Our Vision: Healthy People in Vibrant Communities

Governance Standing Committee Meeting Open Session Agenda

Virtual participation via MS Teams
Wednesday, July 15, 2026 at 2:00 p.m.

1.0 Convening the meeting

1.1 Call to order; recognition of quorum
1.2 Approval of Agenda
1.3 Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend.
1.4 Reminder that meetings are recorded for minute-taking purposes.

2.0 Approval of minutes

2.1 Minutes from March 2, 2026

3.0 Agenda items for information, discussion, and decision

3.1 Chief Executive Officer's Report for July 15, 2026

4.0 New business/other

- No items.

5.0 Closed session

Motion to move into a closed session to discuss the following matters pursuant to the Municipal Act, 2001:

- (b) personal matters about an identifiable individual, including municipal or local board employees

6.0 Rising and reporting

7.0 Future meetings and events

- Governance Standing Committee Meeting: Early October 2026.
- Virtual participation via MS Teams

8.0 Adjournment

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Governance Standing Committee Meeting

Monday, March 2, 2026

MINUTES

A meeting of the Board of Health Governance Standing Committee for Oxford Elgin St. Thomas Health Unit was held on Monday, March 2, 2026 via MS Teams commencing at 10:00 a.m.

PRESENT:

Mr. G. Jones	Committee Member (Chair)
Mr. S. Molnar	Committee Member
Mr. L. Rowden	Committee Member
Mr. M. Peterson	Committee Member
Mr. D. Shinedling	Committee Member
Ms. C. St. John	Chief Executive Officer
Ms. W. Lee	Executive Assistant

1.2 AGENDA

Resolution # (2026-GSC-0302-1.2)
Moved by
Seconded by

That the Agenda for the March 2, 2026 Governance Standing Committee (GSC) be approved.

Carried.

1.3 REMINDER TO DISCLOSE CONFLICT OF INTEREST, PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES.

1.4 REMINDER THAT MEETING ARE RECORDED FOR MINUTE TAKING PURPOSES.

2.1 APPROVAL OF MINUTES

Resolution # (2026-GSC-0302-2.1)
Moved by S. Molnar
Seconded by L. Rowden

That the minutes from the Governance Standing Committee meeting held September 16, 2026 be approved.

Carried.

3.0 CONSENT AGENDA

None.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION:

None.

5.0 AGENDA ITEMS FOR INFORMATION, DISCUSSION, DECISION

5.1 Chief Executive Officer's Report

Cynthia St. John reviewed her report.

S. Molnar pointed out the removal of Board Chair from the descriptor of the Chair role in the Terms of Reference. The review confirmed that the ToR remain current and continue to support the Committee's oversight of governance functions, including Board orientation and competency, meeting evaluation, policy and by-law review, and risk oversight. As outlined in the ToR's Terms of Office, Committee members serve a minimum two-year term to support continuity.

No changes to the current Terms of Reference were recommended.

Regarding policy *BOH-FIN-020 Remuneration and Expenses*, the amendments clarify that "official business" includes situations where a Board member is formally appointed to represent Southwestern Public Health on an external board or committee, ensuring members may receive remuneration and travel reimbursement when performing those advocacy or liaison roles if they are not otherwise compensated by the external organization.

The revisions also introduce a provision to address rare circumstances where the Board Chair may be required to dedicate significant additional time to a specific Board matter, such as but not limited to a public health crisis or major organizational transition. While the Chair receives a standard annual honorarium, the amendment allows for the approval of supplemental remuneration during these periods of intensive work at the existing Board established rates. This provision is intended to recognize situations where the demands on the Chair extend well beyond the normal expectations of the role. The Committee noted that these updates remain consistent with the requirements of the Health Protection and Promotion Act and maintain clear administrative procedures for quarterly payments and expense reporting. The Committee supported the proposed updates and is recommending approval by the Board.

Resolution # 2026-GSC-0302-5.1-1.0
Moved by D. Shinedling
Seconded by M. Peterson

> That the Governance Standing Committee recommend the Board of Health approve the Governance Standing Committee Terms of Reference as corrected.

Carried.

Resolution # 2026-GSC-0302-5.1-2.0
Moved by M. Peterson
Seconded by L. Rowden

That the Governance Standing Committee recommend the Board of Health approve the amendments to policy BOH-FIN-020 Remuneration and Expenses as corrected.

Carried.

Resolution # 2026-GSC-0302-5.1
Moved by M. Peterson
Seconded by D. Shinedling

That the Governance Standing Committee accept the Chief Executive Officer's report for March 17, 2025.

Carried.

6.0 NEW BUSINESS/OTHER

7.0 CLOSED SESSION

Resolution # 2026-GSC-0302-C7
Moved by L. Rowden
Seconded by D. Shinedling

That the Governance Standing Committee moves to closed session in order to consider one or more of the following concerns as outlined in the Ontario Municipal Act:
(b) personal matters about an identifiable individual, including municipal or local board employees;

Carried.

8.0 RISING AND REPORTING OF THE CLOSED SESSION

Resolution # 2026-GSC-0302-C8
Moved by D. Shinedling
Seconded by L. Rowden

That the Board of Health rise with a report.

Carried.

Resolution # 2026-GSC-0302-C3.1
Moved by D. Shinedling
Seconded by M. Peterson

That the Governance Standing Committee accept the Chief Executive Officer's report for March 2, 2026.

Carried.

9.0 FUTURE MEETINGS & EVENTS

The meeting adjourned at 11:19 a.m.

10.0 ADJOURNMENT

Resolution # 2026-GSC-0302-10
Moved by M. Peterson
Seconded by L. Rowden

That the meeting adjourn to meet again in 2026 or at the call of the Chair.

Carried.

Confirmed: _____

BY-LAWS

FOR THE BOARD OF HEALTH

FOR OXFORD ELGIN ST. THOMAS HEALTH UNIT

BY-LAW NO. 1 - CONDUCT OF THE AFFAIRS

BY-LAW NO. 2 - BANKING AND FINANCE

BY-LAW NO. 3 - MANAGEMENT OF THE PROPERTY

PREPARED BY:
Amy C. Dale, Legal Counsel for SWPH
Cynthia St. John, Chief Executive Officer
Approved May 1, 2018
Amended September 1, 2022
Amended June 2024

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BOARD OF HEALTH FOR THE

OXFORD ELGIN ST. THOMAS HEALTH UNIT

BY-LAW NO.1

A by-law relating generally to the ***conduct of the affairs***

of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health,

including, but not limited to, the calling and proceedings at meetings.

BE IT ENACTED as a By-Law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT as follows:

~~2.~~1. Interpretation

In this by-law and all other by-laws of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT, unless the context otherwise specifies or requires:

"Act" means the *Health Protection and Promotion Act*, R.S.0. 1990, c. H.7, as amended;

a. "Board" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health;

b. "By-law" means the by-law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT from time to time in force and effect;

c. "Corporation" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT. The Act deems that the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT is a corporation, without share capital;

d. "Municipal Act" means the *Municipal Act*, 2001, S.O. 2001, c. 25, as amended;

e. "Regulations" means the Regulations made under the Act, as from time to time amended, and every regulation that may be substituted therefore and, in the case of such substitution, any references in the by-laws of the Board of Health for the Oxford Elgin St. Thomas Health Unit to

provisions of the Regulations shall be read as references to the substituted provisions therefore in the new Regulations;

f. All terms which are contained in the By-laws, and which are defined in the Act or the Regulations shall have the meanings respectively given to such terms in the Act or the Regulations;

g. Words importing the singular number only shall include the plural and vice versa and words importing a specific gender shall include the other genders;

h. The headings used in the by-laws are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions; and

~~i.~~ The *Corporations Act*, R.S.O. 1990, c. C. 38 and the *Corporations Information Act*, R.S.O. 1990, c. C. 39 do not apply to a Board of Health.

~~j.~~i.

DESIGNATION OF HEAD

~~3.~~2. Designation of Head.

As required by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C. M.56, as amended, the Board thereby designates the Chair of the Board as the Head of the Oxford Elgin St. Thomas Health Unit for the purposes of that Act. The Chair of the Board shall provide for all other institutional requirements regarding access and privacy as set out in the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information and Protection Act.

MEMBERSHIP

~~4.~~3. Duty of Board of Health.

Every board of health, shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations made thereunder to the persons who reside in the health unit served by the board, and shall perform such other functions as are required by or under the Act or any other applicable legislation.

~~5.~~4. Numbers.

The members of the Board are appointed by the Councils of the County of Oxford, the County of Elgin, and the City of St. Thomas and by the Lieutenant Governor in Council for Ontario as provided for in the Act.

The membership of the Board shall be as follows:

i. Four municipal members to be appointed by the Council of the County of Oxford;
ii. Two municipal members to be appointed by the Council of the County of Elgin;
iii. Two municipal members to be appointed by the Council of the City of St. Thomas; and
iv. Up to three members to be appointed by the Lieutenant Governor in Council for Ontario is ideal, recognizing the Lieutenant Governor can appoint one less than the total number of municipal appointees.

~~6.~~5. Ex-Officio Members.

The Chief Executive Officer and Medical Officer of Health are ex- officio members of the Board.

~~7.~~6. Secretary-Treasurer.

The Chief Executive Officer shall be duly appointed as Secretary-Treasurer of the Board.

ATTENDANCE FOR THE BOARD OF HEALTH MEETINGS

~~8.~~7. Attendance.

Members are required to attend all Board meetings. The Chief Executive Officer and Medical Officer of Health shall attend all meetings of the Board except on matters that relate to their remuneration or the performance of their respective duties.

~~9.~~8. Directors.

Directors of the Oxford Elgin St. Thomas Health Unit shall be present at regular Board meetings, as required, to discuss agenda items related to their area(s) of responsibility.

~~10.~~9. Recording Secretary.

The Executive Assistant to the Chief Executive Officer shall be the Recording Secretary of the Board meetings.

~~11.~~10. Unexcused Absences.

Unexcused absences of a member from three consecutive regularly scheduled Board meetings in a calendar year shall mean that the appointing Municipal Council shall be so notified, in writing, by the Chair of the Board of the said unexcused absences and of the Board's request that the appointing Municipal Council review the member's appointment and a copy of the letter sent to the absentee Board member.

~~12.~~11. Leave of Absence.

The Board may, upon receipt of a written request, extend to any Board member a leave of absence for a definitive period of time. During any Board approved leave of absence, paragraph 10, above, shall not apply.

BOARD MEMBERS

~~13.~~12. Remuneration - Expenses.

The Remuneration of Board members shall be in accordance with the Act. The Board shall pay the reasonable and actual expenses of each member of the Board in accordance with the Act and the policies of the Oxford Elgin St. Thomas Health Unit.

~~14.~~13. Term of Office.

The term of office of a municipal member of the Board 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.

The term of office of a provincial appointee of the Board continues for the duration of the appointment as outlined by the Lieutenant Governor's appointment notification.

~~15.~~14. Disqualification.

The seat of a municipal member of the Board becomes vacant for the same reasons that the seat of a member of council becomes vacant under subsection 259(1) of the *Municipal Act*, 2001, as amended. Regardless of whether the member is municipally appointed or appointed by the Lieutenant Governor, no person whose services are employed by the Board is qualified to be a member of the Board.

~~16.~~15. Vacancy.

Where a vacancy occurs on the Board by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

~~17.~~16. Oath of Confidentiality.

Every member of the Board is required to execute an Oath of Confidentiality agreeing to uphold the privacy of personal information and personal health information that may come to their attention in the course of their being a member of the Board, whether or not such information arises inside or outside of meetings of the Board, arises in Closed Session, and regardless of what form the personal information and/or personal health information is received by the Board member.

MEETINGS OF THE BOARD

~~18.~~17. First Meeting of the Year.

The Board shall hold its first meeting of the year not later than the first day of March.

~~19.~~18. Number of Meetings.

Regular meetings of the Board shall be held at least eight times annually on such a day, hour and place as the Board shall determine.

~~20.~~19. Meetings in July and August.

Meetings generally do not occur in the summer months of July and August unless at the call of the Chair.

~~21.~~20. Special Meetings.

Special meetings may be called by the Chair or, in their absence, the Vice Chair at any time that it is deemed advisable and necessary or by a majority vote at any regular meeting at which quorum is present. The Secretary-Treasurer may call a meeting of the Board upon being petitioned, in writing, by a majority of the members to do so.

~~22.~~21. Notice.

Members of the Board will be notified of any special meetings by email and board portal.

~~23.~~22. Omission of Notice.

The accidental omission to give notice of any meeting of the Board to, or the non-receipt of any notice by, any person shall not invalidate any resolution passed or any proceeding taken at such meeting.

~~24.~~23. Adjournment.

Any meeting of the Board may be adjourned from time to time by the chair of the meeting, with the consent of the majority of those attending the meeting, to a fixed time and place. Notice of any adjourned meeting of the Board is not required to be given if the time and place of the adjourned meeting is announced at the original meeting. Any adjourned meeting shall be duly constituted if held in accordance with the terms of the adjournment and a quorum is present thereat. The members who formed a quorum at the original meeting are not required to form the quorum at the adjourned meeting. If there is no quorum present at the adjourned meeting, the original meeting shall be deemed to have terminated forthwith after its adjournment. Any business may be brought before or dealt with at any adjourned meeting which might have been brought before or dealt with at the original meeting in accordance with the notice calling the same.

~~25.~~24. Quorum.

A majority of the members of the Board (50% plus 1) fixed under paragraph 3, hereof, shall form a quorum for the transaction of business and, notwithstanding any vacancy among the Board members, a quorum of board members may exercise all the powers of the Board. No business shall be transacted at a meeting of the Board unless a quorum of the Board members is present.

The appointed hour having been struck and a quorum being present, the Chair shall call the meeting to order. If, fifteen minutes after the appointed hour have elapsed and the Chair, or the Vice Chair, as the case may be, has not yet appeared and a quorum is present, the members may appoint one of themselves or the Secretary-Treasurer to chair the meeting until the arrival of the Chair or Vice Chair. If thirty (30) minutes after the appointed hour, a quorum is not present, then the meeting shall stand adjourned until the next regular meeting, an adjourned meeting, or a newly scheduled meeting. The Recording Secretary shall record the names of all members present and not present at the meeting.

~~26.~~25. Electronic Participation.

In a meeting which is open to the public, members of the Board may participate by means of such telephone, electronic or other communication facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Board member participating in such meeting by such means is deemed for the purpose of the Act to be present at that meeting, counted in quorum and in voting.

~~27.~~26. Voting.

Questions arising at any meeting of the Board members shall be decided by a majority vote evidenced by a show of hands. The Chair and each Board member present where not otherwise disqualified from voting, shall vote on all questions.

In the case of a tie vote, the Chair of the meeting in addition to their original vote, shall not have a second casting vote and the motion will be lost. If the Chair decides to take part in any debate, he/she may leave the chair to do so, providing a member is appointed to fill the position of Chair until the question is decided.

~~28.~~27. Recorded Vote.

Any member may request a recorded vote and each member present, and not disqualified from voting by virtue of any legislation or declared conflict of interest, must then announce their vote.

To abstain or fail to vote under such circumstances is deemed to be a negative vote. When a recorded vote is requested, the names of those voted for and those who voted against the question shall be called and entered upon the minutes in alphabetical order. When a question is put and "carried" without a dissent or a call for a recorded vote, then the matter will be deemed to be carried unanimously by those present.

28. Open Board Meetings.

Board meetings shall be open to the public except where applicable laws otherwise permit or require. The Board shall adopt a policy in respect of closed (in-camera) meetings.

DECLARATION OF PECUNIARY INTEREST; CONFLICT OF INTEREST

29. Declaration of Pecuniary Interest.

Where a Board member, either on their or their own behalf or while acting for, by, with or through another, has any pecuniary interest direct or indirect in any matter and is present at a meeting of the Board at which the matter is the subject of consideration, the member,

a. shall, prior to any consideration of the matter at the meeting disclose the interest and the general nature thereof;
b. shall not be present or take part in the discussion of, or vote on any question in respect of the matter; and
c. shall not attempt in any way, whether before, during or after the meeting, to influence the voting on any such question.

Where the meeting referred to above is not open to the public, in addition to complying with the requirements set forth above, the member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

Where the interest of a member has not been disclosed as required by reason of the member's absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with the requirements first set forth above at the first meeting of the Board attended by the member thereafter.

Every declaration of interest and the general nature thereof made by a Board member shall, where the meeting is open to the public, be recorded in the minutes of the meeting by the Recording Secretary. Where the meeting is not open to the public, every declaration of interest made by a Board member, but not the general nature of that interest shall be recorded in the minutes of the next meeting that is open to the public.

30. Registry.

The Board shall establish and maintain a registry in which it shall keep a copy of each statement filed and a copy of each declaration recorded pursuant to section 28 hereof. Access to the

registry shall be available for public inspection in the manner and during the time that the Board may determine.

31. Quorum Deemed.

Where the number of members who, by reason of the provisions of the *Municipal Conflict of Interest Act* and hereof, are disabled from participating in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special Act, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two.

BOARD PACKAGES, AGENDA, MINUTES, AND REPORTS

32. Board Packages.

The agenda, minutes of the previous meeting, and written reports are to be sent to Board members via electronic means approximately one week in advance of the scheduled meeting. The agenda and notice of the meeting are to be posted on Oxford Elgin St. Thomas Health Unit's website approximately one week prior to the meeting. Written reports are available at or after the Board meeting.

33. Agendas.

For all regular and special Board meetings, an agenda shall be drafted by the Secretary-Treasurer and approved by the Chair of the Board. If for any reason copies of the agenda shall not have reached members before the meeting, the member(s) will advise of such and the agenda shall be provided by the Secretary-Treasurer at the opening of the meeting.

Any member wishing to introduce business additional to that set out in the agenda must make the request during the "Agenda" portion of the agenda and must receive unanimous consent by the members present to introduce additional business. If unanimous consent is not obtained, the member may give notice of motion to discuss the business at the next regularly scheduled meeting of the Board. The motion must be seconded.

34. Minutes.

The Recording Secretary records the minutes of the meeting and submits them to the Secretary-Treasurer for review. The minutes of the previous meeting shall be circulated to the Board approximately one week prior to the next regularly scheduled meeting. At the regularly scheduled meeting, a motion will be entertained to have the minutes approved and adopted as circulated or in the case of corrections, approved and adopted as amended with the amendments specifically stated.

If the minutes of the previous Board meeting were not circulated in advance, the Secretary-Treasurer shall read them, but no motion or discussion shall be allowed on the minutes except in regard to their accuracy. Any minutes that were not circulated in advance but read by the Secretary-Treasurer in accordance with this provision shall be placed on the agenda of the next meeting of the Board for the purposes of entertaining a motion for the adoption of such minutes, either as read or in the case of corrections, approved and adopted as amended with the amendments specifically stated.

After the confirmation and adoption of the minutes, they shall be signed by the Chair. The official signed minutes of the Board shall be posted by the Recording Secretary on the Oxford Elgin St. Thomas Health Unit's website.

35. Reports.

The Chief Executive Officer's report, Medical Officer of Health's report, and any other specific reports are to be provided in writing to the Board approximately one week prior to the meeting. In some circumstances, a revised report, verbal report, or additional report may be forthcoming on a matter where the timing of such does not coincide with the preparation of the Board packages.

ORDER OF BUSINESS FOR REGULAR MEETINGS

36. Agenda.

The agenda items shall include but not be limited to:

a. Call to Order;
b. Agenda - amendments or corrections of, adoption of;
c. Minutes - amendments or corrections of, adoption of;
d. Reminder to disclose Pecuniary Interest and/Conflict of Interest, and the general nature thereof when the item arises;
e. Reminder that meetings are recorded for minute-taking purposes and for public viewing on an electronic platform or platforms of the Board's choosing;
f. Staff Reports/Presentations;
g. Closed Session – motion to go into Closed Session;
h. Rising and Reporting of Closed Session; and
i. Adjournment.

ORDER OF BUSINESS FOR SPECIAL MEETINGS

37. Drafting the Agenda.

An agenda shall be drafted by the Secretary-Treasurer and approved by the Chair of the Board.

38. Copies of the Agenda.

If for any reason, copies of the agenda shall not have reached members before the meeting, the member(s) will advise of such and the agenda shall be provided by the Secretary-Treasurer at the opening of the meeting.

39. Additional Business.

The agenda shall not contain business other than those subjects for which the special meeting was called.

40. Agenda.

The agenda items shall include but not be limited to:

a. Call to Order;
b. Agenda - adoption of;
c. Reminder to disclose Pecuniary Interest and/Conflict of Interest, and the general nature thereof when the item arises;
d. Business – item for which the special meeting was called; and

e. Adjournment.

41. Closed Session.

It is noted that should the item of business for which the special meeting was called be a matter for Closed Session, a motion to go into Closed Session and a motion to rise and report from closed session would also be included on the agenda.

BOARD OF HEALTH MEETINGS: PROCEDURES

42. Invitation of a Non-Board Member.

Any person that wishes to address the Board, who is not a Board member, shall not be allowed to address the Board except upon invitation of the Chair and the Board members.

43. Board Member.

No member shall be allowed to speak more than once upon any question before the meeting unless expressly permitted to do so by the Chair, except the mover of the original motion who shall have the right of replying when all members choosing to speak shall have spoken. An amendment being moved, seconded, and put by the Chair, any member, even though she/he has spoken on the original motion, may speak again on the amendment. No member shall speak for more than five minutes at one time.

Members wishing to raise points of order or explanation must first obtain the permission of the Chair, and must raise the matter immediately following from when the alleged breach occurred. A member wishing to explain a material part of their speech which may have been misconstrued or misunderstood may be granted their privilege by the Chair, providing that, in so doing, they do not introduce any new matter. Any member may formally second any motion of amendment and reserve their speech until a later period in the debate.

44. Selection of Speakers.

Every member, before speaking, shall ask permission to speak and address the Chair as "Chair". The Chair, if the request is in order, shall grant permission to speak and address the member as “Member (last name)” in the case of a board member and “Staff position title and first name” in the case of a staff member. When more than one member is recognized to speak, the first to be recognized shall be given precedence, the decision resting with the Chair. Thereafter, the members shall be called upon by the Chair to speak in the order in which they were recognized.

45. Interruption.

If any member interrupts the speaker, or uses abusive language, or causes disturbance or refuses to obey the Chair when called to order, they shall be named by the Chair. They shall thereupon be expelled from the meeting and shall not be allowed to enter again until an apology satisfactory to the Board has been given. No member shall leave the meeting before its adjournment without the permission of the Chair.

46. Conduct During Board Meetings.

All members of the Board shall at all times use temperate language and conduct themselves in an appropriate manner. If, at any time, intemperate or insulting language is used against the Chair or the Board or any of its members of staff, the offending member shall respectfully apologize and retract their statement.

47. Order and Procedure.

All members shall abide by the Chair's decision or that of the Board with regard to matters of order and procedure. If any member continues to abuse their position in the Board meeting, after being named by the Chair, the Chair shall have the power to have them removed from the Board meeting until the meeting is over or until the member apologizes in full to the Chair and the members.

MOTIONS AND AMENDMENTS

48. Original Motion and Amendments.

The first proposition on any particular subject shall be known as the original motion and all succeeding propositions on that subject shall be called amendments.

49. Procedures.

Every motion or amendment must be moved and seconded by members actually present at the meeting before it can be discussed, debated or put from the Chair and wherever possible should be set forth in writing. When a motion is seconded, it shall be read by the Chair or Recording Secretary before a debate. When a question is under debate, no motion shall be received unless to commit it, to amend it, to postpone it, to adjourn it, or to move the previous question.

50. Withdrawals or Additions.

After a motion is read by the Chair or Recording Secretary, it shall be deemed in the possession of the Board, but may, with the permission of the Board, be withdrawn at any time before discussion or amendment. Any motion properly moved and seconded must be presented to the Board.

51. Amendments.

The main question may be amended only once after which the original amendment shall be voted upon and, if carried, shall stand instead of the original motion, and if lost, the main question will be recalled. A further amendment may then be put and voted upon. Every amendment submitted shall be in writing and shall be decided or withdrawn before the main question is put to the vote.

52. Reconsidering - Rescinding.

No motion to reconsider a resolution entered upon the minutes shall be received or put unless a notice of intention to introduce such rescinding motion shall have been made in writing at the previous meeting.

ADJOURNMENTS

53. Adjournments.

A motion to adjourn the Board meeting or adjourn the debate shall always be in order, but, if it is defeated, then no second motion to the same effect shall be made.

CLOSED SESSION

54. Closed Session.

A Closed Session is defined as a private session where only Board members and invited staff and professional advisors such as legal counsel are present and excludes all others, including the public and the media.

The Board may resolve to go into Closed Session if the subject matter to be considered falls within one or more of the following categories provided for in the *Municipal Act*, 2001, as amended:

a) the security of the property of the Board;
b) personal matters about an identifiable individual, including Board employees;
c) a proposed or pending acquisition or disposition of land by the Board;
d) labour relations or employee negotiations;
e) litigation or potential litigation, including matters before administrative tribunals, affecting the Board;
f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under an act other than the *Municipal Act*;
h) information explicitly supplied in confidence to the Board by Canada, a province or territory or a Crown agency of any of them;
i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
j) a trade secret or scientific, technical, commercial, or financial information that belongs to the Board and has monetary value or potential monetary value; or
k) a position, plan, procedure, criteria, or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board.

a) The Board shall resolve to go into Closed Session if the subject matter to be considered falls within one or more of the following categories provided for in the *Municipal Act*, 2001, as amended: a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the Board is the head of an institution for the purposes of that Act; or
b) an ongoing investigation respecting the Board by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of the *Municipal* Act, 2001, or the investigator referred to in subsection 239.2 (1) of the *Municipal Act*, 2001.

55. Procedural Votes.

Only procedural votes or those related to the giving of advice and direction to staff can take place in Closed Session.

56. Procedure.

When a decision to go into Closed Session is made, the Board shall state, by resolution, the following:

a) The fact of the holding of a Closed Session;
b) The general nature of the matter to be considered at the Closed Session; and
c) That all matters to be considered are to be held as strictly confidential, the content of which matters, discussions, documents or related information is not to be disclosed to any persons, media, or other organizations.

57. Rules.

Rules of the Board shall be observed in the Closed Session meeting except those limiting the number of times a member may speak.

58. Quorum Voting.

The rules for quorum and voting shall be the same for the Closed Session as for the open session.

59. Questions of Order.

Questions of order arising in the Closed Session shall be decided by the Chair.

60. Agenda.

A written agenda shall be prepared by the Secretary-Treasurer for every Closed Session meeting and approved by the Board Chair.

61. Completion of the Closed Session.

The Board shall rise with a report upon completion of the Closed Session.

62. Order of Business.

The order of business for closed session meetings shall be:

a) Reminder to disclose Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises;
b) Report from the Chief Executive Officer or Board Standing and/or Ad hoc Committee Chair regarding item(s) on the Closed Session Agenda; and
c) Business: unfinished, new, or arising for correspondence received – listed under one of the categories of subject matter to be discussed under which a meeting may be closed.

63. Absence of the Chair.

In the absence of the Chair or whoever has been designated to chair the meeting of the Closed Session, one of the other members shall be elected to preside until the arrival of the designated Chair.

64. Confidential Notes.

Notes of meetings of Closed Session shall be recorded by the Recording Secretary and, after execution by the Board Chair, shall be maintained by the Secretary-Treasurer in a manner to protect the confidentiality of confidential personal information contained therein.

65. Breach of the Rules.

If a member disregards the rules of the Board or a decision of the Chair of a Closed Session on questions of order or practice or upon the interpretation of the rules set out, and persists in such conduct after having been called to order by the said Chair, the Chair shall forthwith put

the question with no amendment, adjournment, or debate, "that the member shall be ordered to leave their seat for the duration of the meeting".

If, following such vote by the members, the member apologizes, they may, by a further vote of the members, be permitted to retake their seat.

66. Breach of Confidentiality.

If a member of the Board disregards the rules of the Board respecting the requirement to maintain the confidentiality of matters and related information arising in a Closed Session, or disregards their own Oath of Confidentiality respecting the security of personal information and/or personal health information, the Board may call for the member to resign as a member of the Board.

OFFICERS

67. Chief Executive Officer.

The Chief Executive Officer will chair the first Board meeting of the year until a Chair has been elected.

68. Election and Removal of the Chair and Vice Chair.

Any member of the Board may serve as an officer of the Board. The Chair and Vice Chair shall be elected at the first meeting of the Board each calendar year. Nominations for Chair and Vice-Chair will be solicited at the first meeting and a majority vote will determine the election result. If more than one nomination is received for each Officer position, a secret ballot will be conducted. The ballots will be distributed by the Recording Secretary and counted by the Secretary-Treasurer.

All officers shall serve for a term of one calendar year or until their successors are elected and qualified. Officers are eligible for re-election to a second consecutive one-year term. **Service is limited to two consecutive terms, unless no other nominations are received.**

~~In extenuating circumstances, for which an explanation is provided to the Board, an officer may serve for a second consecutive year subject to being elected and qualified.~~

~~70.~~69. Vacancy.

Any Chair or Vice Chair vacancy shall be filled by a special election held at the next meeting following announcement of the vacancy.

~~71.~~70. Appointment of the Medical Officer of Health.

The Board shall appoint a full-time Medical Officer of Health and may appoint one or more Associate Medical Officers of Health of the Board. Where the office of Medical Officer of Health of the Board is vacant or the Medical Officer of Health is absent or unable to act, and there is no Associate Medical Officer of Health of the Board or the Associate Medical Officer of Health is absent or unable to act, the Board shall forthwith appoint a physician as Acting Medical Officer of Health, which Acting Medical Officer of Health shall perform the duties and have the authority to exercise the powers of the Medical Officer of Health of the Board.

~~72.~~71. Eligibility for Appointment.

A Medical Officer of Health or an Associate Medical Officer of Health must have the following credentials,

a) He or she is a physician;
b) He or she possesses the qualifications and requirements prescribed by the regulations to the Act for the position; and
c) The Minister approves the proposed appointment.

~~73.~~72. Vacancy.

If the position of Medical Officer of Health of the Board becomes vacant, the Board and the Minister, acting in concert, shall work expeditiously towards filling the position with a full-time Medical Officer of Health.

~~74.~~73. Dismissal of Medical Officer of Health.

A decision by the Board to dismiss the 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.

~~75.~~74. Dismissal of Chief Executive Officer.

A decision of the Board to dismiss the Chief Executive Officer is not effective unless the decision is carried by the vote of two-thirds of the members of the Board.

~~76.~~75. Notice and Attendance.

The Board shall not vote on the dismissal of the Medical Officer of Health, an Associate Medical Officer of Health, or the Chief Executive Officer unless the Board has given to the Medical Officer of Health, Associate Medical Officer of Health, or Chief Executive Officer,

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, Associate Medical Officer of Health, or the Chief Executive Officer; and
c) An opportunity to attend and to make representations to the Board at the meeting.

~~77.~~76. Duties of Officers.

a. The Chair Shall:
   i. Preside at all meetings of the Board;
   ii. Preserve order and proper conduct during meetings;
   iii. Keep a speakers list recognizing members who wish to speak on a matter;
   iv. Issue a final ruling on any question of order and/or procedure unless challenged by way of a motion or appeal by not less than two members, and thereafter a majority of the members present shall vote in support of such challenge;
   v. Inform the members when it is the opinion of the Chair that a motion is contrary to the rules and privileges of the Board; and
   vi. Remind members of their obligations of confidentiality with respect to matters and information arising in Closed Session.

b. The Vice Chair Shall:
   i. Preside in the absence of the Chair; and
   ii. Carry out the duties of the Chair as noted.

c. The Medical Officer of Health Shall:.
    i. Be responsible for and shall report to the Board on issues relating to the protection and the promotion of the public's health.

d. The Chief Executive Officer Shall:
    i. Be responsible for the day-to-day operations, policies, and directives, program and service delivery, matters of human resources and finances of the Oxford Elgin St. Thomas Health Unit, and for keeping the Board apprised of such matters.

COMMITTEES

~~78.~~77. Committees.

The Board may establish, by resolution, standing committees of the Board as it deems necessary. Special ad hoc committees may also be established, and the members appointed for a specific purpose for a specific period of time. Such committees shall be deemed to be discharged when their purpose has been achieved or when the specific period of time has lapsed. Electronic participation in such meetings is allowable, including being counted in quorum and voting.

RULES OF ORDER

~~79.~~78. Robert's Rules of Order.

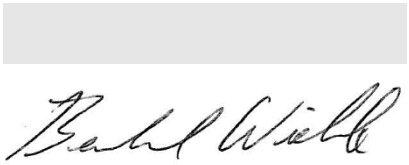
The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Board may adopt.

AFFILIATION

~~80.~~79. Affiliation.

The OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health may hold membership in various agencies (i.e. Ontario Public Health Association, Association of Local Public Health Agencies, Ontario Hospital Association, Canadian Public Health Association, etc.) as needed and at the discretion of the Chief Executive Officer. The Board may be entitled to representation at meetings of various membership organizations. Should voting be required at such meetings, proxy representations with authority to vote shall be appointed and authorized by the Board whenever necessary.

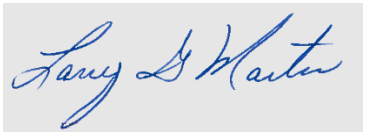
ENACTED the **1st** day of **May, 2018**.



Chair, Board of Health

Chief Executive Officer

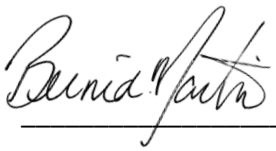
By-Laws were amended by resolution of the Board dated the **1st** day of **September, 2022** (2022-BOH-0901-5.2B).



Chair, Board of Health

Chief Executive Officer

By-Law No. 1 was reviewed, amended, and approved by resolution of the Board dated the **1st day of September, 2024** (2024-BOH-0627-5.2.1).



Chair, Board of Health

Chief Executive Officer

BOARD OF HEALTH FOR THE

OXFORD ELGIN ST. THOMAS HEALTH UNIT

BY-LAW NO. 2

A by-law respecting the banking and finance activities **of the**

Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health.

BE IT ENACTED as a By-law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT as follows:

The Board of Health for OXFORD ELGIN ST. THOMAS HEALTH UNIT enacts the following:

1. Interpretation.
In this by-law and all other by-laws of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT, unless the context otherwise specifies or requires:

    a. "Act" means the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, as amended;

    b. "Board" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health;

    c. "By-law" means the by-law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT from time to time in force and effect;

    d. "Corporation" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT. The Act deems that the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT is a corporation, without share capital;

    e. "Municipal Act' means the Municipal Act, 2001, S.O. 2001, c. 25, as amended;

f. "Regulations" means the Regulations made under the Act, as from time to time amended, and every regulation that may be substituted therefore and, in the case of such substitution, any references in the by-laws of the Board of Health for the Oxford Elgin St. Thomas Health Unit to provisions of the Regulations shall be read as references to the substituted provisions therefore in the new regulations;

g. All terms which are contained in the by-laws and which are defined in the Act or the Regulations shall have the meanings respectively given to such terms in the Act or the Regulations;

h. Words importing the singular number only shall include the plural and vice versa and words importing a specific gender shall include the other genders; and

i. The headings used in the by-laws are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.

j. The Corporations Act, R.S.O. 1990, c. C. 38 and the Corporations lnformation Act, R.S.O. 1990, c. C.39 do not apply to a Board of Health.

2. Financial Responsibility.

The Board of Health for the Oxford Elgin St Thomas Health Unit may, from time to time:

a. Borrow money on the credit of the Board;
b. Charge, mortgage, hypothecate, pledge or otherwise create a security interest in all or any of the currently owned or subsequently acquired real or personal, moveable or immovable property of the Board, including without limitation, book debts, rights, powers, franchises and undertakings, to secure any present or future indebtedness, liabilities or other obligations of the Board; and
c. Delegate to such one or more of the Officers or the Chief Executive Officer of the Board as may be designated by the Board all or any of the powers conferred by the foregoing clauses of the by-law to such extent and in such manner as the Board shall determine at the time of each such delegation.

3. Designation.

All matters related to the financial affairs of the Board shall be carried out by the Chief Executive Officer or their designate.

4. Signing Authority.

The Board will maintain a formal list of names, titles and signatures of those individuals who have signing authority for the Board. Signing authority shall be given only to those persons or offices that are, from time to time, designated by the Board and in accordance with the Board's policies on such matters.

5. Duties of the Financial Designate.

The Chief Executive Officer or their designate shall:

a. After consultation with and input from appropriate Oxford Elgin St. Thomas Health Unit staff, prepare annual budgets for submission to the Board for approval;
b. Ensure that regular reporting of financial and operating statements is completed for the Board indicating the financial position of the board with respect to the current operations;

c. Ensure that annual financial statements are prepared containing, but not limited to, the following content:
    i. An annual statement of income and expenses; and
    ii. An annual statement of assets and liabilities.
d. Act as custodian of the books of account and accounting records of the Board as required to be kept by the laws of the Province;
e. In conjunction with the Auditor appointed pursuant to the relevant provisions of the Municipal Act, 2001, arrange for an annual audit of all accounting books and records; and
f. Perform other duties as the Board may direct.

6. Appointment of Auditor.

In each year, the Board shall, by resolution, appoint an auditor who shall not be a member of the Board and shall be licensed under the *Public Accounting Act*, 2004, S.0. 2004, C. 8, as amended.

7. Duties of the Auditor.

The Auditor shall:

a. Audit the accounts and transactions of the Board;
b. Perform such duties as prescribed by the Ministry of Municipal Affairs and Housing with respect to local boards under the Municipal Act, 2001, as amended, and the Municipal Affairs Act, R.S.O. 1990, as amended;
c. Perform such other duties as may be required by the Board that do not conflict with the duties prescribed by the Ministry of Municipal Affairs and Housing as set out in clause (b) of this by-law;
d. Have a right of access at all reasonable hours to all books, records, documents, accounts, and vouchers of the Board and is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in their opinion may be necessary to enable them to carry out such duties as are prescribed by the Ministry of Municipal Affairs and Housing and under the Act; and
e. Be invited to attend any meeting of the Board and is entitled to receive all notices relating to the meeting that any member is entitled to receive and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns them as auditor.

ENACTED the **1st** day of **May, 2018**.

Chair, Board of Health

Chief Executive Officer

By-Law No. 2 was reviewed and approved by resolution of the Board dated the **1st** day of **September, 2024** (2024-BOH-0627-5.2.1).

Chair, Board of Health

Chief Executive Officer

BOARD OF HEALTH FOR THE

OXFORD ELGIN ST. THOMAS HEALTH UNIT

BY-LAW NO. 3

A by-law respecting the ***Management of the Property*** for the

Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health.

BE IT ENACTED as a By-law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT as follows:

1. INTERPRETATION.

In this by-law and all other by-laws of the Board of Health for the Oxford Elgin-St. Thomas Health Unit, unless the context otherwise specifies or requires:

a. "Act" means the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, as amended;

b. "Board" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT o/a Southwestern Public Health;

c. "By-law" means the by-law of the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT from time to time in force and effect;

d. "Corporation" means the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT. The Act deems that the Board of Health for the OXFORD ELGIN ST. THOMAS HEALTH UNIT is a corporation, without share capital;

e. "Municipal Act" means the *Municipal Act*, 2001, S.O. 2001, c. 25, as amended;

f. "Regulations" means the Regulations made under the Act as from time to time amended, and every regulation that may be substituted therefore and, in the case of such substitution, any references in the by-laws of the Board of Health for the Oxford Elgin St. Thomas Health

Unit to provisions of the Regulations shall be read as references to the substituted provisions therefore in the new regulations;

g. All terms which are contained in the by-laws and which are defined in the Act or the Regulations shall have the meanings respectively given to such terms in the Act or the Regulations;

h. Words importing the singular number only shall include the plural and vice versa and words importing a specific gender shall include the other genders; and

i. The headings used in the by-laws are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions.

j. The *Corporations Act*, R.S.O. 1990, c. C. 38 and the *Corporations Information Act*, R.S.O. 1990, c. C. 39 do not apply to a Board of Health.

2. Responsibility

(i) The Chief Executive Officer or their designate, shall be responsible for the care and maintenance of all properties required by the Board (where they are owned not leased), including, but not be limited to, the following:

a. The repair and maintenance of building systems such as heating and cooling systems, roof, structural work, plumbing, electrical systems;
b. The repair and maintenance of the parking areas and exterior of buildings, where applicable;
c. The care and upkeep of the grounds of the property, where applicable;
d. The cleaning, maintaining, decorating, and repairing of the interior of the buildings, where applicable; and
e. The maintenance of up-to-date fire and liability insurance coverage.

(ii) Where a property required by the Board is a leased, not owned, property, the Board shall enter into a lease that addresses all maintenance, care and insurance requirements and the Chief Executive Officer shall be responsible for ensuring that the property is operated in accordance with the terms of any such lease.

3. Compliance

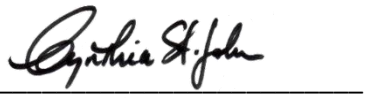
The Board shall ensure that all such properties comply with all applicable local, provincial and/or federal statutory requirements (i.e., building and fire codes).

ENACTED the **1st** day of **May, 2018**.

Chair, Board of Health

Chief Executive Officer

By-Law No. 3 was reviewed and approved by resolution of the Board dated the **1st** day of **September, 2024** (2024-BOH-0627-5.2.1).



Chair, Board of Health

Chief Executive Officer

REFERENCES

1. *Health Protection and Promotion Act, R.S.0. 1990, c. H.7*
   https://www.ontario.ca/laws/statute/90h07

2. *Municipal Act*, 2001, S.O. 2001, c. 25
   https://www.ontario.ca/laws/statute/01m25

3. *Municipal Conflict of Interest Act*, R.S.O. 1990, c. M.50
   https://www.ontario.ca/laws/statute/90m50/v15?search=e+laws#BK3

4. *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, C. M.56*
   https://www.ontario.ca/laws/statute/90m56#BK15

5. Robert, Henry M., III, et al. *Robert's Rules of Order Newly Revised*. 12th ed., PublicAffairs, 2020.

Chief Executive Officer GSC Report

OPEN Session

Meeting date:	July 15, 2026
Submitted by:	Cynthia St. John, Chief Executive Officer (written as of July 9, 2026)
Submitted to:	Board of Health
Purpose:	☒ Decision ☐ Discussion ☒ Receive and file
Agenda item #	3.1
Resolution #	2026-BOH-0715-3.1

1.0 Southwestern Public Health By-law and Policy Review

I am pleased to note the completion of the biennial review of Southwestern Public Health's (SWPH) Bylaws and Board of Health policies. This fulsome review ensures our regulatory framework remains current, effective, aligned with best practices, and remains in compliance with the Health Protection and Promotion Act (HPPA), the Municipal Act, 2001, and the Municipal Conflict of Interest Act.

1.1 BY-LAW NO. 1-3 REVIEW (Decision)

Regarding By-laws No. 1-3, there are two substantive changes to note in By-law 1, highlighted in yellow in the table below:

BYLAW SECTION	PROPOSED CHANGE
Bylaw 1: Section (S. 17-27) on Meetings of the Board	**RATIONALE**: An explicit provision has been added to formalize the Board's commitment to open and transparent meetings in alignment with modern Ontario Ombudsman guidelines and provincial legislation.
	ADD: **28. Open Board Meetings.** Board meetings shall be open to the public except where applicable laws otherwise permit or require. The Board shall adopt a policy in respect of closed (in-camera) meetings.

BYLAW SECTION	PROPOSED CHANGE
Bylaw 1, Section (S.66-75) on Officers	**RATIONALE**: The section has been amended to reflect a 2nd year term option for the Chair/Vice-Chair, removing 'extenuating circumstances' as the only reason for serving a consecutive year. Further, an allowance has been made for serving a third consecutive term if no other nominations are received. **REMOVE**: "In extenuating circumstances, for which an explanation is provided to the Board, an officer may serve for a second consecutive year subject to being elected and qualified."
	EDIT: **68. Election and Removal of the Chair and Vice Chair.** Any member of the Board may serve as an officer of the Board. The Chair and Vice Chair shall be elected at the first meeting of the Board each calendar year. Nominations for Chair and Vice-Chair will be solicited at the first meeting and a majority vote will determine the election result. If more than one nomination is received for each Officer position, a secret ballot will be conducted. The ballots will be distributed by the Recording Secretary and counted by the Secretary-Treasurer. All officers shall serve for a term of one calendar year or until their successors are elected and qualified. Officers are eligible for re-election to a second consecutive one-year term. Service is limited to two consecutive terms, unless no other nominations are received. (**NOTE**: Numbering after this additional section to By-law 1 will be adjusted accordingly.)

Additionally, but not substantively, all By-laws and BOH policy documents will be reformatted over the summer of 2026 to ensure compliance with the Accessibility for Ontarians with Disabilities Act (AODA) updates.

MOTION: 2026-GSC-0715-3.1-1.1
That the Governance Standing Committee recommend the Board of Health approve the amendments to By-law No. 1 for Southwestern Public Health as presented.

1.2 BOARD POLICY REVIEW (Decision)

1.2.1 Board Policies: Proposed Updates and Revisions

Below are policies that have recommended amendments. The policies with the changes marked are attached to the meeting package. Where there have been substantial edits made to the policy, the chart below will only summarise the changes and direct you to review the entire document.

BOH POLICY		PROPOSED EDITS
GOVERNANCE		
1.	**BOH-GOV-030 Delegation of Powers and Duties**	• **POLICY TITLE CHANGE TO:** • **BOH-GOV-030 Delegation of Authority (Powers and Duties)** • The Delegation of Authority (Powers and Duties) policy has been amended to reflect current governance practices and provide greater clarity regarding the respective roles and responsibilities of the Board of Health and the Chief Executive Officer (CEO). This policy has been comprehensively revised; please review the document in its entirety. • The revised policy establishes overarching principles for the delegation of authority, identifies matters reserved exclusively to the Board, and consolidates existing delegations related to financial administration, execution of agreements, and statutory responsibilities under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). • A new governance continuity section has been introduced to address circumstances in which the Board is temporarily unable to achieve quorum, such as during municipal election transitions or delays in Board appointments. This section confirms the continuation of existing Board authorities and delegated CEO responsibilities, outlines caretaking principles to guide decision-making during transition periods, and establishes reporting requirements for significant actions taken until the Board is reconstituted. • The policy has also been reorganized and modernized to improve readability, strengthen accountability, and align with contemporary governance practices while preserving the Board's strategic oversight role. A clean copy of the proposed amendments has been provided alongside a version that shows the changes that have been made to the current policy.
2.	**BOH-GOV-040 Recording of Board of Health Meetings**	• **Slight changes to wording in Items 1, 3, and 4:** • 1. Notification and Consent: At the beginning of each meeting, the Chair will inform attendees, including members of the public, that the meeting will be recorded and the open session portion shall be made available on the SWPH's public website. • 3. Public Access: Recordings will be made available to the public via a link on Southwestern Public Health's (SWPH) website within five business days after the meeting. • 4. Retention and Disposal: Recordings will be retained as part of the public record for a period defined by SWPH's record retention policy. After this period, recordings will be disposed of in a secure manner and in keeping with SWPH's file destruction policy, unless required for legal, audit, or archival purposes.
3.	**BOH-GOV-060 Terms for Election of Officers**	• This policy has been amended to align directly with By-Law No. 1, standardizing a two-term eligibility limit to promote leadership continuity while establishing a clear fail-safe to prevent a vacancy if no other nominations are received.

BOH POLICY		PROPOSED EDITS
		• **Edit:** • **Current wording:** The purpose is to promote continuity by ensuring members elected to be chair or vice-chair may serve for two consecutive terms. • **Proposed edit:** The purpose of this policy is to establish clear parameters for the election and term limits of the Chair and Vice-Chair. • **Add**: • Incumbents may be re-elected for a total of two consecutive terms before a one-year break in the role served before being re-elected for another term, in accordance with Bylaw No. 1. An incumbent may be elected to a subsequent consecutive term if, and only if, no other Board members accept a nomination for that specific position during the annual election.
HUMAN RESOURCES		
4.	**BOH-HR-020 Board of Health Self-Evaluation**	• **POLICY TITLE CHANGE TO:** • **BOH-GOV-120 Board of Health Evaluation and Development** • The Board of Health Self-Evaluation Policy has undergone substantive changes and the full policy and Competency Matrix Survey are appended for review alongside its previous version for comparison. The current policy focuses on evaluating the Board's governance practices only and does not reflect the Board Competency Matrix Survey that has since been implemented. • The proposed redeveloped policy formally recognizes both the Board Self-Evaluation Survey (renamed Board Governance: Member Evaluation) and the Competency Matrix Survey. It also clarifies the Competency Matrix Survey's distinct purpose and timing as well as confirms the Governance Standing Committee's role in reviewing competency results and recommending Board development initiatives. The revised policy will better support continuous governance improvement and align Board policy with current governance practices. • We also propose that this policy (and its appendices) be reclassified from the Human Resources section to the Governance section, to better reflect its purpose and intent.
5.	**Competency Matrix Survey**	**SURVEY TITLE CHANGE TO:** • **BOH-GOV-120A (Appendix A): Board Competency Matrix Survey**
6.	**BOH-HR-020 Appendix A: Board of Health Self-Evaluation Survey**	**SURVEY TITLE CHANGE TO:** • **BOH-GOV-120B (Appendix B): Board Governance: Member Evaluation Survey** • Cross-references in the preamble would change accordingly.

BOH POLICY		PROPOSED EDITS
POLICY MANAGEMENT		
7.	**BOH-PM-010 Policy Management**	• **Changes to Paragraph 3 in the Policy section:** • **Edit:** "SWPH's Bylaws are reviewed at least every five years, or sooner as required, by the CEO or their designate to ensure applicability and the potential need for any amendments and/or additions."

MOTION: 2026-GSC-0715-3.1-1.2.1

That the Governance Standing Committee recommend the Board of Health approve the following updated polices as presented:

1. BOH-GOV-030 Delegation of Authority (Powers and Duties)
2. BOH-GOV-040 Recording of Board of Health Meetings
3. BOH-GOV-060 Terms for Election of Officers
4. BOH-GOV-120 Board of Health Evaluation and Development Policy
5. BOH-GOV-120A (Appendix A): Board Competency Matrix Survey
6. BOH-GOV-120B (Appendix B): Board Governance: Member Evaluation Survey
7. BOH-PM-010 Policy Management

1.2.2 Board Policies: No Revisions Required (Receive and file)

Below is a list of Board of Health policies that have been reviewed and that, in my opinion, do not require any amendments other than ensuring they are formatted in accordance with AODA recommendations before Fall. I have not attached these policies as they can be accessed via the Board portal for your reference.

POLICY NUMBER		POLICY NAME
GOVERANCE POLICIES		
	BOH-GOV-010	Conflict of Interest Appendix A - Form - Written Statement of Disclosure
	BOH-GOV-020	Board Member Oath of Conduct and Confidentiality Appendix A - Form - Oath of Conduct and Confidentiality
	BOH-GOV-030	Delegation of Powers and Duties Appendix A - Delegation of Powers and Duties
	BOH-GOV-050	Accountability and Transparency
	BOH-GOV-070	Board Member Orientation
	BOH-GOV-080	Order in Council Provincial Representatives
	BOH-GOV-090	Board Member Attendance Policy
	BOH-GOV-100	Political Activities Policy

POLICY NUMBER		POLICY NAME
	BOH-GOV-110	Board Standing Committee Membership
FINANCE POLICIES		
	BOH-FIN-010	Reserve Fund
	BOH-FIN-020	Board Members' Remuneration
	BOH-FIN-030	Budgets
	BOH-FIN-040	Banking and Financing
	BOH-FIN-050	Board Member Allowable Expenses
HUMAN RESOURCES POLICIES		
	BOH-HR-030	CEO and MOH Performance Appraisals
	BOH-HR-040	Delegation of Duties of MOH & CEO
	BOH-HR-050	In Memoriam Acknowledgement
	BOH-HR-060	COVID-19 Immunization

Motion: 2026-BOH-0715-3.1

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Open Session Report for July 15, 2026.

Board of Health

SECTION:	Governance	**APPROVED BY:**	Board of Health
NUMBER:	BOH-GOV-030	**REVISED:**	September 2026
DATE:	May 1, 2018		

Delegation of Authority (Powers and Duties)

PURPOSE:

The purpose of this policy is to establish the principles governing the delegation of powers, duties, and functions of the Board of Health for the Oxford, Elgin, St. Thomas Health Unit (OESTHU) o/a Southwestern Public Health (SWPH), including legislative and quasi-judicial powers that have traditionally been held by the Board alone.

This policy ensures the efficient administration of the organization while maintaining appropriate governance oversight and accountability and also establishes provisions to support organizational continuity during periods when the Board of Health is unable to conduct business due to vacancies, municipal election transitions, or the absence of quorum.

POLICY:

1. GENERAL PRINCIPLES

1.1 The Board of Health is responsible for the governance, strategic direction, stewardship, and oversight of Southwestern Public Health.

1.2 The Chief Executive Officer is responsible for the day-to-day administration and management of the organization and is accountable to the Board for the exercise of all delegated authority.

1.3 All delegations of Board powers, duties, or functions shall be established by Board policy, Board by-law, or Board resolution.

1.4 Unless expressly delegated, all powers, duties, and functions remain vested with the Board.

1.5 Delegated authority shall be exercised:

- in accordance with applicable legislation;
- in compliance with Board policies and by-laws;
- within approved budgets;
- in support of the Board's strategic priorities; and

- in the best interests of Southwestern Public Health.

2. MATTERS RESERVED TO THE BOARD

The following matters remain the exclusive responsibility of the Board unless otherwise provided by legislation:

- approval and amendment of Board by-laws;
- approval of governance policies;
- approval of the Strategic Plan and Board priorities;
- approval of annual operating and capital budgets;
- approval of audited financial statements;
- appointment, performance evaluation, compensation, and termination of the Chief Executive Officer;
- appointment of Board officers and committees;
- approval of borrowing where authorized by legislation;
- approval of significant real property transactions;
- approval of advocacy positions on behalf of the Board;
- any other matter reserved to the Board by the *Health Protection and Promotion Act*, applicable legislation, or Board by-law.

3. AUTHORIZATION OF EXPENDITURES:

The Board of Health has the ultimate authority for all expenditures. The Board delegates this authority through the authorization of budgets, the procurement policy and/or by specific resolution or direction to staff.

The Board establishes financial authority through the approval of:

- annual overall operating and capital budgets;
- financial management policies;
- procurement policies;
- signing authority policies; and
- specific Board resolutions.

The CEO is authorized to administer budgets in accordance with these authorities.

The CEO may authorize expenditures provided that:

- sufficient budget has been approved;
- expenditures comply with Board policies;
- expenditures are necessary to carry out approved operations or strategic priorities; and
- delegated financial authority has not been exceeded.

The Procurement Policy sets out the authority for payment of accounts and sets limits on spending levels. It also provides direction on the circumstances in which certain purchasing mechanisms are appropriate (i.e., informal quotes, formal quotes, tender submissions or requests for proposal).

4. AUTHORITY TO EXECUTE AGREEMENTS:

The Board authorizes the CEO to execute agreements and legally bind Southwestern Public Health without obtaining further Board approval where all of the following conditions are met:

- the agreement is administrative or operational in nature;
- the agreement supports an approved Board program, service, or operation;
- operating or capital funding exists, where applicable;
- the agreement complies with the Procurement Policy and other applicable Board policies; and
- the agreement has a term not exceeding five (5) years, unless otherwise authorized by the Board.

The CEO may delegate signing authority to employees in accordance with Board-approved policies.

5. STATUTORY DELEGATIONS

Where legislation permits the Board to delegate statutory powers or duties, such delegation shall be made by Board by-law or resolution.

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA):

The Board of Health as the Institution under MFIPPA legislation is responsible for the fulfilment of many of the compliance requirements for responding to Freedom of Information (FOI) requests as well as the protection of client privacy. As the majority of Board members are elected municipal officials, section 3 of this legislation requires that members of the Board of Health designate one person or committee to be appointed, by by-law, as “Head” for the purposes of the Act.

To facilitate the timely and efficient fulfilment of obligations by OESTHU to ensure compliance with respect to responding to FOI requests from clients, other institutions, the general public and/or media, as well as ensure the protection of the client, OESTHU and third party privacy, the designated “Head” will appoint the CEO to fulfill all the responsibilities of the Head under the Act.

5.1 PROCEDURE:

- As part of the order of business for the first meeting of a newly constituted Board of Health, the members shall appoint the Chair of the Board of Health, “Head” in accordance with MFIPPA and By-Law number 1 section 2. See “BOH-GOV-030(F) – Appendix A” for template for By-Law appointing “Head” under MFIPPA.
- By motion of the Board of Health, the newly appointed “Head” will delegate the Southwestern Public Health’s CEO as acting "Head" of OESTHU for the purpose of ensuring day-to-day fulfilment of OESTHU's compliance obligations under MFIPPA.

6. BOARD TRANSITION AND GOVERNANCE CONTINUITY

The Board recognizes that municipal elections, provincial appointments, resignations, vacancies, or other circumstances may temporarily prevent the Board from achieving quorum.

During such periods, the following provisions shall apply.

6.1 CONTINUITY OF EXISTING AUTHORITY

All Board-approved policies, by-laws, budgets, delegations, and resolutions shall remain in effect until amended or repealed by the Board.

6.2 CEO Authority During Transition

The CEO shall continue to exercise all authority previously delegated by the Board, including authority respecting:

- administration of approved budgets;
- procurement and purchasing;
- execution of agreements;
- staffing and labour relations;
- implementation of approved programs and services;
- public health emergency response;
- legislative compliance;
- financial administration;
- operational decision-making; and
- protection of organizational assets.

6.3 Caretaking Principles

During a transition period, the CEO shall, where reasonably possible:

- continue routine business operations;
- implement previously approved Board decisions;
- defer significant strategic initiatives until the Board has regained quorum;
- avoid commitments that would materially limit the decision-making authority of the newly constituted Board.

Nothing in this section shall prevent the CEO from taking action necessary to fulfill statutory obligations or protect the interests of Southwestern Public Health.

6.4 Urgent Matters

Where delay would reasonably be expected to:

- jeopardize public health;
- compromise employee or public safety;
- expose the organization to significant legal liability;
- result in significant financial loss;
- prevent compliance with legislation;
- materially impair the operations of Southwestern Public Health

The CEO may take such actions as are reasonably necessary to protect the organization.

Where appropriate, the CEO shall seek legal advice prior to exercising authority under this section.

6.5 Reporting

The CEO shall report all significant actions taken under Sections 6.3 and 6.4 to the Board at the earliest practical opportunity following restoration of quorum.

7. Accountability

The CEO shall maintain appropriate records respecting the exercise of delegated authority.

The Board may request information respecting any decision made under delegated authority.

Nothing in this policy limits the Board's authority to amend, suspend, or revoke delegated authority.

Delegation of authority does not diminish the CEO's accountability to the Board.

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

REVISION DATES:

February 2019

June 2024

September 2026

Board of Health

SECTION:	Governance	**APPROVED BY:**	Board of Health
NUMBER:	BOH-GOV-030	**REVISED:**	September 2026
DATE:	May 1, 2018		

Delegation of Authority (Powers and Duties)

PURPOSE:

The purpose of this policy is to establish the principles governing the delegation of powers, duties, and functions of the Board of Health for the Oxford, Elgin, St. Thomas Health Unit (OESTHU) o/a Southwestern Public Health (SWPH), including legislative and quasi-judicial powers that have traditionally been held by the Board alone.

This policy ensures the efficient administration of the organization while maintaining appropriate governance oversight and accountability and also establishes provisions to support organizational continuity during periods when the Board of Health is unable to conduct business due to vacancies, municipal election transitions, or the absence of quorum.~~The purpose of this policy is to establish provisions for the delegation of the powers and duties of the Board of Health for the Oxford, Elgin, St. Thomas Health Unit (OESTHU), including legislative and quasi-judicial powers that have traditionally been held by the Board alone.~~

POLICY:

1. GENERAL PRINCIPLES

1.1 The Board of Health is responsible for the governance, strategic direction, stewardship, and oversight of Southwestern Public Health.

1.2 The Chief Executive Officer is responsible for the day-to-day administration and management of the organization and is accountable to the Board for the exercise of all delegated authority.

1.3 All delegations of Board powers, duties, or functions shall be established by Board policy, Board by-law, or Board resolution.

1.4 Unless expressly delegated, all powers, duties, and functions remain vested with the Board.

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1.5 Delegated authority shall be exercised:

- in accordance with applicable legislation;
- in compliance with Board policies and by-laws;
- within approved budgets;
- in support of the Board's strategic priorities; and
- in the best interests of Southwestern Public Health.

~~**All delegations of Board powers, duties or functions shall be effected by bylaw or policy.**~~

~~**Unless a power, duty or function of the Board has been expressly delegated by bylaw or policy, all of the powers, duties and functions of the Board shall remain with the Board.**~~

2. MATTERS RESERVED TO THE BOARD

The following matters remain the exclusive responsibility of the Board unless otherwise provided by legislation:

- approval and amendment of Board by-laws;
- approval of governance policies;
- approval of the Strategic Plan and Board priorities;
- approval of annual operating and capital budgets;
- approval of audited financial statements;
- appointment, performance evaluation, compensation, and termination of the Chief Executive Officer;
- appointment of Board officers and committees;
- approval of borrowing where authorized by legislation;
- approval of significant real property transactions;
- approval of advocacy positions on behalf of the Board;
- any other matter reserved to the Board by the *Health Protection and Promotion Act*, applicable legislation, or Board by-law.

3.

AUTHORIZATION OF EXPENDITURES:

The Board of Health has the ultimate authority for all expenditures. The Board delegates this authority through the authorization of budgets, the procurement policy and/or by specific resolution or direction to staff.

The Board establishes financial authority through the approval of:

- annual overall operating and capital budgets;
- financial management policies;
- procurement policies;
- signing authority policies; and
- specific Board resolutions.

The CEO is authorized to administer budgets in accordance with these authorities.

The CEO may authorize expenditures provided that:

- sufficient budget has been approved;
- expenditures comply with Board policies;
- expenditures are necessary to carry out approved operations or strategic priorities; and
- delegated financial authority has not been exceeded.

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~~The Board of Health has the ultimate authority for all expenditures. The Board delegates this authority through the authorization of budgets, the procurement policy and/or by specific resolution or direction to staff.~~

The Procurement Policy sets out the authority for payment of accounts and sets limits on spending levels. It also provides direction on the circumstances in which certain purchasing mechanisms are appropriate (i.e., informal quotes, formal quotes, tender submissions or requests for proposal).

4. AUTHORITY TO EXECUTE AGREEMENTS:

The Board authorizes the CEO to execute agreements and legally bind Southwestern Public Health without obtaining further Board approval where all of the following conditions are met:

- the agreement is administrative or operational in nature;
- the agreement supports an approved Board program, service, or operation;
- ~~approved~~ operating or capital funding exists, where applicable;
- the agreement complies with the Procurement Policy and other applicable Board policies; and
- the agreement has a term not exceeding five (5) years, unless otherwise authorized by the Board.

The CEO may delegate signing authority to employees in accordance with Board-approved policies.

5. STATUTORY DELEGATIONS

Where legislation permits the Board to delegate statutory powers or duties, such delegation shall be made by Board by-law or resolution.

~~Whereas it is desirable and expedient in the conduct of the Board's affairs to delegate certain powers and duties to staff, this policy shall authorize the CEO to enter into an agreement and shall authorize the CEO to legally bind the Health Unit by executing said agreement without approval if the following criteria are met:~~

~~The subject matter is non-financial or procured in accordance with the purchasing policy and for which approved operating or capital budget exists;~~

~~The subject matter is of an administrative or operational nature and relates to the management of the Health Unit; and~~

~~The agreement is for a term not exceeding five (5) years.~~

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA):

The Board of Health as the Institution under MFIPPA legislation is responsible for the fulfilment of many of the compliance requirements for responding to Freedom of Information (FOI) requests as well as the protection of client privacy. As the majority of Board members are elected municipal officials, section 3 of this legislation requires that members of the Board of Health designate one person or committee to be appointed, by by-law, as "Head" for the purposes of the Act.

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To facilitate the timely and efficient fulfilment of obligations by OESTHU to ensure compliance with respect to responding to FOI requests from clients, other institutions, the general public and/or media, as well as ensure the protection of the client, OESTHU and third party privacy, the designated “Head” will appoint the CEO to fulfill all the responsibilities of the Head under the Act.

5.1

PROCEDURE:

- As part of the order of business for the first meeting of a newly constituted Board of Health, the members shall appoint the Chair of the Board of Health, “Head” in accordance with MFIPPA and By-Law number 1 section 2. See “BOH-GOV-030(F) – Appendix A” for template for By-Law appointing “Head” under MFIPPA.
- By motion of the Board of Health, the newly appointed “Head” will delegate the ~~OESTHU~~Southwestern Public Health’s CEO as acting "Head" of OESTHU for the purpose of ensuring day-to-day fulfilment of OESTHU's compliance obligations under MFIPPA.

~~**As part of the order of business for the first meeting of a newly constituted Board of Health, the members shall appoint the Chair of the Board of Health, “Head” in accordance with MFIPPA and By-Law number 1 section 2. See “BOH-GOV-030(F) – Appendix A” for template for By-Law appointing “Head” under MFIPPA.**~~

~~**By motion of the Board of Health, the newly appointed “Head” will delegate OESTHU CEO as acting "Head" of OESTHU for the purpose of ensuring day-to-day fulfilment of OESTHU's compliance obligations under MFIPPA.**~~

6. BOARD TRANSITION AND GOVERNANCE CONTINUITY

The Board recognizes that municipal elections, provincial appointments, resignations, vacancies, or other circumstances may temporarily prevent the Board from achieving quorum.

During such periods, the following provisions shall apply.

6.1 CONTINUITY OF EXISTING AUTHORITY

All Board-approved policies, by-laws, budgets, delegations, and resolutions shall remain in effect until amended or repealed by the Board.

6.2 CEO Authority During Transition

The CEO shall continue to exercise all authority previously delegated by the Board, including authority respecting:

- administration of approved budgets;
- procurement and purchasing;
- execution of agreements;
- staffing and labour relations;
- implementation of approved programs and services;

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- public health emergency response;
- legislative compliance;
- financial administration;
- operational decision-making; and
- protection of organizational assets.

6.3 Caretaking Principles

During a transition period, the CEO shall, where reasonably possible:

- continue routine business operations;
- implement previously approved Board decisions;
- defer significant strategic initiatives until the Board has regained quorum;
- avoid commitments that would materially limit the decision-making authority of the newly constituted Board.

Nothing in this section shall prevent the CEO from taking action necessary to fulfill statutory obligations or protect the interests of Southwestern Public Health.

6.4 Urgent Matters

Where delay would reasonably be expected to:

- jeopardize public health;
- compromise employee or public safety;
- expose the organization to significant legal liability;
- result in significant financial loss;
- prevent compliance with legislation;
- materially impair the operations of Southwestern Public Health

The CEO may take such actions as are reasonably necessary to protect the organization.

Where appropriate, the CEO shall seek legal advice prior to exercising authority under this section.

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6.5 Reporting

The CEO shall report all significant actions taken under Sections 6.3 and 6.4 to the Board at the earliest practical opportunity following restoration of quorum.

7. Accountability

The CEO shall maintain appropriate records respecting the exercise of delegated authority.

The Board may request information respecting any decision made under delegated authority.

Nothing in this policy limits the Board's authority to amend, suspend, or revoke delegated authority.

Delegation of authority does not diminish the CEO's accountability to the Board.

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

REVISION DATES:

February 2019

June 2024

September 2026

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BOARD OF HEALTH

SECTION:	Governance	APPROVED BY:	Board of Health
NUMBER:	BOH-GOV-040	REVISED:	~~June 2024~~ September 2026
DATE:	May 1, 2018		

Recording of Board of Health Meetings

PURPOSE:

The purpose of this policy is to ensure the creation of an accurate and comprehensive record of Board of Health (BOH) meetings, while promoting transparency and public access to the proceedings.

POLICY:

Meetings of the BOH shall be recorded and open session portions made available to the public to enhance transparency and provide a reliable record for the creation of official meeting minutes.

PROCEDURE:

1. **Notification and Consent**: At the beginning of each meeting, the Chair will inform attendees, including members of the public, that the meeting will be recorded and the open session portion shall be made available on the SWPH's public website. Attendance and participation in the meeting imply consent to this recording and public dissemination.

2. **Storage and Security:** Recordings will be securely stored by the Executive Assistant until they are made public.

3. **Public Access:** Recordings will be made available to the public via a link on Southwestern Public Health's (SWPH) website ~~within~~ five business days after the meeting. This timeframe allows for necessary administrative processing and quality checks. Recordings will be removed from the public website no later than the next BOH meeting, or 30 days, whichever occurs first.

4. **Retention and Disposal:** Recordings will be retained as part of the public record for a

period defined by SWPH's record retention policy. After this period, recordings will be disposed of in a secure manner and in keeping with SWPH's file destruction policy, unless required for legal, audit, or archival purposes.

5. **Amendments to the Policy:** This policy may be revised to reflect changes in legal requirements, technological advancements, or organizational practices.

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

REVISION DATES:

September 2022
June 2024
September 2026

SECTION:	Governance	APPROVED BY:	Board of Health
NUMBER:	BOH-GOV-060	REVISED:	~~June 2024~~ September 2026
DATE:	May 1, 2018		

Terms for Election of Officers

PURPOSE:

The purpose of this policy is to establish clear parameters for the election and term limits of the Chair and Vice-Chair. ~~The purpose is to promote continuity by ensuring members elected to be chair or vice-chair may serve for two consecutive terms~~.

POLICY:

In accordance with Section 52 of the *Health Protection and Promotion Act* ~~Section 52~~, at the first meeting of the Board of Health in each year, the members shall elect one member to be C~~c~~hair and one to be Vice-Chair.

In accordance with By-Law No. 1, any member of the Board of Health may serve as an Officer of the Board in the position of chair or vice-chair, provided they are elected. The term for each Officer position shall be one year.

Incumbents may be re-elected for a total of two consecutive terms before a one-year break in the role served before being re-elected for another term, in accordance with Bylaw No. 1. An incumbent may be elected to a subsequent consecutive term if, and only if, no other Board members accept a nomination for that specific position during the annual election.

REFERENCES:

- Section 52, Health Protection and Promotion Act.
- By-Law No. 1 – Southwestern Public Health

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

REVISION DATES:

September 2022
June 2024
September 2026

Board of Health Policy

POLICY NAME:	BOARD OF HEALTH EVALUATION & DEVELOPMENT

SECTION:	HUMAN RESOURCES	POLICY NUMBER:	BOH-GOV-120
REVISION DATE:	SEPTEMBER 2026	APPROVED BY:	BOARD OF HEALTH
ISSUE DATE:	MAY 1, 2018		

1.0 PURPOSE:

To establish a process for the Board of Health to periodically evaluate its governance effectiveness and assess the collective competencies of its members in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS). The process supports continuous improvement in governance, orientation, education, and Board development.

2.0 POLICY:

The Board of Health shall undertake a comprehensive self-evaluation process at least every other year consisting of:

- a Board Governance: Member Evaluation (Appendix A) that assesses the effectiveness of the Board's governance practices, processes, and outcomes; and,
- an Individual Competency Matrix Self-Assessment (Appendix B) completed by each Board member to identify the Board's collective knowledge, skills, experience, and development needs.

2.1 Competency Matrix Survey (BOH-GOV-120 Appendix A)

Board members will complete the yearly individual assessment which aims to enhance their contribution to the board, identify skill gaps, training and development opportunities.

The annual Competency Matrix Survey shall:

- Provide Board members with an opportunity to assess their own knowledge, experience, and competencies relevant to effective governance;

- Identify the Board's collective strengths and competency gaps through aggregated results;
- Inform Board orientation, continuing education, governance development, committee succession planning, and future recruitment discussions where applicable;
- Identify opportunities for Board members to contribute their expertise in support of Board learning and committee work; and
- Not be used to evaluate the performance of individual Board members.

Individual competency assessments shall remain confidential. Only aggregated, anonymized results will be reported to the Board unless otherwise authorized by the individual member.

2.2 Board Governance: Member Evaluation (BOH-GOV-120 Appendix B)

The Board Governance: Member Evaluation may result in recommendations to strengthen Board leadership, governance effectiveness, engagement, accountability, and overall performance.

The Board Governance Member Evaluation process shall include consideration of whether:

1. Decision-making is supported by appropriate information and sufficient time for deliberations;
2. The Board fulfills its legislative, fiduciary, and governance responsibilities;
3. Compliance with applicable federal and provincial regulatory requirements is achieved;
4. Any material notice of wrongdoing or irregularities are responded to and addressed appropriately in a timely manner;
5. Reporting systems provide the Board with information that is timely and meaningful to support governance oversight;
6. Board members remain abreast of major developments in governance and public health best practices, including emerging practices among peers;
7. The Board effectively oversees organizational performance, financial stewardship, enterprise risk, and accountability for programs and services;
8. Board discussions remain focused on strategic direction, governance, policy issues and solutions, and oversight rather than operational matters; and

9. Board meetings, committees, orientation, and governance processes effectively support informed decision-making and member engagement.

3.0 PROCEDURE:

3.1 Competency Matrix Survey (BOH- GOV-120 Appendix A)

1. The CEO or designate shall distribute the Board Competency Matrix Survey to all Board members by August of the assessment year.
2. Board members shall complete the assessment by the established deadline.
3. The CEO or designate shall compile and anonymize the results to produce a collective competency profile of the Board.
4. The Governance Standing Committee shall review the aggregated results during the fall and may make recommendations to the Board regarding Board orientation; ongoing education; governance development initiatives; committee composition where appropriate; and other Board development opportunities.

3.2 Board Governance: Member Evaluation (BOH- GOV-120 Appendix B)

1. The CEO or designate shall distribute the Board Governance Self-Evaluation to Board members following the final regular Board meeting of the calendar year.
2. Board members shall complete the evaluation by the established deadline.
3. The CEO or designate shall compile the results and prepare a summary report.
4. The Governance Standing Committee shall review the results and make recommendations to the Board, as appropriate, regarding governance practices, Board effectiveness, policies, and governance improvements.

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

CHANGES TO PREVIOUS VERSION

- September 2022
- June 2024 (addition of compliance and revision dates)
- September 2026

Board of Health Policy

POLICY NAME:	BOARD OF HEALTH ~~SELF-~~EVALUATION & DEVELOPMENT

SECTION:	HUMAN RESOURCES	POLICY NUMBER:	~~B~~BOH-~~HR~~GOV-~~10~~20
REVISION DATE:	~~JUNE 2024~~SEPTEMBER 2026	APPROVED BY:	BOARD OF HEALTH
ISSUE DATE:	MAY 1, 2018		

1.0 PURPOSE:

To establish a process for the Board of Health to periodically evaluate its governance effectiveness and assess the collective competencies of its members in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS). The process supports continuous improvement in governance, orientation, education, and Board development. ~~To outline the requirements of self-evaluation for board of health members in accordance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.~~

2.0 POLICY:

The Board of Health shall undertake a comprehensive self-evaluation process at least every other year consisting of:

- a Board Governance: Member Evaluation (Appendix A) that assesses the effectiveness of the Board's governance practices, processes, and outcomes; and,
- an Individual Competency Matrix Self-Assessment (Appendix B) completed by each Board member to identify the Board's collective knowledge, skills, experience, and development needs.

2.1 Competency Matrix Survey (BOH-GOV-120 Appendix A)

Board members will complete the yearly individual assessment which aims to enhance their contribution to the board, identify skill gaps, training and development opportunities.

The annual Competency Matrix Survey shall:

- Provide Board members with an opportunity to assess their own knowledge, experience, and competencies relevant to effective governance;
- Identify the Board's collective strengths and competency gaps through aggregated results;
- Inform Board orientation, continuing education, governance development, committee succession planning, and future recruitment discussions where applicable;
- Identify opportunities for Board members to contribute their expertise in support of Board learning and committee work; and
- Not be used to evaluate the performance of individual Board members.

Individual competency assessments shall remain confidential. Only aggregated, anonymized results will be reported to the Board unless otherwise authorized by the individual member.

2.2 Board Governance: Member Evaluation (BOH-GOV-120 Appendix B)

The Board Governance: Member Evaluation may result in recommendations to strengthen Board leadership, governance effectiveness, engagement, accountability, and overall performance.

The Board Governance Member ~~self-~~ E~~e~~valuation process shall include consideration of whether:

1. Decision-making is ~~based on access to~~supported by appropriate information ~~with~~ and sufficient time for deliberations;
2. ~~1.~~ The Board fulfills its legislative, fiduciary, and governance responsibilities;
3. ~~2.~~ Compliance with applicable ~~all~~ federal and provincial regulatory requirements is achieved;
4. ~~1.~~ Any material notice of wrongdoing or irregularities ~~is~~ are responded to and addressed appropriately in a timely manner;
5. ~~2.~~ Reporting systems provide the Board with information that is timely and ~~complete~~meaningful to support governance oversight;
6. Board m~~M~~embers remain abreast of major developments in governance and public health best practices, including emerging practices among peers;
7. ~~1.~~ The Board effectively oversees organizational performance, financial stewardship, enterprise risk, and accountability for programs and services;

2. Board discussions remain focused on strategic direction, governance, policy issues and solutions, and oversight rather than operational matters; members are actively engaged in discussing agenda items that focus on strategic results, policy issues and solutions rather than on day-to-day operational issues; and

8.

3. Board meetings, committees, orientation, and governance processes effectively support informed decision-making and member engagement. Members monitor fiscal and programs and services performance.

3.9.

3.0 Board members will complete the individual assessment portion of the tool which aims to enhance their contribution to the board, identify skill gaps, training and development opportunities.

PROCEDURE:

3.1 Competency Matrix Survey (BOH- GOV-120 Appendix A)

1. The CEO or designate shall distribute the Board Competency Matrix Survey to all Board members by August of the assessment year.
2. Board members shall complete the assessment by the established deadline.
3. The CEO or designate shall compile and anonymize the results to produce a collective competency profile of the Board.
4. The Governance Standing Committee shall review the aggregated results during the fall and may make recommendations to the Board regarding Board orientation; ongoing education; governance development initiatives; committee composition, where appropriate; and other Board development opportunities.

3.2 Board Governance: Member Evaluation (BOH- GOV-120 Appendix B)

1. The CEO or designate shall distribute the Board Governance Self-Evaluation to Board members following the final regular Board meeting of the calendar year.
2. Board members shall complete the evaluation by the established deadline.
3. The CEO or designate shall compile the results and prepare a summary report.

4. The Governance Standing Committee shall review the results and make recommendations to the Board, as appropriate, regarding governance practices, Board effectiveness, policies, and governance improvements.

~~5. The CEO or designate will forward the Board of Health and Individual Assessment form (BOH-HR-020 – Appendix A) to each Board member by July 1st of the assessment year.~~

~~6.~~

~~7. Board members will complete the forms electronically by August 1st of the assessment year and return to the CEO.~~

~~8.~~

~~9. The CEO will compile the results of the assessments and forward to the Board no later than September 30th of the assessment year.~~

~~10.~~

~~11. The Board will discuss the results at a subsequent Board of Health meeting.~~

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

CHANGES TO PREVIOUS VERSION

- September 2022
- June 2024 (addition of compliance and revision dates)
- September 2026

Board ~~of Health~~ Governance - Member~~Self~~ Evaluation Survey

Welcome to the Board of Health ~~Self-Evaluation~~Board Governance – Member Evaluation Survey. In consideration of the significant investment of time and energy required by the Board of Health, the Ministry of Health ~~and Long- Term Care~~ has mandated that health units implement a process for evaluating board operations. BOH-GOV~~HR~~-1~~0~~20 Policy, Board of Health ~~Self-~~Evaluation and Development was developed to support this organizational standard.

This self-assessment survey aims to determine whether Board members feel that goals, objectives and deliverables are being met and to identify any potential areas for development in advance.

The survey should take about 10-15 minutes to complete.

The self-assessment is made up of five sections:

Section 1 -Roles and Responsibilities
Section 2 -Information Sharing
Section 3 -Board Relations
Section 4 -Planning Documents
Section 5 -Personal Competencies.

There is an open-ended comment field in each section as an opportunity to provide additional detailed feedback on performance successes and suggested improvements in each area.

The results from the survey will be kept confidential. All results will be summarized in a brief summary report which will not contain information that could identify an individual.

Section 1: BOH Roles and Responsibilities

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
1. As a BOH member, I have a clear understanding of the ROLE of the BOH at Southwestern Public Health.	○	○	○
2. As a BOH member, I have a clear understanding of the RESPONSIBILITIES of the BOH at Southwestern Public Health.	○	○	○

3. As a BOH member, I have a clear understanding of the role of the executive leadership team (CEO and MOH) in the Health Unit.	○	○	○

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
4. The BOH focuses primarily on long-term issues and policy issues.	○	○	○
5. The BOH steers clear of lengthy discussions of short-term administrative matters.	○	○	○
6. The BOH receives adequate information to approve financial information.	○	○	○
7. The BOH receives adequate information on the Health Unit's compliance with applicable legislation.	○	○	○
8. The BOH is adequately prepared to oversee an emergency situation.	○	○	○

9. What suggestions do you have to help clarify the roles and responsibilities of BOH members?

Section 2: BOH Information Sharing

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
10. I believe the staff presentations at BOH meetings are helpful in fulfilling my role.	○	○	○
11. I believe the Program and Service Reports to the BOH is helpful in fulfilling my role.	○	○	○
12. I believe the Medical Officer of Health Report to the BOH is helpful in fulfilling my role.	○	○	○
13. I believe the Chief Executive Officer's report to the BOH is helpful in fulfilling my role.	○	○	○

14. What suggestions do you have, if any, to improve information sharing with the Board of Health?

Section 3: Board Relations

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
15. I feel that the BOH works well as a team.	○	○	○

16. There is sufficient time allocated for the full discussion of issues at the BOH meetings.	○	○	○
17. BOH members have adequate opportunities to ask questions at BOH meetings.	○	○	○
18. I feel comfortable raising an issue that might be unpopular.	○	○	○
19. A climate of mutual trust and respect exists between the BOH and the Medical Officer of Health.	○	○	○
20. A climate of mutual trust and respect exists between the BOH and the CEO.	○	○	○
21. A climate of mutual trust and respect exists between the BOH and the Senior Leadership Team (Program and Service Directors).	○	○	○
22. BOH members assist in developing and maintaining positive relations with key Public Health stakeholders.	○	○	○

23. Are there any areas for improvement in BOH relations?

24. Are there particular strengths that should be noted in the area of BOH relations?

Section 4: Planning Documents

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
25. I am familiar with the Health Unit's Annual Report.	○	○	○
27. I am familiar with the Health Unit's Accountability Agreement with the Ministry of Health and Long-Term Care (MOHLTC).	○	○	○

28. Do you have any suggestions for improving BOH work related to planning?

Section 5: Board of Health Member Personal Competencies

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
29. I have an understanding of the skills that I bring to the BOH.	○	○	○
30. I believe that I am contributing to the effectiveness of the BOH.	○	○	○

31. I feel comfortable asking questions when I don't fully understand an issue.	○	○	○
32. I identify and communicate my individual training needs for my role as a BOH member.	○	○	○
33. I typically arrive at meetings on time and I am prepared to participate fully (to discuss, debate and make decisions).	○	○	○
34. I am able to accept differences of views and opinions between BOH members.	○	○	○
35. I am confident in my ability to express myself and represent my views to other Board members during discussions.	○	○	○

Do you agree or disagree with the following statements?

	Agree	Neutral	Disagree
36. I believe I represent the public's interest as it relates to Public Health.	○	○	○
37. I am familiar with the Health Protection and Promotion Act (HPPA) and bylaws of the organization.	○	○	○
38. I am familiar with the Board of Health Bylaws and Policies/Procedures	○	○	○
39. I am aware of the powers, limitations, and restrictions that I have as a Board member.	○	○	○
40. I am able to interpret, analyze, and access any board information I need.	○	○	○
41. I understand the role of data, measurement and evaluation in the work of the Health Unit.	○	○	○
42. I enjoy being on the BOH.	○	○	○
43. I feel that I have the opportunity and the skills to contribute to the success of the organization.	○	○	○

44. What are some of your learning needs?

Choice 1	Choice 2	Choice 3
Please list 1-3 topics or areas in which you would like more information, training or development opportunities to help you in your role as a member of the Board of Health.		

45. Do you have any other comments or suggestions that will help the BOH increase its effectiveness?

Thank you for your time in completing this survey!

BOARD OF HEALTH

SECTION:	**Policy Management**	**APPROVED BY:**	**Board of Health**
NUMBER:	**BOH-PM-010**	**REVISED:**	**~~June 2024~~September 2026**
DATE:	**May 1, 2018**		

Policy and Bylaws Adherence and Development

POLICY:

Southwestern Public Health's Board of Health members are responsible for adhering to all Board of Health policies and procedures and the Bylaws of SWPH.

Board of Health and non-union policies and procedures shall be reviewed every two years by the Chief Executive Officer or their designate to ensure applicability, and the potential need for any amendments and/or additions. The biennial review does not negate the possibility of an amendment to an existing and/or creation of an additional policy prior to the scheduled review.

SWPH's Bylaws are reviewed at least every five years, or sooner as required, by the CEO or their designate to ensure applicability and the potential need for any amendments and/or additions.

PROCEDURE:

1. The Executive Assistant will track when policies are required to be reviewed and prepare policies for first review.
2. The CEO will undertake a review of each policy according to the review schedule.
3. The CEO will bring forward to the Governance Committee any amendments and/or additions to Board of Health policies/bylaws.

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

QUALITY ASSURANCE:

Amendments and or additions to Southwestern Public Health's Board of Health policies or bylaws prior to the biennial review is at the discretion of the Chief Executive Officer and will be brought to the attention of the Board of Health Governance Standing Committee, who will in turn determine of the policy requires an amendment prior to the policy's regular review timing.

LIST OF REVISIONS:

May 29, 2024:

- Additional note that the EA will prepare the relevant policies for first review; additional note that the CEO will bring forward non-union policies to the Board where appropriate.
- Addition of Compliance, Quality Assurance, and List of Revisions

July 15, 2026:

- Added note that review of Bylaws may occur sooner than 5 years
- Minor housekeeping changes

REVISION DATES:

September 2022
June 2024
September 2026