

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, April 16, 2015 6:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – February 19, 2015

4. BUSINESS ARISING FROM THE MINUTES

5. NEW BUSINESS

5.1. Orientation Update (07-15GC)

5.2. Governance Committee Reporting Calendar (08-15GC)

5.3. 2015 Board of Health Self-Assessment Results (09-15GC)

6. CONFIDENTIAL

The Governance Committee will move in camera to discuss personal matters about an identifiable individual.

7. OTHER BUSINESS – Next Meeting

8. ADJOURNMENT

MINUTES
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.

- Committee Members Present:** Mr. Ian Peer
Ms. Viola Poletes Montgomery
Mr. Kurtis Smith
Mr. Mark Studenny (Chair)
- Regrets:** Mr. Stephen Turner
- Others Present:** Dr. Christopher Mackie, Medical Officer of Health & CEO
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)
Mr. Jordan Barringa, Manager, Strategic Projects
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy
Ms. Sarah Maaten, Epidemiologist
Ms. Joanne Vanderheyden, Board Member

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

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Mr. 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 Ms. Poletes Montgomery, seconded by Mr. Smith *that the [AGENDA](#) for the February 19, 2015 Governance Committee meeting be approved.*

Carried

3. APPROVAL OF MINUTES

It was moved by Ms. Poletes Montgomery, seconded by Mr. Smith *that the Minutes from the [January 15, 2015](#) Governance Committee meeting be approved.*

Carried

4. BUSINESS ARISING FROM THE MINUTES - none

5. NEW BUSINESS

5.1. Strategic Plan - Balanced Scorecard & Consultation ([04-15GC](#))

Ms. Di Cesare and Mr. Barringa assisted Committee members with their understanding of this report with use of a PowerPoint presentation that is attached as Appendix B to Report No. [04-15GC](#). Ms. Sarah Maaten explained the literature review and research that Health Unit staff has done to determine “What Makes a High Performing Health Unit.”

Discussion ensued about the language and groupings used in the Scorecard. Dr. Mackie explained that each quadrant of the Scorecard will be defined in more detail in the next phase. Committee members requested that transparency and accountability be implied in each quadrant and that relationship building be included in the definition of community confidence.

Discussion also ensued about the public input process. It was agreed that if a survey is used, it must be very short, and that people do not have time for public meetings. The three major partners: the Province, the City of London, and the County of Middlesex County must be consulted. It was suggested that for the first time through the process, targeted requests from the three major partners could provide the most productive feedback.

It was moved by Mr. Smith, seconded by Ms. Poletes Montgomery *that the Governance Committee receive Report No. 04-15GC re Strategic Plan – Balanced Scorecard & Public Consultation for information.*

Carried

5.2. Medical Officer of Health and Chief Executive Officer Performance Appraisal 2015 ([05-15GC](#))

Ms. Poletes Montgomery reviewed the discussion from the January 28th meeting of the subcommittee. The subcommittee consisted of Ms. Poletes-Montgomery, Mr. Studenny, Mr. Meyer, and Mr. Turner.

Ms. Di Cesare clarified that the annual process would be initiated in the first quarter of the calendar year, and the appraisal would be done in the second quarter.

Committee members agreed that they would review the draft tool and submit comments via email to Sherri Sanders, Executive Assistant to the Board of Health at sherri.sanders@mlhu.on.ca who will compile the information and send it to Ms. Poletes Montgomery and Ms. Di Cesare for revisions.

It was moved by Mr. Smith, seconded by Ms. Poletes Montgomery *that the Governance Committee receive Report 05-15GC for discussion and review of the revised appraisal tool and proposed timelines.*

Carried

5.3. March 2015 Board of Health Self-Assessment Survey ([06-GC15](#))

It was moved by Ms. Poletes Montgomery, seconded by Mr. Smith *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.*

Carried

6. OTHER BUSINESS

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

7. ADJOURNMENT

At 6:50 p.m., it was moved by Mr. Smith, seconded by Ms. Poletes Montgomery *that the meeting be adjourned.*

Carried

MARK STUDENNY
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 April 16

BOARD OF HEALTH ORIENTATION - UPDATE

Recommendation

It is recommended that Report No. 07-15GC re Board of Health Orientation – Update be received for information.

Key Points

- The Board of Health Orientation will consist of online self-paced learning as well as an orientation session at the Middlesex-London Health Unit office prior to the May Board of Health meeting.
- A thorough orientation allows new Board Members to contribute effectively to Board of Health governance and improve performance of the Middlesex-London Health Unit.

Background

The Board of Health will recall [Report No. 02-15GC](#) that outlined the online orientation components as well as a draft agenda for the on-site orientation. Committee members agreed that an orientation is essential; but that it must be time effective. It was emphasized that part days are preferable to full days, that it be open to all Board members and that it be scheduled to consider time and work commitments of the Board of Health Members.

Staff disseminated an online scheduling poll and encountered difficulty in finding dates suitable to members of the Board. It was determined that the May Board of Health meeting would be the most appropriate time to deliver the on-site orientation.

Required Pre-Orientation Training

Members of the Board of Health are required to complete training for the Accessibility for Ontarians with Disabilities Act (AODA) prior to the on-site orientation. Those who have already completed AODA training can forward a confirmation of participation to the Board of Health Administrative Assistant rather than completing the training again. The training can be accessed using this link – [AODA Online Training](#)

On-Site Orientation

On-site orientation will occur on May 21, 2015 starting at 4:30 pm. This will include an overview of the Middlesex-London Health Unit as well as Corporate Services, the Office of the Medical Officer of Health, Family Health Services, Oral Health, Communicable Disease and Sexual Health and Environmental Health, Chronic Disease and Injury Prevention. Dinner for Board of Health members will be provided.

Online Self-Paced Learning

As a reminder, additional content for the Board of Health is available online including:

- Essential reading;
- Recommended Priority reading;
- Legislation specific to public health;
- Provincial public health reports;
- Middlesex-London Health Unit Program Budgeting Templates;
- Middlesex-London Health Unit documents; and
- Other web-based resources for Board of Health Members.

These materials can be accessed by going to: <https://www.healthunit.com/board-of-health-orientation>

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

A handwritten signature in black ink, appearing to read 'C. Mackie', written in a cursive style.

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

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 April 16

GOVERNANCE COMMITTEE - REPORTING CALENDAR

Recommendation

It is recommended that Report No. 08-15GC re Governance Committee – Reporting Calendar be received for information.

Key Points

- A Reporting Calendar for the Board of Health Governance Committee defines the annual activities to be undertaken.
- Duties and responsibilities of the Board of Health Governance Committee are articulated in the terms of reference, Ontario Public Health Standards and the Association of Local Public Health Agencies' Governance Toolkit.

Background

The Governance Committee serves to provide an advisory and monitoring role for the Board of Health and Senior Leadership Team at the Middlesex-London Health Unit. As this role continues to evolve, it is important that committee members are well apprised of reporting requirements and changes to their responsibilities.

Duties of the Governance Committee have been articulated in the Governance Committee Terms of Reference. Additional responsibilities not explicitly stated in the Terms of Reference are also outlined in the Ontario Public Health Organizational Standards and the Governance Toolkit for Ontario Public Health Units that was prepared by the Association for Local Public Health Agencies (alPHA).

The Governance Committee reporting calendar provides a prudent means of assessing reporting requirements, ensuring compliance with relevant statutes and providing a proactive approach to Board of Health accountability and performance.

Governance Committee Reporting Calendar

The Governance Committee Reporting Calendar refers to the regular activities required of the committee. These requirements were identified by cross-referencing the Ontario Public Health Organizational Standards, alPHA Governance Toolkit and the Governance Committee Terms of Reference. A draft reporting calendar is attached, as [Appendix A](#).

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



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

Governance Committee Reporting Calendar

<p style="text-align: center;">Q1 (Jan 1 to Mar 31) – January Meeting</p> <ul style="list-style-type: none"> • Initiate Board of Health Orientation and Development. • Initiate Medical Officer of Health Performance Evaluation. • Initiate Board of Health Self-Assessment and Member Evaluations. 	<p style="text-align: center;">Q2 (Apr 1 to Jun 30) – April Meeting</p> <ul style="list-style-type: none"> • Complete Board of Health Orientation and Development. • Complete Medical Officer of Health Performance Evaluation. • Report on Board of Health Self-Assessment and Member Evaluations. • Q4 Strategic Plan Report.
<p style="text-align: center;">Q3 (Jul 1 to Sep 30) – July Meeting</p> <ul style="list-style-type: none"> • Initiate Board of Health Risk Management & Assessment. • Review Governance Policies. 	<p style="text-align: center;">Q4 – (Oct 1 to Dec 31) – October Meeting</p> <ul style="list-style-type: none"> • Report on Board of Health Risk Management & Assessment. • Report on Accountability (OPHOS, OPHS, PHFAA) and Compliance (HPPA) status. • Report on Accreditation Status/Options. • Q2 Strategic Plan Report.

Board of Health Orientation and Development

Every Board of Health is must ensure that all new members receive an orientation to the role and ongoing development and education. A comprehensive orientation can support a positive board culture and enrich the members’ understanding of their role and the expectations of the Board of Health.

When the board has all members appointed, board retreats may provide opportunities for improvement and identify recommendations, resulting in board goals and future education topics.

Performance Evaluations

Medical Officer of Health & Chief Executive Officer Performance Evaluation

The Medical Officer of Health & Chief Executive Officer Performance Review will be conducted annually during the first quarter of the calendar year with a report coming to the Governance Committee on the results in the April Governance Committee meeting.

Board of Health Self-Assessment

In accordance with the Ontario Public Health Organizational Standards, the Board of Health should complete a self-assessment at least every other year and provide recommendations for improvements in board effectiveness and engagement.

Board of Health Bylaws, Policies and Procedures Review and Development

These bylaws and policies represent the general principles that set the direction, limitations and accountability frameworks for MLHU. Governance Policies relate to bylaws, organizational structure and finances.

The Ontario Public Health Organizational Standards address bylaws that must be in place for board operation as well as suggestions for additional policies

The Board of Health Governance Committee should ensure that these policies are revised or reviewed biannually.

The Senior Leadership Team may make recommendation for additional bylaws, policies or procedures or revising to existing ones should the need arise.

Accountability

Compliance with Ontario Public Health Standards

The Ontario Public Health Standards communicate the provincial expectations in the local planning and delivery of public health programs and services by the Board of Health. They provide the minimum requirements in the assessment, planning, delivery, management and evaluation of programs and services targeting disease prevention, health protection and promotion and community health surveillance. The standards are published by the Ministry of Health and Long-Term Care under the authority of Section 7 of the Health Protection and Promotion Act.

Compliance with the Ontario Public Health Organizational Standards

The Ontario Public Health Organizational Standards are a set of organizational and governance standards that apply to all Boards of Health. They provide the basis for assessing the governance and administrative functioning of boards and Public Health Units.

Provincial Accountability Framework (PHFAA)

The Public Health Financial and Accountability Agreements provide a framework for setting specific performance expectations, and establishing data requirements to support monitoring of these performance expectations.

Public Health Unit Audits

In 2012-2013, the Ministry of Health and Long-Term Care began an auditing process for health units under Article 8.3 of the Accountability Agreement and an assessment of the board of health under section 82 of the Health Protection and Promotion Act. Its goal is to audit at least two public health units per year as efforts to ensure compliance with three main areas: the Ontario Public Health Organizational Standards, Public Health Accountability Agreement, and the Smoke-Free Ontario Agreement.

With respect to the Organizational Standards, the province will audit the BOH's structure, operations, leadership, trusteeship, community engagement and responsiveness, and management operations.

Strategic Planning

In approving major decisions, the Board of Health must be aware of the big picture and understand how their decisions will shape an organization over the long-term. Board members do not generally participate in the creation and formulation of strategy. This is the responsibility of the MOH/CEO and the Senior Leadership Team. However, Board Members must understand and approve the strategy proposed by the leadership team for long-term value creation. Once approved, Board Members should continually monitor the execution and results of the strategic plan. For these purposes, directors must know the key value and risk drivers of the organization.

A strategic plan is required by each health unit in accordance the Ontario Public Health Organizational Standards.

Accreditation and Quality

While it is not mandatory for Public Health Units to be accredited, slightly more than half choose to participate in the accreditation process. Accreditation is an ongoing, voluntary process used to assess and improve the quality of programs and services to stakeholders.

Accreditation also provides a process for quality assurance by identifying areas for improvements in efficiency and performance related to leadership, management and delivery of services.

Risk Management and Assessment

Risk Management Planning

The Board of Health should have a risk management strategy that is monitored and evaluated on a regular basis. This means have to identify and assess potential risks, determining appropriate health unit responses. A risk management strategy would also necessitate a common understanding of risk, the impact or consequences that each risk may have on the organization and the probability of occurrence that the risk may have. The MOHLTC is currently developing as Risk Monitoring Tool to be rolled out in 2015. A draft of the risk assessment tool is available in the interim for use by the Board of Health

Board of Health Liability

A report commissioned by alPHa and its legal counsel that outlines the legal obligations that the Board of Health members have to the Public Health Unit and the community. It is recommended that if the board of health has not already done so that a standing item on the board's reporting calendar be the receipt of a report from the Medical Officer of Health on the status of compliance with required obligations under the HPPA. This links with accountability role that the Board of Health is responsible for.



TO: Chair and Members of the Board of Health
FROM: Chris Mackie, Medical Officer of Health
DATE: 2015 April 16

2015 BOARD OF HEALTH SELF-ASSESSMENT RESULTS

Recommendations

It is recommended that:

- 1) The Governance Committee receive the findings of the March 2015 Board Self-Assessment as outlined in Report No. 009-15GC re 2015 Board of Health Self-Assessment Results, and further*
- 2) The Governance Committee develop a plan for continuous improvement of Board of Health effectiveness and engagement based on the findings of the survey and best practices.*

Key Points

- The findings indicate that in most areas of the Ontario Public Health Organizational Standards, a strong majority of Board members agree that the Board is achieving its outcomes.
- Survey comments indicate that respondents were pleased with Board performance or, likely in the case of new members, didn't know about performance. It was recommended that Board members review MLHU's achievement of strategic outcomes, HR & Operations policies and public health accountabilities.

The Board Self-Assessment Survey provides an opportunity for the MLHU Board of Health to assess whether they are following good governance practices and meeting outcomes as outlined in Requirement 4.3 of the Ontario Public Health Organizational Standards.

In March, 2015 the survey was completed by all 11 Board members. Detailed results are attached in [Appendix A](#). Generally, the findings of the 2015 survey are consistent with findings from 2014. In many areas of the Ontario Public Health Organizational Standards at least 70% of Board members agreed that the Board is achieving its outcomes, with the majority of others indicating that they did not have enough information to respond. A smaller proportion agreed that MLHU is meeting its strategic outcomes (55%) or is adequately responding to serious complaints (64%). Again, other respondents indicated that they did not have adequate information to answer these questions. Five of 11 Board members are new since November of 2014.

Comments on the overall effectiveness of the Board:

- Two board members specifically expressed overall satisfaction with the Board's performance.
- Three Board members (who self-identified as new members) indicated they were still observing and needed more time to assess.
- One respondent who disagreed that the Board is structured properly expressed that politicians may have vested interests in voting. The respondent further suggested the Board be should always be made up of one more public appointee than municipal/city appointees.

Comments on future suggestions for Board activities:

- One respondent was very positive about the “We’re Here for You” awareness campaign and indicated MLHU should further develop its relationship with the public.
- One respondent felt there should be more Board workshops on public health accountabilities.
- One respondent felt the Board should review Human Resources, Contracting and Procurement policies and practices.

Although not directly related to Board performance, two questions were asked about the Board members’ satisfaction with reports and presentation. The majority of respondents (91%) were satisfied but one respondent indicated that slide decks should be available for future reference.

Members of the Governance Committee have the opportunity to review the findings of the survey and propose “recommendations for improvements in board effectiveness and engagement” as stated in Requirement 4.3 of OPHOS and present to the Board as a whole.

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



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

Board Self-Assessment 2015	Yes	No	Don't know	Did not respond
	# (%)			
1. Is the Board of Health structured properly (i.e. membership, size, terms of office, reporting relationships)?	8 (73%)	1 (9%)	2 (18%)	0 (0%)
2. Am I getting sufficient information to make informed decisions at Board of Health meetings?	10 (91%)	0 (0%)	1 (9%)	0 (0%)
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?	9 (82%)	0 (0%)	2 (18%)	0 (0%)
4. Does the Board of Health take all relevant information into consideration when making decisions?	10 (91%)	0 (0%)	1 (9%)	0 (0%)
5. Is MLHU accomplishing our strategic outcomes as outlined in our strategic plan?	6 (55%)	0 (0%)	4 (36%)	1 (9%)
6. In the past year, has the Board of Health adequately responded to serious complaints of wrongdoing or irregularities?	7 (64%)	0 (0%)	3 (27%)	1 (9%)
7. Does the current relationship between the Board of Health and senior staff result in effective and efficient management of the public health unit?	8 (73%)	0 (0%)	3 (27%)	0 (0%)
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?	10 (91%)	0 (0%)	1 (9%)	0 (0%)
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?	10 (91%)	0 (0%)	1 (9%)	0 (0%)