including strong encryption of personal health info during transfers & when stored on mobile devices	Partial Policies in place; privacy impact assessments starting to be initiated	Monitor to ensure that security measures such as strong passwords, appropriate use of mobile technology, etc. Conduct privacy impact assessments to ensure all new information practices are compliant with legislation
	(e) Records maintenance process that includes remediation of errors	Yes	
	(f) Appropriate records retention process that varies by type of record		PHS is lacking a Records Retention Schedule for PHS specific records. To be included in PHS priority plan
	(g) Secure disposal of records	Partial Shredding bins available to staff for confidential paper materials	Ensure appropriate disposal methods of electronic records containing confidential information are utilized
	(h) That the purposes & appropriate uses of data being created are communicated to & respected by staff & management who collect, enter, store, analyze, use &/or destroy the data	Partial Communications forwarded to staff	To be addressed by PHIPA training
6.13	Research ethics	Partial	Update policies as in 3.1(d)
6.14	Human resources strategy		
	(a) Orientation of public health unit staff	Yes	
	(b) Availability of job standards & position descriptions for staff	In progress Some position descriptions completed	All position descriptions to be completed by end of 2012 – then continue to review and update routinely and make available to staff
	(c) Process to ensure staff meet qualifications for	Yes	

#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
	their positions, job classifications and licensure (as required)		
	(d) Contents of personnel file & provisions for access; complete personnel files shall be maintained for each staff member, with appropriate policies and practices regarding the confidentiality of personnel info	Yes	
	(e) Occupational health and safety policies	Partial	Update policies - Conduct fire drills and ensure fire plans
	(f) Recruitment & retention strategies, including workplace health practices	Partial	Organizational Effectiveness Committee work plan to include recruitment and retention
	(g) Code of conduct	Yes	
	(h) Compensation policy	Yes	
	(i) Reporting relationships	Partial	Update relevant departmental policy & procedure
	(j) Discipline & labour relation policies	Partial	Contingency Plan: Labour Disruption departmental policy & procedure updated, awaiting approval
	(k) Staff performance evaluation processes	Partial	Conduct Performance appraisals towards goal of 95%. Update departmental policy & procedure Awaiting results of performance-core competency pilot to determine next steps for 2012
	(l) Succession planning	Yes S/a 6.14(f) Actively involved in education of students	See above (6.14f recruitment & retention) Development activities continuing to be made available for staff
6.15	Staff development	Yes	



#	Goals/Objectives & Requirements	Meets Requirement	Requirement Not Met
			Gap / Plan
6.16	Professional practice support	Yes	