

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Governance Committee**

399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, February 19, 2015 6:00 p.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA**
- 3. APPROVAL OF MINUTES** - January 15, 2015 Meeting
- 4. BUSINESS ARISING FROM THE MINUTES**
- 5. NEW BUSINESS**
  - 5.1.1. Strategic Plan - Balanced Scorecard & Consultation (04-15GC)
  - 5.1.2. Medical Officer Of Health And Chief Executive Officer Performance Appraisal 2015 (05-15GC)
  - 5.1.3. March 2015 Board of Health Self-Assessment Survey (06-GC15)
- 6. OTHER BUSINESS** – Next Meeting
- 7. ADJOURNMENT**

**MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Governance Committee**

399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, January 15, 2015 6:00 p.m.

**Committee Members Present:** Mr. Marcel Meyer  
Ms. Viola Poletes Montgomery  
Mr. Mark Studenny (Chair)

**Others Present:** Dr. Christopher Mackie, Medical Officer of Health & CEO  
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)  
Mr. Jordan Banninga, Manager, Strategic Projects  
Ms. Laura Di Cesare, Director, Human Resources And Corporate Strategy  
Mr. Kurtis Smith, Board Member  
Ms. Joanne Vanderheyden, Board Member

Mr. Mark Studenny, Chair of the Governance Committee, called the Committee meeting to order at 6:00 p.m.

**1. DISCLOSURES OF CONFLICT(S) OF INTEREST**

Chair Studenny inquired if there were any disclosures of conflict of interest to be declared. None were declared.

**2. APPROVAL OF [AGENDA](#)**

It was moved by Mr. Meyer, seconded by Mr. Studenny *that the AGENDA for the January 15, 2015 Governance Committee meeting be approved.*

Carried

**3. APPROVAL OF [MINUTES](#)**

It was moved by Mr. Meyer, seconded by Mr. Studenny *that the Minutes from the September 18, 2014 Governance Committee meeting be approved.*

Carried

**4. BUSINESS ARISING FROM THE MINUTES - none**

**5. NEW BUSINESS**

**5.1 Strategic Planning Update ([Report No. 01-15GC](#))**

Dr. Mackie assisted Committee members with their understanding of this report. Dr. Mackie summarized the information about values/core beliefs for the Health Unit from input from over 145 staff. Dr. Mackie reported that the proposed launch of the strategic plan will take place in June 2015.

It was moved by Ms. Poletes Montgomery, seconded by Mr. Meyer *that the Governance Committee receive Report No. 01-15GC re: "Strategic Planning Process Update" for information.*

Carried

## 5.2 Board of Health Orientation ([Report No. 02-15GC](#))

Committee members discussed the orientation process for new Board of Health members and agreed that orientation is essential; however, it must ensure that it is time effective. The following comments were emphasized:

- Online component is very important
- Classroom session – two part days preferable to one full day
- Tour of facilities – open to all Board members
- Orientation time to consider time/work commitments of Board members

It is moved by Mr. Meyer, seconded by Ms. Poletes Montgomery *that Report No. 02-15GC re “Board of Health Orientation” be received for information.*

Carried

## 5.3 Medical Officer of Health Performance Appraisal Process ([Report No. 03-15GC](#))

According to Ministry of Health and Long-Term Care guidelines, it is necessary to conduct a performance appraisal of the Medical Officer of Health in 2015.

Concern was expressed that the current appraisal tool does not use appropriate terminology. It was decided that a subcommittee of the Governance Committee should be struck to review the appraisal tool and conduct the appraisal.

It was moved by Mr. Meyer, seconded by Ms. Poletes Montgomery:

- 1) *That the Governance Committee receive Report 03-15GC; and further*
- 2) *That the Governance Committee recommend that a sub-committee be formed consisting of Ms. Poletes Montgomery, Mr. Studenny and Mr. Meyer with an invitation extended to Mr. Stephen Turner, City of London Appointee, to initiate the performance appraisal process for the Medical Officer of Health (MOH) and Chief Executive Officer (CEO).*

Carried

## 6. BUSINESS ARISING FROM THE MINUTES

The next meeting of the Governance Committee is scheduled for Thursday, April 16, 2015 at 6:00 p.m.

At 6:52 p.m., it was moved by Ms. Poletes Montgomery, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

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MARK STUDENNY  
Chair

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CHRISTOPHER MACKIE  
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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## **STRATEGIC PLAN - BALANCED SCORECARD & CONSULTATION**

### ***Recommendation***

*It is recommended that the Governance Committee receive Report No. 04-15GC re Strategic Plan – Balanced Scorecard & Public Consultation for information.*

### **Key Points**

- The balanced scorecard has been identified as a key strategy management system to ensure that priorities are translated into day-to-day work and ongoing monitoring of the plan takes place.
- The Senior Leadership Team and the Strategic Planning Advisory Committee have developed a draft Middlesex-London Health Unit balanced scorecard.
- Internal staff consultation on the balanced scorecard is underway and public consultation is being considered to enhance community engagement in priority setting.

### **Background**

The Middlesex-London Health Unit is currently in the “Setting the Course” phase of the strategic planning process. The objective of this phase is to determine strategic priorities, align the strategic priorities with day-to-day work and to develop a strategic plan monitoring process.

Additionally, as part of the validation and refinement of the strategic plan, input from the Governance Committee of the Board of Health is being sought on public consultation strategies.

### **Balanced Scorecard**

To accomplish the objective of aligning priorities with day-to-day work and establishing the monitoring process, the balanced scorecard has been identified as an ideal methodology for the health unit to use.

The balanced scorecard was originally adopted for use in the private sector to capture perspectives broader than financial performance and has also been adapted to the nonprofit and public sectors as a way of demonstrating value to stakeholders and to illustrate the steps an organization is taking to realize its mission. The balanced scorecard is intended to act simultaneously as a strategic management system, a measurement system and a communication tool.

To develop a balanced scorecard that meets the needs of the Middlesex-London Health Unit, the Senior Leadership Team and the Strategic Planning Advisory Committee reviewed balanced scorecards developed by the Institute for Clinical Investigative Sciences and Evaluation, proposed theoretical models and examples of scorecards used by other Ontario public health units.

Two facilitated discussion sessions yielded a draft Middlesex-London Health Unit balanced scorecard ([Appendix B](#)) with the following perspectives:

- Program Excellence;
- Employee Engagement and Learning;
- Client and Community Confidence; and
- Governance, Accountability and Financial Performance.

Staff on the Strategic Planning Advisory Committee have developed and are currently distributing the draft balance scorecard as well as a feedback template ([Appendix A](#)) to all staff at the Health Unit to provide input on the balanced scorecard perspectives.

## Public Consultation

Key literature in the Research Report – *What Makes a High Performing Health Unit* (Report No.01-15GC) identified community engagement in program planning and service delivery as well prioritization of community's needs as being associated with high performance.

Public input during the strategic planning process is being considered to ensure that services from the Health Unit meet current and future needs of the community, priorities encompass what Health Unit should be doing and to ensure that service are innovative, efficient and effective.

Potential consultation strategies may include:

- Sharing of balanced scorecard perspectives and strategic priorities with key community partners;
- Online surveys gathered through the Health Unit website and social media;
- Focus groups; and/or
- Consultation at Health Unit or community events.

## Next Steps

Feedback on the draft Middlesex-London Health Unit balanced scorecard is being sought from the Governance Committee to ensure that the balanced scorecard perspectives accurately depict what the Health Unit must be doing to accomplish our mission and vision.

Input is also being sought on potential public consultations strategies to ensure that the community is engaged in priority setting process and so the Health Unit more thoroughly understands the needs of the community.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health

## Program Excellence

**Definition:** The better our programs, the greater the impact we can have on the health of our community. It also helps us to define how our programs and services add maximum value for our clients and community and have greater impact on population health measures.

Components	Feedback
1. Program and service delivery excellence - establishing best practices	•
2. Breaking down silos within public health through coordinated approaches	•
3. The use of health status data	•
4. Evidence-informed decision making	•
5. Integration of social determinants of health into all program work	•
6. Incorporating Health Equity into all program work	•
7. Collaboration and coordination	•
8. Engagement with clients and community partners in planning and evaluation	•
9. Robust planning and program evaluation	•
10. Incorporate community input into planning (listening and action)	•
11. Delivery of mandated and locally needed public health services – (measure - Accountability Indicators)	•

**Further Feedback/Questions:**

What do you think about having “program excellence” as a quadrant in our balanced score card?

- 

What feedback do you have regarding the draft definition of “program excellence”?

- 

Do the components above make sense and are they meaningful? Are there any components missing?

- 

There will be 1-3 strategic priorities identified for each quadrant. What would you suggest for strategic priorities in this quadrant?

- 

What other concerns, considerations and/or feedback would you like to be sure we keep in mind as we move forward?

-

## Employee Engagement & Learning

**Definition:** All health unit staff are leaders at some level. Engaged and empowered staff, responsive and thoughtful leadership, and organizational structures that support decision-making, innovation and learning are the fundamental drivers of this quadrant.

Components	Feedback
1. Organizational climate and culture	•
2. Focusing on morale	•
3. Employee wellness and well-being	•
4. Workforce skills capacity	•
5. Opportunities for development and ongoing education for staff	•
6. Prioritizing team-building	•
7. Evidence-informed decision making	•
8. Quality improvement culture	•
9. Knowledge brokers	•
10. Alignment of work	•
11. Common terminology	•
12. Will need to look at measurements to define staff and leadership components	•
13. Ways to involve and value employee input into decision making	•
14. Recognition, acknowledging accomplishments	•



**Further Feedback/Questions:**

What do you think about having “employee engagement & learning” as a quadrant in our balanced score card?

- 

What feedback do you have regarding the draft definition of “employee engagement & learning”?

- 

Do the components above make sense and are they meaningful? Are there any components missing?

- 

There will be 1-3 strategic priorities identified for each quadrant. What would you suggest for strategic priorities in this quadrant?

- 

What other concerns, considerations and/or feedback would you like to be sure we keep in mind as we move forward?

-

## Client & Community Confidence

**Definition:** The Client & Community Confidence quadrant fosters confidence at the client and community level through understanding community needs and perceptions. The development and maintenance of community partnerships will enhance collaboration and maximize effectiveness as well as community impact.

Components	Feedback
1. Responsiveness to community needs - responding based on information and evidence	•
2. Community partnerships	•
3. Attitudes and perception of the public about programs & services and how people feel	•
4. Feedback loop to ensure client satisfaction, trust, confidence, transparency as indicators	•
5. Client centered - ensuring appropriate assessment and listening	•
6. Streamlined internal services	•
7. Responsiveness	•
8. Client and community input is sought during the planning process	•

**Further Feedback/Questions:**

What do you think about having “client & community confidence” as a quadrant in our balanced score card?

- 

What feedback do you have regarding the draft definition of “client & community confidence”?

- 

Do the components above make sense and are they meaningful? Are there any components missing?

- 

There will be 1-3 strategic priorities identified for each quadrant. What would you suggest for strategic priorities in this quadrant?

- 

What other concerns, considerations and/or feedback would you like to be sure we keep in mind as we move forward?

-

## Governance, Accountability & Financial Performance

**Definition:** Alignment of management methods and systems and ensuring that the appropriate structures and resources are in place help us achieve the organization's mission and vision. It demonstrates a responsibility for actions, decisions, and policies that impact our ability to meet our responsibilities to our internal and external stakeholders.

Components	Feedback
1. Structures are in place that support evidence-informed decision making	•
2. Transparency/communication in general with staff	•
3. Greater understanding for staff about finance	•
4. Autonomous Board that is informed and engaged – support of Board decisions	•
5. Resource allocation and budgeting processes	•
6. Providing programs and services in a fiscally and evidence informed manner	•
7. Meeting standards and indicators	•
8. Transparent and open financial processes	•
9. Effective Management of financial resources – (i.e. variance processes/PBMA, etc.)	•
10. Accountability indicators (OPHOS)	•
11. Continuous quality improvement	•

**Further Feedback/Questions:**

What do you think about having “governance, accountability & financial performance” as a quadrant in our balanced score card?

- 

What feedback do you have regarding the draft definition of “governance, accountability & financial performance”?

- 

Do the components above make sense and are they meaningful? Are there any components missing?

- 

There will be 1-3 strategic priorities identified for each quadrant. What would you suggest for strategic priorities in this quadrant?

- 

What other concerns, considerations and/or feedback would you like to be sure we keep in mind as we move forward?

-

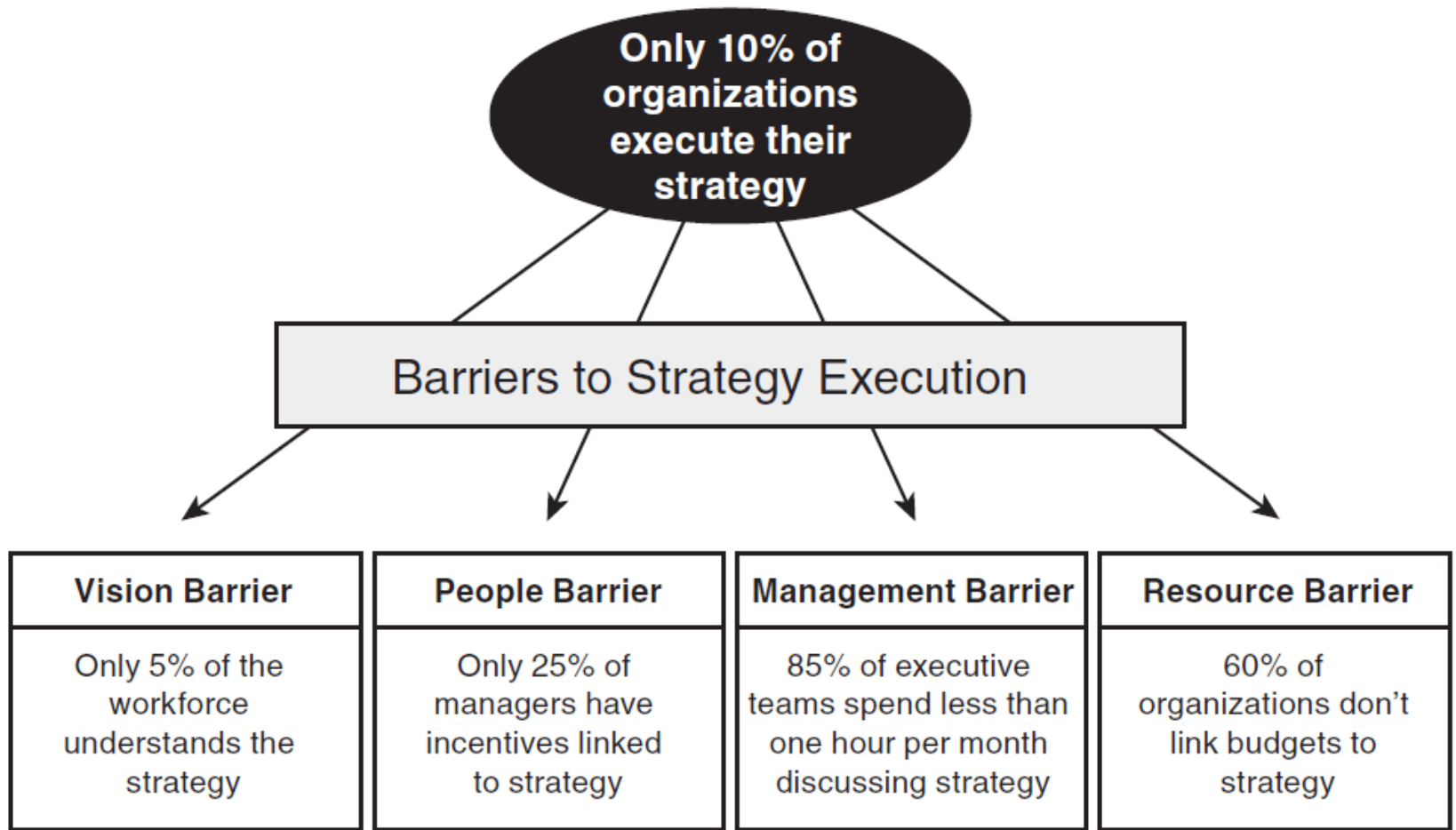


Choose  
health!

**ML** MIDDLESEX-LONDON  
HEALTH UNIT

# Strategic Planning

Draft MLHU Balanced Scorecard &  
Alignment with the Research Report



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*Source:* Adapted from material developed by Robert S. Kaplan and David P. Norton.



## 2015-2020 Strategic Plan

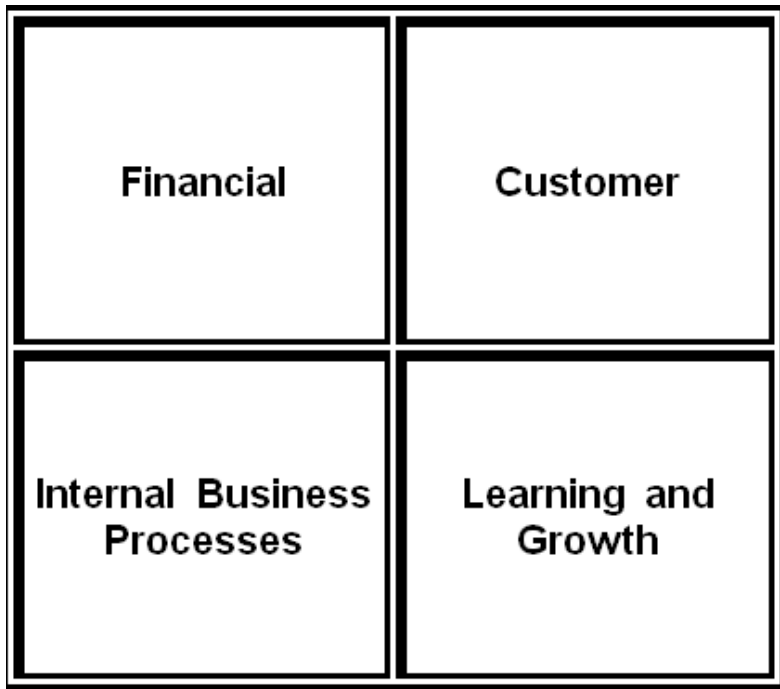
### Our challenges:

- *Align priorities with day-to-day work*
- *Ensure feedback mechanisms during implementation*
- *Drive for high performance*

### Our solutions:

- ✓ *Middlesex-London Health Unit - Balanced Scorecard*
- ✓ *Research Report*

# MLHU BALANCED SCORECARD



Source: Kaplan and Norton



Source: ICES

# MLHU BALANCED SCORECARD



# Evidence-Informed Balanced Scorecard

**How the Research Report  
influenced the draft  
balanced scorecard**

# Perspective #1

## *Program Excellence*

- Address social determinants of health (*Hajat, 2009; Harris, 2014; Hyde, 2012*)
  - Local differences in social determinants of health across different neighbourhoods of ML (2006 Census) and large disparities in health outcomes across the socioeconomic spectrum (CIHI, 2008)
- Evidence-informed decision making (*Brownson, 2012; Orton, 2011*)
- Integration and collaboration (*Brownson, 2012; Halverston et al, 1996; Hyde and Shortell, 2012; Cilenti, 2012; Downey, 2013*)
  - Partners reported that communication and evaluation of partnerships will enhance the quality of the working relationship with MLHU (MLHU Discovery Report, 2001)

## Perspective #2

# *Employee Engagement & Learning*

- Workforce development (*Brownson, 2012*)
- Organizational culture and climate (*Brownson, 2012*)
- Leadership (*Brownson, 2012*)
- Staff input into decision making (*Erwin, 2008*)
  - In the new strategic plan MLHU staff want to increase awareness, think broadly and long term, be innovative, be evidence-informed and ensure evaluation (Staff responses, 2014)

## Perspective #3

# *Client & Community Confidence*

- Partnerships enhance performance (*Downey, 2013; Cilenti, 2012; Hyde and Shortell, 2012; Brownson, 2012; Halverson et al., 1996*)
  - Partners reported that working with MLHU allows us all to leverage resources, improve quality and reduce duplication (MLHU Discovery Report, 2011)
- Higher performing health units have greater community interaction (*Erwin, 2008*)
  - ¾ of ML residents are familiar with MLHU (RRFSS, 2011)
  - 64% of residents were satisfied with Public Health Services (Bozinoff, 2012)

## Perspective #4

# *Governance, Accountability & Financial Performance*

- Allocation and expenditures of resources predicts performance *(Brownson, 2012)*
- Presence of a Board of Health with policy making authority *(Hyde & Shortnell, 2012; Brownson, 2012)*
- Diverse funding sources and transparent financial processes are associated with increased EBDM *(Brownson, 2012)*



# MLHU BALANCED SCORECARD



- *Balance – everything connects*
- *Cascades down from org level to day-to-day work*
- *Communication Tool*
- *Measurement System*

Questions?

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 February 19

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**MEDICAL OFFICER OF HEALTH AND CHIEF EXECUTIVE OFFICER  
PERFORMANCE APPRAISAL 2015**

***Recommendation***

*It is recommended that the Governance Committee receive Report 05-15GC for discussion and review of the revised appraisal tool and proposed timelines.*

**Key Points**

- A sub-committee has been formed to coordinate and complete the Performance Appraisal for the MOH & CEO.
- At an initial meeting, the sub-committee directed staff to revise the performance tool and provide draft timelines.

**Background**

The draft Performance Appraisal Tool for the Middlesex London Health Unit's (MLHU) Medical Officer of Health and CEO ([Appendix A](#)) was developed by taking the following into consideration:

- the requirements under the Ontario Public Health Organizational Standards;
- example templates as provided in the Governance Toolkit by the Association of Local Public Health Agencies (alPHA); and
- other external examples of best practice performance appraisals.

**Next Steps**

1. The sub-committee reviews and finalizes the appraisal tool.
2. The sub-committee confirms the timeline ([Appendix B](#)) for the appraisal process.
3. The subcommittee informs the Board of the start of the process and invites Board members to provide any comments to the sub-committee.
4. MOH/CEO is requested to complete the same appraisal tool and submit to the sub-committee.
5. The sub-committee collects supporting performance documentation including stakeholder feedback.
6. The sub-committee meets to complete the Board portion of the appraisal tool.
7. The sub-committee drafts a summary document and then convenes an in-camera session of the Board to discuss the results and recommendations.
8. The Board Members reach agreement on the contents of the review.
9. The Board Chair and a representative of the sub-committee meet with the MOH/CEO to discuss the results of the appraisal and the goals for the next year..
10. The performance appraisal is signed and filed in a sealed envelope with Human Resources.

This report was prepared by Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy.

A handwritten signature in black ink, appearing to read 'C. Mackie', is positioned above the printed name.

Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health

<b>Middlesex-London Health Unit Policies &amp; Procedures</b>		<b>Policy Number: HR 5-050</b>
Section:	<b>HR Policy 5-050</b>	
Sponsor:	<b>Governance Committee</b>	Page 1 of 29
Subject:	<b>Medical Officer of Health and CEO Performance Appraisal Procedure</b>	

Approved by:	Board of Health	Implementation Date:	February 19, 2015
Revision Dates:			

## **MEDICAL OFFICER OF HEALTH AND CHIEF EXECUTIVE OFFICER PERFORMANCE APPRAISAL PROCEDURE**

### **REFERENCES**

- **HR Policy 5-050 – Performance Appraisal**

### **PRINCIPLES**

1. An essential part of determining the health unit's performance is the assessment of the Medical Officer of Health and Chief Executive Officer (MOH/CEO). The MOH/CEO is accountable to the BOH for leading the health unit and for implementing its decisions. The MOH/CEO leads and manages all aspects of the Health Unit's (HU) operations.
2. The performance appraisal is a systematic process to support and assess job performance in relation to established criteria and organizational objectives. The evaluation should not only highlight the achievement of desired outcomes but reflect how well the outcomes were achieved. It should emphasize how the MOH/CEO's performance reflects the health unit's values, vision, mission, mandate and policies and contributed to the achievement of the strategic goals.
3. It is one of several processes used by the Board and the MOH/CEO to negotiate, articulate and review progress in meeting agreed upon performance standards and expectations.

### **AREAS OF FOCUS**

1. **Program Excellence** – This area reflects on how the MOH/CEO has influenced the impact the HU has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators
2. **Client and Community Impact** – This area reflects on the MOH/CEO's representation of the HU in the community
3. **Employee Engagement and Learning** – This area reflects on how the MOH/CEO has influenced the HU's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning
4. **Governance** – This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU's mission and vision. This area also reflects on the MOH/CEO's responsibility for actions, decisions and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health

<b>Middlesex-London Health Unit Policies &amp; Procedures</b>		<b>Policy Number: HR 5-050</b>
Section:	<b>HR Policy 5-050</b>	
Sponsor:	<b>Governance Committee</b>	Page 2 of 29
Subject:	<b>Medical Officer of Health and CEO Performance Appraisal Procedure</b>	

Approved by:	Board of Health	Implementation Date:	February 19, 2015
Revision Dates:			

## **KEY STEPS**

1. The Governance Committee of the Board of Health is responsible to strike a performance appraisal sub-committee made up of members of the Governance Committee and/or other Board of Health Members as may be deemed appropriate.
2. The sub-committee reviews and approves the appraisal tool.
3. The performance appraisal includes:
  - a. A summary and assessment of performance for the previous review period; and
  - b. The establishment of goals for the coming review period.
4. The performance appraisal is initiated in the first quarter of each year. Results are presented to the Board of Health before the end of the second quarter. This timing allows the results of the current years planning and year-end outcomes to be considered.
5. The performance appraisal form (Appendix A) is completed by the sub-committee based on the following inputs:
  - a. Goals and targets to be achieved as articulated in the previous performance appraisal (where applicable), the strategic plan, the OPHS, OPHOS and other direction provided by the Board of Health.
  - b. Evidence provided by the MOH/CEO, which includes a completed copy of the same performance appraisal form, specified required reports and may include other reports as deemed relevant by the MOH/CEO.
  - c. Key informant feedback is collected using standardized questions (appended) with:
    - i. Two Board of Health members, chosen by the sub-committee;
    - ii. Two direct reports of the MOH/CEO, chosen by the sub-committee;
    - iii. Two external stakeholders from two of the following sectors.
      1. Public health
      2. Health care; and
      3. Municipal.

The stakeholders selected to provide feedback are chosen by the sub-committee from a list of at least three names for each sector provided to them by the MOH/CEO.
  - d. Their observed behavior of the MOH/CEO; and
  - e. A meeting with the MOH/CEO to discuss preliminary findings and to set future goals.
6. The sub-committee provides verbal updates to the Board of Health throughout the process.

<b>Middlesex-London Health Unit Policies &amp; Procedures</b>		<b>Policy Number: HR 5-050</b>
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Approved by:	Board of Health	Implementation Date:	February 19, 2015
Revision Dates:			

7. The sub-committee will determine who will meet with the MOH/CEO to discuss the performance appraisal. This should include the Chair of the Board.
  - a. The MOH/CEO may provide any additional or written comments.
8. Those in attendance at the appraisal meeting, including the MOH/CEO will sign the performance appraisal, acknowledging that the appraisal has been discussed and received by the MOH/CEO.
9. The signed performance appraisal is filed with Human Resources in a sealed envelope.
  - a. Only the MOH/CEO and Chair of the Board may access the sealed document.

**Note** – This procedure includes the following appendices:

- Appendix A – performance appraisal check-list
- Appendix B – the main performance appraisal form to be completed by the appraisers and the MOH/CEO
- Appendix C – stakeholder performance appraisal tools process outline,
- Appendix D - sample email and performance appraisal questions for Board of Health members
- Appendix E – sample email and performance appraisal questions for Direct Reports
- Appendix F – sample email and performance appraisal questions for Community Partners

**Approved / Revised:**

*On behalf of the Board of Health*

\_\_\_\_\_  
**Chair, Board of Health**

\_\_\_\_\_  
**Medical Officer of Health and Chief Executive Officer**

This checklist is a tool to assist the appraisal sub-committee to complete the performance appraisal process.

Activity	Date completed	By
Contact MOH/CEO to arrange dates and logistics for this performance appraisal process (could be in person, by phone, email). Request names and contact info of 3 external contacts in each sector (public health, health care, municipal)		
Collect copies of the position description, Monthly Activity Reports, listings of BOH Report titles both public and in-camera and goals and targets as set out in the previous performance appraisal, the strategic plan, the OPHS, OPHOS and other direction provided by the Board of Health.		
Board Member feedback #1		
Board Member feedback #2		
Direct Report feedback #1		
Direct Report feedback #2		
External stakeholder Feedback #1		
External stakeholder Feedback #2		
Evidence package received from the MOH/CEO, including completed appraisal form		
Meeting of the sub-committee to compile preliminary findings, discuss the MOH/CEO's completed portion of the appraisal and complete Board portion of the appraisal		
The two documents are then merged and sent to the sub-committee to review.		
The sub-committee can meet with the MOH/CEO to discuss any questions or concerns they may have with the appraisal.		
Once the sub-committee has concluded their review of the materials, a summary is presented by the sub-committee in camera to the entire Board for their review and approval.		
The Board members reach agreement on the contents of the review.		
The Board Chair meets with the MOH/CEO to discuss PA and provide feedback. It is then signed by the Board Chair and the MOH/CEO.		



<b>Name:</b>	
<b>Title:</b>	<b>Medical Officer of Health and Chief Executive Officer</b>

<b><i>This performance appraisal is due on:</i></b>	
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<b>It reviews the performance for the period:</b>	
<b>From:</b>	<b>To:</b>

<b>And sets objectives for the period:</b>	
<b>From:</b>	<b>To:</b>

<b>The following <u>RATING SCALE</u> is used in this performance appraisal:</b>	
Exceeds expectations	Performance consistently exceeds all expectations/standards. Accomplishments are clearly obvious.
Meets Expectations	Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Partially Meets Expectations	Performance does not meet expectations in certain areas. Improvement in these areas is required. The rationale needs to be explored, goals re-negotiated and/or an action plan established.
Additional Growth Required	Performance associated with the job requires additional resources. An action plan is needed which may include, but not limited to, training, coaching or other support.
Not applicable (n/a)	The Board of Health is not able to rate this area at this time.

**Append additional sheets / documentation where required/appropriate.**

**Once completed, discussed and all signatures obtained, the original of this form is to be retained in the Employee’s personnel file in a sealed envelope, accessible only to the employee and the Chair of the Board of Health.**

<p><b>Program Excellence</b> – This area reflects on how the MOH/CEO has influenced the impact the HU has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators</p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> <li>• Responds effectively to health hazards and provides effective control of communicable diseases under the Health Protection and Promotion Act (HPPA)</li> </ul>					
<ul style="list-style-type: none"> <li>• Champions coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services</li> </ul>					
<ul style="list-style-type: none"> <li>• Maintains statutory obligations through the delivery of mandated and locally needed public health services (OPHS)</li> </ul>					
<ul style="list-style-type: none"> <li>• Anticipates and plans for major trends in needs and services</li> </ul>					
<ul style="list-style-type: none"> <li>• Uses evidence-informed decision making in developing programs and services to meet community needs</li> </ul>					
<ul style="list-style-type: none"> <li>• Considers Health Equity in all program work</li> </ul>					
<ul style="list-style-type: none"> <li>• Ensures processes in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness</li> </ul>					
<p><b>Comments: (include major strengths in this area of focus and any areas that may need future development)</b></p>					

<b>Client and Community Impact – This area reflects on the MOH/CEO’s representation of the HU in the community</b>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> <li>Contributes to increasing community awareness about public health</li> </ul>					
<ul style="list-style-type: none"> <li>Promotes productive relationships with the media and acts as a resource to the media regarding public health issues.</li> </ul>					
<ul style="list-style-type: none"> <li>Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including Boards of Education, business, labour, government and media, health care providers, community organizations, citizen groups and the Ministry of Health</li> </ul>					
<ul style="list-style-type: none"> <li>Seeks new and innovative ways to work with partners to advance mutual goals in the community.</li> </ul>					
<ul style="list-style-type: none"> <li>Promotes excellence in customer service within the health unit. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/groups’ satisfaction whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. Researches/facilitates appropriate contact when referral is necessary.</li> </ul>					
<p><b>Comments: (include major strengths in this area of focus and any areas that may need future development)</b></p>					

<p><b>Employee Engagement and Learning</b> – <i>This area reflects on how the MOH/CEO has influenced the HU’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> <li>Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff.</li> </ul>					
<ul style="list-style-type: none"> <li>Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with the Management team on opportunities for sharing/reallocating existing staff/resources wherever possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services.</li> </ul>					
<ul style="list-style-type: none"> <li>Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance reviews in a timely manner, and identifies their strengths and areas for development. Identifies and takes actions necessary to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance / communication / disciplinary issues in an appropriate manner.</li> </ul>					
<ul style="list-style-type: none"> <li>Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular Management meetings. Institutes feedback mechanisms to gauge leadership effectiveness.</li> </ul>					

<p><b>Employee Engagement and Learning</b> – <i>This area reflects on how the MOH/CEO has influenced the HU’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> <li>Identifies areas where staff training and development would be of benefit to the team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the health unit. Supports planning of short and long term departmental training and development initiatives.</li> </ul>					
<ul style="list-style-type: none"> <li>Regularly evaluates corporate services, seeking ways to improve efficiency and effectiveness.</li> </ul>					
<ul style="list-style-type: none"> <li>Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others’ time. Is punctual for meetings.</li> </ul>					
<ul style="list-style-type: none"> <li>Sets and achieves personal and professional development objectives.</li> </ul>					
<p><b>Comments: (include major strengths in this area of focus and any areas that may need future development)</b></p>					

<p><b>Governance</b> – <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This area also reflects on the MOH/CEO’s responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> <li>Monitors overall HU financial situation demonstrating effective management of financial resources. Ensures transparency and understanding of financial processes and procedures.</li> </ul>					
<ul style="list-style-type: none"> <li>Develops innovative approaches to financing and revenue generation. Devises strategies to protect HU assets.</li> </ul>					
<ul style="list-style-type: none"> <li>Ensures agency compliance with the Ontario Public Health Organizational Standards.</li> </ul>					
<ul style="list-style-type: none"> <li>Abides by employment and other relevant legislation including Employment Standards Act, Labour Relations Act, Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and the Human Rights Code. Adheres to terms of union and other contracts.</li> </ul>					
<ul style="list-style-type: none"> <li>Develops and maintains HU by-laws, policies and procedures and ensures adherence within the health unit. Advises and consults with the BOH on significant matters.</li> </ul>					
<ul style="list-style-type: none"> <li>Communicates regularly with the Chair of the Board and provides support in identifying agenda items for the BOH and Committee meetings.</li> </ul>					
<ul style="list-style-type: none"> <li>Ensures adequate orientation and on-going education of BOH members.</li> </ul>					

<p><b>Governance</b> – <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This area also reflects on the MOH/CEO’s responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health</i></p>	<p>Exceeds Expectations</p>	<p>Meets Expectations</p>	<p>Partially Meets Expectations</p>	<p>Additional Growth Required</p>	<p>n/a</p>
<ul style="list-style-type: none"> <li>• Informs BOH of important developments affecting Public Health and the HU (e.g. legislative changes, public health emergencies, organizational problems, system development, environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations.</li> </ul>					
<ul style="list-style-type: none"> <li>• Provides appropriate and timely written and verbal reports to the BOH. Writes and speaks clearly. Reports are easily understood by the BOH members.</li> </ul>					
<p><b>Comments: (include major strengths in this area of focus and any areas that may need future development)</b></p>					

**SUMMARY OF OVERALL PERFORMANCE**

AREA OF FOCUS	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required
Program Excellence				
Community and Client Impact				
Employee Engagement and Learning				
Governance				
<p><b>Comments – (Including comments with respect to the major strengths of the MOH/CEO and areas for future development.)</b></p>				



**GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS**

<b>Program Excellence</b>	<b>Key Performance Indicator</b>

<b>Client and Community Impact</b>	<b>Key Performance Indicator</b>

<b>Employee Engagement and Learning</b>	<b>Key Performance Indicator</b>

<b>Governance</b>	<b>Key Performance Indicator</b>

<b>Personal Development</b>	<b>Key Performance Indicator</b>

<b>Other</b>	<b>Key Performance Indicator</b>

**SIGNATURES**

**Medical Officer of Health**

I discussed this performance appraisal with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

**Comments**

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\_\_\_\_\_  
**Medical Officer of Health and Chief Executive Officer**

\_\_\_\_\_  
**Date**

**For the Board of Health**

We have discussed the performance appraisal with the Medical Officer of Health and Chief Executive Officer. We have reviewed the past period’s work performance and goals and objectives, and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

\_\_\_\_\_  
**Chair, Board of Health**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Board of Health**

\_\_\_\_\_  
**Date**

**STAKEHOLDER PROCESS**

1) Key informant feedback is one of the inputs into the MOH/CEO performance appraisal process. The sub-committee uses standardized questions:

- i) Two Board of Health members, chosen by the sub-committee;
- ii) Two direct reports of the MOH/CEO, chosen by the sub-committee;
- iii) Two external stakeholders from two of the following sectors.
  - (1) Public health
  - (2) Health care; and
  - (3) Municipal.

The stakeholders selected to provide feedback are chosen by the sub-committee from a list of at least three names for each sector provided to them by the MOH/CEO.

2) Feedback is collected by telephone, in face-to-face meetings, as logistics allow, or by email. They may be done by the Chair and/or other members as decided by the sub-committee of the Board of Health (i.e., individually or together).

3) Those selected to provide feedback are sent an email explaining the process with the questions attached.

- a) Sample emails are enclosed that can be used as the basis of actual emails to be sent. Modify or personalize the emails as required.
- b) If the email is being sent to multiple recipients please send the email by “blind carbon copy” (bcc) so that recipients don’t know who the other recipients are.
- c) Set all out-going emails to return a read or delivery receipt message to the sender.
- d) Ask recipients to reply to the invitation by a specific date. This allows the sub-committee time to invite others to participate if the initial recipients are unable or unwilling to participate.
- e) You may choose to encourage either a phone or face-to-face meeting with some stakeholders as often stakeholders do not return completed surveys.

**BOARD OF HEALTH MEMBERS****Sample email**

The Board of Health of the Middlesex- London Health Unit is in the process of completing the annual performance review of **insert name**, the Medical Officer of Health and Chief Executive Officer (MOH/CEO).

As part of this process we ask two Board of Health members that are not part of the sub-committee responsible for conducting the performance appraisal to provide feedback.

To that end we would like to invite you to provide your feedback as part of our performance appraisal process this year.

Completion of these questions takes 45 - 60 minutes. It can be done face-to-face, by phone or by email, depending on what works best for you. The standardized questionnaire is attached.

Participation in the process is confidential. The MOH/CEO will not know who was interviewed. Answers are summarized on a general performance appraisal form and all feedback responses will be destroyed.

Please let me know your preferred method of providing feedback. We hope to have all of the feedback completed by **insert date**.

If you have any questions or comments, please contact me by reply email or at **insert phone number**.

Thank you in advance for your input into the MOH/CEO performance appraisal process.

**Insert name**

Chair, Board of Health

MOH/CEO PERFORMANCE APPRAISAL – FEEDBACK QUESTIONS

BOARD OF HEALTH MEMBER

<b>Person Providing Feedback</b>			
<b>Date</b>		<b>By</b>	

Thank you for taking the time to provide your feedback.

The Board of Health of the Middlesex- London Health Unit is in the process of completing the annual performance review of **insert name**, the Medical Officer of Health and Chief Executive Officer (MOH/CEO).

As part of this process we ask two Board of Health members that are not part of the sub-committee responsible for conducting the performance appraisal to provide feedback.

We use a standardized questionnaire for the interviews and the process usually takes 45-60 minutes.

Participation in the process is confidential. The MOH/CEO will not know who provided feedback. Answers are summarized on a general performance appraisal form and all written notes will be destroyed.

<b>Program Excellence</b> – <i>This area reflects on how the MOH/CEO has influenced the impact the HU has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators</i>	
What example(s) can you think of that demonstrate the MOH/CEO's work to ensure that the health unit achieves the Health Unit's mission and strategic plan?	
What example(s) can you think of that demonstrate the MOH's work to ensure the evaluation of public health programs and services to ensure efficient and effective use of agency resources?	

<p>What example(s) can you think of that demonstrate the MOH/CEO's work to ensure adequate agency compliance with the Ontario Public Health Standards.</p>	
<p><b>Client and Community Impact</b> – <i>This area reflects on the MOH/CEO's representation of the HU in the community</i></p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO's work with the media to enhance the community's awareness of the health unit, our reputation and/or public health issues?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO's efforts to maintain strong working relationships with our partner agencies and/or seeking new and innovative ways to work with partners to advance mutual goals in the community?</p>	
<p><b>Employee Engagement and Learning</b> – <i>This area reflects on how the MOH/CEO has influenced the HU's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i></p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO providing leadership to the health unit?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO maintaining effective communication with staff, fostering a workplace climate conducive to open communication?</p>	

**Governance** – *This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This area also reflects on the MOH/CEO’s responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health*

<p>What example(s) can you think of that demonstrate the MOH/CEO informing the Board of important developments regarding Public Health in Ontario and/or the health unit (e.g., legislative changes, system development, environmental trends).</p>	
<p>Are you getting the information and education you need as a Board member from the MOH/CEO to fulfill your governance role? Do those reports need to change in any way?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO effectively managing the financial resources of the HU?</p>	
<p>Are you aware of any example(s) where the MOH/CEO <u>did not adhere</u> to HU policy or applicable legislation without informing the Board of Health or Chair in an expeditious manner?</p>	

<b>Summary</b>	
What would you identify as being the MOH/CEO's major strengths? (List 2-3)	
What would you identify if any as being the MOH/CEO's areas for future development? (List 2-3)	
Do you have any further comments to make about the MOH/CEO's performance in the past year?	

*Thank you for your time and participation in this process.*



**DIRECT REPORTS****Sample email**

The Board of Health of the Middlesex- London Health Unit is in the process of completing the annual performance review of **insert name**, the Medical Officer of Health and Chief Executive Officer (MOH/CEO).

As part of this process we ask two direct reports of the MOH/CEO to provide feedback.

To that end we would like to invite you to provide your feedback as part of our performance appraisal process this year.

Completion of these questions takes 45 - 60 minutes. It can be done face-to-face, by phone or by email, depending on what works best for you. The standardized questionnaire is attached.

Participation in the process is confidential. The MOH/CEO will not know who was interviewed. Answers are summarized on a general performance appraisal form and all feedback responses will be destroyed.

Please let me know your preferred method of providing feedback. We hope to have all of the feedback completed by **insert date**.

If you have any questions or comments, please contact me by reply email or at **insert phone number**.

Thank you in advance for your input into the MOH/CEO performance appraisal process.

**Insert name**

Chair, Board of Health

MEDICAL OFFICER OF HEALTH AND CHIEF EXECUTIVE OFFICER PERFORMANCE APPRAISAL QUESTIONS

DIRECT REPORTS

Person being interviewed			
Date		By	

Thank you for taking the time to provide your feedback.

The Board of Health of the Middlesex- London Health Unit is in the process of completing the annual performance review of **insert name**, the Medical Officer of Health and Chief Executive Officer (MOH/CEO).

As part of this process we ask two Board of Health members that are not part of the sub-committee responsible for conducting the performance appraisal to provide feedback.

We use a standardized questionnaire for the interviews and the process usually takes 45-60 minutes.

Participation in the process is confidential. The MOH/CEO will not know who provided feedback. Answers are summarized on a general performance appraisal form and all written notes will be destroyed.

<p><b>Program Excellence</b> – This area reflects on how the MOH/CEO has influenced the impact the HU has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO’s work to create the organizational culture that is needed to carry out the mission , strategic direction and organizational goals of the health unit?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO evaluating public health programs and services, seeking ways to improve efficiency and effectiveness?</p>	

<p>What example(s) can you think of that demonstrate the MOH/CEO's work to ensure adequate agency compliance with the Ontario Public Health Standards.</p>	
<p><b>Client and Community Impact</b> – <i>This area reflects on the MOH/CEO's representation of the HU in the community</i></p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO's work with the media to enhance the community's awareness of the health unit, our reputation and/or public health issues?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO's efforts to maintain strong working relationships with our partner agencies and/or seeking new and innovative ways to work with partners to advance mutual goals in the community?</p>	
<p><b>Employee Engagement and Learning</b> – <i>This area reflects on how the MOH/CEO has influenced the HU's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning</i></p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO providing leadership to the health unit?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO encouraging cross-departmental interaction and collaboration? How does the MOH/CEO foster the view of the health unit as a whole, supporting the breaking down of silos?</p>	

<p>What example(s) can you think of that demonstrate the MOH/CEO collaborating with management on opportunities for sharing/reallocating existing staff resources wherever possible?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO supporting staff performance by identifying short and long term goals, recognizing and commending staff for outstanding work, etc?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO maintaining effective communication with staff, fostering a workplace climate conducive to open communication?</p>	
<p>What example(s) can you think of that demonstrate the MOH/CEO supporting staff development either on an individual or collective level. How does the MOH/CEO contribute to an environment of continuous learning?</p>	
<p><b>Governance</b> – <i>This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the HU’s mission and vision. This area also reflects on the MOH/CEO’s responsibility for actions, decision and policies that impact the HUs ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Organizational Standards (OPHOS), other funder requirements and direction provided by the Board of Health</i></p>	
<p>Are you aware of any example(s) where the MOH/CEO <u>did not adhere</u> to HU policy or applicable legislation without informing the Board of Health or Chair in an expeditious manner?</p>	

Summary	
What would you identify as being the MOH/CEO's major strengths? (List 2-3)	
What would you identify if any as being the MOH/CEO's areas for future development? (List 2-3)	
Do you have any other comments to make about the MOH/CEO's performance in the past year before we end?	

*Thank you for your time and participation in this process.*

**COMMUNITY PARTNERS****Sample email**

The Board of Health of the Middlesex- London Health Unit is in the process of completing the annual performance review of **insert name**, the Medical Officer of Health and Chief Executive Officer (MOH/CEO).

As part of this process we ask two community partners of the MOH/CEO to provide feedback.

To that end we would like to invite you to provide your feedback as part of our performance appraisal process this year.

Completion of these questions takes 45 - 60 minutes. It can be done face-to-face, by phone or by email, depending on what works best for you. The standardized questionnaire is attached.

Participation in the process is confidential. The MOH/CEO will not know who was interviewed. Answers are summarized on a general performance appraisal form and all feedback responses will be destroyed.

Please let me know your preferred method of providing feedback. We hope to have all of the feedback completed by **insert date**.

If you have any questions or comments, please contact me by reply email or at **insert phone number**.

Thank you in advance for your input into the MOH/CEO performance appraisal process.

**Insert name**

Chair, Board of Health

MEDICAL OFFICER OF HEALTH AND CHIEF EXECUTIVE OFFICER PERFORMANCE APPRAISAL QUESTIONS

COMMUNITY PARTNER

Person being interviewed			
Date		By	

Thank you for taking the time to provide your feedback.

The Board of Health of the Middlesex- London Health Unit is in the process of completing the annual performance review of **insert name**, the Medical Officer of Health and Chief Executive Officer (MOH/CEO).

As part of this process we ask two community partners to provide feedback for the performance appraisal.

We use a standardized questionnaire for the interviews and the process usually takes 45-60 minutes.

Participation in the process is confidential. The MOH/CEO will not know who provided feedback. Answers are summarized on a general performance appraisal form and all written notes will be destroyed.

<p><b>Client and Community Impact</b> – <i>This area reflects on the MOH/CEO’s representation of the HU in the community</i></p>	
<p>How does our MOH/CEO contribute to a strong working relationship with your agency?</p>	

<p>Can you think of one or more examples where the MOH/CEO has worked to identify new or innovative ways to work with partner agencies, yours included, to advance our mutual goals in the community?</p>	
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<p><b>Summary</b></p>	
<p>What would you identify as being the MOH/CEO's major strengths? (List 2-3)</p>	
<p>What would you identify if any as being the MOH/CEO's areas for future development? (List 2-3)</p>	
<p>Do you have any other comments to make about the MOH/CEO's performance in the past year before we end?</p>	

*Thank you for your time and participation in this process.*





# Middlesex-London Health Unit

## Medical Officer of Health and Chief Executive Officer Performance Appraisal Process Timeline 2015

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Date	Activities
January 15	<ul style="list-style-type: none"> <li>• Board Report initiates the appraisal process</li> <li>• Sub-committee formed</li> <li>• Initial meeting of sub-committee</li> </ul>
February 19	<ul style="list-style-type: none"> <li>• Governance Committee to review revisions to the appraisal tool</li> <li>• Confirm timelines</li> <li>• Appraise Board members of process and invite to provide comment</li> </ul>
February 19 to March 19	<ul style="list-style-type: none"> <li>• Collect required supporting documentation</li> <li>• Request MOH/CEO to complete the appraisal tool and return to sub-committee</li> <li>• Invite stakeholder feedback</li> </ul>
March 19	<ul style="list-style-type: none"> <li>• Status update to the Board of Health</li> </ul>
March 19 to April 16	<ul style="list-style-type: none"> <li>• Review and consolidate all feedback into one document</li> <li>• Sub-committee may meet with MOH/CEO if they have any questions regarding the submission</li> <li>• Prepare recommendations for the Board of Health regarding performance appraisal and goals for next performance appraisal period</li> </ul>
April 16	<ul style="list-style-type: none"> <li>• Governance Committee convenes an in-camera session of the Board of Health to discuss and gain approval of final appraisal results and goals identified for the next performance appraisal period</li> </ul>
April 16 to April 30	<ul style="list-style-type: none"> <li>• The Board chair and a representative of the sub-committee meet with the MOH/CEO to discuss the final appraisal results and goals identified for the next performance appraisal period</li> </ul>



TO: Chair and Members of the Board of Health

FROM: Chris Mackie, Medical Officer of Health

DATE: 2015 February 19

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## MARCH 2015 BOARD OF HEALTH SELF-ASSESSMENT SURVEY

### **Recommendation**

*It is recommended that the Governance Committee recommend that members of the Middlesex-London Board of Health complete the survey attached as Appendix A to Report No. 06-15GC in March 2015 and that the Governance Committee review results at its April meeting in order to propose recommendations to improve Board effectiveness and engagement.*

### **Key Points**

- It is recommended that the Board complete the Board Self-Assessment survey in March 2015 as outlined in the Ontario Public Health Organizational Standards.
- It is recommended that the Governance Committee review the findings and propose recommendations for improvements in board effectiveness and engagement at the April 2015 Governance Committee meeting.

The Board Self-Assessment Survey process was revised and approved by the Board of Health in October 2013 to fulfill a requirement of the Organizational Standards related to a self-evaluation process of governance practices and outcomes.

The survey is attached as [Appendix A](#) and is also available online. The link to the survey will be emailed to Board Members following the March 19, 2015 meeting. Board members are asked to complete the online survey or submit a completed paper copy of the survey by April 2, 2015. Completed hard copies can be left in a sealed envelope with the Executive Assistant to the Board of Health, Ms. Sherri Sanders, at the March 19, 2015 Board of Health meeting or mailed directly to Ms. Sanders at 50 King St., London, ON, N6A 5L7.

Two additional questions on the Board of Health Self-Assessment survey assess if the board is getting the appropriate amount and type of information from staff in reports, presentations and during question and answer periods. These questions were asked in 2014.

Members of the Governance Committee, with the Epidemiologist and MOH, will review de-identified findings of the survey and propose “recommendations for improvements in board effectiveness and engagement” as stated in Requirement 4.3 of OPHOS at the April 16, 2015 Governance Committee meeting. The results will be presented to the Board of Health at a future meeting.

This report was prepared by Ms. Sarah Maaten, Epidemiologist, Environmental Health and Chronic Disease Prevention Services.

A handwritten signature in black ink, appearing to read 'C. Mackie', is positioned above the printed name.

Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health

# Board of Health Self-Assessment - 2015

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This survey is expected to take approximately 10-15 minutes. Please complete by April 2, 2015.

As part of the Board’s commitment to good governance and continuous quality improvement, all Board members are invited to complete this self-assessment survey. High-level results of the survey will be reported to the Governance Committee of the Board in an anonymous form without any identifying information. They will be used to inform recommendations for improvements in Board effectiveness and engagement.

Your participation is voluntary and you may choose not to participate or not to respond to any question. The questionnaires will be kept confidential in our records for seven years to comply with our Middlesex-London Health Unit Retention Schedule.

You can complete the survey online or on paper. If you complete the paper version please return it in a sealed envelope to Sherri Sanders, Executive Assistant to the Board of Health.

If you have any questions please contact Sherri Sanders, 519-663-5317, Ext. 2527, [sherri.sanders@mlhu.on.ca](mailto:sherri.sanders@mlhu.on.ca)

**Please check Yes, No or Don't know for each question. If your response is No, please provide an explanation in the comment box that appears. This information is key to identifying areas for improvement.**

**1. Is the Board of Health structured properly (i.e membership, size, terms of office, reporting relationships)?**

- Yes
- No
- Don't know

**If no, please describe**

**2. Am I getting sufficient information to make informed decisions at Board of Health meetings?**

- Yes
- No
- Don't know

**If no, please describe**

**3. Am I learning enough, both at Board of Health meetings and elsewhere, about current best practices in public health and governance in order to be an effective Board member?**

- Yes
- No
- Don't know

**If no, please describe**

**4. Does the Board of Health take all relevant information into consideration when making decisions?**

- Yes
- No
- Don't know

**If no, please describe**

**5. Is MLHU accomplishing our strategic outcomes as outlined in our strategic plan?**

- Yes
- No
- Don't know

**If no, please describe**

**6. In the past year, has the Board of Health adequately responded to serious complaints of wrongdoing or irregularities?**

- Yes
- No
- Don't know

**If no, please describe**

**7. Does the current relationship between the Board of Health and senior staff result in effective and efficient management of the public health unit?**

- Yes
- No
- Don't know

**If no, please describe**



**8. Are you satisfied with the reports to the Board of Health made by MLHU staff?**

**For instance, do you think the reports are relevant and provide the correct information?**

- Yes
- No
- Don't know

**If no, please describe**

**9. Are you satisfied with the presentations made to the Board of Health by MLHU staff?**

**For instance, do you think the time taken for presentations and question and answer sessions is appropriate?**

- Yes
- No
- Don't know

**If no, please describe**

**10. What is the most important thing that you could recommend for discussion or action in order to improve the Board's performance?**

A large, empty rectangular box with a thin black border, intended for the respondent to write their answer to the question above.

**Thank you for taking the time to complete this survey.**