



Board Orientation Manual

Welcome to the Board of Directors of the West Elgin Community Health Centre. Just what have you got yourself into!

This guide assumes you know nothing about serving on a Board of Directors of a non-profit organization, and you know nothing about Community Health Centres. If you are knowledgeable in either area this may be a quick read.

What is a Community Health Centre?

A Brief History:

Community Health Centres (CHCs) were set up as an experimental way of delivering health care under Bill Davis' Progressive Conservative Government in the 1970's. In 1982 Larry Grossman, Conservative Health Minister, made CHCs part of Ontario's main stream health care system. In 1987 Liberal leader David Peterson announced his government's intent to double the number of Ontario residents receiving primary health care and as a result many more Ontarians gained access to Community Health Centres. In the 1990's the NDP government of Premier Bob Rae added Aboriginal Health Access Centres that today provide service to 55,000 First Nations people in a culturally appropriate way. Finally, in 2004/5 the Liberal Government led by Dalton McGuinty government made a very strong commitment to the Community Health Centre model resulting in the opening of 21 new centres and 28 satellites. Today there are 74 Community Health Centres in Ontario with more planned for the future.

Our Umbrella Organization – The Alliance for Healthier Communities (The Alliance):

The Alliance is the umbrella organization for Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs), Community Family Health Teams (CFHTs) and Nurse-Practitioner-Led Clinics (NPLCs), currently 110 organizations in total. (We use acronyms all the time and it takes time to become familiar with them. Don't panic, and stop and ask every time you hear one you don't recognize.) The Alliance exists to provide support and to lobby government on our behalf. They hold an annual 3 day conference usually in early June to which we try to send 2 or 3 Board directors as well as a few staff. You should put your name forward as it is an excellent way of quickly getting up to speed. You will hear much more about the Alliance in future.



New board directors are encouraged to attend training, workshops, seminars and webinars to enhance their knowledge of the CHC sector and of governance generally. The series of four half day workshops by Pillar Nonprofit in London are particularly informative and useful.

The Centre is also a member of the Ontario Community Support Association (OSCA). This group is the voice of the home and community sector and provides provincial guidance for our Assisted Living and Community Support Services for seniors programs.

How Does a CHC differ from a Regular Doctor's Office?

We have doctors and nurse practitioners providing primary health care, just like a regular doctor's office, although you will learn that there are some differences from a regular doctor's office.

When Premier of Saskatchewan Tommy Douglas started the Canadian Health care system, he envisaged a system that not only treated people when they are sick, but worked to keep people healthy, so they don't get sick. He called this the second stage of health care, and the CHC model is the only one which constantly advocates and promotes it. So besides our primary health care team, we have a whole bunch of employees who run a multitude of programs for seniors, programs for new mothers, cooking programs, programs to help people cope with diabetes, child and youth programs, mental health and addiction programs and much more.

From time to time we invite our teams to come into Board meetings to tell us what they are doing which will help you to learn more about the services we offer.

How are we funded?

Almost all of our funding comes through Ontario Health West (formerly the South West Local Health Integration Network), as the Provincial Conservatives are reorganizing the health sector. This allows us to provide almost all the services to our clients free of charge. Some exceptions are things like "Meals on Wheels" for which clients pay for the meals, but we deliver for free. We also charge a nominal fee for transportation, and have some additional transportation funding through a grant from the United Way.

Ontario Health West is perhaps our most important partner, and you will hear much about them and see a great deal of correspondence from them. And we have to pay attention, as without their funding, we do not exist.

Funding is becoming a critical issue as our base funding has not kept pace with inflation. Without adequate base funding we cannot give salary increases to staff, and as costs increase we are faced with the potential of having to cut programs to pay for heat and light. We lobby for more money whenever we have the opportunity, and the Alliance and OCSA are constantly in dialogue with the government on this issue.

Why do we have a Board of Directors?

Our Board of Directors is the link between our community and the Health Centre. One of our jobs is to promote the Health Centre to our community, and to listen to our community to make sure the services offered are what they need and want.

The Board is also linked with Ontario Health West. We are held accountable by Ontario Health West for the successful running of the Health Centre.

Governance versus Operational Boards.

We are a Governance Board. That means we are not responsible for the day to day running of the Health Centre, but for the strategic approach to issues. As such we have:

A Duty of Care:

The duty of care describes the level of competence that is expected of a Board director, and is commonly expressed as the duty of “care that an ordinary prudent person would exercise in a like position and under similar circumstances.” This means that a Board director owes the duty to exercise reasonable care when he or she makes a decision as a steward of the organization.

A Duty of Obedience:

The duty of obedience requires Board directors to be faithful to the organization’s mission, vision and values and the applicable rules/laws of the governments. They are not permitted to act in a way that is inconsistent with the central goals of the organization.

A Duty of Loyalty:

The duty of loyalty is a standard of faithfulness; a Board director must give undivided allegiance when making decisions affecting the organization. This means that a Board director can never use information obtained as a director for personal gain, but must act in the best interests of the organization.

As a Board, we have one employee, the Executive Director (ED). They are responsible for all other employees. The ED is a nonvoting member of the Board. Our ED will let us know if we are treading on their toes by getting involved in operational matters when we should not. There are some issues that have both operational as well as strategic implications. We can certainly discuss these with our ED.

Key Responsibilities of the Board

- Setting the strategic direction of the Health Centre, in part by carrying out a new or updated Strategic Plan at regular intervals, usually every three to five years.
- Ensuring the organization is well managed
- Protecting the organization from external threats
- Financial stewardship
- Ensuring the Board has the right skill set to do its job
- Ensuring the Board is in compliance with laws and regulations
- Selecting a new Executive Director when required
- Representing the Health Centre to the external world, and the external world to the Centre.

And “no” you are not expected to know about every law and regulation that applies, as there are many aids available to us to help us comply with the law, and to do our job well.

What is “Fiduciary Responsibility”?

A legal obligation of one party to act in the best interest of another. Board directors have a fiduciary duty to act in the best interests of the Community Health Centre. It is important to understand that this is a legal obligation.

Fiduciary is from the Latin for “trust”. As Board directors we are expected to do our job to the best of our ability. A simple example is if a Board director is unprepared at a Board meeting because they have not read the agenda package, they have not fulfilled their fiduciary responsibility. A more serious example would be if a Board director acts for their own personal gain in relation to their work on the Board.

You might want to “Google” this subject to gain a better understanding of it.

The Elgin Ontario Health Team

The Provincial Government has expressed the intention of improving health care in Ontario by establishing Ontario Health Teams. This important initiative is in its early stages of development, and things will be evolving over a period of several years. It is expected that the Board's role will gradually change to include responsibilities for both the Health Centre and the Elgin Ontario Health Team.

What should my time commitment be?

As much as you want it to be, but you should count on a minimum of 10 hours per month. Any less than this, and you are not fulfilling your fiduciary duty. Board directors are expected to attend all Board meetings and to make this a priority each month.

The minimum assumes you will attend the monthly Board meeting, including reading through the agenda in preparation. It also assumes you will attend other meetings such as with Ontario Health West, the Alliance (including the annual conference), and training sessions which may be webinars, or meetings. It is also expected that the Board has a presence at community events. This is one way we can show our support of staff and also gain an appreciation of what they do.

Your time commitment will be influenced by whether you are retired or are still working. We do not want a Board comprising all grey haired retirees, on the other hand it is helpful when some Board directors can attend meetings during the day. We have a committee structure which is mainly populated by Board directors. It is hoped that most Board directors will volunteer to sit on at least one committee, although you may want to wait a few months until you have a better understanding of what each committee does.

Committees generally meet once per month:

Our Committee Structure

The Governance Committee

Chaired by the Vice-chair of the Board or delegate, this committee meets monthly to review and set the Board agenda, and to vet items that should be brought to the Board. The ED is a member of this committee. It is also responsible for the annual performance review of our Executive Director.



For a better understanding of this committee, refer to Board policy # GOV-204 **GOVERNANCE COMMITTEE TERMS OF REFERENCE**.

The Finance Committee

This committee also meets monthly and as the name suggests deals specifically with the Centre's finances. The Finance and Operations Director and the ED attend. We generally try to recruit a minimum of two, preferably three Board directors with financial skills, however the committee is open to any Board director interested in the finances of the Centre. The committee brings a report to the full Board every month.

The Quality Committee

We are mandated by the Provincial Government to have a Quality Committee, and technically it is a Board Committee, although its work is very much operational. It is primarily populated by staff, however we have at times had a director to sit on as a Board representative. This director reports back to Board meetings on the work of the committee.

Client and Family Advisory Council

The Client and Family Advisory Council was formed in 2018. The group offers a formal voice for clients and the community to provide input into the Centre's activities. The group meets quarterly and the typically the Board Chair has attended on behalf of the Board.

The Youth Advisory Committee

There is often a disconnect between youth in the community and organizations such as the Community Health Centre. In the past, we have had a youth representative on the Board, however that did not work well primarily because 90% of what we do in Board meetings was of little interest to youth, and because there was little attempt to engage or involve the young person in the work of the Board.

In 2012 a Youth Advisory Committee was established comprising one or two staff members, a Board director, and as many youth as we could recruit. While no longer a formal Board committee, interested Board directors may choose to join the committee.

Other Committees

The Board may from time to time set up other committees as deemed necessary. Certainly, when the time comes to revisit our strategic plan, a committee will be set up for that purpose.

Policies and Procedures and By-laws

By-laws

We are governed by our by-laws and have a legal obligation to comply with them. Our by-laws can be viewed in the Board Portal section of our website.

Policies and Procedures

The board portal hosts the board policies and procedures which provide the rules by which we as a Board operate. You are not expected to memorize all these rules, however you must be aware of them and at least have an understanding of the scope of subjects covered by them. We are also expected as a Board to review and update our policies and procedures at least every four years. The policies and procedures can be viewed in the Board portal in our website.

The Centre also has available on-line numerous operational policies and procedures which we do not get involved with.

Annual General Meeting

All Board directors are expected to attend the Annual General Meeting (AGM). At this meeting our wider membership are invited to hear our annual report as presented by the Board Chair and the Executive Director. The financial report is presented by our auditors and voted on by the membership. New and returning Board directors are voted into office.

Board directors are elected with no position assigned to them. Immediately following the AGM, the newly elected Board meets at the call of the ED and elects an executive comprising at a minimum, a Chair, Vice-Chair, and Secretary /Treasurer.

Programs and the Work of the Community Health Centre

It is important that Board directors gain an understanding of all the programs the Health Centre is currently running. To assist in this, staff is regularly invited to attend Board meetings to tell us what they are doing; however you should not rely on this to bring you up to speed. Look through the brochures that advertise our programs, and read the reports from the directors, and ask questions. The website www.wechc.on.ca is also a great source of information and also where you can find the Board portal to access many documents online.

Partners

We do not operate in a vacuum, but have many partners who work with us to supplement the programs we offer. At last count there were more than 50 organizations including the Canadian Mental Health Association (CMHA), Southwestern Public Health, Social agencies, the High School, and many more. The challenges are to avoid duplication of services while ensuring there are no gaps. While this is primarily operational, we as a Board should be aware of the relationships with other agencies.

You are on your way:

Hopefully the pages you have now read have whetted your appetite. You have volunteered for a very important job. As one outsider said to our Board, can you imagine this community without the Community Health Centre? We are one of the most important institutions in our community, and we are charged with making it as good as it can be.

APPENDICES (available on the board portal)

- Board Orientation Introduction
- WECHC Organizational Chart
- Annual Report
- West Elgin CHC Strategic Plan
- Operational Plan
- Audited Financial Statements
- Alliance for Healthier Communities
- Acronym List
- HIROC Overview
- MSAA Agreement



WECHC By-Laws
Governance Policies
Expense Report – Blank

Useful Resources and Helpful Links:

Ontario Health <https://www.ontariohealth.ca/>

The Alliance for Healthier Communities <https://www.allianceon.org/>

Ontario Community Support Association <https://www.ocsa.on.ca/>

Pillar Nonprofit Network <https://pillarnonprofit.ca/>

Governance Centre of Excellence

<https://www.oha.com/learning/governance>