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BOARD OF HEALTH MEETING AGENDA PACKAGE

WEDNESDAY, July 23, 2025 at 10:00 a.m. 179 North Park Street, Belleville, ON

Please note there will be a Closed Session component to this meeting.

Join Zoom Meeting

https://ca01web.zoom.us/j/68354071608?pwd=Ri3CdEwuMVLFtk2XjnCkJCXwKvofw6.1

Meeting ID: 683 5407 1608

Passcode: 966441
Dial by your location
• +1 647 374 4685 Canada
• +1 647 558 0588 Canada

To ensure a quorum we ask that you please RSVP to <u>clovell@hpeph.ca</u> or 613-966-5500 Ext. 231.

Hastings Prince Edward Public Health 179 North Park St. Belleville, Ontario K8P 4P1 613-966-5500 | 1-800-267-2803

Fax: 613-966-9418

Kingston, Frontenac and Lennox & Addington Public Health 221 Portsmouth Ave. Kingston, Ontario K7M 1V5 613-549-1232 | 1-800-267-7875

Fax: 613-549-7896

Leeds, Grenville & Lanark District Health Unit 458 Laurier Blvd. Brockville, Ontario K6V 7A3 613-345-5685 | 1-800-660-5853 Fax: 613-345-2879

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BOARD OF HEALTH AGENDA

Wednesday, July 23, 2025 - Belleville Office

1. CALL TO ORDER

2. LAND ACKNOWLEDGEMENT

South East Health Unit is located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

3. ROLL CALL

4. APPROVAL OF THE AGENDA

MOTION: THAT the Board of Health approve the agenda for July 23, 2025 as it has been circulated.

5. APPROVAL OF THE MINUTES OF PREVIOUS MEETING

Schedule 5

MOTION: THAT the Board of Health approve the minutes of the meeting held on June 25, 2025 as circulated.

6. DISCLOSURE OF PECUNIARY INTEREST

7. COMMITTEE REPORTS

7.1	Governance Committee Update – Mayor Robin Jones	Schedule 7.1.0
	7.1.1 Reserve Fund Corporate Policy	Schedule 7.1.1
	7.1.2 Appointment of External Advisors Policy	Schedule 7.1.2

MOTION:

THAT the Board of Health approve the two policies noted above as circulated and as recommended by the Governance Committee

7.1.3 Board of Health Self-Evaluation

Schedule 7.1.3

MOTION: THAT the Board of Health receive the self-evaluation survey as circulated and agree that the survey be distributed to Board members no later than September 30, 2025.

8. NEW BUSINESS

8.1 Merger Updates

Schedule 8.1

MOTION: THAT the Board of Health receive the merger update report(s) as circulated.

9. INFORMATION ITEMS (see website)

Schedule 9

MOTION: THAT the Board of Health receive the information items as circulated.

10. CLOSED SESSION

MOTION: THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically:

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

11. RISING AND REPORTING OF CLOSED SESSION

MOTION: THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

12. ADJOURNMENT

MOTION: THAT this Board of Health meeting be adjourned.

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BOARD OF HEALTH OPEN SESSION MINUTES

Wednesday, June 25, 2025

Kingston

10:00 a.m.

Minutes of the meeting of the South East Health Unit held at 221 Portsmouth Avenue, Kingston, ON, through in-person and MS Teams attendance.

In attendance:

In-Person: Mayor Jan O'Neill, Mr. Stephen Bird, Councillor Conny Glenn, Councillor Judy

Greenwood-Speers, Mayor Robin Jones, Councillor Sean Kelly, Reeve Richard Kidd (arrival at 10:05 a.m.), Councillor Anne-Marie Koiner, Councillor Michael Kotsovos, Councillor Peter McKenna, Councillor Jeff McLaren (departure at 11:21 a.m.), Ms. Barbara

Proctor, Councillor Bill Roberts (arrival at 10:04 a.m.), Warden Nathan Townend.

Virtual: Dr. Jeffrey Allin

Regrets: Ms. Melanie Paradis, Dr. David Pattenden, Mr. Chris Seeley

Officer: Dr. Piotr Oglaza

1. CALL TO ORDER – Meeting was called to order at 10:02 by Chair O'Neill.

- 2. LAND ACKNOWLEDGEMENT Spoken by Chair O'Neill.
- **3. ROLL CALL** Conducted by Recorder, K. Thompson.

4. APPROVAL OF THE AGENDA

It was MOVED by Warden N. Townend and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health approve the agenda for the June 25, 2025 meeting, with the following amendment: that Closed Session items (#8 and #9) be moved to follow the Information Items (#12).

CARRIED

5. APPROVAL OF THE MINUTES OF PREVIOUS MEETING

It was MOVED by Councillor S. Kelly and SECONDED by Ms. B. Proctor THAT the Board of Health approve the minutes of the meeting held on May 28, 2025, as circulated.

CARRIED

6. DISCLOSURE OF PECUNIARY INTEREST – No conflicts were disclosed.

Fax: 613-549-7896

7. COMMITTEE REPORT

7.1 Governance Committee Update

- 7.1.1 Dr. P. Oglaza provided an overview of the Board of Health Self-Evaluation Policy, highlighting its role in meeting required standards and formalizing a consistent, biennial evaluation process. He noted the process is familiar to Board members, straightforward, and aligned with past practices. The survey will merge elements from the three legacy versions, maintaining focus on key governance domains. The policy also serves as a reminder to complete the evaluation within set timelines.
- 7.1.2 The revised Risk Intelligence Policy has been updated to align with current standards and adopts a more proactive approach to risk oversight. A significant change in the policy is the lowering of the reporting threshold to include medium-level risks that fall within the governance scope of the Board of Health. This adjustment ensures that the Board is informed of relevant risks within its purview. Operational risks, which are outside the Board's authority, remain excluded from reporting requirements. Additionally, the policy eliminates the obligation to report medium-level risks that are exclusively under the authority of staff.

It was MOVED by Councillor M. Kotsovos and SECONDED by Councillor B. Roberts THAT the Board of Health approve the following recommendations from the Governance Committee:

THAT the SEHU Board of Health Self-Evaluation Policy and Risk Intelligence Policy be approved as circulated.

CARRIED

7.2 Finance Committee Update

Councillor A. Koiner provided a verbal update from the Finance Committee meeting held the previous day. Field work for the 2024 audit is scheduled for June and July, with results to be presented to the Board of Health and Finance Committee in August or September. The 2024 Ministry of Health Annual Reconciliation Report is on track for completion by June 30. The year two merger budget submission has been submitted, with the committee reviewing details related to levy prioritization, program allocations, and staffing costs. As of May 31, year-to-date spending is \$238,000, or approximately 40 percent of the annual budget. Staff were commended for managing the financial transition across three accounting systems in the first year of the merged organization.

8. NEW BUSINESS

8.1 By-laws, Policies & Procedures Amendments

It was MOVED by Councillor C. Glenn and SECONDED by Mr. S. Bird THAT the Board of Health approve the addition of Vice Chair to both the Governance Committee and the Finance Committee Terms of Reference as circulated; AND

THAT updates to By-law No. 1 be approved as circulated.

CARRIED

8.2 Merger Updates

Dr. P. Oglaza provided an overview of the detailed briefing note outlining progress in key areas including branding and marketing, organizational design, program harmonization, change management, organizational culture, finance, human resources, IT integration, and harmonization tools. The update emphasized the significant volume of work occurring behind the scenes in parallel with ongoing public health operations.

Board members discussed the branding process, with confirmation that a formal public launch is forthcoming and the Board will be kept informed. Questions were raised about roles related to foundational standards and school health harmonization; clarification was provided on the role's origin and relevance. The June 23 Town Hall was confirmed to have taken place with over 300 attendees. Payroll harmonization timelines were also briefly discussed.

It was MOVED by Councillor P. McKenna and SECONDED by Councillor A. Koiner THAT the Board of Health receive the merger update for information.

CARRIED

8.3 **Board of Health Meeting in August**

It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Board of Health approve the cancellation of the meeting of the Board as set for August 27, 2025.

CARRIED

9. INFORMATION ITEMS

Councillor C. Glenn extended thanks for the timely communication on extreme heat events, noting increased public outreach during the current heatwave and highlighting projections of a significant rise in the number of extreme heat days annually. The importance of continued efforts to keep the public informed was emphasized.

It was MOVED by Councillor C. Glenn and SECONDED by Warden N. Townend THAT the Board of Health receive the information items as circulated.

CARRIED

Wednesday, June 25, 2025

10. CLOSED SESSION

It was MOVED by Councillor C. Glenn and SECONDED by Councillor S. Kelly THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (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 or the Agency.

CARRIED

11. RISING AND REPORTING OF CLOSED SESSION

It was MOVED by Warden N. Townend and SECONDED by Councillor C. Glenn THAT the Board of Health endorse the actions approved in the closed session and direct staff to take appropriate action.

CARRIED

12. ADJOURNMENT

It was moved by Warden N. Townend and SECONDED by Councillor B. Roberts THAT this Board of Health meeting be adjourned at 11:35 a.m.

CARRIED

Jan O'Neill, Board Chair South East Health Unit

— formerly -







Board of Health Briefing Note

То:	South East Health Unit Board of Health				
Prepared by:	Board of Health Governance Committee				
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO				
Date:	Wednesday, July 23, 2025				
Subject:	Policy Review - Reserve Fund and Appointment of External Advisors				
Nature of Board	⊠For Information				
Engagement	☐Strategic Discussion				
	⊠Board approval and motion required				
	□Compliance with Accountability Framework				
	□Compliance with Program Standards				
Action Required:	MOTION: THAT the Board of Health approve the two policies noted above as circulated and as recommended by the Governance Committee.				
Background and Current Status	One of the responsibilities of the Governance Committee is the review of Board policies to ensure appropriate structures and procedures are in place and make recommendations to the Board for approval. The Governance Committee is recommending that the two policies listed below be approved by the SEHU Board of Health.				
	A Reserve Fund Corporate Policy has been created to meet the operational needs of the organization and to provide for emergencies and future expenditures. This is a South East Health Unit administrative policy that outlines the use of reserve funds for the organization. (7.1.1.1)				
	An Appointment of External Advisors Board of Health policy has been developed to ensure that the SEHU effectively leverages external expertise to provide specialized professional services or advice on matters pertaining to the Board of Health's oversight while maintaining accountability and alignment with organizational goals. (7.1.1.2)				

ADMINISTRATIVE POLICY MANUAL

Subject: Reserve Fund Policy Number: xx-xxx

Issued by: Board of Health Page: 1 of 3

Original Issue: 2025 07 Revised:NEW/yyyy.mm

Purpose

To provide guidance on the establishment, maintenance, and use of reserve funds at South East Health Unit (SEHU) to ensure a transparent and accountable financial resources process.

Policy and Procedure

- 1. The Board of Health (BOH) has the power under s. 417(1) of the Municipal Act, 2001 to establish and maintain reserve funds for contingency, emergency, or other unforeseen expenditures that are necessary for the proper functioning of SEHU and for future capital requirements.
- 2. Any reserve fund(s) will be established by resolution of the BOH. Except as otherwise expressly provided for herein, contributions to and withdrawals from the reserve fund(s) will be approved by the Medical Officer of Health (MOH) / Chief Executive Officer (CEO) within their Executive Spending Limit of \$250,000 and all contributions to and withdrawals above the MOH/CEO Executive Spending Limit will be approved by resolution of the BOH.

Once reserve funds are accessed by the MOH/CEO within their Executive Spending Limit they must inform the BOH of the amount of reserve funds used, the purpose for the use of the reserve funds, identify which reserve fund was accessed, and provide any further information such as replenishment and maintenance of adequate financial reserves.

- 3. Establishing and maintaining reserve funds will enable SEHU, through the BOH, the MOH/CEO and staff, to perform its functions and fulfill its obligations under the *Health Protection and Promotion Act*, the Ontario Public Health Standards, and any other applicable legislation, regulation, standard or policy. SEHU will comply with the requirements of funding sources and will follow generally accepted Canadian accounting principles for non-profit organizations.
- 4. Audited financial statements shall be presented to the BOH annually that contain information about each reserve fund balance and changes to that balance during the year. SEHU shall endeavour to offset any unexpected expenditures within the annual operating budget for all programs and services, where possible, without jeopardizing programs. When there is an exceptional cost in a given year that cannot be paid out of the annual operating budget, the appropriate reserve fund may be used to mitigate undue hardship on program delivery.

ADMINISTRATIVE POLICY MANUAL

Subject: Reserve Fund Policy Number: xx-xxx

Issued by: Board of Health Page: 2 of 3

Original Issue: 2025 07 Revised:NEW/yyyy.mm

5. Without limiting its ability to establish and maintain other reserve funds.

A. The BOH will establish and maintain a General Operating Reserve which shall be established and maintained as set out below:

(i) General Operating Reserve

The General Operating Reserve shall be funded from retainable surplus funds generated through operations. Drawing funds from this reserve fund will be approved by the MOH/CEO when within their Executive Spending Limit; otherwise, the BOH will approve the use of funds. The MOH/CEO will inform the BOH and make them aware of the situation. One separate bank account will be established to manage and track funds related to the General Operating Reserve and will be separately tracked in the financial system.

- B. The BOH may, from time to time, establish Restricted Reserve(s) Funds which shall be established and maintained as follows:
 - (i) Restricted Reserve Fund(s)

Circumstances may arise where funds received or generated must be used for a specific purpose and will need to be 'parked' for a period of time until spent. In these situations, a unique reserve will be created. One separate bank account will be setup to track all Restricted Reserve(s). In the financial system each unique reserve fund will be tracked separately. Drawing funds from this reserve(s) fund will be approved by the MOH/CEO when within their Executive Spending Limit; otherwise, the BOH will approve the use of funds. The MOH/CEO will inform the BOH and make them aware of the situation.

Additional Information

1. As required pursuant to s. 417(2) of the *Municipal Act*, 2001 and s. 52(4) of the *Health Protection and Promotion Act*, the BOH shall seek the consent of the councils of the majority of the municipalities within the health unit served by the BOH prior to establishing any reserve fund for the purpose of acquiring real property.

References

Health Protection and Promotion Act Municipal Act, 2001

ADMINISTRATIVE POLICY MANUAL

Subject: Reserve Fund Policy	Number:	XX-XXX
Issued by: Board of Health	Page: Original Issue: Revised:NEW	
Ontario Public Health Standards		
Related Documents		
Authorizing Signature:		
Dr. Piotr Oglaza Medical Officer of Health & Chief Executive Officer		

SOUTH EAST HEALTH UNIT BOARD OF HEALTH POLICIES AND PROCEDURES

POLICY: Appointment of External Advisors Original Date: July 23, 2025

NUMBER: BOH-2025-05 Revised Date: July 23, 2027

PURPOSE:

To outline the process for appointing external advisors to provide specialized professional services or advice on matters pertaining to the Board of Health's (BOH's) oversight, accountability, and stewardship responsibilities.

POLICY:

External advisors may be retained by the Medical Officer of Health/Chief Executive Officer (MOH/CEO) or designate, as required, subject to the availability of budget and applicable procurement policies of the organization. The BOH will make such appointments in accordance with all applicable legislation and its own by-laws.

Such advisors may include, but are not limited to the following:

- (i) Legal Counsel,
- (i) Financial Advisors,
- (ii) Accountants or Auditors,
- (iii) Engineers or Property Managers, and
- (iv) Management and Human Resource Consultants.

External advisors will be licensed under the appropriate governing body, where such exists, and will be at arms-length from the members of the BOH and Senior Management.

PROCEDURE:

External advisors, within their area of expertise, shall:

- (i) Perform duties as may be required by the Board, the MOH/CEO or designate,
- (ii) Have a right to access, as required, during reasonable hours, all books, records, documents, accounts, and vouchers of the BOH and SEHU as required in order to complete their duties,
- (iii) Be entitled to require from the members of the Board and from the officers of the Board such information and explanations as, in their opinion, may be necessary to enable them to carry out such duties as are prescribed by the appointment.
- (iv) Be entitled to attend any meeting of the members of the Board and to receive all notices relating to any such meetings that any member is entitled to receive, and to be heard at any such meeting that they attend or any part of the business of the meeting that concerns their area of professional expertise.
- (v) Complete an Oath of Confidentiality and Statement of Privacy, if deemed appropriate.
- (vi) Enter into a Contract for Service, as deemed appropriate.
- (vii) Be regularly evaluated for the quality of service in relation to the contract terms and receive clear expectations and performance feedback.

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Board of Health Briefing Note

То:	South East Health Unit Board of Health		
Prepared by:	Board of Health Governance Committee		
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO		
Date:	Wednesday, July 23, 2025		
Subject:	Board of Health Self-Evaluation		
Nature of Board	⊠For Information		
Engagement	☐Strategic Discussion		
	⊠Board approval and motion required		
	□Compliance with Accountability Framework		
	□Compliance with Program Standards		
Action Required:	MOTION: THAT the Board of Health receive the self-evaluation survey as circulated and agree that the survey be distributed to Board members no later than September 20, 2025.		
Background and Current Status	As outlined in the Governance Committee Terms of Reference, one of the responsibilities of the Committee is to conduct a Board self-evaluation and make recommendations for improvement on Board effectiveness and engagement. Information from legacy HPE, KFLA and LGL BOH self-evaluations was compiled and reviewed at the Governance Committee meeting held on July 8, 2025. As requested by members, links will be added to resource items to assist members when completing the evaluation at the time of distribution. The Governance Committee is recommending that a BOH self-evaluation take place in the fall and that the Board receive the survey for information.		

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Board of Health Self-Evaluation Date

This survey gives Board members a chance to reflect on how the Board is doing as a governance body and to identify possible areas to improve.

Your participation in this survey is voluntary. We are, however, hopeful that all Board members will participate in this important feedback process.

Please answer the questions with full candour, knowing that your responses will remain confidential. All results will be grouped together and will not contain any individual information.

We hope that this survey will help the Board to set priorities and motivate us to work even more effectively together to fulfill our responsibilities as Board of Health members.

The survey results will be presented at the _____ Board of Health meeting.

For each statement, please check the response that best describes your opinion.

BOARD ROLES AND RESPONSIBILITIES						
1. The Board understands/performs its role in financial oversight.						
Strongly Agree \Box	_	Disagree \Box	Strongly Disagree \Box	Not Sure \Box		
2. The Board	understands/perfo	orms its role in stra	ategic planning.			
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
3. Board me i	mbers have adequa	ate knowledge of t	he Board's responsib	ilities.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
4. Board mei	mbers demonstrate	e a clear understar	nding of the role of th	e Board.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
	mbers have a clear O and the Executiv		the role of the Medic	al Officer of		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
	has the sub-commovernance)	nittees needed to r	maximize Board effici	ency. (i.e.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
7. The Board	is adequately prep	pared to oversee a	n emergency situatio	n.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
8. The Board agency po		's performance in	a systematic way in a	ccordance with		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □		
	focuses primarily on management/ope	_	ues and does not beco	ome overly		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □		
10. The Board	has adequate info	rmation to approv	e the annual budget.			
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □		
11. The Board legislation	•	information on ag	gency compliance wit	h applicable		
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
	mbers are familiar at govern the Boar		I the Board of Health	by-laws and		
Strongly Agree 🛭	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
13. Board mei	mbers are aware a	nd have a clear und	derstanding of the or	ganizational		
requireme	ents of the Board of	f Health as set out	in the Ontario Public	Health		
	– Organizational R					
Strongly Agree \Box	Agree □	Disagree □	Strongly Disagree \Box	Not Sure \Box		
14. Board mei	mbers are aware of	f their powers, lim	itations, restrictions a	and legal		

liabilities.								
Strongly Agree	Agree □	Disagree □	Strongly Disagree \Box	Not Sure □				
	15. What suggestions would you make to clarify the roles and responsibilities of BOH members?							
		ADD DECICION A	AAVING					
		ARD DECISION-M						
1. The Board	has appropriate ir	iput into the dev	relopment of the agend	da.				
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box				
2. The Board	has adequate bac	kground informa	tion about agenda ite	ms.				
Strongly Agree \Box	Agree \square	Disagree \Box	Strongly Disagree \Box	Not Sure \Box				
3. The Board	l uses sound decision	on-making proce	sses.					
Strongly Agree \Box	Agree \square	Disagree \Box	Strongly Disagree \Box	Not Sure \Box				
		BOARD AWAREN	IESS					
		• •	ate about the operatio and MOH Verbal Upda					
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box					
			ate about the Board's a	governance role				
through re	egular BOH meetin	gs and MOH upd	through regular BOH meetings and MOH updates.					
Ctronaly Agree								
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure 🗆				
	mething more that B							
3. Is there son	mething more that B nber?	oard members ne	Strongly Disagree 🛭 ed in meetings to be a m					
3. Is there son Board men	mething more that B nber? FIE	oard members ned	Strongly Disagree ed in meetings to be a m TIONS	ore effective				
3. Is there son Board men 1. Board me	mething more that B nber? FIE	Ouclary Oblications	Strongly Disagree 🛭 ed in meetings to be a m	ore effective				

	0\	VERALL FUNCTIONI	NG				
1. Board mei	mbers work well to	gether.					
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □			
	-		tion and avail them	selves of			
	ties for ongoing ed		I				
Strongly Agree 🗆	Agree □	Disagree 🗆	Strongly Disagree				
	o actively participat in advance of the n	_	, members thoroug	hly review			
Strongly Agree 🛭	Agree 🗆	Disagree □	Strongly Disagree \Box	Not Sure □			
ВС	OARD OF HEALTH IN	IFORMATION SHAP	RING AND RESOUR	CES			
1. Board mei	mbers find the SEH	U Board Orientatio	n Binder helpful.				
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box			
2. I would pr	efer the BOH Orier	ntation binder be se	ent as an electronic	document rather			
than keep	ing an actual binde	r and the paper ass	sociated with it.				
Strongly Agree 🛮	Agree □	Disagree 🗆	Strongly Disagree \Box	Not Sure □			
3. I use my O	Prientation binder o	consistently and ad	d new information	as I get it.			
Strongly Agree \Box	Agree □	Disagree 🗆	Strongly Disagree \Box	Not Sure □			
4. I am able to proposals.	• • • • • • •	e, and assess finan	cial information, re	ports, and			
Strongly Agree \Box		Disagree □	Strongly Disagree 🛭	Not Sure □			
	_	surement and eval	uation of programs	and services of			
the organi							
Strongly Agree 🛭	Agree 🗆	Disagree 🗆	Strongly Disagree \Box	Not Sure \Box			
6. What sugg	gestions might you	have to improve th	ne process of inform	nation sharing?			
1		NATETINICS					
		MEETINGS					
1. Meeting n Board mei		ed sufficiently in ac	dvance to be thorou	ighly reviewed by			
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box			
2. Materials	prepared for review	w enable Board me	mbers to participat	te actively in the			
discussion and make an informed decision.							
Strongly Agree \Box	Agree □	Disagree 🗆	Strongly Disagree \Box	Not Sure □			
3. Meetings	are structured so the	nere is sufficient tir	ne for discussion of	decision items.			
Strongly Agree 🛭	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure □			
	deals with in-came	era business appro					
,							

Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
5. Use of Zoo	om technology is w	orking well for med	etings.			
Strongly Agree 🗆	Agree □			Not Sure □		
6. Board me	mbers participate i	n meetings in a pos	itive and respectfu	l manner.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \square		
		BOARD RELATIONS	5			
1. There is su	ufficient time alloca	ted for the full disc	cussion of issues at	Board meetings.		
				J		
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box		
2. Board me	mbers have adequa	nte opportunities to	ask questions at B	oard meetings.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
3. As a Board	d member, I feel co	mfortable asking a	probing question.			
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
4. As a Board	d member, I feel co	mfortable raising a	n issue that might b	oe unpopular.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure 🗆		
5. A climate	of mutual trust and	l respect exists amo	ong Board members	s.		
Strongly Agree \Box	Agree \square	Disagree \Box	Strongly Disagree \Box	Not Sure \Box		
6. A climate	of mutual trust and	I respect exists bet	ween the Board and	d CEO.		
Strongly Agree \Box	Agree 🗆	Disagree \square	Strongly Disagree \Box	Not Sure □		
7. A climate	of mutual trust and	respect exists bet	ween the Board and	d staff.		
Strongly Agree 🗆	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
		_	ween the Board of	Health and the		
Executive		•				
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box		
9. Board me	mbers assist in dev	eloping and mainta	ining positive relat	ions with key		
stakehold						
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
10. Board me	mbers are active in	promoting a positi	ve image of the age	ency in the		
communit	ty.					
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
11. Are there	any areas for impro	ovement in Board o	f Health relations?			

	BOARD CHAIR						
1. The Board Chair o	conducts the meeting in a	way that moves the bus	iness of the				
Board forward.	•						
Strongly Agree Agree	\square Disagree \square	Strongly Disagree \Box	Not Sure \Box				
2. The Board Chair a	allows adequate time for a	all sides of an issue to be	heard and				
debated and enco	ourages participation.						
Strongly Agree 🗆 Agree	\square Disagree \square	Strongly Disagree \Box	Not Sure \Box				
	and the Board demonstrat	tes understanding of the	Chair's role as				
the spokespersor							
Strongly Agree \Box Agree	\square Disagree \square	Strongly Disagree \Box	Not Sure \Box				
	PLANNING AND P	RIORITIES					
1. As a Board memb	er, I am aware of the ann	ual goals, priorities and	responsibilities				
of the agency.							
Strongly Agree 🗆 Agree		Strongly Disagree \Box	Not Sure \Box				
2. The Board is fami	lliar with the organization	's annual budget plannir	g process and is				
clear with its role							
Strongly Agree 🗆 Agree		Strongly Disagree \Box	Not Sure \Box				
3. The Board ensure	es the agency's strategic p	lan is being implemente	d.				
Strongly Agree Agree	□ Disagree □	Strongly Disagree \Box	Not Sure \Box				
	es the agency's strategic p	lan is considered when r	naking Board				
decisions.		Ctuanaly Diagrams 7	Nat Comp. 7				
Strongly Agree Agree		1 2, 2					
resources.	good understanding of ho	w the organization spend	as its imanciai				
Strongly Agree 🗆 Agree	\Box Disagree \Box	Strongly Disagree \Box	Not Sure \Box				
6. The agency has appropriate policies and procedures in place to manage risk.							
Strongly Agree Agree	\square Disagree \square	Strongly Disagree \Box	Not Sure \Box				
7. Do you have any	other comments or sugge	stions that will help the	Board of Health				
increase its effect	tiveness?						

	ORGANIZATION MISSION, VALUES AND STRATEGIC PLAN				
1. I know the	organization's visi	ion and understand	l my role in ensurin	g this vision is	
realized.					
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
2. I know the	organization's mis	ssion and understar	nd my role in ensur	ing this mission is	
realized.					
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
3. I know the	four values of the	organization.			
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □	
4. I feel the B	Board of Health exe	emplifies the four va	alues of the organiz	zation.	
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
5. I know the	e organization's five	e strategic priorities	s.		
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □	
6. I have a clo	ear understanding	of how the organiza	ation is going to acl	hieve the five	
strategic p	riorities.				
Strongly Agree \Box	Agree \square		Strongly Disagree \Box		
7. I have a clo	ear understanding	of how the organiza	ation measures suc	cess.	
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
8. I am confid	dent the organizati	on identifies areas	of improvement ar	nd continually	
works to n	nake improvement				
Strongly Agree \Box	Agree □	•	Strongly Disagree \Box		
• •	_	Health, and feel I h		tunity and skills	
		of the organization.			
Strongly Agree 🗆	Agree 🗆	Disagree 🗆	Strongly Disagree 🗆		
_	_	is vitally important	to the organization	n. How can we	
improve th	nis process?				
	COM	IMUNITY ENGAGEN	ЛENT		
1. The role of the organization is well known in our community.					
Strongly Agree 🛭	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure □	
2. Our comm	2. Our community is aware of the programs and service provided by the organization.				
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure □	
3. Board mer	mbers are well equ	ipped to speak pub	licly about the role	of Public Health	
and the pr	ograms and service	es it provides.			
Strongly Agree 🛭		Disagree \square	Strongly Disagree \Box	Not Sure \Box	

4. Engagement with municipalities is a priority and the organization currently engages with municipalities in a satisfactory way.					
	•		Strongly Disagree 🗆	Not Sure \Box	
Strongly Agree	Agree □	Disagree 🗆			
5. The organ	ization is a valued r	esource and partne	er in our local comn	nunities.	
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
6. Public Hea	lth staff at all level	s are engaged with	key stakeholders.		
Strongly Agree \Box	Agree □	Disagree \Box	Strongly Disagree \Box	Not Sure \Box	
7. Public Hea	lth staff at all level	s are engaged with	the community.		
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
8. Are there	any areas of impro	vement for the orgo	anization to engage	e with our	
communit	ies and key stakeho	olders?			
	PER	SONAL COMPETEN	CIES		
1. I know wh	y I am investing my	time in the Board	of Health.		
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
2. I am award	e of what skills I bri	ing to the Board of	Health and utilize t	hem effectively.	
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
3. I feel the E	Board of Health wo	rks as a team.			
Strongly Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
4. I feel comf	fortable asking que	stions when I don't	fully understand ti	he issue.	
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
5. I am able to identify my personal training needs for the role of a Board of Health member.					
Strongly Agree 🗵	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
6. I support t	he programs and s	ervices of the orgar	nization in a meanir	ngful way.	
Strongly Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box	
7. Keeping in mind your answer to the above question, how do you provide this support to the programs and services?					

	LEADERSHIP						
1.	Board mer	mbers arrive at med	etings on time and	are prepared to pa	rticipate fully, to		
	discuss, debate, and make decisions.						
Strongly	Agree 🗆	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
2.	Board mer	mbers support and	encourage others i	in the group to part	icipate fully.		
Strongly	Agree \Box	Agree \square	Disagree \square	Strongly Disagree 🗵	Not Sure \Box		
3.	Board mer	mbers tolerate diffe	erences of views ar	nd opinions.			
Strongly	Agree 🗆	Agree □	Disagree	Strongly Disagree□	Not Sure \square		
4.		l member, I am able reative solutions.	e to identify and ar	nalyze group proble	ms and conflicts,		
Strongly	Agree \Box	Agree □	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
		l member, I am con oard members dur	= =	to express myself	and represent my		
Strongly	Agree \Box	Agree \square	Disagree \square	Strongly Disagree \Box	Not Sure \Box		
		AD	DITIONAL COMME	NTS			
1.	Our greate	est strengths as a Bo	pard are: (list up to	three)			
2.	2. Our greatest challenges as a Board are: (list up to three)						
What priorities should occupy the Board's time and attention during the coming year or two? (list up to three)							
	4. How could the Board's organization or performance be improved in the next year or two? (List up to three)						

Note: Subject to the development of a central location, links will be included in the survey to connect Board members with applicable materials.

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Board of Health Briefing Note

То:	South East Health Unit Board of Health
Prepared by:	Susan Stewart, Director, Merger Office
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, July 23, 2025
Subject:	Merger Updates
Nature of Board Engagement	 ☑ For Information ☐ Strategic Discussion ☐ Board approval and motion required ☐ Compliance with Accountability Framework ☐ Compliance with Program Standards
Action Required:	No action required.
Branding and Marketing	Scott Thornley and Company (STC), the consultants supporting the development of the South East Health Unit's (SEHU's) brand identity, have provided working files, templates and assets to the SEHU Graphic Designers to begin using and provide any final revisions. The project team is developing an implementation plan to launch the new brand beginning in the fall. The launch will be a phased approach as it will take time to sunset our legacy brands and resources, and apply new branding across the organization.
Organizational Design - Staffing Assignments	We approached this thoughtfully and with several key priorities in mind. First and foremost, our top priority was ensuring that program operations could continue smoothly. Our programs and services are essential to the communities that we serve and minimizing any disruption in service delivery was paramount. Secondly, to the extent possible, we wanted to be able to offer staff a choice of what team they would like to work on. On June 9, a survey went out to all program and reception/front desk staff asking them to identify their top three teams on which they would like to work. This survey closed on June 12 after which staff were matched with their preferences as best as possible. Ninety-three per cent of staff were assigned to one of their top three preferences. Staff will report to their new manager in September. We are working through interim processes for time and budget approvals until we are on a shared Human Resources/Payroll and finance system(s).

Organizational Design - Reception	We have different models for reception across the SEHU offices in terms of reporting structures. A survey has gone out to all staff who work in a reception or front desk capacity asking for their thoughts on four different models including the advantages and disadvantages of each model. This survey closes July 28.
Program Harmonization	As a health unit, we offer many different programs and services. We cannot start the harmonization process all at once. The management teams in each portfolio are currently working on identifying which programs will be harmonized first to make it manageable for the organization. The Merger Office has put together a tracking tool so that there will be regular updates on program harmonization progress. This will roll out this July. There are some harmonization projects that cross portfolios. Preliminary work has started on the following cross-portfolio projects: • Electronic Medical Record • Fax system Integration • Call intake processes • Client service standards • Medical directives • Website
Policies	A policy review cycle and process has been determined. Corporate Services have identified priority policies that will undergo the review process. The first batch of policies will go to the Management Committee on August 21 which is the start of the approval process. From here, policies will go to the Operations Committee for discussion and then to the Executive Committee for approval. The intent is to approve eight to ten policies per month.
Change Management - Training	For staff, we recognize that change can be difficult and we are committed to supporting our staff through this transformation. All staff were offered a webinar entitled "Navigating Change at Work". This was offered in May and July. In addition, the webinar "Creating Connections at Work" will be offered to all staff in August and September.
Change Management - Change Readiness Assessment	A change readiness assessment survey will be administered at the end of every quarter throughout the merger. The second survey was sent out out June 23 and closed on July 7. Results are currently being analyzed. To assist with change management across the South East Health Unit, a Change Management Advisory Group has been struck. This committee consists of ten staff from across the organization in a variety of roles.
Change Management - Town Hall	A second Town Hall was held on June 23 for all staff. This was an important opportunity for staff to ask questions directly to the leadership team.
Change Management - Coffee and Conversation	Results from the first <i>Change Readiness Assessment</i> showed that staff were looking for more face-to-face opportunities to meet with the Executive Team. Coffee and Conversations events were held in offices across the SEHU: July 11 in Brockville, July 16 in Belleville and July 18 in Kingston. These were optional and informal events for staff to chat with members of our Executive Team.
Organizational Culture – Culture Building Events	Legacy showcase events were held to honour legacy agency work, provide an opportunity for members of the Executive Team and staff to meet each other, and to continue the development of values and culture for the SEHU. The following legacy events were held:

	 June 6 – Brockville and Smith Falls June 13 – Belleville and Kingston
Organizational Culture – Shared Values and Desired Culture	Part of creating a new organization is establishing shared values and a desired culture. The Executive and Operations Committees worked with a consultant to draft a document outlining the values and shared elements of our desired culture. Managers have had input into the creation of the values and staff's thoughts and input were collected during planned organizational events in June. Results are being collated and will be shared with staff over the summer.
Finance and Human Resources Systems	The finance and human resources teams are evaluating systems for accounting, payroll and human resource functions. They will evaluate enterprise resource programs (ERP) along with separate systems for accounting and Human Resources (HR) and payroll. ERPs are software systems designed to streamline and integrate all core business processes. HR and Finance managers, together with their teams, have identified requirements for systems which will be used in an evaluation matrix to score systems during demonstrations.
Finance - Payroll Harmonization	We are working to harmonize our payroll work periods, payroll dates, and payroll systems. This is a necessary step to ensure consistency, efficiency, and compliance across our new organization. Communication on the timelines has been sent out to all staff. This change will not come into effect until February 2026 to give staff ample time to plan for this change.
Information Technology (IT)	Work continues towards a common Microsoft tenant for the organization with an anticipated go-live date of fall 2025. Along with the project to have a common Microsoft tenant for the South East Health Unit, a project to establish the network topology for the organization will also be completed.

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Listing of Information Items Board of Health Meeting – July 23, 2025

- 1. Haliburton Kawartha Northumberland Peterborough Health Unit Letter to Premier Doug Ford et al re preventing Intimate Partner and Gender-Based Violence (Bill 173) dated July 2, 2025
- 2. Association of Local Public Health Agencies (alPHa) June InfoBreak ~ AMO AGM and Conference– August 17 to 20, 2025 in Ottawa