BOARD OF DIRECTORS
Policies and Procedures

September 1994 (unless otherwise indicated)
(revision dates included on individual policies)
Policy Manual Review Dates: Summer/Fall 1999, Summer/Fall 2002,
Fall/Winter 2005/6, Fall/Winter 2008/9, Fall 2012

Centre de santé communautaire
Pinecrest-Queensway
Community Health Centre
The governance policies of the Board were developed during 1993 and 1994 as part of an overall process and restructuring of our governance model. At that time the Board adopted a modified Carver model for doing its business upon which the governance policies were developed. Refer to Tab 3 of the Board Handbook for an overview of the Carver model.

Unless otherwise noted, the Governance Policies were approved by the Board in September 1994. They are reviewed on an annual basis through the process of updating the Board Handbook, or where a specific need for revisions has been identified during the Board year.

Governance Policy revisions are brought to the Board for approval. Revision dates are noted on individual policies where applicable.

In addition, the Executive Director brings organizational policies that have financial or legal implications to the Board for approval.
The governance policies provide support to enable the organization to achieve its overall mission through the strategic directions as outlined in the 2012 - 2017 Strategic Plan.

Pinecrest-Queensway is currently implementing the priorities established in the development of its strategic plan. The priorities that were established are listed below.

**STRATEGIC DIRECTIONS**

In examining how the Centre should fulfil its mission within the current environment, goals have been identified related to our services as well as our organizational development. The directions were developed through a collaborative planning exercise with 3 other CHCs in Ottawa and therefore common to these centres. The goals, a number of which are also common to the 4 CHCs, will serve as the Centre’s framework for monitoring its activities and fulfilling its accountabilities for reporting on its achievements to partners and members of the communities it serves.

**ADVOCACY**
Promotion social change to enhance the health and well-being of individuals and communities.
Goals:
- Advocate for staff, secure, healthy, affordable housing for Ottawa residents
- Demonstrate the value of the CHC Model to community leaders, decisions-makers and funders
- Advocate for the Social Determinants of Health
- Advocate for the vulnerable and at-risk in these changing social and economic times

**SOCIAL CAPITAL**
Build the capacity of communities to take control of the factors influencing their health and well-being
Goals:
- Increase collaboration to build safe and vibrant neighbourhoods
- Build civic engagement
- Increase community members’ awareness of CHCs

**QUALITY CARE AND SERVICES**
Provide high-quality programs and services
Goals:
- Increase access to programs and services
- Increase the efficiency and effectiveness of programs and services
- Build collective CHC capacity to address health equity
- Improve and increase CHC capacity to measure health outcomes

*cont’d…*
ORGANIZATIONAL CAPACITY
Continually adapt our workplace practices to strengthen the health of the organization
Goals:
• Attract and retain qualified staff, students and volunteers
• Provide a work environment valued by staff, students and volunteers
• Improve our capacity as a learning organization
• Reduce our organization’s ecological footprint

Refer to the Appendix A of the Board Handbook directory for a complete copy of the Strategic Plan 2012 - 2017 Plan

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EXECUTIVE DIRECTOR LIMITATIONS

BD-201: GENERAL EXECUTIVE DIRECTOR CONSTRAINT

POLICY STATEMENT

The Executive Director shall not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted business and professional ethics.

The Executive Director shall be familiar with and ensure the Centre complies with laws, regulations and standards as may apply under current legislation.

Approved By: Board of Directors
Approval Date: September 1994
Review Cycle: Annual
POLICY STATEMENT

With respect to treatment of paid and volunteer staff, the Executive Director may not cause or allow conditions which are unfair or undignified.

Accordingly, the Executive Director may not:

a. Operate without personnel policies and procedures that clarify personnel rules for staff, provide for effective handling of grievances, and protect against wrongful conditions and harassment.

b. Fail to acquaint staff with their rights under this policy.

Approved By: Board of Directors
Approval Date: September 1994
Review Cycle: Annual
Monitoring: Annual Report to Board
POLICY STATEMENT

Budgeting in any fiscal year or the remaining part of any fiscal year shall not deviate materially from Board priorities, risk fiscal jeopardy or fail to be derived from longer term administrative planning.

Accordingly, the Executive Director may not cause or allow budgeting which:

1. Contains too little information to enable accurate projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.

2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.

3. Fails to provide for needed funds for Board development, Board and committee meetings, and Board legal fees.

4. Endangers the fiscal soundness of future years or ignores the building of sufficient non-monetary capability.
POLICY STATEMENT

With respect to the actual, ongoing condition of the organization’s financial health, the Executive Director may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from established Board priorities.

Accordingly, the Executive Director may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.

2. Indebt the organization in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.

3. Use any long term reserves without the approval of the board.

4. Allow cash to drop below the amount needed to settle payroll and debts in a timely manner.

5. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.

6. Allow funder reports to be late.
A change in executive leadership is inevitable for all organizations and can be a very challenging time. Therefore, it is the policy of PQCHC to be prepared for an eventual permanent change in leadership – either planned or unplanned – to ensure the stability and accountability of the organization until such time as new permanent leadership is identified. The Board of Directors shall be responsible for implementing this policy and its related procedures.

It is also the policy of the Board to assess the ongoing leadership needs of the organization to help ensure the selection of a qualified and capable leader who is representative of the community; a good fit for the organization’s mission, vision, values, goals, and objectives; and who has the necessary skills for the organization. To ensure that the organization’s operations are not interrupted while the Board of Directors assesses the leadership needs of the organization, and recruits a permanent Executive Director, the Board will appoint interim executive leadership, as described below. The Interim Executive Director shall ensure that the organization continues to operate without disruption and that all organizational commitments previously made are adequately executed, including, but not limited to, loans approved, reports due, contracts, licenses, certifications, memberships, obligations to lenders or funders of PQCHC, and others.

It is also the policy of PQCHC to develop a diverse pool of candidates and consider a short list of candidates for its permanent Executive Director position. The PQCHC shall implement an external recruitment and selection process, while at the same time encouraging the professional development and advancement of current senior management employees. The Interim Executive Director and any other interested internal candidates are encouraged to submit their qualifications for review and consideration by the hiring committee, according to the guidelines established for the search and recruitment process.

Procedures for Succession

In the event the Executive Director of PQCHC is no longer able to serve in this position (or leaves the position permanently), the Executive Committee of the Board of Directors shall do the following:

- Within ten (10) business days appoint an Interim Executive Director from among the Senior Management Team or external to the organization;
- Within fifteen (15) business days appoint an Executive Director Hiring Committee, in the event that a permanent change in leadership is required. This committee shall be comprised of at least one member of the Executive Committee and two members of the Board of Directors. It shall be the responsibility of this committee to implement the following preliminary transition plan:
  - Communicate with key stakeholders regarding actions taken by the Board in naming an interim successor, appointing a transition committee, and implementing the succession policy. The organization shall maintain a current list of key stakeholders who must be contacted, such as partners and funders of PQCHC, foundations, government agencies, etc.
  - Consider the need for consulting assistance (i.e. transition management or executive search consultant) based on the circumstances of the transition.

cont’d…
• Review the Centre’s organizational plan and conduct a brief assessment of organizational strengths, weaknesses, opportunities, and threats to identify priority issues that may need to be addressed during the transition process and to identify attributes and characteristics that are important to consider in the selection of the next permanent leader.

• Establish a time frame and plan for the recruitment and selection process.

• The Board should use similar procedures in case of an executive transition that simultaneously involves the Executive Director and other key management. In such an instance, the Board may also consider temporarily subcontracting some of the organizational functions to a trained consultant or to other organizations.

Succession Planning Procedures

1. Rationale

The Executive Director position in a non-profit organization is a central element in the organization’s success. Therefore, ensuring that the functions of the Executive Director are well understood, and even shared among senior staff and volunteer Board leaders, is important for safeguarding the organization against unplanned and unexpected change. This kind of risk management is equally helpful in facilitating a smooth leadership transition when it is predictable and planned.

This document outlines a leadership development and emergency succession plan for the PQCHC. This plan reflects PQCHC’s Executive Succession Policy and its commitment to sustaining a healthy functioning organization. The purpose of this plan is to ensure that the organization’s leadership has adequate information and a strategy to effectively manage PQCHC in the event the executive director is unable to fulfill her duties.

2. Plan Implementation

The Board of Directors authorizes the Board President to implement the terms of this emergency succession plan in the event of a planned or unplanned, temporary or short-term, absence.

• It is the responsibility of the Executive Director to inform the Board of Directors of a planned temporary or short-term absence, and to plan accordingly.

• As soon as feasible, following notification of an unplanned temporary or short-term absence, the Board President shall convene an Executive Committee meeting to affirm the procedures prescribed in this plan, or to modify them if needed.

3. Priority Functions of the Executive Director at PQCHC

The full Executive Director position description is attached to this plan.

Among the duties listed in the position description, the following are considered to be the key functions of the Executive Director and have a corresponding temporary staffing strategy.

cont’d...
Key Executive Director Function | Temporary Staffing Strategy
---|---
Leadership and Vision | Board President
Board Administration and Support | Senior Administrative Assistant
Financial Management | Treasurer with Finance and Property Manager
Key Executive Director Functions | Temporary Staffing Strategy
Human Resources | Corporate Services Manager
Community and Public Relations | Board President with Senior Administrative Assistant
Spokesperson | Board President or his/her Designate

The positions assigned in the Temporary Staffing Strategy are based on PQCHC's organization structure as of March 1, 2012. In the event this plan is implemented and assigned positions are vacant or no longer available, the Board President shall select other Senior Management staff to support each of the key Executive Director functions.

4. **Succession Plan in the Event of a Temporary, Planned or Unplanned Absence – SHORT-TERM**

a. **Definitions**
   - A *temporary absence* is one in which it is expected that the Executive Director will return once the events precipitating the absence are resolved.
   - An *unplanned absence* is one that arises unexpectedly, in contrast to a planned leave such as vacation or a sabbatical.
   - A temporary absence is 30 days or less.
   - A temporary short-term absence is between 30 and 90 days.

b. **Temporary Staffing Strategy**
   - For temporary planned or unplanned absences of 30 or fewer days, the Temporary Staffing Strategy described above may become effective.
   - In the event of a temporary short-term planned or unplanned absence, the Executive Committee shall determine if the Temporary Staffing Strategy is sufficient for this period of time.

c. **Appointing an Acting Executive Director**
   - Based on the anticipated duration of the absence, the anticipated return date, and accessibility of the current Executive Director, the Executive Committee may appoint an Acting Executive Director, as well as continue to implement the Temporary Staffing Strategy.

d. **Standing Appointees to the Position of Acting Executive Director**
   - The first position in line to be Acting Executive Director is from among Senior Management – Director level staff.
   - In the event the available staff is not available, new to the position or fairly inexperienced with PQCHC, the Executive Committee may consider another appointee or the option of splitting executive duties among designated appointees.

e. **Cross-Training Plan**
   - The Executive Director shall keep the senior management team updated on current issues.
   - The senior management team will be scheduled to attend Board meetings on a rotating basis to keep abreast of governance issues and priorities.

*cont’d*...
f. **Authority and Restrictions of the Acting Executive Director**
   - The Acting Executive Director shall have full authority for day-to-day decision making and independent action as does the permanent Executive Director.
   - Decisions that shall be made in consultation with the Board President and/or Executive Committee on financial issues, taking on a new project, legal issues, any issue that may put the organization at risk, and taking public policy positions on behalf of the organization.

g. **Compensation**
   - Senior Management – The compensation for Director level staff appointed as Acting Executive Director will be determined by the Executive Committee within the context of PQCHC policies and procedures and based on the duration of the assignment and available resources.

h. **Board Oversight and Support to the Acting Executive Director**
   - The Acting Executive Director reports to the Board President.
   - The Executive Committee shall be alerted to the special support needs of the Acting Executive Director in this temporary role.

i. **Communications Plan**
   - Within 48 hours after an Acting Executive Director is appointed, the Board President and the Acting Executive Director shall meet to develop a communications plan including the kind of information that will be shared and with whom.
   - As soon as possible, the Board President and Acting Executive Director shall implement the communications plan to announce the organization’s temporary leadership structure to staff, the Board of Directors, and key stakeholders.

5. **Succession Plan in the Event of a Temporary, Unplanned Absence – LONG-TERM**

a. **Definition**
   - A long-term absence is 90 days or more.

b. **Procedures**
   Procedures and conditions to be followed shall be the same as for a temporary short-term absence with the following addition:
   - The Executive Committee shall give immediate consideration, in consultation with the Acting Executive Director, to temporarily filling the management position left vacant by the Acting Executive Director, or reassigning priority responsibilities where help is needed to other staff. This is in recognition that, for a term of 90 days or more, it may not be reasonable to expect the Acting Director to carry the duties of both positions.
   - The Board President and Executive Committee are responsible for gathering input from staff and reviewing the performance of the Acting Executive Director according to the organization’s Performance Review Policy. A review shall be completed between 30 and 45 days.

6. **Succession Plan in the Event of a PERMANENT Unplanned Absence**

a. **Definition**
   - A permanent absence is one in which it is clearly determined that the Executive Director will not be returning to the position.

...succession planning (cont’d.)
b. **Procedures**

Procedures and conditions to be followed shall be the same as for a temporary short-term absence with the following additions:

- The Board of Directors shall consider the need to hire an Interim Executive Director from outside the organization instead of appointing an Acting Executive Director. This decision shall be guided, in part, by internal candidates for the Executive Director position, the expected time frame for hiring a permanent executive, and the management needs of the organization at the time of the transition.
- The Board of Directors shall appoint an Executive Director Hiring Committee to implement the organization's Emergency Executive Succession Policy to transition to a new permanent Executive Director. A copy of this policy is attached.

c. **Hiring an Interim Executive Director**

- If an Interim Executive Director is hired, the Board President and Executive Committee shall negotiate an agreement with a defined scope of work.
- The scope of the agreement with an Interim Executive Director shall be determined based on an assessment of the organization's needs at the time of the leadership transition.
- The rate of compensation shall be based on the current Executive Director pay scale.

d. **Responsibilities of the Interim Executive Director**

- An Interim Executive Director shall have full authority for day-to-day decision-making and independent action as does the permanent Executive Director.
- The Interim Executive Director shall keep the Board President informed on issues as appropriate.

e. **Board Oversight and Support to the Interim Executive Director**

- The Interim Executive Director reports to the Board President.
- The Executive Committee shall be alert to the special support needs of the Interim Executive Director in this temporary role.
- The Board President and Executive Committee are responsible for gathering input from staff and reviewing the performance of the Interim Executive Director according to the organization's Performance Review Policy. An initial review shall be completed between 30 and 45 days and 90 days thereafter.

7. **Approvals and Maintenance of Record**

a. **Emergency Succession Plan Approval**

- This emergency succession plan shall be approved by the Board of Directors.

*See also Board Policy BD-401: Executive Director Recruitment and Hiring*
POLICY STATEMENT

The Executive Director may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked.

Accordingly, the Executive Director may not:

1. Fail to insure against theft and casualty losses to at least 80 percent replacement value and against liability losses to Board members, staff or the organization itself in an amount greater than the average for comparable organizations.

2. Allow uninsured personnel access to material amounts of funds.

3. Subject plant and equipment to improper wear and tear or insufficient maintenance.

4. Unnecessarily expose the organization, its Board or staff to claims of liability.


6. Receive, process or disburse funds under controls that are insufficient to meet the Board-appointed auditor’s standards.

7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.

8. Acquire, encumber or dispose of real property
POLICY STATEMENT

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the Executive Director may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, the Executive Director may not:

1. Change his or her own compensation and benefits.

2. Promise or imply unconditional guaranteed employment.

3. Establish current compensation and benefits which:
   a. Deviate materially from the geographic or professional market for the skills employed.
   b. Create obligations over a longer term than revenues can be safely projected, in no event longer than one year and in all events subject to losses of revenue.

4. Establish or change pension benefits which:
   a. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
   b. Provide less than some basic level of benefits to all full time employees, though differential benefits to encourage longevity in key employees are not prohibited.
   c. Allow any employee to lose benefits already accrued from any foregoing plan.
   d. Treat the Executive Director differently from other comparable key employees.
   e. Are instituted without prior monitoring of these provisions.

Approved By: Board of Directors
Approval Date: September 1994
Review Cycle: Annual
Monitoring: Annual Report to Board
Annual External Audit
POLICY STATEMENT

With respect to providing information and counsel to the Board, the Executive Director may not permit the Board to be uninformed.

Accordingly, the Executive Director may not:

1. Let the Board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any Board policy has previously been established.

2. Fail to submit the required monitoring data (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies being monitored.

3. Fail to marshal for the Board as many staff and external points of view, issues and options as needed for fully informed Board choices.

4. Present information in unnecessarily complex or lengthy form, nor fail to identify information as either incidental, decision-making, or monitoring.

5. Fail to provide a mechanism for official Board, officer or committee communications.

6. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Board.

7. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

8. Fail to report on activities of the organization as detailed in the Board Workplan.

9. Fail to provide the Multi-Sector Accountability Agreement (M-SAA) bi-annual compliance report to the Board of Directors (attached).
SAMPLE REPORT

PINECREST-QUEENSWAY COMMUNITY HEALTH CENTRE
Multi-Sector Accountability Agreement (M-SAA)
Bi-Anual Compliance Report to the Board of Directors

DATE:
PERIOD COVERED:

This report is organized by the Sections outlined in the Multi-Sector Accountability Agreement.

PROVISION OF SERVICE (Section 3.1)
Pinecrest-Queensway CHC is meeting its M-SAA performance standards as identified in Schedule E and has not reduced, stopped, started, expanded or transferred or ceased to provide services or changed its service plan. Please refer to Appendix 1 for details as to progress for targets.

SUBCONTRACTING FOR PROVISION OF SERVICES (Section 3.2)
Subcontracted service agreements are in place for the provision of services in the Integrated Falls Prevention Program. Queensway-Carleton Hospital is subcontracted to provide physiotherapy and physiotherapy assistance to the Falls Program. This subcontract includes the provisions as identified in Section 3.2(b) of the M-SAA.

CONFLICT OF INTEREST (Section 3.3)
Pinecrest-Queensway CHC has not identified any conflicts of interest in the performance of its contractual obligations.

E-HEALTH/INFORMATION TECHNOLOGY COMPLIANCE (Section 3.4)
Pinecrest-Queensway CHC is in compliance with the technical standards related to architecture, technology, privacy and security set for health service providers by the MOHLTC and the Champlain LHIN. This includes the use of Purkinje which meets the technical standards provided by the Ministry of Health and Long Term Care.

PROCUREMENT OF GOODS AND SERVICES (Section 4.8)
Pinecrest-Queensway CHC has met the procurement requirements.

COMMUNITY ENGAGEMENT AND INTEGRATION ACTIVITIES (Section 6.2)
In this reporting period, Pinecrest-Queensway has undertaken the engagement of clients and community stakeholders as outlined in Appendix 2. This information is used in the development and improvement of services.

In this period Pinecrest-Queensway CHC has identified opportunities to further integrate the services available with the local health system, as outlined in Appendix 3.

REPORTING (Section 8.1b)
In this period, Pinecrest-Queensway CHC has met all reporting obligations to the LHIN as identified in Schedule C of the M-SAA including:

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**FRENCH LANGUAGE SERVICES (Section 8.1c)**
Pinecrest-Queensway CHC is not designated to provide LHIN funded services under the French Language Services Act. The Ontario Early Years Program is designated under the Act. The French Language Services Committee meets twice/year and informs the Board of compliance through reports from these meetings.

**TRANSPARENCY (Section 8.5)**
Pinecrest-Queensway CHC has an electronic copy of the signed M-SAA posted on its website. A paper copy is posted on the main floor lobby bulletin board.

**GOVERNANCE (Section 10.3b)**
Pinecrest-Queensway CHC has signed a Performance Agreement with its Executive Director that ties compensation to performance.

**COMMERCIAL GENERAL LIABILITY INSURANCE (Section 11.4)**
Pinecrest-Queensway CHC holds the required insurance and has provided proof of the insurance to the Champlain LHIN.
POLICY STATEMENT

With respect to clients and the community, the Executive Director may not operate without a mechanism for handling feedback.

Accordingly, the Executive Director may not fail to deal with complaints in a timely manner and to provide ease of access.

Refer also to Policy BD-603: Client Feedback and Complaints
POLICY STATEMENT

The Board, on behalf of the membership and general community, will govern Pinecrest-Queensway Community Health Centre through improved leadership with respect to values and vision.

Procedures
1. The Board will meet a minimum of 8 times per year. Meetings will generally be in person but provisions may be made for electronic meetings as per the By-laws.
2. The Board shall establish an annual agenda to plan for accountabilities required throughout the Board year.
3. In-camera meetings are limited to confidential issues. All decisions from in-camera meetings will be clearly recorded.
4. The Board shall make the minutes of the Board meetings accessible by putting them on the web-site after the minutes have been approved.

Refer also to Board Policy BD-610: Quality and Safety of Programs and Services

Approved By: Board of Directors
Approval Date: September 1994
Review Cycle: Annual
POLICY STATEMENT

The Board will approach its task with an emphasis on outward vision rather than an internal preoccupation, encouragement of diversity in viewpoints, strategic leadership more than administrative detail, clear distinction of Board and chief executive roles, collective rather than individual decisions, future rather than past or present, and proactivity rather than reactivity.

More specifically, the Board will:

1. Operate in all ways mindful of its stewardship on behalf of those who morally own the organization.

2. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of roles, and speaking with one voice through an official vote. Be an initiator of policy, not merely a reactor to staff initiatives.

3. Direct, control and inspire the organization through the careful establishment of the broadest organizational policies.

4. Focus chiefly on intended long term, external impacts, not on the administrative or programmatic means of attaining those effects.

5. Use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute their individual opinions for the group’s values.

6. Monitor and regularly discuss the Board’s own process and performance. Ensure the continuity of its governance capability by retraining and redevelopment.
   a. Self-monitoring will include comparison of Board activity and discipline to its Governance Process and Board-Staff Relationship policies no less than once per meeting.
   b. Continual redevelopment will include orientation of new members in the Board’s adopted governance process and periodic Board discussion of process improvement.

7. Be accountable to the membership and general community for competent, conscientious and effective accomplishment of its obligations as a body. It will allow no officer, individual or committee of the Board to usurp this role or hinder this commitment. The Board, not the staff, will be responsible for Board performance.
POLICY STATEMENT

The job of the Board is to represent the membership and general community in determining and demanding appropriate organizational performance. Consequently, the job outputs of the Board shall be:

1. The link between the organization and the membership and general community. In order to achieve this, Board members may be drawn from the community, related services/constituency and/or client base, to be a representative of, not to represent the community. Conflict of interest, Board Code of Conduct and confidentiality policies (see Section 5) guide the relationship of Board members and the organization.

2. Written governing policies which, at the broadest levels, address:
   a. **Strategic Directions**: Organizational products, impacts, benefits, outcomes (what good for which needs at what cost).
   b. **Executive Director Limitations**: Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.
   c. **Governance Process**: Specification of how the Board conceives, carries out and monitors its own task, including how it connects with the membership and general community.
   d. **Board-Executive Director Relationship**: How power is delegated and its proper use monitored.

3. The assurance of organizational performance (against policies in 2a and 2b).

4. Legislative impact.

5. Non-governmental funding.

Approved By: Board of Directors
Approval Date: September 1994
Review Cycle: Annual
Monitoring: Annual Board Evaluation
POLICY STATEMENT

PRESIDENT

The job “product” of the President is, primarily, the integrity of the Board’s process and, secondarily, occasional representation of the Board to outside parties. The President is the only Board member authorized to speak for the Board (beyond simply reporting Board events), unless a person or persons are otherwise delegated by the Board to do so.

1. The job output of the President is that the Board behaves consistent with its own Governance Process and Board-Staff Relationship policies and those legitimately imposed upon it from outside the organization.
   a. Meeting discussion content will only be those issues which, according to Board policy, clearly belong to the Board to decide, not the Executive Director.
   b. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.

2. The authority of the President consists in making decisions on behalf of the Board. This authority extends to all decisions that fall within and are consistent with any reasonable interpretation of Board policies on Governance Process and on the Board-Executive Director Relationship, except where the Board specifically delegates portions of this authority to others.
   a. The President is empowered to chair Board meetings with all the commonly accepted power of that position (e.g. ruling, recognizing and in accordance with established Rules of Conduct attached to Policy.
   b. The President has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. Therefore, the President has no authority to supervise or direct the Executive Director.
   c. The President may represent the Board to outside parties in announcing Board-stated positions and in stating President decisions and interpretations within the area delegated to him or her.

VICE-PRESIDENT

The Vice-President shall be vested with all powers and shall perform all the duties of the President in the absence of or inability or refusal of the President so to act.

SECRETARY/TREASURER

The Secretary/Treasurer shall ensure the safekeeping of the Minute Book of the organization and copies of other documents. The Secretary/Treasurer will assure that Minutes of meetings are recorded. The Secretary/Treasurer shall ensure proper control over the financial affairs of the organization. The Secretary/Treasurer shall sign such contracts, documents or instruments in writing as required and shall have such other powers and duties as may from time to time be assigned by the Board.
POLICY STATEMENT

The Board may establish committees to help carry out its responsibilities. To preserve Board holism, committees will be used sparingly, only when other methods have been deemed inadequate. Committees will be used so as to minimally interfere with the wholeness of the Board’s job, and so as never to interfere with delegation from Board to Executive Director.

Board committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Executive Director.

(Terms of reference for each Board committee can be found in Appendix B of the Board Handbook)
POLICY STATEMENT

The Board of Directors will help to create a culture within PQCHC that promotes the highest standards of leadership, ethics and accountability. The Board is committed to maintaining the highest standard of conduct in carrying out its fiduciary duties of care, accountability and loyalty in pursuit of its mission. As such, each Board member shall adhere to the following code of conduct:

1. Board members must represent loyalty to the interests of the corporation. This accountability supersedes any conflicting loyalty such as to that of advocacy or interest groups or membership on other Boards or staffs. This accountability supersedes the personal interest of any Board member acting as an individual consumer of the organization’s services.

2. Board members must avoid any real, potential or perceived conflict of interest with respect to their fiduciary responsibilities. Board members will:
   a. Represent the best interest of the corporation at all times and declare any and all duality of interests or conflicts of interest, material or otherwise, that may impede, be perceived as impeding or have the potential to impede the capacity to deliberate or act in the good faith, on behalf of the best interests of the corporation (See Conflict of Interest Policy BD-307).
   b. Conform to the procedures for conflict of interest and disclosure as stated in the policies established by the Board
   c. Not seek or accept, on behalf of self or any other person, any financial advantage or gain that may be offered because or as a result of the Board member’s affiliation with PQCHC;
   d. Not seek, or be considered for, employment at PQCHC until the member has been off of the Board for a period of at least six months.

3. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies.
   a. Board member’s interaction with the Executive Director and staff must be respectful and recognize the lack of authority of any individual or group of Board members;
   b. Board members must ensure that, in any interaction with the public or other entities, they must publicly support and represent the duly made decisions of the Board;
   c. Board members will make no judgements of the Executive Director’s performance except as that performance is assessed against explicit Board policies and by the official process.

4. Board members shall ensure informed participation.
   a. Attend most, if not all, meetings of the Board;
   b. Keep well-informed of all matters that come before the Board;
   c. Respect and follow the decision making process of the Board;
   d. Constructively and appropriately bring to the attention of the Board, officers, or the Executive Director any questions, views, opinions and comments of significance on relevant matters of governance, policy making or our constituencies;
   e. Oppose, on the record, board actions which one disagrees with or is in serious doubt;

cont’d...
f. Appropriately challenge, within the structure and By-Laws of the corporation, those binding decisions that violate the legal, fiduciary or contractual obligations of the corporation.

g. Board members will send a message to the Executive Assistant to confirm attendance prior to each meeting.

5. Board members will ensure compliance with the By-Laws and Policies.
   a. Be aware of and fully abide by the constitution, bylaws, rules and regulations and policies of the corporation;
   b. Ensure compliance of the corporation with all laws, regulations and contractual requirements;
   c. Respect and fully support the duly made decisions of the Board in accordance with their fiduciary duties of compliance and loyalty;
   d. Work diligently to ensure the board fully assumes its role as a policy-making, governing body;
   e. View and act towards the Executive Director as the chief administrative officer with the sole responsibility for the day-to-day management of the organization, including personnel, and for implementation of board policies and directives.

6. Directors and ex-officio participants at Board meetings are faced with particular responsibilities regarding the confidentiality of Board matters. Board minutes are available to the public once they have been approved by the Board. The Board of Directors should uphold general standards of conduct to ensure that, when applicable, Board information remains confidential until such time as the Board determines it is permissible for the information to be publicly disclosed. To this end, Board members shall sign a statement of confidentiality which shall remain on file at the Centre (see BD308-Policy on Confidential Information).

Procedures

1. After each AGM, all Board members will be asked to certify their compliance to the Code of Conduct Policy statement.
2. All completed Code of Conduct Certification forms will be stored securely in the Executive Assistant’s office.
3. At the first Board meeting following the AGM, the Board chair will remind members of the Code of Conduct and their obligations to respect this policy. New Board members will be informed of this during their orientation.
4. A member of the Board of Directors, who is uncertain about the interpretation of the policy, shall seek clarification from the Executive Committee of the Board.
5. Any misconduct on the part of a Director of the Board of Directors must be dealt with firmly and swiftly. A concern of non-compliance with this policy may be brought in writing to the attention of the Executive Committee directly or indirectly through the Board President. The Executive Committee will ensure that timely action is taken to address the alleged violation. They may consult with legal or other Council as deemed necessary. The Board will be kept informed and appraised of the situation.

...board members’ code of conduct (cont’d.)
6. Where the person(s) alleged to be in violation of this policy is not satisfied with the decision, the individual(s) may, within fifteen (15) working days of being informed of the decision request in writing a review by a Committee of the Board of Directors as appointed by the Executive Committee of the Board. After this review any decision made by the Board as it relates to the violation is final and binding.
POLICY STATEMENT

Board members must avoid any real, potential or perceived conflict of interest with respect to their fiduciary responsibilities. They must perform their duties and functions in a manner that will bear public scrutiny. More specifically, public trust in PQCHC requires that Board members:

- Arrange their private interests in a manner that will minimize the potential for Conflict of Interest;
- Avoid pursuing business opportunities, contractual, volunteer or employment arrangements that have a reasonable potential of creating a Conflict of Interest in the future;
- Will not solicit or accept directly or indirectly for personal benefit a fee or gift from a person or an organization that deals with PQCHC where the fee, gift or benefit could influence, have the potential to influence or be perceived to influence the performance of PQCHC duties and functions;
- Will not benefit from, make personal use of, or disclose confidential information to a stakeholder that is obtained in the course of performing PQCHC duties.
- Will not benefit from the use of PQCHC facilities, property or resources for anything except in the course of PQCHC duties or functions, unless such use has been reviewed and approved by the appropriate level of authority;
- Will not participate in organizational decisions involving direct benefits such as retention, salaries, leaves of absence or awards to members of their immediate family
- Will not seek, or be considered for, employment at PQCHC until the member has been off of the Board for a period of at least six (6) months.

Procedures

1. At the beginning of each Board meeting, the Chair will ask members to advise the Board if s/he is aware of any conflict or interest arising from the agenda items.
2. The Chair and individual Board members may identify, during a Board meeting, the potential, perceived or real conflict of interest and act upon this at that time.
3. In the event that a member has a potential for, real or where there may be a perception of a conflict of interest, individuals will declare this. Depending on the nature of the issue at hand, the Chair may determine that the member should either abstain from discussion and decision or remove themselves from the room for the duration of the discussion and decision.
4. Members who perceive a potential conflict of interest of fellow members should address his or her concern to the chair who will make the decision as to whether there is a potential for conflict of interest and act upon that concern.
5. In all of these situations, the decision to declare conflict of interest will be dealt with in a reasonable and respectful manner. The final decision rests with the Chair, and, if there is doubt about the potential for or perception of conflict of interest, the decision will always be made in favour of declaring, in good faith, conflict of interest.

Definition of Conflict

Includes any situation or circumstance where, in relation to performing its duties, the organization, the members of the Board and/or any person employed by the organization who as the capacity to influence the organization’s decision, has other commitments, relationships or financial interests that:
a. Could or could be seen to interfere with the organization’s objective, unbiased and impartial exercise of judgement; or
b. Could or could be seen to compromise, impair or be incompatible with the effective performance of its obligations to the organization.
POLICY STATEMENT

The Board of Directors, charged with the management and overall direction of PQCHC, meets regularly to discuss strategic issues and specific matters which are raised from time to time to further the objectives of the organization. Individuals and organizations often participate at meetings of the Directors on a visitor basis to provide broad input, to enhance dissemination of Board information and decisions and to foster the co-operative aspect of PQCHC activities.

As a result, Directors and participants at Board meetings are faced with particular responsibilities regarding the confidentiality of Board matters. The Directors of PQCHC owe a fiduciary or trust-like duty to the organization that demands that the confidentiality of private information known by the Board be maintained. However, Directors also have a separate duty to maintain confidential the private information given to them by visiting participants. Visiting participants, on the other hand, do not owe a fiduciary duty to PQ and thus duties of confidence must be established whenever Board information is to be disclosed to them. The Board of Directors feels that general standards of conduct must be implemented to ensure that information remains confidential until such time as the Board determines it is permissible for the information to be publicly disclosed.

Board members cannot obtain confidential information regarding clients and staff.

Confidential Information Generally

Information may be termed "confidential information" if it has the quality of special information and disclosed in circumstances that establish an obligation to maintain that confidence. Any unauthorized disclosure or misuse of confidential information resulting in detriment to the party originally communicating it is a breach of confidence.

Not all information disclosed to or discussed by the Board is confidential. Something that is public knowledge cannot provide any foundation for breach of confidence. However, something flowing from common knowledge may become confidential, such as the fact that the Board of Directors has discussed or has an opinion about a public event.

Directors are bound by two separate duties not to disclose confidential information. Firstly, a director has a duty to act honestly and in good faith with a view to the best interests of PQ. Confidence is a cousin of trust and is demanded of any Director when exercising their role.

Directors must be cautious, sensible and discreet. The exchange of confidential information at Board meetings and at any time between Directors carries an obligation that the Director receiving the information will keep the information private. This duty is recognized in Article 12 of the by-laws of PQ. The minutes of meetings of the Board and Executive Committee are edited to keep sensitive material from unwanted disclosure.

Secondly, a Director owes a different duty to another person to maintain confidential the private information received from that person. When a visiting participant reveals a proposal or discusses some other private issue at a Board meeting in which the participant expects the information to remain private, the Directors individually owe a duty to that person to not make an unauthorized disclosure of that information.

cont’d...
The attendance at Director’s meetings of non-directors is problematic for the Board. Non-directors do not owe trust-like duties to PQ but at most owe a duty to maintain confidential the information imparted to them by the Board. However, not all visitors may be aware of their legal duties and once a secret is publicly revealed, it can never again become a secret. Thus it is imperative that the Board of Directors and the Executive Committee follow the procedures outlined in the Guidelines on Conflict of Interest, regarding visiting participants and confidential information to ensure the integrity of PQ and its operation.

Guidelines for Confidential Information

In addition to the earlier noted Guidelines, the Board and its directors should also keep in mind the following principles to ensure each Director meets his or her respective duties.

As a rule, a Director should not divulge any confidential information concerning the business and affairs of PQCHC unless expressly or impliedly authorized to do so by the Board of Directors. This must also be made to apply to visitors in order to cover all persons in attendance.

In order to uphold the practice of confidentiality, the following are guiding principles:

a. A Director cannot render effective service to the Board and PQCHC unless there is full and unreserved communication between fellow Directors. At the same time, each Director must feel completely secure and entitled to proceed on the basis that, without any express request or stipulation on the Director’s part, matters discussed or disclosed to the other Directors will be held secret and confidential.

b. Generally, a Director should not disclose that the Board has consulted with or has been approached by a particular person or organization about a particular matter unless the nature of the matter requires such disclosure.

c. A Director should avoid disclosure of confidential information to a visiting participant or other non-Director.

d. A Director should avoid indiscreet conversations, even with the Director’s spouse or family, about the affairs of PQ or a visiting participant and should shun any gossip about such things even on a "no-name" basis. Indiscreet talk between Directors, if overheard by third parties able to identify the matter being discussed, could result in prejudice to PQ and in a Director’s breach of confidence.

e. The general rule may not apply to facts which are public knowledge but nevertheless the Director should be careful not to participate in speculation concerning the affairs or business of PQ or a visiting participant.

f. Confidential information may be divulged with the express authority of the Board of Directors or, in some cases, the visiting participant. The authority to divulge may be implied in certain circumstances. The Director may, unless directed otherwise, disclose the information to other Directors and, to the extent necessary, to non-Directors, such as PQ staff or members. But, this authority to disclose is a limited one and obligates the director to obtain a promise from those to whom information is disclosed which recognizes the duty to maintain the confidentiality of that information.

cont’d...
The primary responsibility of a Director is to act in the best interests of the organization. The maintenance of confidentiality is important to the successful compliance with this overriding duty and the agreement of visitors with these guidelines is essential to their continued participation.
POLICY STATEMENT

The Board will regularly evaluate its functioning and ability to meet its role as defined in the policies that govern the Board.

1. The meeting process and content will be evaluated at the end of each meeting and the results noted in the minutes.

2. Annually, to be determined by the President, the Board will complete a questionnaire on its overall functioning. This will be reported within the minutes.

(Copies of forms currently used for these purposes can be found in Appendix C of the Board Handbook)
The Board of Directors is ultimately accountable for the governance, management and operations of the Pinecrest-Queensway Community Health Centre. The boards must at a minimum comply with the reporting and accountability requirements set forth by funder contractual agreements and in the By-Laws of PQCHC.

The Board plays a significant oversight and compliance role, particularly with respect to legal and financial obligations. The Board requires annual compliance reports on legislative compliance, quarterly reports on the financial situation, and regular written reports on overall program operations from the Executive Director.

It is also incumbent on the Board to report on the operations and achievements of the Centre to its stakeholders and the community.

PROCEDURES:
1. The Board will provide a report to the community and its stakeholders on the operations and achievements of the Centre at a minimum of once/year through the Annual General Meeting. The Board will ensure full reporting as outlined in the By-Laws.
2. The Executive Director will provide the Board with regular written reports as per the Executive Limitations policies.
3. The Executive Director will report annually on compliance with legislation, policies and procedures.
4. The Board shall issue a ‘Declaration of Compliance’ pursuant to the Multi-Sector Accountability Agreement (M-SAA) confirming PQCHC has fulfilled its obligations under the M-SAA within 30 days of September 30th and March 31st of each funding year. This will be posted on the PQCHC website, on the main bulletin board (1st floor lobby) at the PQ site and on public bulletin Board at the satellite site and sent to the Champlain LHIN.
5. The Board shall ensure compliance with the Broader Public Sector Accountability Act, including but not limited to ensuring the posting of expenses for PQCHC as required by the Act. The Executive Director shall bring the draft posting to the Board twice/year so that these postings are confirmed and posted within 30 days of September 30th and March 31st of each funding year.
6. Records related to PQCHC’s accountability obligations will be retained for seven (7) years after the termination or expiration of the Agreement. The HSP’s obligations to retain these records will survive any termination of expiration of the accountability Agreements.

Approved By: Board of Directors
Approval Date: April 19, 2011
Review Cycle: Annual
Monitoring: Reports to Board
**BD-311: VOLUNTARY DISSOLUTION**

**POLICY**

1. **AUTHORIZATION**
   
a. Authorization for a voluntary dissolution of the corporation must be in the form of a special resolution of the members of the corporation passed at a meeting of the members. Alternatively, the consent in writing of all members who would be entitled to vote at such meeting will suffice.
   
b. The special resolution should appoint one or more directors or officers who will carry out the dissolution of the corporation on behalf of the members.

2. **ARTICLES OF DISSOLUTION**
   
a. Articles of Dissolution must set out the name of the corporation, confirm that it has been properly authorized and confirm that there are no legal proceedings currently pending against the corporation.
   
b. The corporation must either have no debts, obligations or liabilities, or any outstanding creditors must consent to the dissolution of the corporation.
   
c. Articles of Dissolution must also set out how any property remaining after the satisfaction of all debts, obligations and liabilities will be distributed.

3. **UNKNOWN CREDITOR OR MEMBER**
   
a. If corporation is unable to locate creditors or members to whom an amount is owed, then such amount may be paid to the Public Guardian and Trustee.

4. **CERTIFICATE OF DISSOLUTION**
   
a. If the persons appointed in 1.b above properly submit Articles of Dissolution, any other prescribed documents and the appropriate fee then the Director will issue a Certificate of Dissolution.
   
b. The Certificate of Dissolution will take the form of an endorsement on the submitted Articles of Dissolution.

**DISSOLUTION BY THE DIRECTOR**

1. The corporation could be administratively dissolved by the Director if the corporation does complete all required filings.
   
2. If dissolved by the Director an interested person (director, officer, member or creditor of the corporation) must prepare Articles of Revival and apply to the Director who may in their sole discretion revive the corporation.
   
3. After revival the corporation will be deemed never to have been dissolved.

*cont’d*
POST-DISSOLUTION

1. After the dissolution, any proceeding which was commenced prior to the dissolution may be continued in the ordinary course and any proceeding which is not barred by a limitation period may be commenced.

2. Service on a person who was a director or officer in the last filings made by the corporation will be sufficient service.

3. Members may be liable to outstanding creditors to the extent that they received any property from the corporation upon dissolution (this should not be an issue for our organization as members will not receive property).
POLICY STATEMENT

The Board of Directors is responsible for the recruitment and hiring of the Executive Director. This process must be done:

- within the context of the personnel policies and practices of the organization.
- within a consultation process with the key stakeholders

The procedures to be followed for the hiring process itself will be as established by the Board of Directors.

The current process outline can be found in Appendix D of the Board Handbook.
POLLICY STATEMENT

The Executive Director is accountable to the full Board. The Board will establish the broadest policies, delegating implementation and more detailed policy development to the Executive Director.

1. Only decisions of the full Board are binding on the Executive Director. Decisions or instructions of individual Board members, officers, or committees are not binding on the Executive Director, except when the Board has specifically authorized such exercise of authority.

2. All Board authority to staff is delegated through the Executive Director, so that all authority and accountability of staff—as far as the Board is concerned—is considered to be the authority and accountability of the Executive Director.

3. Policies direct the Executive Director to achieve certain results; Executive Director Limitations policies constrain the Executive Director to act within acceptable boundaries of prudence and ethics. With respect to ends and executive means, the Executive Director is authorized to establish all further policies, make all decisions, take all actions and develop all activities as long as they are consistent with any reasonable interpretation of the Board’s policies.

4. The Board may change its policies, thereby shifting the boundary between Board and Executive Director domains. By so doing, the Board changes the latitude of choice given to the Executive Director. But so long as any particular delegation is in place, the Board and its members will respect and support the Executive Director’s choices. This does not prevent the Board from obtaining information in the delegated areas, except individual client-identified data.

5. Information or assistance may be requested by individual Board members, officers, or committees, but if such request, in the Executive Director’s judgment, requires a material amount of staff time or funds or is disruptive, it may be refused.
POLICY STATEMENT

As the Board’s single official link to the operating organization, the Executive Director’s performance will be considered to be synonymous with organizational performance as a total. In addition, in keeping with the requirements of the Multi-Sector Service Accountability Agreement, the organization operates with a Performance Agreement with the Executive Director that ties his/her compensation plan to his/her performance.

Consequently, the Executive Director’s job contributions can be stated as performance in only two areas:

1. Organizational accomplishment of the provisions of Board policies on and strategic directions.
2. Organization operation within the boundaries of prudence and ethics established in Board policies on Executive Limitations.
3. Organization’s compliance with accountability requirements.

A copy of the current job description and Performance Agreement can be found in Appendix E of the Board Handbook.
POLICY STATEMENT

Monitoring executive performance is synonymous with monitoring organizational performance against Board policies on Ends and on Executive Limitations. Any evaluation of Executive Director performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is simply to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of Board time so that meetings can be used to create the future rather than to review the past.

2. A given policy may be monitored in one or more of three ways:
   a. **Internal report**: Disclosure of compliance information to the Board from the Executive Director.
   b. **External report**: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess executive performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party’s opinion to be the standard.
   c. **Direct Board inspection**: Discovery of compliance information by a Board member, a committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a “prudent person” test of policy compliance.

3. Annually the Executive Director will present the organization’s Operating Plan to the Board.

4. Understanding that variations to activities exist, where circumstances are such that activities fall outside the Executive Director’s area of freedom, the matter will revert to the Board for a decision. This will not indicate poor performance by the Executive Director.

5. The Board will have a formal evaluation of the Executive Director based on a summative examination of previous regular monitoring data. The evaluation will be held at least once every 24 months as per established Centre policies. The evaluation will:
   - provide feedback to the Executive Director’s as a basis for her/his ongoing growth and development; and
   - provide the Board of Directors with a good understanding of the Executive Director’s performance as a basis for fulfilling its responsibility to ensure the organization’s leadership is being carried out in a manner consistent with its policies and objectives.

cont’d...
The design of the process balances three primary concerns:
- that any significant feedback on performance be provided in a timely and direct manner; and
- that the feedback received be constructive and provide an opportunity for learning and growth; and
- that all key parties be provided with an appropriate opportunity to provide feedback.

In order to achieve this, the evaluation process is made up of two main components:
- ongoing informal feedback solicited from all key partners (Board, staff, etc); and
- a formal bi-annual performance review involving a cross-section of Board members, staff, funders, and other appropriate stakeholders.
POLICY STATEMENT

The Board of Directors is established to provide direction to the organization on behalf of the community that it serves. The individual members of the Board are trustees-entrusted to direct the activities of the Centre in the interest of the community and clients rather than any other interest.

As trustees, they are accountable for all aspects of the organization and its activities. This accountability is discharged by the Board in fulfilling certain responsibilities itself and delegating others. The Board is responsible to provide leadership and delegates operations and management to the Executive Director. The Executive Director may delegate responsibilities to others, who are selected on the basis of their expertise related to the work.

Procedures

Based on the model of governance adopted by PQCHC, the responsibilities that the Board needs to fulfil directly are:

1. **Communication with the Community** - engaging in ongoing dialogue with the community to ensure that the Board is aware of the community’s needs and to inform the community about the Centre and its services.

2. **Strategic Planning** - nurturing and sustaining the vision, mission and objectives of the Centre through a consultative process involving the community, staff and other stakeholders.

3. **Policy Development** - adopting policies that guide the fulfilment of the mission. These express the values and guiding principles that determine the organization’s activities and goals. They provide the appropriate point of departure for others to move forward with the implementation of programs and services.

4. **Monitoring and Evaluation** - in order to answer to the community and funders for the performance of the organization, ensuring that the Board sees (monitors), what is achieved and assesses the performance of the service or program.

The Board only exercises its authority as a whole. Individual members of the Board cannot influence the Centre’s direction or activities in any way that is inconsistent with the Board’s policies or in an area that the Board has not addressed. Any individuals authorized to act on behalf of the Board are expected to do so in a manner consistent with its policies.
POLICY STATEMENT

Members of the Board are elected by the general membership based on the terms defined in our bylaws. This requires a minimum of 7 members who are residents of the Pinecrest-Queensway west end catchment area at the time of their election. Membership is defined as anyone who is 18 years of age or older and is a resident of the City of Ottawa. Members may be current users, workers from seconded agencies, designated representatives from related agencies, and/or any volunteer in the Corporation (including governance and service).

Individual members of the Board have the following responsibilities:

1. **Listening to the Community** - in order to participate in Board discussions on a basis consistent with their role, members of the Board need to be aware of the ongoing dialogue with the community. This may take the form of direct involvement in consultations or the review of reports and studies on the community.

2. **Board Meetings** - individuals have a responsibility to be adequately prepared, express their views and ideas, actively listen to their colleagues and support the decision taken by the Board.

3. **Projects/Committees** - when individual Board members are involved with staff and/or other volunteers in specific projects or committees, their role is to assist in understanding the Board’s policies and thinking. Any other involvement by the Board member in the project or committee’s work is to be treated in a manner similar to any other volunteer and not with any special authority as a Board member.

Representing Special Interests - Each Board member is responsible to adopt the interest of the community as a whole. An individual should not represent the interest of any particular group (a specific neighborhood or one area of service), in a preferential or exclusive manner.

Conflict of Interest - An individual Board member may find that they have a conflict of interest on a specific item which comes before the Board. In this instance it is their responsibility to identify the conflict and abstain from any discussions or decisions on the matter. (See Policy on Conflict of Interest).
POLICY STATEMENT

To fulfill its responsibilities with a governance style consistent with board policies, the Board will develop an annual agenda that ensures review and follow-up with ends policies annually and provides for review of the Board performance.

1. The Annual Cycle will begin at the first Board meeting following the Annual General Meeting.

2. The Board will approve a Board Annual Agenda at the first regular Board meetings following the Annual General Meeting. The Board will evaluate its accomplishments during the last Board meetings in the annual cycle.

3. The Board will identify, through its annual evaluation and at other times as appropriate, those areas of education/information that will help to increase the level of wisdom/knowledge of the Board.

4. The general sequence for Board planning will include: Board orientation (over several months); development of Board Annual Agenda; monitoring of Executive Limitations; evaluation of the Board’s accomplishments including update on the Strategic Plan Implementation process; preparation for the AGM including ensuring implementation of Nominations Process for the Board; review of current year-end Operating Plan and budget and review/approval of next year Operating Plan.

5. Strategic planning will happen on a five-year cycle.
POLICY STATEMENT

Staff may be affiliate (non-voting) members of the Centre and may participate in the Centre membership activities. In addition, staff elect two non-voting staff representatives to the Board of Directors.

Staff of PQCHC are not elected but rather selected on the basis of particular knowledge, competence and skills. They do not represent the community, but they have the expertise to provide the services the organization has chosen to offer. Based on these principles, the staff’s role can be summarized as implementation or management.

An additional dimension of the staff’s role originates from their ongoing direct contact with the Centre’s clients as well as their working relationships with collaborative agencies and colleagues within the health and social service network. The information, insights and understanding that these contacts provide are vital to the ongoing growth of the organization and need to be included in the Centre’s ongoing planning cycle.

PQCHC’s model of leadership calls for delegation to the staff in a manner that provides them with a broad range of freedom to exercise their creativity and judgement to achieve the goals established within the operational guidelines thought to be appropriate.

Procedures

Staff responsibilities include:

1. **Understanding the Centre’s Policies** - the staff must ensure that they have adequate and timely understanding of the organization’s policies that are intended to guide the work of the Centre.

2. **Implementation in Alignment** - the design and implementation of programs and services based on the staff’s expertise and knowledge of their clients in a manner that fulfills the goals and expectations outlines in the direction provided by the Board.

3. **Input to Planning and Policy Development** - the staff need to provide the Board with an understanding of their knowledge and experience on all relevant issues under consideration.
POLICY STATEMENT

PQCHC is based on the foundation of a partnership between the Board and staff in the service of the needs of the Centre’s community and clients. Members of the Board and members of the staff have distinct and complementary responsibilities in advancing the mission of the Centre.

This partnership enables the Centre to achieve sustained innovation in the development of the services it provides while meeting the needs of the staff, Board members and other volunteers for meaning and satisfaction from their contribution.

Procedures

1. The relationship between the Board and staff is to be characterized by mutual respect and open and direct communication. In addition to staff non-voting membership on the Board, this partnership is reflected in collaboration on:
   - Planning activities
   - Special projects and committees
   - Joint education/planning sessions

2. In addition, staff regularly present on programs at Board meetings as a means of connecting with the Board through on-going Board development and orientation.
POLICY STATEMENT

A number of processes, structures or mechanisms are supported to facilitate staff input.

Procedures

1. **Planning**
   PQCHC has a regular cycle of joint planning and performance review. This applies to all major aspects of the Centre’s performance: specific services, relationships with the community, specific programs/projects, the Board, etc. These processes reflect the distinct and complementary roles of Board and staff.

   In most cases, the process includes the following steps:
   - Initial statement of the organization’s expectations for the particular area (a policy statement developed by the Board with appropriate input from the community, staff and other stakeholders)
   - Implementation by those selected for the work (staff and/or volunteers)
   - Monitoring implementation in light of the policy
   - Feedback from clients/patients/participants (where possible)
   - Consultation with community (where possible)
   - Evaluation of achievements by those doing the work and
   - Evaluation by Board and refinement of expectations for next period

   The length of time for the cycle depends on the issue.

2. **Staff on the Board**
   The Board has two designated ex-officio staff positions that may be filled by staff through a staff-defined process.

   These individuals will be elected by the staff to serve as non-voting members of the Board who will bring the perspective of working in the Centre on a daily basis to represent the interests of the whole organization and the community like all other members of the Board. As such, they are expected to fully participate in all Board discussions other than those related to issues in which they would have a conflict of interest.

   In collaboration with the Executive Director, these individuals will support the communications routines established to keep the staff current on the Board’s thinking and decisions.

   They will provide continuity over time to complement the presence of other members of the staff who make periodic presentations to the Board.

   Effective communications mechanisms are established to facilitate the staff’s awareness of the issues being addressed by the Board and their understanding of the Board’s direction and decisions.

   *cont’d...*
3. **Special Projects and Committees**
With mutual understanding of complementary roles and commitment to respect and open communication, Board and staff will take on specific initiatives together and have joint membership on committees as appropriate to the topics.

4. **Joint Education/Planning Sessions**
Joint sessions involving Board and staff in both planning and educational activities (guest speakers, presentations, etc.) will be built into the Board meeting cycle.

5. **Social Activities**
Social interaction of Board members and staff should be a natural part of the proposed opportunities of working together and not organized as separate events.
RIGHTS - POLICY STATEMENT

The Centre is guided by the following statements which reflect the fundamental rights of staff. These rights are consistent with the mission and values of the organization and are in keeping with existing human resource policies, job descriptions, or other documents related to staff responsibilities.

Staff have the right to:

1. A positive work environment that is free from unwelcome remarks, materials or behaviour.
2. Relationships based upon fairness, dignity, consideration and respect.
3. Reasonable accommodations to meet their needs related to disability, illness or injury, pregnancy, religion or other identified needs.
5. Open and timely communications.
6. Appropriate compensation for work performed.
7. Recognition of their contributions.
8. Meaningful involvement in decisions that directly affect them.
9. Access to, knowledge and understanding of, and input into the organization’s processes, procedures and protocols.
10. Appropriate information, equipment and other resources to enable them to do their work.
11. Support to develop or upgrade knowledge and skills required to do their work.
12. Timely and just resolution to conflicts.
13. A safe and clean work environment.

RESPONSIBILITIES - POLICY STATEMENT

The staff of Pinecrest-Queensway Community Health Centre will work within a culture that promotes the highest standards of conduct in carrying out their responsibilities in working within the organization, with its partners, and the clients that we serve. As such, each staff member shall adhere to the following code of conduct:

1. Staff must always act with fairness, honesty, integrity and openness; respect the opinions of others and treat all with equality and dignity without regard to gender, race, colour, creed, ancestry, place of origin, political beliefs, religion, marital status, disability, age or sexual orientation.
2. Staff must respect and maintain the confidentiality of information gained as an employee, including, but not limited to, all personal information and clients, staff, volunteers or students, computer software and files, non-public information about the centre (e.g. security and alarm systems), etc.
3. Staff will take every measure to ensure that there is not, nor shall there appear to be, any conflict between the personal and private interests of employees and their responsibilities to PQCHC, its clients, the general public, and our funding partners.
Staff must not enter into any intimate or otherwise non-professional relationship with a service user, volunteer or student, or behave in a manner that is perceived to be sexual in character.

Staff will adhere to the policies and procedures of Pinecrest-Queensway Community Health Centre and support the decisions and directions of the Board of Directors and its delegated authority.

Staff must take responsibility for their actions and decisions, and follow reporting lines to facilitate the effective resolution of problems. Staff must ensure they do not exceed the authority of their position.

Staff will not accept any payment or any other consideration from any service provider or organization for the referral of a client for service.

Staff will not make any payment or any other consideration to any service provider or organization for the referral of a client for service.

Staff hold a position of trust with their clients and shall act at all times in an ethical and professional manner that preserves that trust. Behaviours that may be considered verbally, physically or emotionally abusive will not be tolerated.

Staff must act in accordance with any ethical or professional standards and/or governing laws and legislation that apply to the responsibilities of their position.

Staff must adhere to any policies related to the property or use of equipment owned by the Centre.

Procedures

1. All employees will be asked to sign a declaration certifying their compliance with the Staff Code of Conduct statement.
2. Completed code of conduct compliance forms will be maintained in the employees personnel file.
3. All new employees will be informed of this statement during their orientation.
4. Any staff member uncertain about the interpretation of the policy shall seek clarification from their program manager.
5. Any misconduct by a staff member must be dealt with firmly and immediately. Any concerns of non-compliance may be brought in writing to the attention of the employee’s immediate supervisor/program manager and the Executive Director who may consult with legal counsel as deemed necessary. At all times the Executive Director will be kept informed and apprised of the situation.
POLICY STATEMENT

The Centre is guided by the following statements that reflect the fundamental rights of volunteers. These rights are consistent with the mission, vision and values of the organization, and existing volunteer policies, position descriptions, other documents, and screening process related to volunteer responsibilities.

VOLUNTEERS HAVE A RIGHT TO:

1. A positive, safe, non-discriminatory, inclusive, and diverse environment.
2. Reasonable accommodations to meet identified needs related to disability, illness or injury, language abilities, pregnancy, religion or other needs.
3. Placements based on interests, goals and objectives, experiences and skills.
4. Develop new skills and experiences.
5. Connect with people in the centre and in the community.
6. Supervision that is supportive and appropriate to their activity and offers regular opportunities to give and receive feedback.
7. Ongoing communication that is open, honest and timely.
8. Resolution of conflict which is timely, fair and just.
9. To be treated with dignity and to have their opinions respected.
10. Ongoing support to help them understand workplace culture, practices, and sector specific language.
11. Orientation and training consisting of sessions customized to their placement and to their individual needs.
12. Continuous on-the-job training and workshop opportunities.
13. Participate in evaluation of their program, the centre and their placement.
15. Involvement in decisions that directly affect them.
16. Access to appropriate information, equipment and other resources to enable them to complete their placement.

VOLUNTEER RESPONSIBILITIES

Volunteers will carry out their placement within a workplace culture that promotes the highest standards of professional conduct in interacting with staff, volunteers, students, clients, community members and partner organization. This Code of Conduct is based on and supported by the Ontario Human Rights, Occupational Health and Safety Act and Labour Laws.

1. POLICIES AND PROCEDURES

Volunteers will support and follow, and adhere to the vision, mission, values and policies and procedures of Pinecrest-Queensway Community Health Centre (PQCHC) and stay within the required boundaries of their specific placement.

cont’d...
2. **CONFIDENTIALITY**

PQCHC considers information pertaining to medical conditions, family relationships, phone numbers and addresses, sexual orientation or other details of a highly personal nature as confidential.

Volunteers will agree to honour and to maintain the confidentiality of computer software and files, security systems, and all personal information of clients, community members, volunteers, students, and staff obtained as part of their placement.

3. **NON-DISCRIMINATION, EQUITY, DIVERSITY and INCLUSION**

In keeping with PQCHC’s philosophy and policies, volunteers will neither practice nor tolerate discrimination, bullying or harassment - physical, verbal or sexual - against any staff member, volunteer, student, client, or community member on the grounds of race, creed, colour, place of origin, ancestry, political or religious affiliation, gender, sexual orientation, age, gender identity, cultural practices, economic status, disability, language abilities or family relationships.

Volunteers will respect the opinions of others, treat others with dignity, care and respect, and act with fairness, honesty, integrity and openness. Volunteers should be sensitive to and educate themselves about individual and group differences.

4. **CONFLICT OF INTEREST**

Volunteers will commit to understanding and upholding the PQCHC conflict of interest policy and must arrange their personal and private affairs in such a manner as to avoid perceived or real conflicts of interest from arising. Volunteers will commit to discussing any potential conflict with their supervisor and to being truthful in all matters to do with their relationship with PQCHC.

Volunteers shall not solicit information from PQCHC programs or services about employment opportunities.

5. **RELATIONSHIP BOUNDARIES**

PQCHC encourages professional, respectful and friendly relations between volunteers and those they serve while maintaining appropriate boundaries. Volunteers are not permitted relationships of a romantic or sexual nature with staff, students, clients or community members.

6. **PLACEMENT LIMITS**

Volunteers will agree to maintain the limits they have set out for themselves with respect to their emotional and physical resources. Volunteers will understand that their skills, experience, training and education may limit their ability to volunteer and support specific clients, community members, and programs and services. Volunteers should ask for assistance and support from Volunteer and Student Services if they feel they are being asked to do something outside their placement description.

Volunteers will not be left alone with clients or community members and will not transport them or their property in a vehicle.

7. **ALCOHOL/DRUG USE**

Volunteers must not perform their duties while under the influence of drugs or alcohol nor may they provide clients, community members, students, volunteers and staff with illegal substances or encourage their use.
8. **SCENTS**
Many people who suffer from environmental allergies are extremely sensitive to strong scents. In order to make PQCHC as comfortable as possible for people who are affected by allergies, volunteers will refrain from the use of scents including, colognes, perfumes, hair gels, body oils and lotions, while volunteering at PQCHC or performing duties on behalf of PQCHC in the community.

9. **DRESS CODE**
Volunteers will be expected to dress in businesslike clothing that is neat, clean and in good condition, and appropriate to the requirements of their particular position.

10. **ACCOUNTABILITY**
Volunteers will be responsible for promptly reporting potential, perceived or actual violation of the Code of Conduct to their supervisor, designate or program manager.

11. **NON-COMPLIANCE**
Volunteers will understand that their failure to adhere to any parts of this code may result in dismissal from their volunteer duties and/or termination of their volunteer placement with PQCHC.

**PROCEDURES**
1. All new volunteers must sign a declaration indicating their agreement to the Volunteer Code of Conduct statement at the end of the screening/orientation process.
2. A completed Code of Conduct agreement form will be kept in their file.
3. Volunteers uncertain about the interpretation of the policy should seek clarification from the Coordinator of Volunteers and Students or designate.
4. Any misconduct by volunteers must be dealt with firmly and immediately. Any concerns of non-compliance may be brought in writing to the attention of the volunteer’s Supervisor/Program manager, Coordinator of Volunteers and Students and the Executive Director who may consult with legal counsel if necessary.
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre is a community-based health and social services agency whose mission is “...to work in partnership with individuals, families and communities to achieve their full potential...” We believe that each client has rights and responsibilities related to the care and services s/he receives.

In keeping with this philosophy we want our clients to know that, in compliance with the Client Service and Client Records Policies of the centre, you have the right to:

1. be treated with respect, courtesy and dignity
2. expect that all care provided will be conducted in a professional manner
3. receive information to help you make informed decisions in the planning and delivery of your care
4. understand and consent to care
5. expect that your personal information will be kept confidential (within the limits to confidentiality)
6. make informed decisions regarding your consent to release personal information
7. have access to your personal records (as defined in privacy legislation)
8. receive information about the services available to you in the centre and in the community
9. make a complaint regarding your care

Clients also have certain responsibilities:

Respect
- be respectful of other clients, volunteers, staff members and Centre property
- contact the Centre when they are unable to keep an appointment

Participate in their care and services
- provide accurate and complete information to the Centre so that staff can provide them with the best possible care and services
- follow the care plan developed in consultation with them, to the best of their ability

Procedures

17. Client rights and responsibilities will be updated through input from clients and other stakeholders at a minimum of once every four years.
18. The information is shared with clients through posting of their rights and responsibilities on the PQCHC website, around the centre and in program sites, as well as through various other client information.
POLICY STATEMENT

PQCHC undertakes to evaluate its performance as an organization in order to:

- continually improve the quality of the services offered;
- be accountable to the community and other stakeholders;
- provide feedback to those making a contribution (staff, Board members and other volunteers), on their work to provide a sense of accomplishment and to identify areas for growth and development; and
- make the best use of available resources.

Procedures

1. PQCHC has an evaluation framework including, but not limited to, the operating plan template and process and logic models to provide direction and support to program development, monitoring and evaluation. This is monitored regularly by all programs, reported on to the Board bi-annually and service plans may be adjusted based on the results.

2. In addition, individual programs conduct focused evaluations on specific aspects of program or service delivery. These evaluations may include, but not be limited to, stakeholder feedback/input, monitoring of program/service outcomes, a plan to monitor and/or address identified issues, etc.

3. Program evaluations may include a review and reflection on inter-professional collaborations, assessing the effectiveness of the process(es) and may be used to make improvements.

4. The organization has processes in place for evaluation of the work of the Board as well as performance evaluations for staff and volunteers.

5. All evaluation processes undertaken within PQCHC will be designed to facilitate learning and growth for the organization and the individuals involved. Those responsible must ensure that the evaluation process:
   - is performed consistently, based on a clear and mutually understood set of principles;
   - is guided by the objective of growth and learning, not to find fault or place blame;
   - includes feedback from those using a service or program (if applicable);
   - respects diversity and promotes creativity and innovation; and
   - recognizes PQCHC’s commitment to high quality programs and services.
POLICY STATEMENT

Pinecrest-Queensway Community Health Centre (PQCHC) recognizes that diversity among residents of our catchment area has brought cultural, social and economic enrichment to the community. It also recognizes that members of diverse groups often encounter barriers to their full participation in society.

PQCHC defines diversity as the unique differences and similarities that our employees, clients, volunteers, students and communities bring to our environment. It is a variety of characteristics, visible or not, that include, but are not limited to age, culture, religious beliefs, sexual orientation, gender, race, marital status, family status, and disability.¹

We define inclusion as ensuring our programs and services are structured and delivered in ways to ensure that we are respectful of the diversity of the clients and communities we work with, and that we optimize their participation. This includes paying attention to geographic and physical accessibility, times, languages, etc., and that communications for clients and participants is understandable, respectful and inclusive.

In acknowledging that discrimination² exists systemically, PQCHC, as an organization, takes an anti-discrimination approach to its governance, hiring and service delivery policies and practices. This approach is reflected in PQCHC’s commitment to ensure that its mission and operations embrace the entire community by eliminating barriers that prevent equitable participation.

To this end, PQCHC strives to achieve cultural competency³ as an organization by:

- monitoring and ensuring consistency with the Ontario Human Rights Code across all organizational policies and procedures,
- embracing the diversity of our workforce, our clients, volunteers and students and the communities we serve by developing and maintaining an inclusive, equity-based organizational culture in which respect for diversity is a practiced value,

cont’d...

¹ Ontario Human Rights Code R.S.O. 2005, c. 5., s.32 (1) Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability.

² Discrimination is behaviour based on prejudiced feelings and attitudes that lead to differential and unfavourable treatment of persons based on factors such as sex, race, culture, class, religion, age, sexual orientation, gender identification and disability. Discrimination can be systemic referring to the pervasive structures and practices that exclude groups on the basis of race, ethnicity and/or other forms of oppression. Discrimination may be intentional or unintentional, verbal or nonverbal, subtle, passive or overt in nature.

³ Cultural Competency is a set of congruent behaviours, attitudes and policies enabling an organization and/or individuals to work effectively in a cross-cultural environment. It is a developmental process that evolves over an extended period. An organization’s capacity to be culturally competent is based on the degree of awareness, sensitivity and knowledge among staff, board, volunteers and students. In order to support cultural competency organizations need to have a defined set of values and policies which reflect a commitment to diversity and practices which demonstrate the intent of this policy.
• encouraging anti-discrimination values, attitudes, knowledge and practices to build an environment free from discrimination in which Board, staff, volunteers, students and community can participate in and benefit from programs and services which are responsive and sensitive to the needs of diverse groups,
• striving to have a board, volunteer and staff base which is reflective of the community it serves,
• ensuring that this commitment to diversity is integrated into all policies and practices, training, service delivery and partnerships, and
• assuming a pro-active role in identifying barriers to service and advocating for change both internally and externally.

Procedures, tools, activities to monitor compliance:
• Diversity and Inclusion Policy: Annual report to the Board through the Executive Director’s Executive Limitations Report (June of each year). This includes a review and summary of compliance with the policy. Responsibility: Executive Director
• Regular review (every four years) of policies and procedures to ensure consistency with diversity policy. Responsibility: Board of Directors, Executive Director, Managers
• Annual review of staff composition assessing degree of diversity among staff. Responsibility: Executive Director
• Board recruitment process. Responsibility: Board of Directors
• Inclusion of diversity in Human Resource practices. Responsibility: Managers
• Program activities recognizing and celebrating diversity. Responsibility: Barriers Free Committee
• Programs regularly review their service delivery models to ensure they are:
  - Accessible
  - Culturally appropriate
  - Sensitive to race, cultural and gender differences
  - Free from prejudice, bias and discrimination
  - Involving members of the community in the process of social change through education
  - Building on strong reciprocal links with other community groups providing culturally and/or racially specific services and/or working on the issue of racism or other issues of diversity and inclusion
  - Advocating with culturally and racially diverse people to remove barriers preventing their full participation in Canadian society. Responsibility: Extended Managers
• Monitoring of feedback received from clients through Client Experience Survey. Responsibility: Extended Managers.
• Monitoring of community demographics as a component of strategic planning. Responsibility: Board of Directors
• Regular meetings of the Barriers Free Committee to support the implementation of the Diversity policy and to monitor and identify barriers. Responsibility: Committee Chair
POLICY STATEMENT

At PQCHC, we are committed to providing an open and effective means for clients, families and community partners to provide feedback on their experiences with our programs and services. PQCHC ensures that clients have access to information regarding our general feedback and complaint procedures. All client complaints are investigated and responded to in an expedient manner. Complaints may be lodged in both official languages for designated programs.

A. Procedures for Providing General Feedback
1. Clients will be informed of how to provide general feedback as follows:
   The policy will be posted in client areas, at off-site program locations, and on our website.

2. Clients can provide general feedback by:
   a. Filling out a client experience survey
      - These surveys can be found on our website at www.pqchc.com, and are available in multiple languages
      - Paper copies are available at all reception areas
   b. Talking to one of our staff
      - Clients can give feedback directly to any employee
      - If unable to speak directly with specific employees, clients can call to make an appointment to speak with the program manager or supervisor
   c. Dropping a note into the Comments box
      - Comment boxes are available in reception areas and at key program sites
   d. Writing to us at:
      Pinecrest-Queensway Community Health Centre
      1365 Richmond Road, 2nd Floor
      Ottawa, ON K2B 6R7

3. Language of Feedback
   • Feedback may be provided in either of the two official languages, English or French.
   • Although not always possible, we will try our best to accommodate feedback given in other languages.
   • PQCHC’s Client Experience Survey may be completed in any of the languages it is available in – English, French, Somali, Arabic, Farsi, Russian, Traditional Chinese, Simplified Chinese.

B. Procedures for Making a Complaint
1. Clients will be informed of how to make a complaint as follows:
   The policy will be posted in client areas, at off-site program locations, and on our website.

2. The client complaint is directed to the supervisor of the identified program, the Program Director or the Executive Director.

3. The supervisor will initiate a preliminary investigation and report the complaint to the Executive Director. The supervisor will ensure that all appropriate information is obtained.

cont’d…
4. Complainants have the right to have their complaint reviewed and redressed without fear of embarrassment or reprisal.

5. Respondents have the right to be informed of allegations and afforded the opportunity to respond to them.

6. If it is appropriate (determined by the nature of the complaint and/or the skills of the complainant(s)), the complainant(s) will be encouraged to identify his/her concerns with the staff member(s)/volunteer(s) or asked for permission for the supervisor to direct the staff member(s)/volunteer(s) to contact the complainant to discuss the concern. If this occurs, the supervisor will follow-up with both parties within a week to ensure that the complaint has been resolved to mutual satisfaction.

7. If step 6 is not completed, or is unsuccessful, the supervisor will be responsible for reviewing the complaint. This will include a review of written documentation, interviews with the complainant and the employee/volunteer, interviews with witnesses if necessary, and a review of the facts with the complainant and the employee/-volunteer.

8. Both the client and the employee/volunteer will be interviewed concerning the complaint. Appropriate supports will be provided to both parties. The employee/volunteer will be told the nature of the allegations. The name(s) of the complainant(s) will be released to the parties concerned.

9. A written report will be provided which will include a summary of the facts, an analysis, and a conclusion.

10. Where warranted, employee(s) may be given leave with pay immediately until an investigation takes place. In the case of volunteers, the volunteer work may be suspended immediately until an investigation takes place.

11. Where warranted, a specialist or outside consultant (e.g. human rights specialist, expert in the service field) may be involved in the interests of obtaining expert advice or settling the dispute.

12. Mediation/conflict resolution will be provided if warranted and if all parties wish it. Mediation/conflict resolution meetings are off-the-record and information provided is not part of the formal collection of evidence process of an official investigation.

13. Those that relate to professional standards will be reported, as appropriate, to the specific professional college (See Policy HR-303: Professional Licencing and Insurance).

14. Should the investigation conclude the employee/volunteer is in error, the consequences will be determined by the severity and frequency of the misconduct.

15. Depending on the severity of the offence, the penalty could include a reprimand, a request for a written apology to the complainant(s), a suspension, or a dismissal.

16. **Confidentiality and access to information:**

   - *General* –
     It is the responsibility of the employer to take the necessary action to ensure confidentiality of all aspects of complaints, including disciplinary measures when confidentiality is not respected.
Sharing Information During the Process –
Once a formal investigation has begun, opportunities must be given to both parties to be fully aware of all information being gathered which is relevant to the complaint, including the names of witnesses. The respondent must know the details of the case being made against him/her and be given an opportunity to respond. Witnesses need to be advised that information they provided which is relevant to the case, will be shared with both parties.

The investigation report, that will provide the basis for reaching a decision on the disposition of the complaint, must also be communicated to both parties.

Retention of Client Complaint Files –
Client Complaint Reports and files are kept separately in the corporate office.

Access to Complaint Files –
Access to the file may only be obtained with the permission of the employer.

17. Reporting

A summary of client complaints is reported annually to the Board of Directors through the Executive Director’s Executive Limitations Report. In the event that there is a serious complaint that may put the organization or client at risk, the Executive Director would report this immediately to the Board through the Executive Committee.

C. Procedures for Complaints related to French Language Services in Designated Programs

1. Clients may lodge a complaint regarding the services offered based on:
   • availability of service
   • quality of French language
by following the established PQCHC policy guidelines above. The number and nature of language complaints will be made available to the French Language Services Committee for review and quality improvement recommendations.

2. The complaint process regarding language preference and service will be made known to clients through written postings or brochures.
ADDRESSING CLIENT COMPLAINTS

COMPLAINT RECEIVED

Staff member responding to the complaint reports nature of complaint to Supervisor, Manager or Executive Director

Manager determines if complaint requires formal investigation and reports to Executive Director

No formal investigation required – complaint responded to by Manager

Matter resolved - Client Complaint Log completed and filed in Corporate Services

The Manager and Executive Director will determine the process and involvement of staff in the investigation based on the nature and severity of the complaint

Investigation takes place – resolution/ follow-up determined

Complaint and investigation documented

Communication with employee – report reviewed and on client complaint file

Complainant is responded to in writing outlying the outcome of the investigation

Summary included in annual report to Board on Executive Limitations
POLICY STATEMENT

PQCHC acknowledges that individuals of either official language have the right to access and receive high quality services in the language of their choice in programs that are designated under the French Language Services Act.

Procedures

1. French Language Services Committee

An Internal PQCHC French Language Services Committee is established to oversee the effectiveness and implementation of French language services for PQCHC and its designated programs under the French Language Services Act. This internal committee is directly accountable to the PQCHC Board of Directors.

The PQCHC-FLS Committee will report annually to the Board of Directors in the following areas:
   a. client population served in French
   b. client satisfaction on the quality of service received
   c. designation of positions requiring the ability to provide service in both official languages
   d. number and percentage of employees and volunteers within the Early Years Program with the ability to provide service in both official languages
   e. number of employees in language training and costs associated with training
   f. number and nature of complaints regarding matters of official languages

2. Management and Staff Responsibility

   a. The Executive Director of PQCHC or their designate is accountable for the provision of permanent and high quality French language services for the programs and services designated under the French Language Services Act.

   b. The senior management of the Centre is committed to ensuring effective provision of French language services for clients of its designated programs. There will be a minimum of one (1) French-speaking individual on the senior management team. Every effort will be made to ensure the management of the Early Years Centre and the First Words Program have capability in both official languages.

   c. The management of the designated programs will ensure that a human resources plan guarantees clients full access to French services during service hours.

   d. The employees and volunteers of PQCHC will strive to provide high quality services in both official languages for those programs and services designated under the French Language Services Act.
POLICY STATEMENT

Though the organization is involved in advocacy issues on health and social services and community development activities, the organization will not participate in activities that are specific to political parties nor will the organization endorse specific politicians.

Procedures

The Centre may be involved in the following activities as long as we are not demonstrating a preference for a specific party or candidate:

1. Election and referendum activities which focus on informing the community on election platforms, encouraging the community to voice their thoughts on health and community services, as well as on educating the community on how to utilize the political process.

2. Local meetings and activities that are sponsored by elected politicians - for example, Ward meetings, community consultations, advisory committee meetings on issues.

No elected representative should be a member of the Board during his/her term of office or for a period of one year after completion of the term.

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Approved By: Board of Directors
Approval Date: September 1999
Revision Dates: September 2005
March 2008
Review Cycle: Annual
Cross Reference: CS-105: Political Non-Partisanship
POLICY STATEMENT

The Centre will maintain a neutral position during any election campaign. The protocols will become effective from the period beginning 45 days prior to the date of a fixed election date, or the date the election writ is issued up to and including the date of election.

Protocol

1. Neither PQCHC staff nor any member of the Board (while representing themselves as a PQ Board member as opposed to a member of the public) will endorse, either verbally, in print or electronically, any political candidate or party.

2. Individuals running for political office may not bring media or photographers onto PQCHC property.

3. Neither PQCHC staff nor any member of the Board (while representing themselves as a PQ Board member as opposed to a member of the public) will be photographed or interviewed with any political candidate.

4. Board members running for office in a political campaign are required to take a leave of absence from the Board of Directors and all Board Committees beginning 45 days prior to the date of a fixed election, or the date the election writ is issued up to and including the date of the election. Successful candidates must resign from the Board of Directors immediately following the release of the election results. Unsuccessful candidates may resume their Board duties immediately following the release of election results.

5. The Executive Director and Program Directors, with prior approval of the Executive Committee of the Board, may provide briefings and/or tours to political candidates.

6. Any PQCHC announcement or briefings that could be seen to support any political party will be delayed until after the election, unless there is prior approval of the Executive Committee of the Board.

7. All exceptions to this protocol must be approved in advance by the Board of Directors.

Approved By: Board of Directors
Approval Date: November 20, 2012
Review Cycle: Annual
Cross Reference: HR-316: Protocol During Elections
POLICY STATEMENT

The Centre will provide support on issues, grant applications and general references for individuals, organizations and groups when they are in keeping with the vision, mission, values, and strategic direction of the Centre. This support may be through letters of support, in-kind contributions, development of positions and/or papers and/or participation in meetings.

Procedures

1. When a staff member receives a request for support, he or she will gather information on the nature of the issue, the application and references.

2. The staff member will then determine if the request is:
   - within the knowledge and experience base of the Centre and its business
   - in keeping with the philosophy of the Centre

3. The staff member will discuss the request with his/her immediate supervisor and recommend a response to the request.

4. The supervisor may approve the recommendation at this point, except if the request is felt to have potential negative impact on a program at the Centre or on the Centre as a whole. If this is determined, the recommendation will be taken to the Executive Director for approval.

5. The Executive Director will review the recommendation to ensure the request is not:
   - libelous
   - financially negative for the Centre
   - politically partisan
   - negative to the Centre’s reputation

Based on a positive outcome of the review, the Executive Director would approve the recommendation at this point. The Executive Director will consult with the President if there is any doubt as to the request meeting these basic requirements.

6. The Board of Directors will be kept informed through the Program Report of supportive activities that were undertaken that relate to the Board’s interests - for example, community meetings or events.

7. The Board of Directors will approve all Centre identified positions on broad issues that are outside the regular practice and parameters of the Centre’s work - for example, the position of the Centre regarding participation to provide placements for Ontario Works.
POLICY STATEMENT

The Board will provide direction and support so that the organization can effectively advocate on behalf of the community and clients on issues that impact on the overall health and well-being of the communities and clients we serve. Staff also engage in advocacy at a more focused local and client service level in manners that are consistent with our vision, mission and values.

“Advocacy is the act of speaking or disseminating information. It is intended to influence individual behaviour or opinion, corporate conduct or public policy and law. It is expected to be in good faith. Examples of advocacy include:

- System advocacy, used to effect change or have influence on a system;
- Issue specific advocacy, used to effect change or have influence on a specific issue;
- Individual advocacy, used to advocate for or on behalf of another person;
- Self advocacy.”

The Board will include advocacy as a regular agenda item, drawing in the expertise and knowledge of staff, and external resources as required, to identify and address advocacy issues that are important to the community and the clients we serve.

The Board has a set of principles that will guide its advocacy work (see next page).

The Board will support and contribute to the work of the Coalition of Community Health and Resource Centres, and with the Association of Ontario Health Centres in identifying and promoting advocacy issues.

The Board will review its advocacy work within the context of the strategic plan, through the planning cycle and through its annual Board evaluation process.

Staff are involved in advocacy at a number of levels; where the advocacy has implications for the broader organization staff will bring forward the advocacy request, through the Program Manager, to the Executive Director.
The Board will consider the following principles when deciding on whether they should engage in advocacy activities/initiatives:

1. The action and/or decision of the Board is consistent with the mission, vision and values of the organization.
2. The action relates to determinants of health.
3. The action is consistent with Board policies.
4. The action is important to the community and/or clients we serve.
5. There is sufficient information to enable a well informed decision as to whether to engage in the action.
6. Where there are competing demands for time/resources, the priorities of the organization are taken into consideration.
7. The resources required are available and realistic.
8. The action is co-ordinated with relevant partners, where appropriate.
9. The action is consistent with our commitment to other partners (e.g. Coalition of Community Health and Resource Centres).

The Board will also consider being proactive; determine priorities for advocacy through Strategic Planning. This may enable the organization to consider opportunities; take advantage of timing of advocacy work as it relates to broader system opportunities/changes.

September 2005
POLICY STATEMENT

The Centre will ensure that a Manager is available to staff and/programs between 7:30 am and 10:00 pm in case an emergency occurs or critical advice is required. This availability may be on site or by telephone.

Procedures

1. There will be a ‘Manager on Call’ designated at all times. The Manager On Call will be available via the Manager’s cell telephone 613-296-6171 or available at a specified phone number (between the hours of 7:30 am and 10:00 pm weekdays and weekends/holidays).

2. The role of the Manager on site or on-call is to respond to critical issues. If in reviewing an issue an immediate response is not required and outside of the scope of the Manager’s normal responsibility, the issue will be directed to the appropriate party the following day.

3. The Manager involved will submit a log of the call to the Executive Director.

4. The on-call Managers will coordinate among themselves to ensure management availability for responding to issues during regular working hours. This includes time for off-site meetings and the various leave entitlements. The Executive Director is responsible for reviewing Manager availability.

5. There is no reimbursement for on-call availability. However, if a contact occurs the Manager will collect time in lieu of payment equal to the time spent on the issue. A minimum of a half hour will be provided for any encounter.

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POLICY STATEMENT

PQCHC is committed to ensuring the overall quality and safety of services provided by the organization.

Procedures

1. The Quality and Safety Committee will report quarterly to the Board, providing an update on the status of the Quality Plan, quality improvement and safety improvement initiatives.

2. The Quality and Safety Committee will meet a minimum of 8 times/year and the attached Terms of Reference for this Committee will guide their work.
QUALITY AND SAFETY COMMITTEE
Pinecrest-Queensway Community Health Centre

TERMS OF REFERENCE

Mandate:
Within the context of the Excellent Care for All Act (ECFAA), the Quality and Safety Committee (r “the Committee”) assists the board in overseeing and ensuring the overall quality and safety of services and care provided by Pinecrest Queensway Community Health Centre including all programs and services provided throughout the organization. In keeping with this mandate, the Group will oversee the development of the measures to track progress towards achieving our strategic goals.

Accountability:
The Quality and Safety Committee is accountable to the Board. The Committee will keep the Board informed and updated on its progress, through quarterly reports at Board meetings, through which the Board will have opportunity for input and direction.

Objectives:
1. to promote a culture of excellence through the continued development and implementation of the PQCHC Quality Improvement Plan;
2. to monitor and report to board on the status of accreditation as determined by the recommendation requirements as determined by the accreditation process (through the Canadian Centre for Accreditation);
3. to monitor and report to the board on the status of any recommendations on quality from the Local Health Integrated Network and other funders;
4. to recommend education programs concerning quality for members of the Board and staff;
5. to provide advice and direction to the board on progress toward strategies and goals set out in the Quality Improvement Plan;

Membership:
- Executive Director
- All Program Directors
- Staff Representatives (minimum 5 reps from different programs, for a period of 2 years)
- Chair – to be elected by the Group and will hold the position for 2 year term
- External expertise will be sought out as needed

Meetings:
Once a month