



GOVERNANCE COMMITTEE MEETING

Wednesday, May 26, 2021
1:00 to 2:30 p.m.

Virtual - ZOOM

**If you cannot attend the meeting, it is up to you to
contact your alternate to attend in your place.
This is important to ensure a quorum.**

Please RSVP (Regrets Only) to
clovell@hpeph.ca or 613-966-5500, Ext 231.

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

**Healthy Communities,
Healthy People.**

Our Mission

**Together with our communities,
we help people become as
healthy as they can be.**

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



**Community
Engagement**



**Staff
Engagement
and Culture**



**Population Health
Assessment and
Surveillance**



**Program
Standards**



**Health
Promotion**



GOVERNANCE COMMITTEE MEETING AGENDA

Wednesday, May 26, 2021

1:00 pm – 2:30 pm

Virtual - ZOOM

If you are unable to attend, and have not already done so, please arrange for your alternate to attend and advise Catherine Lovell at clovell@hpeph.ca Thank you.

- 1. CALL TO ORDER**
- 2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**
- 3. APPROVAL OF AGENDA**
- 4. ELECTION OF THE CHAIR**
- 5. APPROVAL OF MINUTES OF PREVIOUS MEETING**
 - 5.1 Meeting Minutes of May 27, 2020 [Schedule 5.1](#)
- 6. NEW BUSINESS**
 - 6.1 Strategic Plan Progress Report [Schedule 6.1](#)
 - 6.2 Risk Management 2021-2022 [Schedule 6.2](#)
- 7. DATE OF NEXT MEETING**

Wednesday, October 27, 2021 at 1:00 p.m.
- 8. ADJOURNMENT**



GOVERNANCE COMMITTEE MEETING MINUTES

Wednesday, May 27, 2020

1:00 pm – 2:30 pm

Via Teleconference

Dial In: 613-966-1257 Ext. 8300 PIN 4444

If you are unable to attend, and have not already done so, please arrange for your alternate to attend and advise Catherine Lovell at clovell@hpeph.ca Thank you.

Present:

Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings
Mr. Michael Kotsovos, Councillor, City of Quinte West
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Ms. Deborah Goulden, Provincial Appointee (Chair)

Regrets:

Mr. Andreas Bolik, Councillor, County of Prince Edward
Mr. Sean Kelly, Councillor, City of Belleville

Also Present:

Dr. Piotr Oglaza, Medical Officer of Health/CEO
Ms. Val Dunham, Director of Corporate Services/Associate CEO
Ms. Catherine Lovell, Executive Assistant
Ms. Veronica Montgomery, Foundational Standards Manager

1. CALL TO ORDER

The meeting was called to order at 1:03 p.m.

2. ROLL CALL

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

4. ELECTION OF COMMITTEE CHAIR

Jo-Anne called for nominations. Michael nominated Deb Goulden. Deb declined the election, as she is finishing in October due to moving out of province. Jo-Anne nominated Jan. Seconded by Michael. There were no other nominations. No one against. Jan accepted the nomination as Chair of the Governance Committee and took over the meeting.

5. APPROVAL OF AGENDA

MOTION:

Moved by: Jo-Anne

Seconded by: Michael

THAT the agenda of the May 27, 2020 Governance Committee be approved as circulated.

CARRIED

6. APPROVAL OF MINUTES OF PREVIOUS MEETING

6.1 Meeting Minutes of January 22, 2020

Schedule 6.1

MOTION:

Moved by: Michael

Seconded by: Deb

THAT the minutes of the January 22, 2020 Governance Committee meeting be approved as circulated.

CARRIED

7. NEW BUSINESS**7.1 Policy Advocacy Policy**

Schedule 7.1

Dr. Oglaza gave some background around the framework and the development of the Advocacy policy. Advocacy could be generated by staff and brought to the Board of Health and/or brought by Board of Health members.

MOTION:

Moved by: Jo-Anne

Seconded by: Michael

THAT the Governance Committee recommend to the Board of Health to approve implementation of the Policy Advocacy policy as presented for immediate application.

CARRIED

7.2 Board of Health Member Competencies Inventory

Schedule 7.2

Dr. Oglaza noted that this came out of our internal evaluation and is follow up from discussion at a Board of Health meeting. A number of responses were unsure that the agency is aware of the skill sets of Board members. This form outlines key competencies and skills.

MOTION:

Moved by: Jo-Anne

Seconded by: Michael

THAT the Governance Committee recommend to the Board of Health to support the Schedule of Competencies and Skills Inventory and proceed with having each Board member complete the schedule.

CARRIED

7.3 Strategic Planning Progress Report / 2020 Goals

Schedule 7.3

Dr. Oglaza reviewed the Progress Report making clarifications and giving some background where needed, more specifically,

- an action plan has been created and 4 key stakeholders identified
- we continue to work and liaise with these key stakeholders
- most work has been done despite public health modernization and Covid-19.

Appreciation was given at having this information at our fingertips.

MOTION:

Moved by: Michael

Seconded by: Deb

THAT the Governance Committee accept this report as circulated and be presented to the Board of Health at its next meeting.

CARRIED

7.4 Land Acknowledgement

Schedule 7.4

Dr. Oglaza talked about this. Health units are required to build a meaningful relationship with Indigenous communities. This has been identified through our work with these communities, and will raise awareness of history and better understanding of context of Indigenous communities. Seeking support of staff to explore and work with Indigenous communities.

MOTION:

Moved by: Jo-Anne

Seconded by: Deborah

THAT the Governance Committee recommend to the Board of Health to support staff in working with local Indigenous communities to develop a land acknowledgement statement to be used later within the context of Hastings Prince Edward Public Health.

CARRIED

8. DATE OF NEXT MEETING

Wednesday, September 23, 2020 at 1:00 p.m.

9. ADJOURNMENT

MOTION:

Moved by: Jo-Anne

Seconded by: Michael

THAT the Governance Committee meeting be adjourned at 1:46 pm.

CARRIED

STRATEGIC PLANNING PROGRESS REPORT

MAY 2020 TO APRIL 2021

Community Engagement



➤ **Community Engagement initiatives with identified stakeholder groups.**

1. Schools

- ♦ Developed and implemented a new service delivery model for Healthy Schools program, including new public health nurse positions.
- ♦ Worked with schools to ensure their safe reopening in September 2020, and provided ongoing case and contact management. Provided continued collaboration in the ongoing safety of the school environment.

2. Municipalities

- ♦ Developed internal structure for municipal liaison as well as provided feedback on the Prince Edward County Official Plan, Belleville Community Improvement Plan, Belleville Official Plan, Belleville Parks and Recreation Master Plan, and participated in Quinte West Community Safety and Wellbeing Plan development.
- ♦ Worked with municipalities to plan and implement the COVID-19 immunization rollout across Hastings and Prince Edward Counties (HPEC).
- ♦ Liaised with municipalities, and other community partners including, Hastings Quinte Paramedic Services, local police services, and by-law enforcement related to COVID-19 response throughout the course of the pandemic.

3. Health care professionals / organizations

- ♦ Participated in HPE Ontario Health Team visioning exercise as well as planning meetings.
- ♦ Continue to work with CFB Trenton around COVID-19 case and contact management.
- ♦ Worked with Quinte Health Care (QHC) to facilitate the development of sites, processes and testing capacity for COVID-19 in HPEC.
- ♦ Worked with QHC, Hastings Quinte Paramedic Services, primary care, and other HPE Ontario Health Team partners to plan and implement the COVID-19 immunization rollout across HPEC.
- ♦ Joint planning with Loyalist College for the first mass immunization clinic in HPEC at their Belleville site.

4. Priority populations

- ♦ Completed a Health Equity Impact Assessment, which included engagement with municipalities, community partners, and priority populations to ensure the COVID-19 pandemic response is reaching the most vulnerable in our community.
- ♦ Developed tailored strategies for COVID-19 vaccination rollout to reach priority populations, including people living with homelessness and newcomers.
- ♦ Worked with Mohawks of the Bay of Quinte, Kijicho Manito Madaouskarini Algonquin Nation, and the Métis Nation of Ontario in planning and implementing the vaccine immunization rollout to their community members.

➤ **Continue to strengthen relationships through participation in community working groups and the development of partnerships throughout the region.**

- ♦ Worked with Quinte Immigration Services and Quinte Local Immigration Partnership to ensure public health services are available and accessible to newcomers to the region.
- ♦ Participated in the Belleville Equity, Diversity and Inclusion Committee, formerly the Belleville Inclusion Committee.
- ♦ Supported the development of an isolation plan for the Grace Inn Shelter in Belleville to support those experiencing homelessness, and develop symptoms of COVID-19.
- ♦ Collaborated with community members on housing issues occurring during the pandemic through the affordable housing working group.
 - Supported the work of the Prosperity Gateway PEC on income security in Prince Edward County.
 - Worked with Community Advocacy and Legal Centre to ensure people required to self-isolate due to COVID-19 are being treated fairly by their employers.
 - Strengthened relationships with Indigenous partners to ensure vaccine rollout demonstrated appropriate prioritization and cultural safety.

➤ **Website 2020**

- ♦ Added and continue to add to the website current COVID-19 information for the general public and specific sectors. Information such as specific dashboards for current and historical number of cases, outbreaks, and vaccines administered, media releases, vaccine booking and eligibility, vaccine safety and availability, current restrictions, information about getting tested and other resources in order to have all COVID-19 information in one place for ease of public consumption.
- ♦ The website's average number of weekly users has seen a steady increase since its launch, with 5,000 users in the first quarter of 2020 to 22,000 average weekly users in the last quarter of 2020.

Staff Engagement and Culture

- ♦ COVID-19 Human Resource Evaluation provided staff opportunity to give input and feedback in relation to efficiency and staff safety and wellbeing during the first wave of COVID-19.
- ♦ A culture of appreciation addressed through internal staff communication, and all-staff events now feature appreciation and recognition elements.
- ♦ Strengthened capacity of the Communications team through the addition of two positions.
- ♦ Communication Strategy implementation and accomplishments include:
 - centralized distribution of e-newsletters and stakeholder update bulletins,
 - streamlined social media presence with centralized moderation and content management,
 - centralized production of communications and promotional products, and
 - established a consistent contact point for media relations.



➤ **Internal Communication Plan**

- ♦ Streamlined and implemented consistent internal communications processes during the COVID-19 response through daily and weekly updates and Messages from the MOH regarding critical issues as deemed necessary.

Population Health Assessment and Surveillance



1. *Improve data access, organization, management and storage*

- ♦ HPEPH developed a framework for evaluating and improving Covid-19 responses including the continuous improvement of case management, communications, school-based nursing and mass immunization. The planning cycle toolkit was used to improve on both efficiency and effectiveness in program delivery.
- ♦ Developed schedule and procedure for updating respiratory data, disease of public health significance, and COVID-19.
- ♦ Established raw data warehouse to store all extracted COVID-19 related data; used as the source data for three (3) COVID-19 website dashboards.

2. *Incorporate a health equity approach in the collection and analysis of data*

- ♦ Collected social determinants of health data for COVID-19 cases and completed regularly updated data analyses.
- ♦ Contributed to collaborative Shared Health Equity Dashboard with Kingston, Frontenac Lennox and Addington (KFLA) Public Health, Leeds, Grenville and Lanark (LGL) District Health Unit, and Southeast LHIN which used a health equity lens to describe and compare SDOH for a number of core health indicators.

3. *Focus on assessing, interpreting and using data products*

- ♦ Development, application, and continual revision of surveillance of COVID-19. Created three (3) COVID-19 dashboards based on sensitivity of data and audience:
 - Public COVID-19 Dashboard for general public
 - COVID-19 Indicators Dashboard for internal and key community partners which focuses on the indicators used in the provincial framework for re-opening (the colour system)
 - Internal dashboard – for internal use only – sensitive individual-line data that helps us identify emerging trends and clusters
- ♦ Draft surveillance plan developed for Opioid Surveillance created in collaboration with Harm Reduction Nurse.
- ♦ Created dashboards to assist with surveillance for Diseases of Public Health Significance (includes Sexual Health indicators), Respiratory Infections (includes Influenza), and Mental Health. In progress dashboards for Substance Use (includes alcohol and marijuana use) and Chronic Diseases.
- ♦ Continued to build capacity in population health assessment and surveillance; included COVID-19 surveillance and assessment training in COVID-19 Case Manager orientations.

4. *Enhance population health assessment and surveillance knowledge exchange.*

- ♦ Continued participation in Community Data Consortium with key community partners including at minimum meeting quarterly.

Program Standards

- Business continuity plans were refreshed and modified to reflect the impacts of COVID-19 on all public health programs. Programs and services were scaled back based on priority, available resources and ensuring the continuity of critical / essential services.

Schools

- Service delivery model updated August 2020 to include school public health nurses.
- Evidence-informed recommendations developed for 5 of 7 priority topic areas (mental health promotion, substance use prevention, healthy eating, physical activity, healthy sexuality, and healthy growth and development).

**Health Equity**

- Community food assessment completed to inform role of Hastings Prince Edward Public Health in improving the accessibility, affordability, availability, and adequacy of nutritious foods in Hastings and Prince Edward Counties.
- Health Equity was a central tactic employed in the development and implementation of our local COVID-19 mass immunization rollout. These strategies were developed in conjunction with KFL&A and LGL public health units, Kingston Health Sciences and the Province.

Health Promotion

- Six planning cycles completed to date for priority topics in school health.
- Virtual planning cycle training modules initiated.
- Used the planning cycle to inform evaluation framework for the COVID-19 vaccine rollout.

Policy Advocacy Framework

- The Framework guided advocacy issues including:
 - Board of Health advocacy for paid sick days, improved access to warming centres for people living with homelessness, and support for Bill 216 Food Literacy for Students Act, 2020.
 - Medical Officer of Health advocacy for a range of COVID-19 response issues including vaccine allocation, timing second doses for health care workers, implementation provincial public health restrictions at the provincial and local levels, and school reopening.

Healthy Babies Healthy Children

- Developed a pilot project for the use of the Ontario Telemedicine Network (OTN) for public health nurses and family home visitors in meeting with clients necessitated by the pandemic.

Infectious and Communicable Diseases

- To strengthen Clinical and Communicable Disease Programs a second Program Director (with a medical background) was recruited. Onboarding is currently underway. To support the significant demands of both Covid-19 case management and immunization two temporary program managers were recruited to meet the increased workload.

Health Promotion**Comprehensive Prioritization for Health Promotion Topics**

- Decision tree developed to guide participation in community engagement for health promotion topics based on prioritization.
- Indicators for health protection standards identified and data gathered to assist with recovery planning.



Governance Committee - Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Reviewed by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, May 26, 2021
Subject:	Risk Management
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	For review and discussion.
Background:	<p>HPEPH has a comprehensive risk management policy and procedure that was approved by the Board of Health in 2017. The policy outlines responsibilities for risk management and provides a framework to track key risk mitigations associated with categories of risk. The approach taken is consistent with the provincial risk management system provided by the Ministry in 2017.</p> <p>Risk Management activities are reported to the Governance Committee and to the Ministry. The Executive Team has reviewed organizational risks and developed a new listing of risk categories for the period of April 2021 to March 2022. Risks established are all resulting from the ongoing response to COVID-19 as well as anticipated risks as we move from emergency response to recovery. Risks have purposely been identified at a high level and will be mitigated with strategic mitigation approaches, emphasizing policy changes and development of multi-year strategies whenever possible.</p> <p>The Risk Management program, including the policy and procedure in place, will be reviewed and brought forward for Board approval in the fall of 2021. The goal is to simplify the process as much as possible and streamline reporting procedures to be consistent with Ministry guidelines.</p> <p>The Governance Committee is requested to review the key risks identified and provide feedback to the Executive Team as deemed necessary. The Governance Committee is also requested to report these key risks to the Board of Health at the June meeting.</p>

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Report Dates
1	Potential of legal action given interactions with thousands of people in the community through enforcement activities, COVID-19 vaccine clinics and dental work.	Compliance Legal	4	2	8	Moderate	1. Seek legal advice to create standardized indemnification clause. 2. Develop checklist for review of contracts. 3. Review health and safety procedures for community work.	Director of Corporate Services	Progress report to BOH in October 2021
2	Risk of financial exposure during intense and abrupt change of expenditures and staffing levels experienced during COVID-19; concern over financial resources in future.	Financial	3	4	12	Moderate-High	1. Review reserve policy and procedure with Finance Committee; establish objectives and TOR for access. 2. Review internal controls and reporting processes. 3. Develop and implement internal audit process for oversight and increased accountability. 4. Prepare 5-year financial strategy.	Director of Corporate Services/ Finance Manager	Progress report to BOH in October 2021
3	Significant uncertainty about service delivery post-COVID-19 and the transition from emergency response and mass immunization to recovery. As the recovery from COVID-19 is planned and implemented, the pace of organizational change will continue. HPEPH must be prepared to quickly change priorities and directions and implement new policies, procedures, and services effectively. This risk is particularly concerning given staff changes, workload issues and retirements in the organization.	Governance / Organizational/ Strategic / Policy	5	3	15	High	1. Develop recovery plan for COVID-19. 2. Identify associated impacts to traditional service delivery.	Program Directors	Progress report to BOH in October 2021
4	Human resource risk of dealing with staff fatigue resulting from the pandemic, impacts of working from home, changing expectations of work assignments, pending retirements and associated succession planning.	People / Human Resources	5	3	15	High	1. Develop human resource strategy to address key HR issues.	Manager, Human Resources and Organizational Development	Progress report to BOH in October 2021
5	Ongoing privacy and security risks due to staff fatigue, working from home and balancing work/home obligations.	Privacy and Security	5	4	20	High	1. Review existing security technology. 2. Ensure ongoing staff training and orientation.	IT Manager and Privacy Officer	Progress report to BOH in October 2021

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Report Dates
6	Loss of stakeholder confidence and support due to ongoing changes associated with COVID-19, unfavourable public health restrictions, vaccine supply issues and loss of traditional public health services.	Stakeholder/ Public Perception	2	3	6	Moderate	1. Review Communication Strategy.	MOH/Communication Team	Progress report to BOH in October 2021
7	The technological demands and costs incurred during the pandemic will have long-standing implications to the organization with associated financial and sustainability issues. The compatibility of programs, capacity of the organization, training of staff and ease of use is an ongoing risk and organizational challenge.	Technology	5	3	15	High	1. Develop multi-year strategy for Information Technology.	IT Manager and Director of Corporate Services	Progress report to BOH in October 2021