

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, March 16 2017 6:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES - January 19, 2017

4. NEW BUSINESS

4.1 2017 BOH Self-Assessment Results (Report No. 004-17GC)

4.2 Strategic Plan Update (Report No. 005-17GC)

5. OTHER BUSINESS

5.1 Policy Review Continued

5.2 Next meeting: Thursday April 20, 2017

6. ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Governance Committee
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, January 19, 2017 5:00 p.m.

Committee Members Present: **Mr. Trevor Hunter (Chair)**
Mr. Ian Peer
Mr. Kurtis Smith

Regrets: Mr. Jesse Helmer

Others Present: Mr. Marcel Meyer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Mr. Jordan Banninga, Manager, Strategic Projects
Ms. Laura Di Cesare, Director, Corporate Services

Chair Hunter called the meeting to order at 5:00 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Smith, *that the AGENDA for the January 19, 2017 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Mr. Peer, *that the MINUTES of the December 8, 2016 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 2017 Governance Committee Reporting Calendar and Meeting Dates (Report No. 001-17GC)

Chair Hunter flagged the initiation of the MOH/CEO Performance Appraisal, which will be completed in Q2 for 2017.

Chair Hunter flagged the March meeting and advised that it will be determined pending approval of the Board of Health meeting schedule for 2017.

It was moved by Mr. Peer, seconded by Mr. Smith, *that the Governance Committee:*

- 1) *Receive Report 001-17GC re: 2017 Governance Committee Reporting Calendar; and*
- 2) *Approve the 2017 Governance Committee Reporting Calendar and Meeting Dates ([Appendix A](#)).*

Carried

4.2 2017 Board of Health Self-Assessment (Report No. 002-17GC)

Chair Hunter introduced and provided context for the report.

Discussion ensued around members' ability to complete the survey electronically, or complete it on paper before leaving the meeting; the ability to self-rank items in Question 9; and how the questions and categories were developed (based on the Ontario Public Health Standards).

Mr. Meyer arrived at 5:07 p.m.

It was moved by Mr. Smith, seconded by Mr. Peer, *that the Governance Committee:*

- 1) *Receive Report No. 002-17GC re: 2017 Board of Health Self-Assessment;*
- 2) *Approve the Board of Health Self-Assessment Tool (Appendix A); and*
- 3) *Initiate the Board of Health Self-Evaluation Process for 2017.*

Carried

4.3 2017 Board of Health Orientation (Report No. 003-17GC)

Mr. Hunter introduced and provided context for the report, and Ms. Di Cesare advised that the tentative orientation date is set for February 7, from 11:30 a.m. to 2:30 p.m. Orientation will be open to all BOH members.

Discussion ensued around the following items:

- Having staff provide a summary and update on their team's programs and services, including any legislated components.
- Having a fifteen-minute Board information update at each meeting to review all services, since there is so much material. This could include summarizing information from the Program and Budget Templates.
- Holding quarterly updates. We already do quarterly town halls, so this info could be put together and provided to the Board.
- Staff will look into these ideas and present the committee with options and ideas for updating the Board on staff programs and services.

It was moved by Mr. Peer, seconded by Mr. Smith, *that the Governance Committee receive Report No. 003-17GC re: "2017 Board of Health Orientation" for information.*

Carried

OTHER BUSINESS

5.1 Policy Review (Continued)

Chair Hunter provided a summary of where policy review last left off. A discussion followed on policies G-270, G-280, G-290, G-300, G-350, G-370, G-380, G-470, G-480 and G-490. It was clarified that no policies would be brought to the Board for review or approval tonight. Staff will review the Committee's discussion and recommended changes, and will send the Committee an updated draft prior to going to the Board for approval.

Further discussion ensued about the following items:

- Further review of the minimum attendance for meetings (outlined in Appendix A of G-270) and clarification of the role of the Executive Committee (Appendix B).
- Clarification of the difference between being absent from a meeting versus sending regrets. Staff will review the process and wording of other, similar policies (such as the City of London's) and will also consider this with regard to the Code of Conduct.
- Clarification of the Governance Committee's role in assessing the needs of the Board; communicating those needs both to appointing bodies and to potential Board members.
- Clarification of the Reporting Calendar, current practices and plans for Board Orientation and current practices.
- Revision to the Appendix: Items D and E should be check boxes, merely a continuation of the list.
- The responsibility to declare conflicts of interest, both annually and at every meeting of the Board of Health and its Standing Committees.
- Identification and inclusion of the Board Chair in Policy G-480.
- Consideration of the wording of walk-on reports outlined in policy G-490.

Mr. Banninga clarified that from the staff perspective, all staff who work in areas corresponding to any updated policies will be consulted as the new policies are approved.

Ms. Di Cesare advised that staff will try to update and revise policies based on this evening's discussion as soon as possible, and will distribute the updated policies to the Committee in advance of the next meeting.

5.2 Next Meeting

To be determined pending approval of the Board of Health meeting schedule.

Carried

ADJOURNMENT

At 6:17 p.m. it was moved by Mr. Smith, seconded by Mr. Peer, *that the meeting be adjourned.*

Carried

TREVOR HUNTER
Chair

LAURA DI CESARE
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 March 16

2017 BOARD OF HEALTH SELF-ASSESSMENT RESULTS

Recommendation

It is recommended that the Governance Committee:

- 1) Recommend that the Board of Health receive Report No. 004-17GC re: Board of Health Self-Assessment Results for information; and*
- 2) Consider the survey results and incorporate the feedback into Board development planning for 2017.*

Key Points

- The overall affirmative response rate to the Board of Health Self-Assessment was 86%. This rate refers to Board members who answered “yes” to the questions, rather than “No” or “Don’t know.”
- Only two questions had a higher proportion of “No” and “Don’t know” responses.
- This year’s Self-Assessment asked members for qualitative feedback on each of the self-assessment components, which resulted in a higher number of comments being received.

Background

The Board of Health Self-Assessment Survey provides an opportunity for members of the 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.

Distribution of the tool was discussed at the January 19 Governance Committee meeting, and the survey was distributed to Board of Health members on February 10 for completion before the February 16 meeting. Members who had not completed the survey prior to the Board meeting had the opportunity to complete the survey in paper form.

Self-Assessment Results

Eight out of nine Board members (89%) completed the survey. Detailed results are attached in [Appendix A](#). Generally, the 2017 survey findings are consistent those from 2016. In nearly all areas, the vast majority of Board members answered affirmatively. The overall positive response on the Board Self-Assessment was 86%. Board members answered 14% of the questions with “No” or “Don’t know” responses.

The questions with a higher proportion of “No” or “Don’t know” responses were as follows:

- “Is the Board of Health structured properly?” Several respondents indicated “No,” with comments expressing concern regarding delays in the provincial appointment process.
- “In the past year, has the Board of Health adequately responded to complaints of wrongdoing or irregularities?” Half of the respondents answered “Don’t know.” The comments expressed the

feeling that Board members believe, to the best of their knowledge, that they are responding well, but some uncertainty remains about which complaints they see and which they don't.

Other comments on overall Board effectiveness were noted for each of the questions, in contrast with previous surveys, which offered only a single, open-ended question.

Comments regarding the most important things for Board discussion and action were diverse and included:

- How to reach and communicate effectively with the community we serve;
- Providing a strong rationale for all decisions made, and being engaged with the well-being of Middlesex-London residents;
- Setting aside some dedicated time for education at each Board meeting (e.g., a reminder about the Strategic Plan, a best practice, or some other current public health issue);
- Board education about challenges and how to put our Strategic Plan into action; and
- Attracting new Board of Health members to solicit new perspectives, seek help on committees and ensure proper oversight and Board compliance.

Priorities for 2017

The 2017 Board of Health Self-Assessment included a priority question that asked Board members to rank the most important things that the Board should focus on to improve performance. The top three areas were:

- Getting sufficient information to make informed decisions;
- Ensuring all relevant information is taken into consideration when making decisions; and
- Accomplishing our strategic priorities.

Next Steps

Members of the Governance Committee have the opportunity to review the survey findings and propose “recommendations for improvements in board effectiveness and engagement,” as stated in Requirement 4.3 of the Ontario Public Health Organizational Standards. Any recommendations proposed by the Governance Committee would be presented to the Board as a whole.

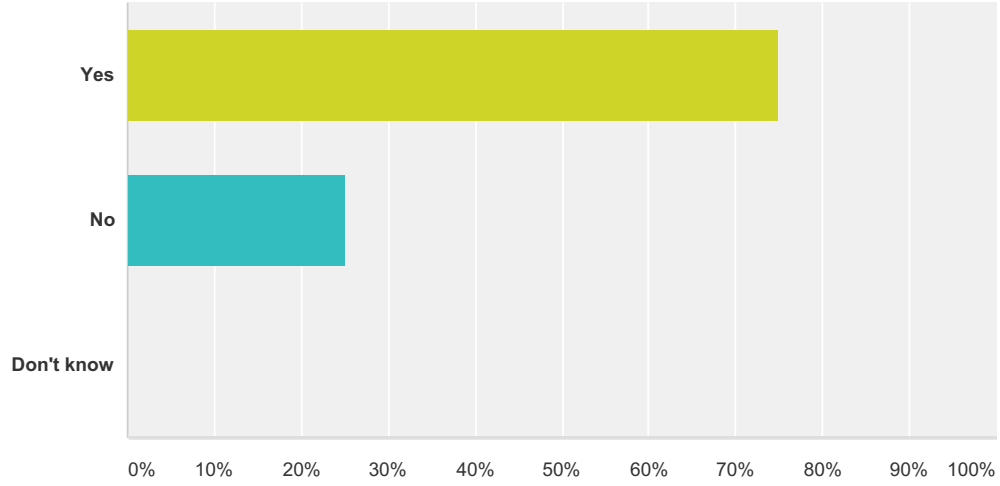
This report was prepared by the Strategic Projects Team, Corporate Services Division.



Laura Di Cesare
Acting Chief Executive Officer

Q1 Is the Board of Health structured properly (i.e membership, size, terms of office, reporting relationships)?

Answered: 8 Skipped: 0



Answer Choices	Responses	Count
Yes	75.00%	6
No	25.00%	2
Don't know	0.00%	0
Total		8

Board of Health Self-Assessment

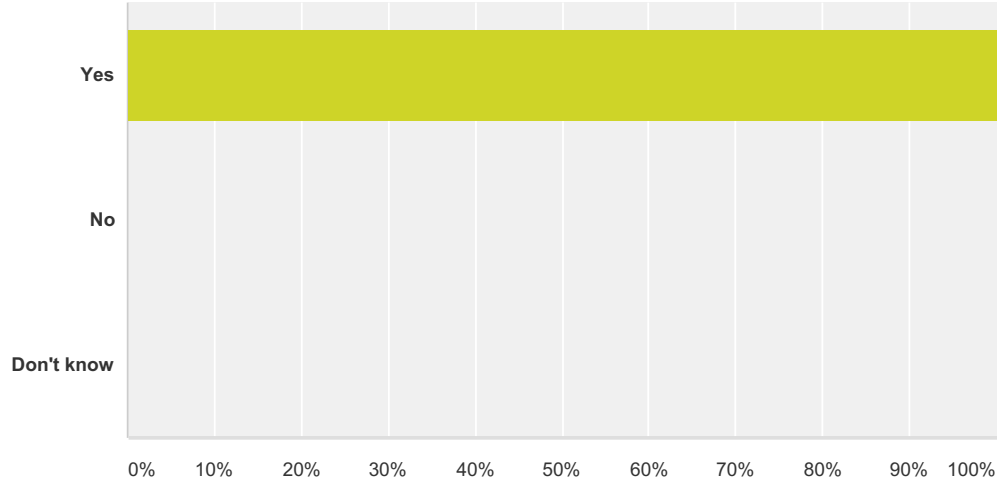
Q2 Please provide additional feedback or comments below:

Answered: 5 Skipped: 3

#	Responses	Date
1	Tough to asses. Don't know a different structure and it's effectiveness.	2/16/2017 6:16 PM
2	Still waiting for province to appoint two more members	2/16/2017 4:25 PM
3	Although it would be beneficial for the Board to be reminded from time to time when terms for Provincial appointees are nearing completion and even when municipal elections are pending. We should not be caught by surprise when terms are ending.	2/14/2017 10:54 AM
4	On paper the Board is structured properly. The delay in filling provincial appointments places stress on the Board.	2/11/2017 10:23 PM
5	We need 2 more members on the BOH ASAP, otherwise we have a good structure.	2/10/2017 1:55 PM

Q3 Am I getting sufficient information to make informed decisions at Board of Health meetings?

Answered: 8 Skipped: 0



Answer Choices	Responses
Yes	100.00% 8
No	0.00% 0
Don't know	0.00% 0
Total	8

Board of Health Self-Assessment

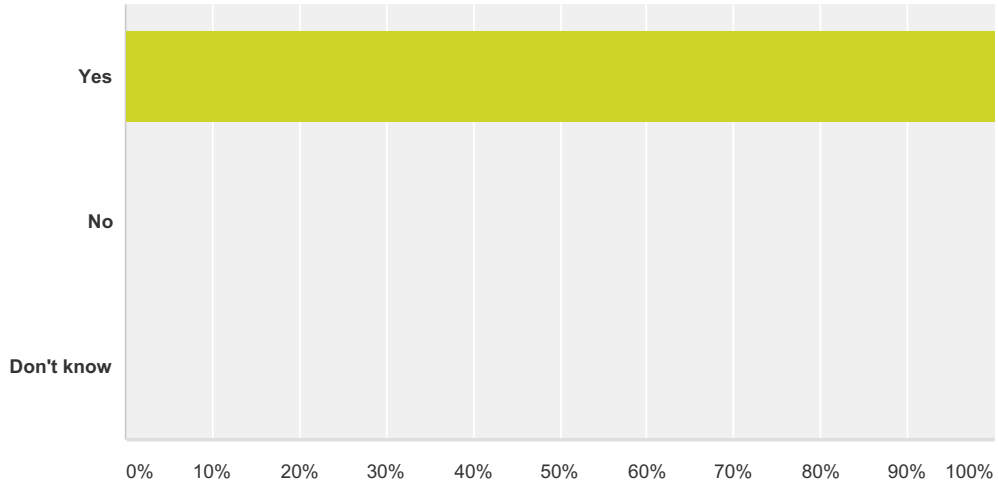
Q4 Please provide additional feedback or comments below:

Answered: 4 Skipped: 4

#	Responses	Date
1	Staff always provide detailed reports and answer board questions well.	2/16/2017 6:16 PM
2	I do all the reading and research I can. But I do not know what I do. It know so rely on staff reports to be fulsome.	2/15/2017 4:42 PM
3	The packages are thorough and complete. Much appreciated.	2/14/2017 10:54 AM
4	Reports should also include whether the matter is mandated by the province or an item above and beyond the scope of a HU.	2/10/2017 5:01 PM

Q5 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?

Answered: 8 Skipped: 0



Answer Choices	Responses
Yes	100.00% 8
No	0.00% 0
Don't know	0.00% 0
Total	8

Board of Health Self-Assessment

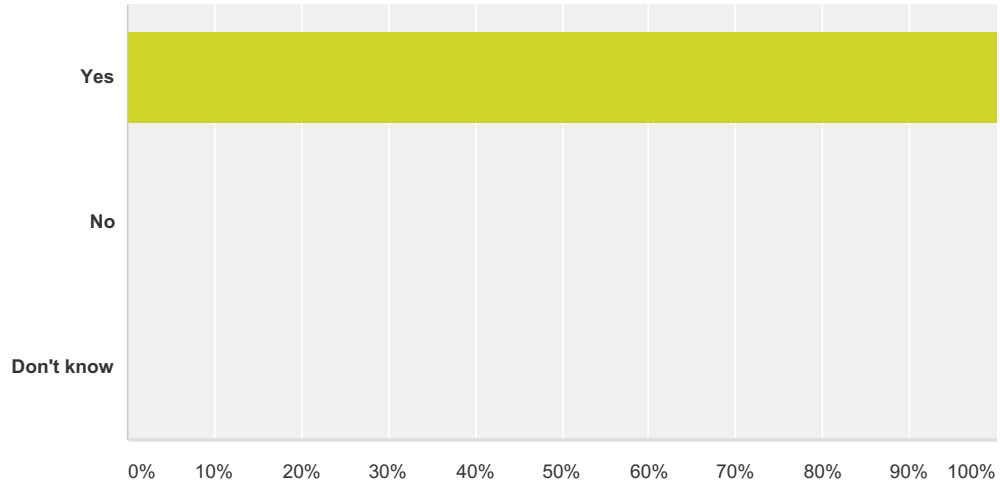
Q6 Please provide additional feedback or comments below:

Answered: 2 Skipped: 6

#	Responses	Date
1	Although I believe there is room in the Board meetings for 10-15 minute updates about current best practices and governance issues that are not covered in presentations at meetings.	2/14/2017 10:54 AM
2	The MLHU and the BOH do a good job keeping us up to date. We can always improve, but we are starting from a very good place.	2/10/2017 1:55 PM

Q7 Does the Board of Health take all relevant information into consideration when making decisions?

Answered: 8 Skipped: 0



Answer Choices	Responses
Yes	100.00% 8
No	0.00% 0
Don't know	0.00% 0
Total	8

Board of Health Self-Assessment

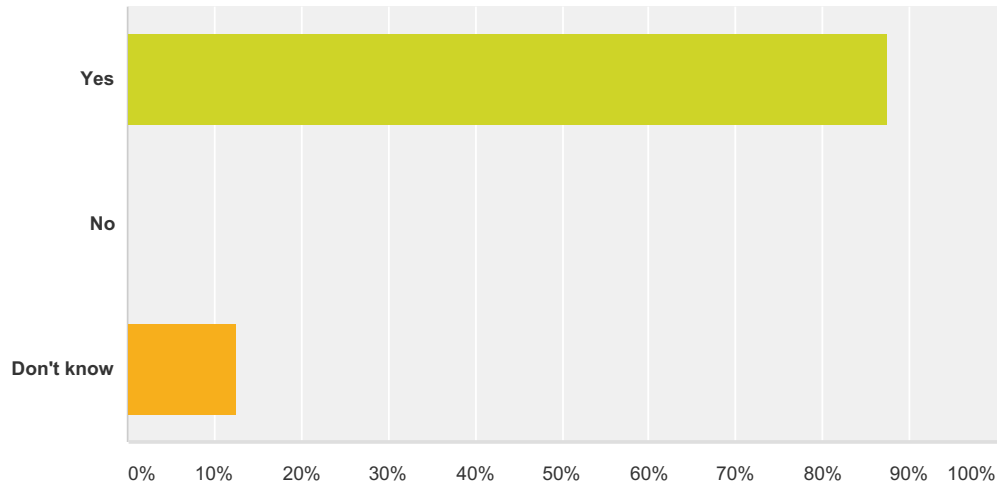
Q8 Please provide additional feedback or comments below:

Answered: 2 Skipped: 6

#	Responses	Date
1	I feel the collective wisdom of the Board allows for in-depth discussions where necessary.	2/14/2017 10:54 AM
2	We are well informed and have good debates before we make decisions	2/10/2017 1:55 PM

Q9 Is MLHU accomplishing our strategic priorities as outlined in our strategic plan?

Answered: 8 Skipped: 0



Answer Choices	Responses	
Yes	87.50%	7
No	0.00%	0
Don't know	12.50%	1
Total		8

Board of Health Self-Assessment

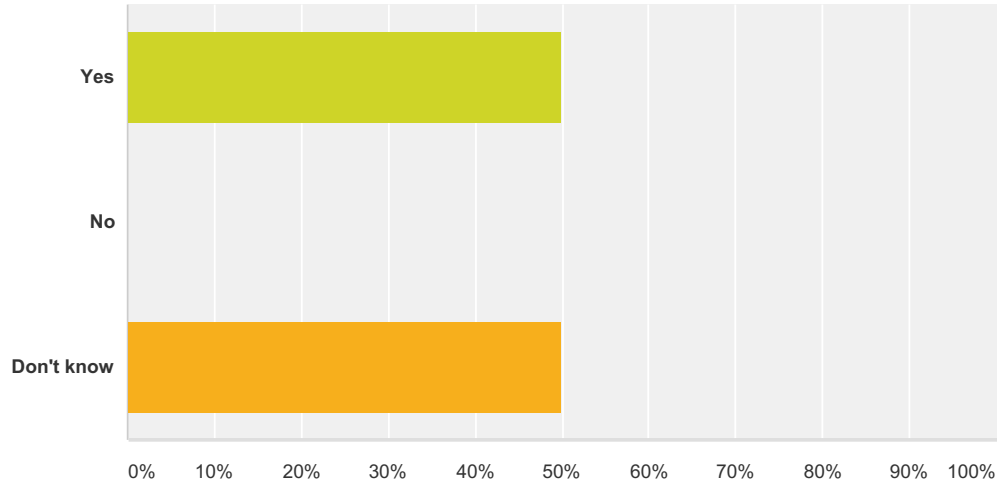
Q10 Please provide additional feedback or comments below:

Answered: 2 Skipped: 6

#	Responses	Date
1	I am unable assess this issue with any accuracy given the relatively short time I have been on the board	2/16/2017 4:25 PM
2	There seems to be appropriate connections made to the Strategic Plan through presentations that indicate where we are relative to the priorities.	2/14/2017 10:54 AM

Q11 In the past year, has the Board of Health adequately responded to serious complaints of wrongdoing or irregularities?

Answered: 8 Skipped: 0



Answer Choices	Responses
Yes	50.00% 4
No	0.00% 0
Don't know	50.00% 4
Total	8

Board of Health Self-Assessment

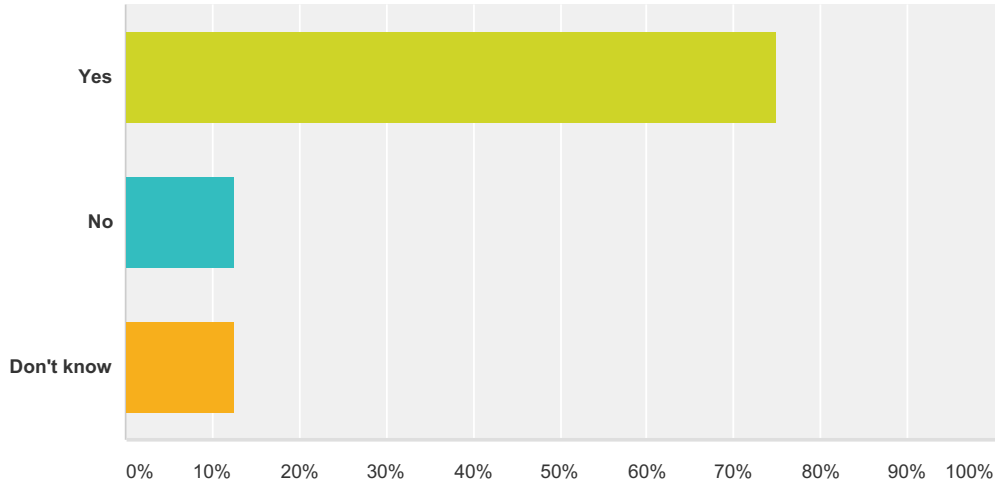
Q12 Please provide additional feedback or comments below:

Answered: 6 Skipped: 2

#	Responses	Date
1	I am unable assess this issue with any accuracy given the relatively short time I have been on the board	2/16/2017 4:25 PM
2	I believe so but have not yet been on the Board more than a few months.	2/16/2017 1:48 PM
3	Can not recall any incidents	2/15/2017 4:42 PM
4	While I don't feel there has been serious complaints of wrongdoing or irregularities in the past year, I feel we are well positioned to respond.	2/14/2017 10:54 AM
5	Has the board - yes. Has senior staff - don't know.	2/10/2017 5:01 PM
6	I am not aware of any big complaints/wrong doings or irregularities that were cause for great concern at the BOH, but the ones that we did see (i.e. certain compliance issues) were addressed properly	2/10/2017 1:55 PM

Q13 Does the current relationship between the Board of Health and senior staff result in effective and efficient management of the public health unit?

Answered: 8 Skipped: 0



Answer Choices	Responses
Yes	75.00% 6
No	12.50% 1
Don't know	12.50% 1
Total	8

Board of Health Self-Assessment

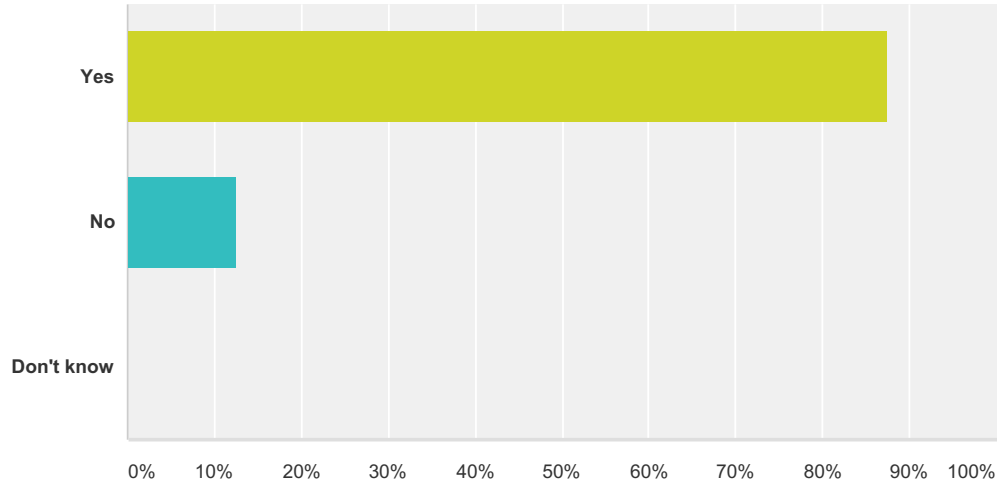
Q14 Please provide additional feedback or comments below:

Answered: 5 Skipped: 3

#	Responses	Date
1	I am unable assess this issue with any accuracy given the relatively short time I have been on the board	2/16/2017 4:25 PM
2	We work well together. Yet we are very distinct groups with different experiences, expertise and knowledge to bring to the table	2/15/2017 4:42 PM
3	While there is always improvements that can be made, the attendance of senior staff at Board meetings along with their participation in report development and presentations to the Board works well. The support given to the Board by Senior Staff is very good.	2/14/2017 10:54 AM
4	The MOH and CEO position is be separate. Doing this would have the MOH focus on the health matter of the HU and the CEO would be able to focus on the "business" side of the health unit. At times a decision is presented without a businesses sense and strictly health in mind.	2/10/2017 5:01 PM
5	I think the senior staff are excellent and they provide all we need in a timely, kind, professional manner. We are lucky to have them and to work so well with them	2/10/2017 1:55 PM

Q15 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?

Answered: 8 Skipped: 0



Answer Choices	Responses	
Yes	87.50%	7
No	12.50%	1
Don't know	0.00%	0
Total		8

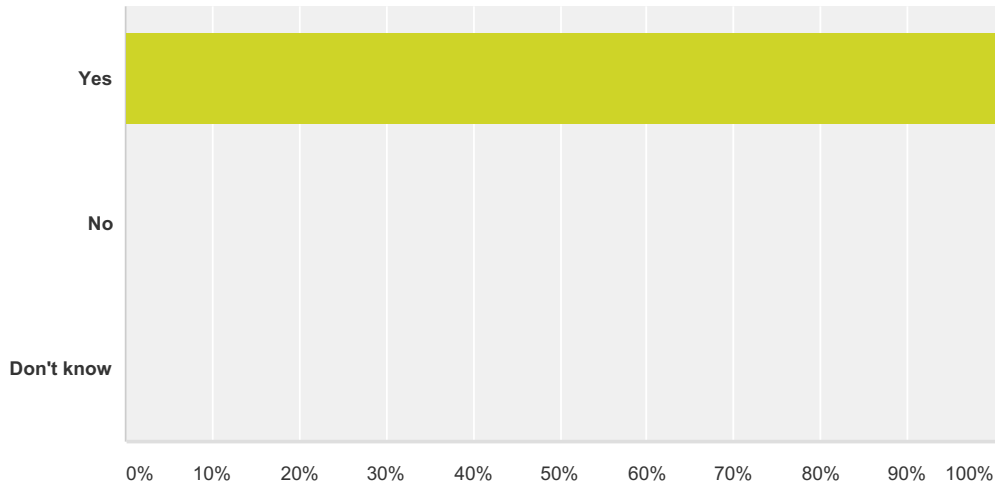
Q16 Please provide additional feedback or comments below:

Answered: 2 Skipped: 6

#	Responses	Date
1	Staff sometimes slant report to there desired conclusion	2/16/2017 6:16 PM
2	All great	2/10/2017 1:55 PM

Q17 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?

Answered: 8 Skipped: 0



Answer Choices	Responses
Yes	100.00% 8
No	0.00% 0
Don't know	0.00% 0
Total	8

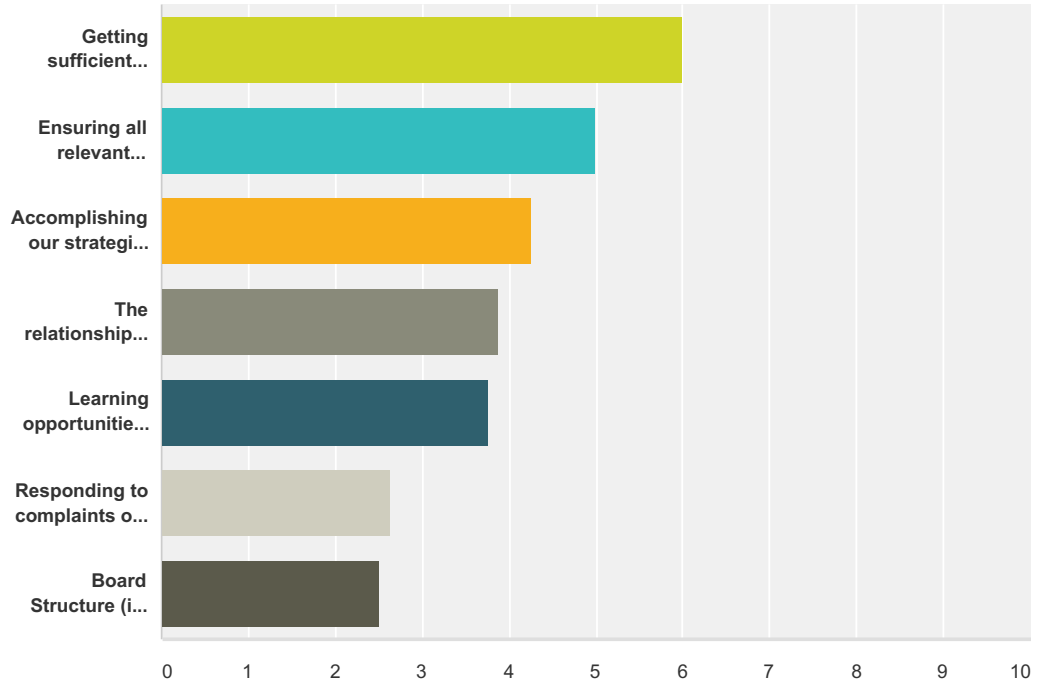
Q18 Please provide additional feedback or comments below:

Answered: 2 Skipped: 6

#	Responses	Date
1	Always well prepared	2/16/2017 6:16 PM
2	They indulge our questions and respond professionally and seek information if they do not have it handy.	2/10/2017 1:55 PM

Q19 Please rank the most important things that the Board should focus on to improve performance (1 – most important, 7 – least important):

Answered: 8 Skipped: 0



	1	2	3	4	5	6	7	Total	Score
Getting sufficient information to make informed decisions	37.50% 3	50.00% 4	0.00% 0	0.00% 0	12.50% 1	0.00% 0	0.00% 0	8	6.00
Ensuring all relevant information is taken into consideration when making decisions	25.00% 2	25.00% 2	12.50% 1	25.00% 2	0.00% 0	0.00% 0	12.50% 1	8	5.00
Accomplishing our strategic priorities	12.50% 1	0.00% 0	25.00% 2	37.50% 3	12.50% 1	12.50% 1	0.00% 0	8	4.25
The relationship between the Board of Health and senior staff	12.50% 1	0.00% 0	37.50% 3	0.00% 0	25.00% 2	12.50% 1	12.50% 1	8	3.88
Learning opportunities for current best practices in public health and governance	0.00% 0	25.00% 2	12.50% 1	12.50% 1	12.50% 1	37.50% 3	0.00% 0	8	3.75
Responding to complaints of wrongdoing or irregularities	0.00% 0	0.00% 0	0.00% 0	25.00% 2	37.50% 3	12.50% 1	25.00% 2	8	2.63
Board Structure (i.e membership, size, terms of office, reporting relationships)	12.50% 1	0.00% 0	12.50% 1	0.00% 0	0.00% 0	25.00% 2	50.00% 4	8	2.50

Q20 What is the most important thing that you could recommend for discussion or action in order to improve the Board's performance?

Answered: 5 Skipped: 3

#	Responses	Date
1	How to effectively reach and communicate with the community we serve	2/16/2017 4:25 PM
2	Personally I look for all the information to make best decision. That includes rationale behind a decision. At this point I believe we are all engaged in the process and the well being if the residents we are responsible to.	2/15/2017 4:42 PM
3	Just having a few minutes of education at each meeting, from reminding us of the Strategic Plan, a best practice we are doing or could be considering, or just a current Public Health issue that may not yet be on our radar.	2/14/2017 10:54 AM
4	Board education about challenges to achieving strategic priorities.	2/11/2017 10:23 PM
5	We need to get our new members on ASAP this would aid in many aspects (new perspectives, additional help on committees, better oversight and keep us compliant!)	2/10/2017 1:55 PM



TO: Chair and Members of the Governance Committee

FROM: Laura Di Cesare, Acting Chief Executive Officer

DATE: 2017 March 16

STRATEGIC PLAN UPDATE

Recommendation

It is recommended that:

- 1. The Governance Committee receive Report No. 005-17 re: Strategic Plan Update for information; and,*
- 2. The Board of Health approve the 2017 Middlesex-London Health Unit Balanced Scorecard.*

Key Points

- The 2016 Balanced Scorecard identified initiatives and tasks that the organization is pursuing in order to advance the strategic priorities identified in our 2015–20 Strategic Plan.
- The 2016 Balanced Scorecard Year-End Report highlights the progress made to date on strategic priorities, as well as any variances from expected outcomes and next steps.
- Planning for the Health Unit's 2017 Balanced Scorecard is complete and highlights key activities, tasks, measures and expected deliverables for this year.
- Divisions will develop divisional scorecards that align with the organizational activities and identified strategic priorities.

Background

The Middlesex-London Health Unit 2015–20 Strategic Plan details our vision, mission and values, and outlines strategic priorities for our organization. The Board of Health approved the plan at its September 17, 2015 meeting, and staff began working on many of its strategic priorities soon afterward. To operationalize the various strategic priorities identified and to track those already underway, MLHU uses the Balanced Scorecard as a strategic management tool to ensure accountability and to communicate our progress and successes.

2016 Balanced Scorecard Reporting

Regular reporting is an important part of the Balanced Scorecard methodology, and 2016 represented the first full year that MLHU was able to report using this method. The reporting process helps to identify lessons learned in 2016, areas of accomplishment, variances in expected outcomes and items that will require continued attention into subsequent years. The 2016 Balanced Scorecard and the 2016 Year-End Reporting are attached as [Appendix A](#) and [Appendix B](#).

Balanced Scorecard Prioritization Process

The first step of this process is assigning specific activities, accountabilities and measures for each strategic priority. MLHU's Senior Leadership Team was responsible for developing an organization-level Balanced Scorecard that articulates the Strategic Plan priorities for 2017. Over multiple planning sessions, the Senior Leadership Team determined the activities to be conducted for each strategic priority in 2017, and which would be deferred to subsequent years.

2017 Balanced Scorecard

The Senior Leadership Team planning sessions resulted in the 2017 Balanced Scorecard (attached as [Appendix C](#)), which highlights the activities, tasks and measures selected to advance the strategic priorities and objectives identified in the Strategic Plan. The need to prioritize certain activities, the Strategic Plan's five-year time horizon and organizational resource implications required that some activities be deferred to subsequent years.

Balanced Scorecard Cascading

Scorecards can be adopted at the division, team and individual levels as performance and strategic management tools. For 2017, divisions will continue the cascading process to highlight such activities, tasks and measures for which they will be held accountable.

Next Steps

Staff will continue to implement the activities on the Balanced Scorecard to advance the Health Unit's strategic priorities. The Board of Health will receive progress updates on the Strategic Plan process.

This report was prepared by the Strategic Projects Team, Corporate Services Division.



Laura Di Cesare
Acting Chief Executive Officer

2016 MLHU Balanced Scorecard

Program Excellence

Activities:

- ✓ Planning and Evaluation Framework (PEF) Adaptation and Implementation
- ✓ Organizational Structure and Location (OSL) Project
- ✓ Address the social determinants of health (SDOH) and health equity through education, policy, leadership and advocacy

Tasks:

- Support pre-implementation and implementation of the PEF
- Embed health equity impact assessment, priority populations and health equity lens into PEF
- Develop program review schedule
- Review MLHU intake lines
- Develop plan and begin implementation of knowledge exchange/skill building opportunities related to SDOH and Health Equity
- Introduce MLHU advocacy framework

How do we measure this:

- ❖ Status of the Planning and Evaluation Framework
- ❖ % of MOHLTC accountability agreement indicators that are met at year-end
- ❖ Status of OSL Project
- ❖ Number of health equity activities with Senior Leadership Team involvement

Client and Community Confidence

Activities:

- ✓ Integrate community and client input and feedback mechanisms into strategic projects and program planning and evaluation
- ✓ “We’re Here for You” (Finger) Campaign
- ✓ Pilot shared work spaces

Tasks:

- Ensure community and client input and feedback is collected and considered as part of Program Planning and Evaluation
- Gather community and client input for OSL
- Continue to advertise Health Unit services through the “We’re Here for You” Campaign

How do we measure this:

- ❖ Number of community/client engagement sessions
- ❖ Rapid Risk Factor Surveillance System – Awareness of Health Unit Module - % of people familiar with the health unit.

Employee Engagement and Learning

Activities:

- ✓ Leading MLHU – Management and Leadership Development Program
- ✓ Build and Champion the Well-being Program
- ✓ Enhance transparent and inclusive decision-making

Tasks:

- Support Leading MLHU management training and development program and develop future plans
- Develop 3 year program design & implementation plan for Well-being program including strategies for meeting the psychological standard
- Rollout of new Employee Assistance Program provider
- Identify transparent and inclusive decision-making best practices and tactics and engage staff to understand what it means to them

How do we measure this:

- ❖ Employee Engagement Survey
- ❖ HR data and usage rates of internal HUB and Learning Management System
- ❖ Status of Employee Assistance Program & usage analytics

Organizational Excellence

Activities:

- ✓ Develop Organizational and Divisional scorecards for performance management
- ✓ Support budget process and financial policy education and audits
- ✓ Upgrade financial reporting systems

Tasks:

- Pilot electronic agenda software – “eGenda”
- Develop balanced scorecards with key performance indicators, targets and activities at organizational and divisional levels
- Investigate and implement new internal financial reporting and encumbrances solution
- Roll out Budget process and financial policy training

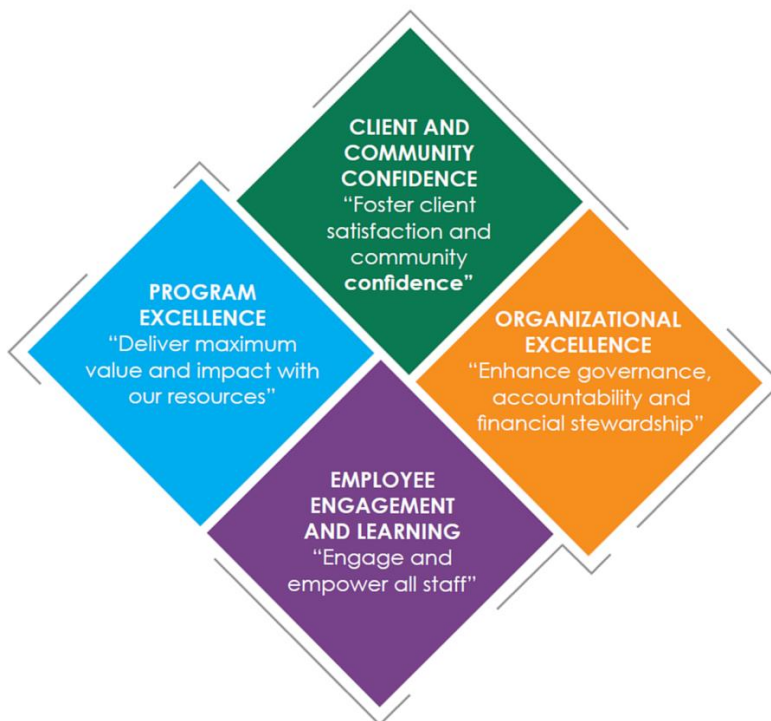
How do we measure this:

- ❖ Board of Health Self-Assessment
- ❖ Status of Organizational and Divisional scorecards
- ❖ Status of new financial system and # of users trained

2015 – 2020 Middlesex-London Health Unit Strategic Plan

2016 MLHU Balanced Scorecard

YEAR-END REPORTING

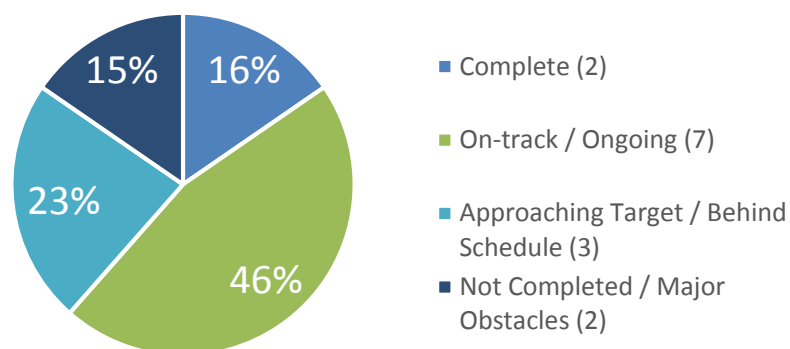


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High Level Overview

Activities



Program Excellence

Indicator	2016	2017	2018	2019	2020
Status of Planning and Evaluation Framework	v1 complete	-	-	-	-
Status of Organizational Structure and Location	On target	-	-	-	-
# of program reviews initiated	7	-	-	-	-
Status of health equity indicators at MLHU ¹	-	-	-	-	-
MOHLTC performance indicators within 1% of target	100% (10/10)	-	-	-	-

Client and Community Confidence

Indicator	2016	2017	2018	2019	2020
# of client / community feedback interactions	7,682	-	-	-	-
# of visits to healthunit.com website	446,773	-	-	-	-
% of people familiar with the health unit ²	60.7%	-	-	-	-
Client / community partner experience ³	-	-	-	-	-

Employee Engagement and Learning

Indicator	2016	2017	2018	2019	2020
Employee engagement (overall engagement score) ⁴	65%	-	-	-	-
% of staff completing mandatory training	99%	-	-	-	-
% of policies reviewed within 2 years	54%	-	-	-	-
Annual EFAP Usage ⁵	20%	-	-	-	-

Organizational Excellence

Indicator	2016	2017	2018	2019	2020
% positive response on Board Self-Assessment ⁶	97.7%	-	-	-	-
% of Divisions completing Balanced Scorecards	100%	-	-	-	-
% of Teams completing Balanced Scorecards ⁷	-	-	-	-	-
% Budget Variance ⁸	0.6%	-	-	-	-
% of Budget Reallocated through PBMA	2.7%	-	-	-	-

¹Scoping of indicators to occur in 2017

² Rapid Risk Factor Surveillance System – between May and August 2016, 405 Middlesex-London residents were surveyed

³ Assessment method / tool to be completed in 2017

⁴ Management 360 evaluations were completed in 2016 – previous employee engagement survey was last completed in 2015

⁵ % of staff - EFAP usage calculated from 9 months of usage in 2016

⁶ Calculated by (total “yes” responses / total responses)

⁷ Some teams have been completing scorecard to enhance planning, but there has not been an organizational requirement

⁸ Unaudited results from the Q4 variance summary

Our Strategic Plan

The fundamental purpose of the 2015-2020 Middlesex-London Health Unit Strategic Plan is to ensure alignment of our work with our vision, mission and values.









Our vision, mission and values, together with the strategic priorities and objectives that have been identified in this strategic plan will help us be the best possible health unit that we can be so we can enhance our positive impact on our community.

Our Values Tree represents the core beliefs and principles under which we operate in our day to day work, with each other and the delivery of our public health programs and services in the community.

OUR VISION:
People Reaching Their Potential

OUR MISSION:
To promote and protect the health
of our community






 Program Excellence	 Client and Community Confidence	 Employee Engagement and Learning	 Organizational Excellence
PRIORITY			
Deliver maximum value and impact with our resources	Foster client satisfaction and community confidence	Engage and empower all staff	Enhance governance accountability and financial stewardship
OBJECTIVES			
 <p>Optimize evidence-informed planning and evaluation</p> <hr/> <p>Foster strategic integration and collaboration</p> <hr/> <p>Address the social determinants of health</p> <hr/> <p>Ensure programs achieve organizationally-established performance targets</p>	 <p>Seek and respond to community input</p> <hr/> <p>Ensure clients and the community know and value our work</p> <hr/> <p>Deliver client-centred service</p>	 <p>Promote transparent and inclusive decision-making processes</p> <hr/> <p>Enhance staff development and continuing education</p> <hr/> <p>Strengthen positive organizational culture</p>	 <p>Engage and inform the board of health</p> <hr/> <p>Demonstrate excellent organizational performance</p> <hr/> <p>Exercise responsible financial governance and controls</p>

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Optimize evidence-informed planning and evaluation</p>	<p>Y Planning and Evaluation Framework (PEF) adaptation and implementation</p>	
	TASKS	
	<ul style="list-style-type: none"> ➤ Support the pre-implementation and implementation of the PEF ➤ Embed health equity assessment, priority populations and health equity lens into PEF 	 
<p>⊕ Status of the Planning and Evaluation Framework</p>		

PROGRESS

2016 Accomplishments:

- ✓ Two planning frameworks to adapt were identified by the Framework Review Committee, based on specifications and requirements gathered through consultation with internal stakeholders. The preliminary version of the PEF was completed by FS members in June 2016
- ✓ The preliminary version of PEF was reviewed by key internal stakeholders (Health Equity Action Team, Privacy, Finance, IT, Strategic Projects, Knowledge Brokering mentors group, Epidemiologists), and was piloted with prioritized projects supported by Foundational Standard staff. Both these processes provided feedback to further revise the PEF
- ✓ Significant planning initiatives using the PEF were initiated for Persons Who Inject Drugs (PWID) and the Community Drug and Alcohol Strategy (CDAS)

Variance from expected accomplishments:


- ❖ Extensive volume of feedback from internal stakeholders on version one of the framework, revisions to the PEF have continued with expected rollout to staff in 2017

Next steps that will be reflected in 2017 scorecard:

- Training workshop for ELT and topic specific workshop for identified key staff
- Further embed a health equity lens within the planning and evaluation framework
- Develop and begin to implement an organizational approach to literature review and synthesis

Complete 

On-Target / Ongoing 




Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Foster strategic integration & collaboration</p>	<p>Organizational Structure and Location Project </p>	<p>⊕ Status of the Organizational Structure and Location Project</p> <p>⊕ # of program reviews initiated</p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Develop program review schedule  ➤ Review of MLHU intake lines⁹  	

PROGRESS

2016 Accomplishments:

- ✓ The OSL Location Project has completed two stages and is in progress on the third of five distinct phases:
 1. **Plan & Identify – COMPLETE** – In this phase, the project governance and appropriate steps are determined that will guide the duration of this project. Task leads, time estimates and completion dates for key deliverables are identified to provide clear project direction and accountabilities
 2. **Assess & Define – COMPLETE** – In this phase, data is gathered to assess current and future space needs of the Middlesex-London Health Unit (MLHU) and our clients, and to define the goals and objectives that a future location must meet
 3. **Select Site – IN PROGRESS** – In this phase, options available to the MLHU are identified and assessed based on the previously assessed needs, goals and objectives for our future location
- ✓ A program review schedule was developed for 2016, reviews that were completed or ongoing include:
 - Immunization Program
 - Tuberculosis Program
 - Oral Health Services
 - Intake Lines
 - Healthy Start Planning Initiative (Breastfeeding)
 - Falls Prevention
 - Road Safety





Variance from expected accomplishments

- ❖ Three program reviews initiated in 2016 have components carrying forward into 2017 (immunization program, TB program, intake lines).

Next steps that will be reflected in 2017 scorecard

- Continue with Location Procurement Process
- Development of Intake Line recommendations
- Develop program review schedule for 2017 and complete reviews

⁹ Program reviews can generally be defined as an assessment of an established program's overall mandate and/or approaches to program delivery

Complete	
On-Target / Ongoing	
Approaching Target / Behind Schedule	
Not Completed / Major Obstacles	

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Address the social determinants of health</i></p>	<p>Y Address the social determinants of health and health equity through education, policy, leadership and advocacy</p>	<p>⊕ Status of health equity indicators at MLHU</p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Develop plan and begin implementation of knowledge exchanges / skill building opportunities related to SDOH and health equity ➤ Introduce MLHU advocacy framework 	

PROGRESS

2016 Accomplishments:

- ✓ 114 staff participated in Indigenous Cultural Safety Training¹⁰ in response to the Truth and Reconciliation Commission call to action for health care providers
- ✓ Regional workgroup was established with the goal of developing an advocacy framework that could be used by health units
- ✓ MLHU Advocacy framework outline and “Advocacy Decision Tree” were completed
- ✓ Literature review and health unit environmental scan were completed to inform assessment process and tools for determining managers and staff learning needs
- ✓ Interviews with all program managers were completed to assess team learning and skill building needs

Variance from expected accomplishments:

- ❖ Advocacy framework development will continue in 2017 with anticipation of a related policy framework from Public Health Ontario that may influence regional and / or MLHU advocacy framework

Next steps that will be reflected in 2017 scorecard:

- Provide Indigenous Cultural Safety Training for additional staff
- Finalize plan and begin implementation of knowledge and skill building opportunities related to health equity and SDOH based on the previous assessments
- Advocacy framework and implementation plan will be completed in 2017




¹⁰ Indigenous Cultural Competency is an online instructor facilitated program that can be completed over eight weeks at the learners own pace. It takes a total of 10 to 12 hours to complete.

Complete	☑
On-Target / Ongoing	👍
Approaching Target / Behind Schedule	📅
Not Completed / Major Obstacles	☒

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Ensure programs achieve organizationally-established performance targets</i></p>	<p>📌 Determine performance targets through the Divisional Balanced Scorecards </p>	<p>⊕ MOHLTC performance indicators within 1% of target</p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Develop Balanced Scorecards with performance targets  ➤ Meet MLHU targets identified for 2016  	

PROGRESS

2016 Accomplishments:

- ✓ Balanced Scorecards were developed at the Divisional level
- ✓ 9 activities out of 14 were completed or on-target on the 2016 MLHU Balanced Scorecard
- ✓ 3 activities out of 14 were approaching target / behind schedule on the 2016 MLHU Balanced Scorecard
- ✓ 2 activities out of 14 were not completed or experience significant obstacles on the 2016 MLHU Balanced Scorecard
- ✓ 10 targets out of 10 were met or within 1% for the MOHTLC accountability agreement performance indicators

Variance from expected accomplishments:


- ❖ The financial system replacement project, one of the two activities that was not completed, did have a risk assessment completed to inform selection of a future solution

Next steps that will be reflected in 2017 scorecard:

- Develop Divisional Balanced Scorecards
- Collect and report on MOHLTC accountability agreement indicators

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Client and Community Confidence

PRIORITY

Foster client satisfaction and community confidence

OBJECTIVE	ACTIVITIES	MEASURES / STATUS	
<p><i>Seek and respond to community input</i></p>	<p>Y Integrate community and client input and feedback mechanisms into strategic projects and program planning and evaluation</p>	<p>⊕ # of client / community feedback interactions</p>	
	<p>TASKS</p>		
	<p>➤ Ensure client and community input and feedback is collected and considered as part of Program Planning and Evaluation</p> <p>➤ Gather community and client input for OSL</p>		<p>☑</p> <p>☑</p>

PROGRESS

2016 Accomplishments:

- ✓ The planning and evaluation framework integrated community and client input and feedback mechanisms
- ✓ Location Project consultations resulted in the following number of responses:
 - Telephone Survey (n=400), Online Survey (n=3291), Client Survey (n=225), Focus Groups (n=24)
- ✓ Other initiatives and activities with community and client input included:
 - Food Skills Health Equity Impact Assessment (n=12)
 - Prenatal Immigrant Program Pilot¹¹ (n=18)
 - Peer Breastfeeding Program Client Input (n=37)
 - Universal Prenatal Education Program (n=659)
 - Prenatal breastfeeding education program (n=85)
 - Preparation for Parenthood Education Program (n=158)
 - Community Drug and Alcohol Strategy Consultation (n=35)
 - Sugar Sweetened Beverages Survey (n=956)
 - Harvest Bucks Food Program Survey (n=37)
 - We're Here for You Campaign Survey (n= 545)
 - Rapid Risk Factor Surveillance System (n=1200)¹²

Variance from expected accomplishments:

- ❖ None

Next steps that will be reflected in 2017 scorecard:

- Ensure that planning and evaluation continues to take into consideration client and community feedback and the local context

¹¹ NOTE: although this is a small number, it represents a significant proportion of the population (pregnant Syrian newcomers who arrived in Canada in 2016)

¹² 100 surveys each month based on selected question modules.

Complete ☑

On-Target / Ongoing 👍



Approaching Target / Behind Schedule 📅

Not Completed / Major Obstacles ☒

Client and Community Confidence

PRIORITY

Foster client satisfaction and community confidence

OBJECTIVE	ACTIVITIES		MEASURES / STATUS
<p><i>Ensure clients and the community know and value our work</i></p>	<p>Y We're Here for You (Finger) Campaign</p>		<p>⊕ % of people familiar with the Health Unit according to the Rapid Risk Factor Surveillance System</p>
	TASKS		
	<p>➤ Continue to advertise Health Unit services through the "We're Here for You" Campaign</p>		

PROGRESS

2016 Accomplishments:

- ✓ Continuation of "We're Here for You" - additional themes were added to including a pregnant character
- ✓ Conducted YouTube Advertising:
 - March 16 to April 27, 2015: 142,538 impressions (watched part of the ad) and 24,017 views (watched the whole ad)
 - June 30 to August 31, 2016: 85,000 impressions and 16,315 views
 - November 5 to December 16, 2016: 73,758 impressions and 15,310 views

Variance from expected accomplishments:


- ❖ Completed website survey highlighting results of the "We're Here for You" campaign (summer 2016)
 - When asked where they would most likely encounter MLHU programs and services (and to select all that apply), 58% (n=316) pointed to walk-in clinics, 48% (n=264) identified schools, 44% (n=241) suggested hospitals, 34% (n=187) said restaurants and 23% (n=123) mentioned neighbourhood swimming pools
 - When asked which tag line would you associate with the Middlesex-London Health Unit's advertising, 32% indicated We're HERE for you.

Next steps that will be reflected in 2017 scorecard:

- Continue the "We're Here for You" campaign
- Review and revise MLHU Graphic Standards and Branding

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Client and Community Confidence

PRIORITY

Foster client satisfaction and community confidence

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Deliver client-centred service</i></p>	<p>Y Activity Based Workspaces Pilot¹³</p>	<p>⊕ Status of Activity Based Workspaces Pilot</p>
	<p>TASKS</p> <p>➤ Plan and initiate the Activity Based Workspaces Pilot Project</p>	

PROGRESS

2016 Accomplishments:

- ✓ As of the end of 2016 the following deliverables have been completed in relation to the Activity Based Workspaces Pilot:
 - Needs Assessment
 - Project Team Meetings
 - Literature Review
 - Project Charter
 - Draft Project Guidelines & Protocols
 - Draft Shared Workspace Policy

Variance from expected accomplishments:

- ❖ The Activity Based Workspaces Pilot was intended to be launched in 2016 with participants transitioning from current workstations arrangements to shared workstation arrangements.
- ❖ Significant factors such as ergonomics, mobile technology and space usage needs to be taken into consideration for the successful launch of the pilot and future success of Activity Based Workspaces
- ❖ Additionally, the number of participants has increased from 20 to 38

Next steps that will be reflected in 2017 scorecard:

- Implement, evaluate and prepare recommendations regarding Activity Based Workspaces with pilot teams
- This activity will be captured as an Organizational Structure and Location task on the 2017 Scorecard
- Explore tools/methods to assess client and community partner experience, satisfaction and perception of respect
- Develop of work plan for the feasible implementation of this assessment

¹³ Formerly referred to as Shared Work Space

Complete	☑
On-Target / Ongoing	👍
Approaching Target / Behind Schedule	📅
Not Completed / Major Obstacles	☒

Employee Engagement and Learning

PRIORITY

Engage and empower all staff

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Promote transparent and inclusive decision-making processes</p>	<p>Y Enhance transparent and inclusive decision-making</p>	<p>⊕ Employee Engagement (overall engagement score)</p>
	<p>TASKS</p>	
	<p>➤ Identify transparent and inclusive decision-making best practices and tactics and engage staff to understand what it means to them</p>	

PROGRESS

2016 Accomplishments:

- ✓ All employees participated in management 360 evaluations
- ✓ Enhanced opportunities for staff involvement included:
 - OSL consultations
 - PBMA open meetings
 - Employee Engagement action planning sessions
 - Regular Town Hall and Divisional meetings

Variance from expected accomplishments:


- ❖ Identification of transparent and inclusive decision-making best practices and tactics engaging staff on what these are and what it means to them was not conducted in 2016 – this was identified as part of the employee engagement action planning sessions as something for MLHU to improve on

Next steps that will be reflected in 2017 scorecard:

- Participation of Management and Union Leadership in Joint Bargaining Training
- Determine process for integrating staff feedback into program review process and decision-making
- Negotiating for Positive Outcomes Employee Information Session
- Communicating Organizational Changes (e.g. policy updates with rationale)
- AWA Feasibility Study – open consultations

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Employee Engagement and Learning

PRIORITY

Engage and empower all staff

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Enhance staff development and continuing education</i></p>	<p>Y Leading MLHU – Management and Leadership Development Program</p>	<p>⊕ % of mandatory training modules completed by staff</p>
	<p>TASKS</p>	
	<p>➤ Support Leading MLHU management training and development program and develop future plans</p>	

PROGRESS

2016 Accomplishments:

- ✓ Leading MLHU – Management and Leadership Development Program opportunities in 2016 included:
 - Leading through Change – Change Management
 - Making Great Leaders Program – Creation of development plans
 - Managing in a Unionized Environment
 - Risk Management Workshop
 - Indigenous Cultural Safety Training
- ✓ Compliance with Regulatory and Mandatory MLHU Training Modules – 99% staff completion rate
 - AODA
 - BFI Refresher
 - Financial Policies
 - IT Policies
 - OHSA
 - Crucial Conversations
 - WHMIS

Variance from expected accomplishments:


- ❖ None

Next steps that will be reflected in 2017 scorecard:

- Embed the learnings from the Management and Leadership Development Program offerings over the last year through ongoing coaching at leadership teams
- Deliver Learning at MLHU Program

Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles

Employee Engagement and Learning

PRIORITY

Engage and empower all staff

OBJECTIVE	ACTIVITIES		MEASURES / STATUS
<p>Strengthen positive organizational culture</p>	<p>Y Build and Champion the BeWell program</p>		
	<p>TASKS</p>		
	<p>➤ Develop 3-year program design & implementation plan for Well-being program including strategies for meeting the psychological standard</p>	<p>☑</p>	<p>⊕ Employee and Family Assistance Program Usage Analytics</p>
<p>➤ Rollout of new Employee & Family Assistance Program 3rd party vendor</p>	<p>☑</p>		

PROGRESS

2016 Accomplishments:

- ✓ BeWell launch event was held in September of 2016
- ✓ BeWell website was launched and Sprout platform was introduced (100 sign-ups at the launch even – now 202 active users)
- ✓ inMotion Challenge had almost 150 participants who logged over 250,000 minutes
- ✓ Mindful Employer Survey was completed in August 2016
- ✓ Effective April 1, 2016, Homewood Health became the new Employee and Family Assistance Program (EFAP) service provider
- ✓ EFAP utilization is for 3 quarters in 2016 was 15.14% - this equates to a projected annual utilization of 20.19%

Variance from expected accomplishments:

- ❖ None

Next steps that will be reflected in 2017 scorecard:

- Champion the BeWell Program
- Ongoing review of MLHU Administrative Policy Manual
- Diversity and Inclusion Assessment and Recommendations
- Participation in the Mindful Employer Program

Complete ☑

On-Target / Ongoing 👍

Approaching Target / Behind Schedule 📅

Not Completed / Major Obstacles ☒

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Engage and inform our Board of Health</i></p>	<p>Y Pilot electronic agenda software “e-Genda”</p>	<p>⊕ % positive response on Board Self-Assessment</p>
	<p>TASKS</p> <p>➤ Plan and implement the roll out of “e-Genda” software</p>	

PROGRESS

2016 Accomplishments:

- ✓ Board of Health Self-Assessment was conducted in February 2016
- ✓ 98% of responses agreed or strongly agreed that the Board and staff were meeting performance obligations

Variance from expected accomplishments:


- ❖ “e-Genda” software has been explored, however a solution has not been made operational
- ❖ Significant challenges have been experienced regarding the where the system should be hosted and in determining ongoing support that is available.

Next steps that will be reflected in 2017 scorecard:

- Continue exploration of “e-Genda” software and potentially pilot the solution

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Demonstrate excellent organizational performance</i></p>	<p>Y Develop MLHU and Divisional scorecards for performance management</p>	<p>⊕ MLHU and Divisional Scorecards status</p>
	<p>TASKS</p> <p>➤ Develop Balanced Scorecards with key performance indicators, targets and activities at organizational and divisional levels</p>	

PROGRESS

2016 Accomplishments:

- ✓ MLHU and Divisional Scorecards were completed for 2016

Variance from expected accomplishments:


- ❖ None

Next steps that will be reflected in 2017 scorecard:

- Continue to roll out scorecards at MLHU and Divisional levels
- Continue to capture lessons learned as part of the scorecard development and cascading process

Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Exercise responsible financial governance and stewardship</i></p>	<p>Y Support budget process and financial policy education and audits</p> <p>Y Upgrade financial reporting systems</p>	<p>⊕ % Budget Variance</p> <p>⊕ % of Budget</p> <p>Reallocated through PBMA</p>
	<p>TASKS</p> <p>➤ Roll out budget process and financial policy training</p> <p>➤ Investigate and implement new internal financial reporting and encumbrances solution</p>	

PROGRESS

2016 Accomplishments:

- ✓ Financial policy education was rolled out to all MLHU staff through the Learning Management System

Variance from expected accomplishments:


- ❖ Budget process education was not started but will be incorporated into the 2017 scorecard
- ❖ FRx replacement project was initiated and will continue into 2017

Next steps that will be reflected in 2017 scorecard:

- Budget process education
- FRx replacement project

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Next Steps for 2017

This report outlines the progress that has been achieved in year one of our five-year strategic plan. There were key lessons learned in 2016 that help to inform our next steps for 2017:

- **Defining and Aligning Activities and Tasks**

Some of the activities indicated on the 2016 Balanced Scorecard will be continued and are included in the 2017 Balanced Scorecard. There are additional activities that have also been recommended that will drive progress on our strategic priorities. These ongoing activities as well as new activities for 2017 were prioritized by the Senior Leadership as the most impactful and feasible for the this coming year. Included with each of the deliverables were specific details on expected outcomes. The 2017 scorecard will be sure to differentiate between activities that intend to be initiated, ongoing or completed.

- **Cascading of the Balanced Scorecard**

Building on the success of the first Balanced Scorecard cascading process, divisions are expected to prepare their own Balanced Scorecards and to develop team scorecards where appropriate. Similar to the organizational Balanced Scorecard, refinement to activities and tasks will occur as necessary to reflect the work that contributes at all levels of the organizational to the strategic plan.

- **Regular updates and reporting**

In 2017, there will be enhanced reporting on the progress achieved on the strategic priorities. A formal report will be prepared for the Board of Health in the 3rd Quarter of 2017 to provide an update on activity status. This enhanced reporting will provide timely updates and allow for continued discussion about strategic priorities throughout the year.

- **Measuring our Progress**

The 2017 Balanced Scorecard continues to develop key indicators where data was not previously collected (health equity indicators) and provide a narrative of the projects where progress isn't measured in the quantitative manner. It is important that we provide transparent updates and seek to ourselves accountability to striving for our strategic objectives. Effectively measuring our activities is an essential component in doing so.

The 2017 scorecard and implementation planning seeks to build upon the previous year and continue to drive our efforts in meeting the strategic priorities of MLHU.

2017 MLHU Balanced Scorecard

Program Excellence

Activities & Tasks:

- ✓ **Ongoing Implementation of the Planning and Evaluation Framework (PEF)**
 - Training workshop for ELT and topic specific workshop for identified key staff
 - Further embed a health equity lens within the planning and evaluation framework
 - Develop and implement an organizational approach to literature review and synthesis
- ✓ **Continuation of Organizational Structure and Location (OSL)**
 - Development of Intake Line recommendations
 - Continue with Location Procurement Process
 - Implement, evaluate and prepare recommendations regarding Activity Based Workspaces with pilot teams
- ✓ **Enhance internal communication and collaboration frameworks**
 - Pilot and implement agency mass notification system
- ✓ **Ensure programs and services are focused on our core mission**
 - Develop program review schedule for 2017 and complete reviews
- ✓ **Address the social determinants of health (SDOH) and health equity through education, policy, leadership and advocacy**
 - Begin implementation of knowledge exchange / skill building opportunities related to SDOH and health equity
 - Finalize development of MLHU advocacy framework and implementation plan
 - Initiate scoping of Health Equity Indicators for Ontario Local Public Health Agencies and identify recommendations
- ✓ **Ensure Programs achieve organizationally established performance targets**
 - Develop Divisional Balanced Scorecards
 - Collect and report on MOHLTC accountability agreement indicators

Measures:

- ❖ Status of Planning and Evaluation Framework
- ❖ Status of Organizational Structure and Location Project
- ❖ # of program reviews initiated
- ❖ Status of health equity indicators at MLHU
- ❖ MOHLTC performance indicators within 1% of target

Client and Community Confidence

Activities & Tasks:

- ✓ **Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation**
 - Ensure that planning and evaluation take into consideration client and community feedback and the local context such as Intake line project public consultations and program revisions
- ✓ **Conduct campaigns to increase the awareness of public health and the role of the Middlesex-London Health Unit**
 - Continue the “We’re Here for You” campaign
 - Review and revise MLHU Graphic Standards and Branding
- ✓ **Overall client and community partner experience**
 - Explore tools/methods to assess client and community partner experience, satisfaction and perception of respect
 - Develop a work plan for the feasible implementation of this assessment

Measures:

- ❖ # of client / community feedback interactions
- ❖ # of visits to healthunit.com website
- ❖ % of people familiar with the health unit
- ❖ Client / community partner experience

2017 MLHU Balanced Scorecard

Employee Engagement and Learning

Activities & Tasks:

- ✓ **Deliver Leading MLHU – Management and Leadership Development Program**
 - Continue to develop opportunities that align with identified leadership competencies and focus on consolidating previous learnings (reflective practice - Coaching Circles)
- ✓ **Champion the BeWell Program**
 - Continue to implement the Be Well program and strategies for meeting the Psychological Standard
- ✓ **Ongoing review of MLHU Administrative Policy Manual**
 - Review policies for alignment with MLHU mission, vision and values
- ✓ **Deliver Learning at MLHU Program**
 - Continue to develop regulatory and mandatory training for staff at MLHU that enhances growth and development
 - Develop and implement an organization-wide training schedule that consolidates and prioritizes opportunities (i.e. PEF, SDOH / HE)
- ✓ **Enhance transparent and inclusive decision-making**
 - Participation of Management and Union Leadership in Joint Bargaining Training
 - Determine process for integrating staff feedback into program review process and decision-making
- ✓ **Diversity Assessment and Recommendations**
 - Initiate organizational assessment of diversity and inclusiveness, and identify recommendations

Measures:

- ❖ Employee engagement (overall engagement score)
- ❖ % of staff completing mandatory training
- ❖ % of policies reviewed within 2 years
- ❖ Annual EFAP Usage

Organizational Excellence

Activities & Tasks:

- ✓ **Develop organizational and divisional scorecards for performance management**
 - Develop Balanced Scorecards with key performance indicators, targets and activities at organizational and division levels
- ✓ **Upgrade financial reporting system**
 - Investigate and implement new financial reporting and encumbrances solution
- ✓ **Deliver relevant and timely information and reports to the Board of Health**
 - Inform the Board of Health regarding organizational impacts of the Ontario Public Health Standards Modernization process
- ✓ **Alignment of budget and performance reporting**
 - Adapt program budget templates to reflect organization level scorecards
- ✓ **Development of MLHU Risk Management Framework**
 - Develop MLHU Risk Management Framework, associated policies and determine implementation and roll-out

Measures:

- ❖ % positive response on Board Self-Assessment
- ❖ % of Divisions completing Balanced Scorecards
- ❖ % of Teams completing Balanced Scorecards
- ❖ % Budget Variance
- ❖ % of Budget Reallocated through PBMA

RECOMMENDED FOR APPROVAL
Governance Manual By-laws & Policies

March 16, 2017

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-000</u>	Board of Health	By-law, Policy and Procedures <ul style="list-style-type: none"> ➤ Appendix A - Development and Review Process ➤ Appendix B - Development and Review Checklist ➤ Appendix C - Development and Review Form ➤ Appendix D - Development and Review Change Table ➤ Appendix E - Archiving Process 	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B10</u>	By-Laws	By-law #1 - Management of Property	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B20</u>	By-Laws	By-law #2 - Banking & Finance	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B30</u>	By-Laws	By-law #3 - Proceedings of the Board of Health	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-B40</u>	By-Laws	By-law #4 - Duties of the Auditor	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-010</u>	Strategic Direction	Strategic Planning	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-020</u>	Leadership and Board Management	MOH / CEO Direction	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-030</u>	Leadership and Board Management	MOH / CEO Position Description <ul style="list-style-type: none"> ➤ Appendix A – MOH / CEO Position Description 	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018
<u>G-040</u>	Leadership and Board Management	MOH / CEO Selection and Succession Planning	Q2 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-050</u>	Leadership and Board Management	MOH / CEO Performance Appraisal <ul style="list-style-type: none"> ➤ Appendix A - Performance Appraisal Process ➤ Appendix B - Performance appraisal check-list ➤ Appendix C - Main performance appraisal form to be completed by the appraisers and the MOH / CEO ➤ Appendix D - Stakeholder performance appraisal tools process outline ➤ Appendix E - Sample email and performance appraisal questions for Board of Health members ➤ Appendix F - Sample email and performance appraisal questions for Direct Reports ➤ Appendix G - Sample email and performance appraisal questions for Community Partners 	Approved	<ul style="list-style-type: none"> • To be reviewed before December 2018

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-060</u>	Leadership and Board Management	MOH / CEO Compensation	Q4 – 2017	• TBD
<u>G-070</u>	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Q4 – 2017	• TBD
<u>G-080</u>	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Q2 – 2017	• TBD
<u>G-090</u>	Program Quality and Effectiveness	Quality Improvement - Framework	Q4 – 2017	• TBD
<u>G-100</u>	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	Q1 – 2017	• Deferred to Q2 to align with administrative policy review • TBD
<u>G-110</u>	Program Quality and Effectiveness	Performance Monitoring	Q3 – 2017	• TBD
<u>G-120</u>	Program Quality and Effectiveness	Risk Management	Q1 – 2017	• TBD
<u>G-130</u>	Program Quality and Effectiveness	Ethics	Q3 – 2017	• TBD
<u>G-140</u>	Program Quality and Effectiveness	Respect for Diversity	Q3 – 2017	• TBD
<u>G-150</u>	Program Quality and Effectiveness	Complaints	Q3 - 2017	• TBD
<u>G-160</u>	Program Quality and Effectiveness	Jordan's Principle	Approved	• To be reviewed before December 2018
<u>G-170</u>	Financial and Organizational Accountability	Financial Objectives	Q2 – 2017	• TBD
<u>G-180</u>	Financial and Organizational Accountability	Financial Planning and Performance	Q2 – 2017	• TBD
<u>G-190</u>	Financial and Organizational Accountability	Asset Protection	Q2 – 2017	• TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-200</u>	Financial and Organizational Accountability	Approval and Signing Authority	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
<u>G-210</u>	Financial and Organizational Accountability	Borrowing	Q2 – 2017	<ul style="list-style-type: none"> TBD
<u>G-220</u>	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
<u>G-230</u>	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
<u>G-240</u>	Financial and Organizational Accountability	Tangible Capital Assets	Q2 – 2017	<ul style="list-style-type: none"> TBD
<u>G-250</u>	Financial and Organizational Accountability	Reserve and Reserve Funds	Q2 – 2017	<ul style="list-style-type: none"> TBD
<u>G-310</u>	Financial and Organizational Accountability	Corporate Sponsorship	For Review	<ul style="list-style-type: none"> Replaces policy 4-070
<u>G-320</u>	Financial and Organizational Accountability	Donations	For Review	<ul style="list-style-type: none"> Replaces policy 4-160
<u>G-330</u>	Financial and Organizational Accountability	Gifts and Honorariums	For Review	<ul style="list-style-type: none"> Replaces policy 4-055
<u>G-410</u>	Financial and Organizational Accountability	Board Member Remuneration	For Review	<ul style="list-style-type: none"> TBD
<u>G-420</u>	Financial and Organizational Accountability	Travel Reimbursement	For Review	<ul style="list-style-type: none"> TBD
<u>G-260</u>	Board Effectiveness	Governance Principles and Board Accountability	Q1 – 2017	<ul style="list-style-type: none"> TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-270</u>	Board Effectiveness	Roles and Responsibilities of the Board of Health ➤ Appendix - Board of Health Members ➤ Appendix - Board of Health Chair & Vice Chair ➤ Appendix - Board of Health Secretary-Treasurer	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports • Additional content integrated from other policy examples
<u>G-280</u>	Board Effectiveness	Board Size and Composition	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-290</u>	Board Effectiveness	Standing and Ad Hoc Committees ➤ Appendix A - Governance Committee Terms of Reference ➤ Appendix B - Governance Committee Reporting Calendar ➤ Appendix C – Finance and Facilities Committee Terms of Reference ➤ Appendix D – Finance and Facilities Committee Reporting Calendar	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-300</u>	Board Effectiveness	Board of Health Self- Assessment ➤ Appendix A – Board of Health Self-Assessment Tool	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-350</u>	Board Effectiveness	Nominations and Appointments to the Board of Health	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-360</u>	Board Effectiveness	Resignation and Removal of Board Members	Q3 - 2016	<ul style="list-style-type: none"> • TBD
<u>G-370</u>	Board Effectiveness	Board of Health Orientation and Development	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-020 • Newly developed policy • Based on previous Board of Health reports

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-380</u>	Board Effectiveness	Conflicts of Interest & Declaration ➤ Declaration Form	Recommended for Approval	<ul style="list-style-type: none"> • Newly developed policy
<u>G-390</u>	Board Effectiveness	Code of Conduct ➤ Appendix A – Corporate Code of Conduct ➤ Appendix B – BOH Code of Conduct	Q3 – 2017	<ul style="list-style-type: none"> • Replaces 1-110 • Policy number change • Contained in the November policy manual but to be reviewed more extensively in 2017
<u>G-430</u>	Communications and External Relations	Advocacy	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-440</u>	Communications and External Relations	Community Engagement	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-450</u>	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-460</u>	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-470</u>	Communications and External Relations	Annual Report	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-100 • Policy number change • Revised
<u>G-480</u>	Communications and External Relations	Media Relations	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-090 • Policy number change • Revised
<u>G-490</u>	Communications and External Relations	Board of Health Reports ➤ Appendix A – Board of Health Report Template ➤ Appendix B – Governance Report Template ➤ Appendix C – Finance and Facility Report Template	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-040 • Policy number change • Addition of Appendices • Revised

SUBJECT: Roles and Responsibilities of
the Board of Health

POLICY NUMBER:

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SECTION: Board Effectiveness

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IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

To outline the roles and responsibilities of the Board of Health as an entity as defined by the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Additionally, this policy outlines the roles of Board of Health members, the Board of Health Chair, the Vice-Chair and the Secretary-Treasurer.

POLICY

The Board of Health oversees the interpretation, implementation, management and advocacy for the health programs and services described in the Health Protection and Promotion Act and other relevant legislation for persons in the City of London and County of Middlesex.

PROCEDURE

Mandate of the Board of Health

The Board of Health is responsible for public health program and service delivery, including understanding and meeting their communities' health needs and managing the delivery of services and programs. The *Health Protection and Promotion Act* (HPPA) is the primary piece of legislation which describes the role of Boards of Health, outlines mandated public health activities, and authorizes the Board of Health to provide any other health program or service if the Board of Health is of the opinion that it is necessary to meet its legislated mandate. There are several other pieces of legislation which refer to Boards of Health; these are outlined in the Ontario Public Health Standards.

The Board of Health is committed to good management practices and an effective organization. All programs delivered by the Board of Health aim to be based on sound evidence, epidemiological principles and a philosophy of achieving results efficiently and with accountability at all levels of the organization.

These primary duties of the Board of Health are carried out through planning and policy development, transparent fiscal management, labour relations and oversight of Health Unit operations. Day-to-day management is the responsibility of the Medical Officer of Health/Chief Executive Officer and senior staff.

The Board of Health shall provide direction to the administration and ensure that the Board remains informed about the activities of the organization regarding:

- Delivery of the Ontario Public Health Standards (including the program, foundational, and organizational standards);

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- Organizational effectiveness through evaluation of operational and strategic plans;
- Stakeholder relations and partnership building;
- Research and evaluations, including ethical review;
- Compliance with all applicable legislation and regulations;
- Workforce issues, including recruitment of the Medical Officer of Health / Chief Executive Officer and any other senior executives;
- Financial management, including procurement policies and practices; and
- Risk management.

Accountability

While the Board of Health is legally accountable to the Minister of Health and Long-Term Care and the people of Ontario through the Health Protection and Promotion Act, the Board also recognizes an implicit accountability to the communities of London and Middlesex.

Role of Board of Health Members and Duties of Officers

Board of Health Member:	The Board of Health for the Middlesex-London Health Unit is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives. Provincial Representatives are appointed for a term decided by the Lieutenant Governor in Council and Municipal Representatives are general appointed for the duration of the municipal term. (See Appendix A – Board Member Role Description)
Chair:	As per By-law No. 3 Section 18, the Chair is elected for one year, with a possible renewal of one additional year, and rotates among the three representative bodies. (See Appendix B – Chair and Vice-Chair Position Description).
Vice-Chair:	By-law No. 3 Section 18 stipulates that the Vice-Chair is elected for a one year term. (See Appendix B – Chair and Vice-Chair Position Description).
Secretary-Treasurer:	Traditionally, the Secretary-Treasurer functions have been performed by the Medical Officer of Health and Chief Executive Officer. (See Appendix C – Secretary-Treasurer position description).

Informing Municipalities of Financial Obligations

The Board of Health shall annually give written notice to the City of London and the County of Middlesex regarding:

- The estimated total annual expense that will be required to pay for the Board of Health to deliver the mandatory program and services under the Ontario Public Health Standards.
- The specific proportion of the estimated amount for which each municipality is responsible, in accordance with the agreement respecting the proportion of the expenses to be paid by each municipality.
- The time at which the Board of Health requires payment to be made by each municipality and the amount of each payment required.

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Recognition and Access to Collective Agreements

The Board of Health recognizes a) Canadian Union of Public Employees (CUPE) is the exclusive bargaining agent for all union staff who are not represented by ONA, and b) The Ontario Nurses' Association (ONA) is the exclusive bargaining agent for unionized staff registered nurses and public health nurses.

Appropriate current collective agreements are provided to employees by their union, and to management by the Director, Corporate Services. Original collective agreements are maintained in the Human Resources Offices. Copies of all current collective agreements are maintained in the Health Unit library and posted on the Health Unit intranet.

Ratification of Collective Agreements

The Board of Health shall ensure that the collective bargaining process with CUPE and ONA are completed in a legal and binding manner by following the subsequent process:

- Collective bargaining is successfully undertaken with both parties agreeing and signing a Memorandum of Settlement.
- The Memorandum of Settlement is presented in the form of a confidential Board report to the Board of Health at the next scheduled meeting or specially called meeting at which time the Board, by vote, will agree or disagree with the Memorandum of Settlement.
- If the Board agrees, the union is then notified of the Board's ratification of the Memorandum of Settlement, both by telephone and in writing, by the Director, Corporate Services.
- If the Board does not agree, the union is then notified of the Board's non-ratification of the Memorandum of Settlement, both by telephone and in writing, by the Director, Corporate Services.
- Each union will be responsible for following its ratification procedure and notifying the Director, Corporate Services of the outcome.

The Board of Health and the union must ratify a negotiated contract in order for it to be legally binding and enforceable.

Provision of Services on Aboriginal Reserves

The Board of Health may enter into a one, two or three year written agreement with the council of the band on an Aboriginal reserve within the geographic area of the Health Unit where:

- The Board agrees to provide health programs and services to the members of the band; and
- The council of the band agrees to accept the responsibilities of the council of a municipality within the Health Unit.

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

Municipal Act, 2001, S.O. 2001, c. 25

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RELATED POLICIES

REVISION DATES (* = major revision):

Board Member Role Description

Board Member Responsibilities and Expectations:

Each Board of Health Member has a responsibility to the Middlesex-London Health Unit. Consequently, members must have a strong commitment to the mandate of the Health Unit and be willing to develop an understanding of the services and programs that the Health Unit provides and how the policy decisions of the Board of Health affect these. This requires familiarity with local resources and the changing health needs and trends of the community.

Responsibilities of Members include:

- Acquiring a clear understanding of the fiscal operations and ensuring funds are adequate and responsibly spent;
- Engaging in generative thinking and planning;
- Working effectively within a group, including communicating effectively with other Board Members and staff during Board of Health and Committee meetings;
- Being supportive of the organization's mandate and management's ability to implement strategy;
- Continuing self-education, growth and understanding of public health principles; and
- Representing the Board at Health Unit, public or official functions.

To fulfill the aforementioned responsibilities, it is expected that Board of Health Members:

- Participate in orientation and annual retreats;
- Attend regularly scheduled meetings and special sessions;
- Review agenda packages prior to meetings;
- Follow Board of Health by-laws, policies and procedures;
- Accurately represent decisions of the Board of Health;
- Disclose any potential conflicts of interest and remove themselves from any conversation where one may exist;
- Comply with the Board of Health Code of Conduct; and
- Meet expectations of the Ontario Public Health Organizational Standards, which establish management and governance requirements for all Boards of Health and public health units.

Chair and Vice-Chair Role Description

The Chair and Vice-Chair of the Board of Health have specific responsibilities to the Middlesex-London Health Unit. In addition to fulfilling the responsibilities and expectations of MLHU Board members, there are additional obligations that the Board Chair and Vice-Chair must uphold.

Responsibilities of the Chair include:

1. **Leadership** - Guides and directs Board processes, centering the work of the Board on the organization's mission, vision and strategic direction.
2. **Agendas** - Establishes agendas for Board meetings, in collaboration with the MOH / CEO.
3. **Meeting management** - Presides over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making.
4. **MOH / CEO relationship** - Serves as the Board's central point of official communication with the MOH / CEO. Develops a positive, collaborative relationship with the MOH / CEO, including acting as a sounding Board for the MOH / CEO on emerging issues and alternative courses of action. Stays up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.
5. **MOH / CEO performance appraisal** - Leads the processes of MOH / CEO goal-setting, performance evaluation, and compensation review, consistent with Board policy.
6. **Committee attendance** - Serves as an ex-officio voting member of all committees.
7. **Board conduct** - Sets a high standard for Board conduct by modeling, articulating and upholding rules of conduct set out in Board by-laws and policies. Intervenes when necessary in instances involving conflict-of-interest, confidentiality, and other Board policies.
8. **Board learning and development** - Leads the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, mentoring a chair-elect and providing continuing education for the entire Board.
9. **Succession planning** - Participates in the recruitment of new Board members and in the process of identifying candidates to serve as chairperson-elect.
10. **Self-evaluation** - Provides for an effective, objective Board self-evaluation process and supports implementation of recommendations for improvement. Seeks feedback on his or her performance as chairperson.

The Vice-Chair shall have all the powers and perform all the duties of the Chair in the case of absence or disability of the Chair, together with such powers and duties, if any, as may be from time to time assigned by the Board.

Secretary-Treasurer Role Description

The Secretary-Treasurer of the Board of Health has specific responsibilities to the Middlesex-London Health Unit.

Responsibilities of the Secretary-Treasurer include:

1. **Agendas** – Establishes agendas for Board and Committee meetings in collaboration with the Board of Health Chair and/or Vice Chair.
2. **Meeting preparation** – Ensures that all materials are prepared in a timely manner and of high quality to inform the Board of Health and Board of Health decisions.
3. **Meeting minutes** – Ensures full and accurate minutes of the meetings of all the Board meetings, text of By-laws and Resolutions passed by it.
4. **Budget preparation and reporting** - Prepares and controls the Annual Budget under the jurisdiction of the Board for submission to the Board;
5. **Board of Health Chair relationship** - Serves as management's central point of official communication with the Chair of the Board of Health. Develops a positive, collaborative relationship with the Chair, including acting as a sounding Board for the Chair on emerging issues and alternative courses of action. Stays up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.
6. **Committee attendance** - Serves as an ex-officio non-voting member of all committees.
7. **Oversight of all Board of Health by-laws and policies** – Every by-law and policy that is passed by the Board will be signed by the Board Chair at the meeting which it was passed and deposited with the Secretary-Treasurer for archiving and future reference.
8. **Board learning and development** – Assist with the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, chair-elect and providing continuing education for the entire Board.

SUBJECT: Board Size and Composition
SECTION: Board Effectiveness

POLICY NUMBER:
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IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To outline the structure and composition of the Board of Health

POLICY

The Board of Health is an autonomous body responsible for the governance of the Health Unit in accordance with Section 49 (1), (2), (3) of the Health Protection and Promotion Act (HPPA) as amended, which outlines the composition of Boards of health and Regulation 559 re Designation of Municipal Members of Boards of Health.

PROCEDURE

Board Composition

The Board of Health consists of municipal and provincial appointees. Each member's term of office is determined by the appointing body.

The number of Board members and their representation is as follows:

City of London – 3 appointees

County of Middlesex – 3 appointees

Province of Ontario – 5 appointees

An Aboriginal council of the band that has entered into an agreement with the Board has the right to appoint a member of the band to be one of the members of the Board of Health. Councils of the bands of two or more bands that have entered into agreements have the right to jointly appoint a person to be one of the members of the Board of Health instead of each appointing a member.

No person whose services are employed by the Board of Health is qualified to be a member of the Board of Health.

Board Structure

Each year at its inaugural meeting, the Board will:

- Elect a Chair, Vice Chair and Secretary-Treasurer
- Decide whether to establish and/or continue standing committees or to have the Board deal with all matters directly.

The Chair of the Board is to rotate between one of the appointees of the County of Middlesex, the City of London or the Province of Ontario when terms of the Board Chair are not renewed.

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APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

By-law #3 Proceedings of the Board of Health
Policy G-270 Roles and Responsibilities of the Board of Health
Poly G-290 Standing and Ad Hoc Committees

REVISION DATES (* = major revision):

SUBJECT: Standing and Ad Hoc
Committees

POLICY NUMBER:

G-290

SECTION: Board Effectiveness

PAGE:

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IMPLEMENTATION:

APPROVAL:

Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

November 17, 2016

PURPOSE

Standing and ad hoc committees are organized to assist the Board of Health in doing its work efficiently and effectively. These committees operate as a component of the collective body and are authorized by and report to the larger Board of Health.

POLICY

Standing and ad hoc committee must be authorized by the Board of Health and serve a specific purpose that is outlined in a Terms of Reference and Reporting Calendar.

PROCEDURE

Establishment and Appointment to Committees

The Board may establish committees to consider such matters as specified by the Board (e.g., Human Resources, Planning, etc.). At the first meeting of each calendar year, the Board shall appoint Board members to the standing and ad hoc committee of the Board of Health along with chairs for each committee.

All members of the Board of Health are expected to serve on at least one Board committee with each standing committee including at least 5 members. In addition, the Board Chair will be an ex-officio voting member of every Board committee.

Standing Committees

Standing Committees are constituted every year or when the need arises to work on a continuous basis. Standing Committees of the Board of Health include:

<ul style="list-style-type: none"> Governance Committee 	Terms of Reference (Appendix A) Reporting Calendar (Appendix B)
<ul style="list-style-type: none"> Finance and Facilities Committee 	Terms of Reference (Appendix C) Reporting Calendar (Appendix D)

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Committees

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Ad Hoc Committees

Ad hoc committees are temporary and created for a specific task. Once that task is completed, the ad hoc committees cease to exist. Examples of an ad hoc committee include the Medical Officer of Health / Chief Executive Officer Performance Appraisal Committee.

Conduct of Business in Committees

The rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable.

It shall be the duty of the Committee:

- (a) to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
- (b) to forward to the Board the minutes of meetings; and
- (c) to forward to the incoming Committee for the following year any matter indisposed of.

APPLICABLE LEGISLATION

RELATED POLICIES

By-law #3 – Proceedings of the Board of Health
G-270 Roles and Responsibilities of the Board of Health

REVISION DATES (* = major revision):

GOVERNANCE COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health / Chief Executive Officer (MOH / CEO), and the Director, Corporate Services in the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation and governance policy.

REPORTING RELATIONSHIP

The Governance Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Governance Committee, with the assistance of the Director, Corporate Services and the MOH / CEO, will make reports to the Board of Health as a whole following each of the meetings of the Governance Committee.

MEMBERSHIP

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member.

Staff support includes:

- Director, Corporate Services;
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability; and
- Manager, Strategic Projects.

Other Board of Health members are able to attend the Governance Committee but are not able to vote.

CHAIR

The Governance Committee will elect a Chair at the first meeting of the year to serve for a one or two year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

The Committee will seek the assistance of and consult with the MOH / CEO and the Director, Corporate Services for the purposes of making recommendations to the Board of Health on the following matters:

1. Assist with the recruitment of suitable Board members.
2. Orientation and training of Board members.
3. Performance evaluation of individual members, the Board as a whole, and committees of the Board.
4. Compliance with the Board of Health Code of Conduct.
5. Performance evaluation of the MOH / CEO.
6. Governance policy and by-law review and development.
7. Compliance with the Organizational Standards.
8. Strategic Planning.

FREQUENCY OF MEETINGS

The Committee will meet quarterly or at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the Director, Corporate Services and the MOH / CEO, will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 21, 2016

Governance Committee Reporting Calendar	
<p>Q1 (Jan 1 to Mar 31) – January Meeting</p> <ul style="list-style-type: none"> • Confirm Reporting Calendar. • Initiate Board of Health Orientation and Development. • Initiate Medical Officer of Health Performance Appraisal. • Initiate Board of Health Self-Assessment and Member Evaluations. • Initiate Terms of Reference Review (biannually) 	<p>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>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. • Annual Declaration 	<p>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 Appraisal

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.

Terms of Reference Review

The Governance Committee Terms of Reference sets out the parameters of how authority is delegated to the committee and how the committee is accountable to the Board of Health.

It is incumbent upon the Governance Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee.

Board of Health By-laws, Policies and Procedures Review and Development

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

The Ontario Public Health Organizational Standards address by-laws 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 by-laws, 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.

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.

FINANCE & FACILITIES COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH / CEO), and the Associate Director, Finance in the administration and risk management of matters related to the finances and facilities of the organization.

REPORTING RELATIONSHIP

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Finance & Facilities Committee, with the assistance of the Associate Director, Finance and the MOH / CEO, will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

MEMBERSHIP

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member.

Staff support includes:

- Director, Corporate Services;
- Associate Director, Finance; and
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability.

Other Board of Health members are able to attend the Finance & Facilities Committee but are not able to vote.

CHAIR

The Finance & Facilities Committee will elect a Chair at the first meeting of the year to serve for a one or two year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

The Committee will seek the assistance of and consult with the MOH / CEO, the Director, Corporate Services and the Associate Director, Finance for the purposes of making recommendations to the Board of Health on the following matters:

1. Reviewing detailed financial statements and analyses.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.
7. Reviewing annually all service level agreements.
8. Reviewing all funding agreements.

FREQUENCY OF MEETINGS

The Committee will meet monthly between Board of Health meetings, if a meeting is deemed to be not required it shall be cancelled at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the Associate Director, Finance and the Medical Officer of Health & Chief Executive Officer (MOH / CEO), will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health and Communications.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 7, 2016

Finance & Facilities Committee Reporting Calendar	
<p style="text-align: center;">Q1 (Jan 1 to Mar 31)</p> <ul style="list-style-type: none"> • Q4 Financial and Factual Certificate Update • Review and Approve Annual Reporting Calendar • Review and Recommend 2016 Board of Health Budget • Public Sector Salary Disclosure • Review Funding & Service Level Agreements • 50 King St. Lease Update 	<p style="text-align: center;">Q2 (Apr 1 to Jun 30)</p> <ul style="list-style-type: none"> • Q1 Financial and Factual Certificate Update • Visa and Accounts Payable Update • Review and Recommend - Audited 2015 Financial Statements for MLHU • Recommend Budget Parameters & Planning Assumptions for 2017 • Recommend Guidelines for Municipal Budget Targets • Review and Recommend 2016 Board of Health Remuneration • Strathroy Office Lease Update • Organizational Structure and Location Update • Living Wage Initiative Update
<p style="text-align: center;">Q3 (Jul 1 to Sep 30)</p> <ul style="list-style-type: none"> • Q2 Financial and Factual Certificate Update • Review and Recommend – Audited Financial Statements for April 1 to March 31 Programs • Review and Recommend Program Budgeting Marginal Analysis (PBMA) Process, Criteria and Weighting • Queens St. Lease Update 	<p style="text-align: center;">Q4 – (Oct 1 to Dec 31)</p> <ul style="list-style-type: none"> • Q3 Financial and Factual Certificate Update • Review and Recommend PBMA Proposed Resource Reallocation • Review Insurance Policies • Initiate Terms of Reference Review (biannually)

The items on the reporting calendar are organized around the requirements to uphold public accountability over the use of resources, to manage the budget process efficiently, to communicate and report on the status of the budget, monitoring of facilities, risk management and administration and to align the budget to the strategic priorities of the Board of Health.

Accountability

Audited Financial Statements Review

The preparation of the financial statements is the responsibility of the Health Unit’s management and is prepared in compliance with legislation and in accordance with Canadian public sector

accounting standards. The Finance & Facilities Committee meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

It is a requirement of the Board of Health is to provide audited financial reports to various funding agencies for programs that are funded from April 1st – March 31st each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose. The agencies use this information for confirmation and as a part of their settlement process.

These programs are also reported in the main audited financial statements of the Middlesex-London Health Unit which was approved by the Board of Health in June, however this report includes program revenues and expenditures of these programs during the period of January 1st to December 31st, which does not coincide with the reporting requirements of the funding agencies. Therefore, a separate audited statement is required.

Board of Health Remuneration

Section 49 of the Health Protection & Promotion Act (HPPA) speaks to the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), & (11) relate specifically to remuneration and expenses. This is to be reviewed by the Finance & Facilities Committee who makes recommendations to the Board of Health each year.

Public Sector Salary Disclosure

The Public Sector Salary Disclosure Act, 1996 makes Ontario's public sector more open and accountable to taxpayers. The act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid \$100,000 or more in a calendar year.

The main requirement for organizations covered by the act is to make their disclosure or if applicable to make their statement of no employee salaries to disclose available to the public by March 31st each year. Organizations covered by the act are also required to send their disclosure or statement to their funding ministry or ministries by the fifth business day of March.

Funding & Service Level Agreements

The Middlesex-London Health Unit receives grant funding, both one-time and ongoing from a variety of different sources. It is incumbent upon the Finance & Facilities Committee to annually, or as deemed necessary, review all service level and funding agreements.

Budget Process

Board of Health Budget Cycle

The Board of Health budget cycle consists of a defined set of tools and key deliverable dates that the management of the Middlesex-London Health Unit are accountable to meet. The budget

cycle intends to align planning processes with resource allocation and facilitate meeting the needs of the programs and services.

Budget Parameters & Planning Assumptions

Developing high level planning parameters is an integral part of any budget process. They help guide and inform planning and resource allocation decisions. Ideally the parameters should be linked to the organization's strategic direction, key budget planning assumptions and take into consideration municipal and provincial outlooks.

Strategic and financial targets can also be considered during the Budget Parameters & Planning Assumptions deliberations at the Finance & Facilities Committee.

Guidelines for Municipal Budgets

While the Municipal funders can set targets for the Board, the final decision regarding budget requirements rests with the Board of Health. It is therefore essential that the Board of Health determine its approach to the development of the budget and provide the Municipalities of intended changes to the budget.

Reserve and Reserve Funds

The Board of Health maintains the following Reserve and Reserve Funds: Funding Stabilization Reserve, Dental Treatment Reserve Fund, Sick Leave Reserve Fund, Environmental Reserve – Septic Tank Inspections, Technology & Infrastructure Reserve Fund, and Employment Cost Reserve Fund.

Planned contributions and drawdowns to the reserves or reserve funds will be included in the annual operating budget approved by the Board of Health. Any unplanned drawdowns will be approved by resolution of the Board of Health. Each year a report is provided to the obligated municipalities outlining the transactions of the reserve and reserve funds.

Program Budgeting Marginal Analysis

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

Board of Health Budget

The Board of Health Budget is presented to the Finance & Facilities Committee through the use of Program Budget Templates which integrates: (A) A summary of the team program, (B) Applicable health standards, legislation or regulations, (C) Components of the team program, (D) Performance/service level measures, (E) Staffing costs, (F) Expenditures, (G) Funding Sources, (H) Key highlights planned, (I) Pressures and challenges, and (J) Recommended enhancements, reductions and efficiencies.

Communications

Quarterly Financial Updates

Health Unit staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the Middlesex-London Health Unit budget.

Visa & Accounts Payable Updates

In accordance with Section 5.17 of the Procurement Policy, the Associate Director of Finance is to report annually the suppliers who have invoiced a cumulative total value of \$100,000 or more in a calendar year.

The Finance & Facilities Committee also requested to report annually a summary of purchases made with corporate purchase cards.

Facilities, Risk Management & Administration

Factual Certificate

Health Unit Management completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the Committee has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

Physical Asset and Facilities Monitoring

The Finance & Facilities Committee is responsible for monitoring the Middlesex-London Health Unit's physical assets and facilities. This entails a review of space needs, property leases and acquisitions.

Policy Development & Review

By-laws and policies represent the general principles that set the direction, limitations and accountability frameworks for the Middlesex-London Health Unit. The Finance & Facilities Committee is responsible for reviewing the governance and administration policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.

These requirements are outlined by the Ontario Public Health Organizational Standards and should be reviewed by the Finance & Facilities Committee at least biannually.

The Senior Leadership Team may also make recommendations for additional finance by-laws, policies or revisions should the need arise.

Insurance Coverage Review

The Finance & Facilities Committee is responsible for an annual review of the types and amounts of insurance carried by the Health Unit. Staff are responsible for preparing a review of

the insurance needs of the Health Unit and providing recommendation to the Finance & Facilities Committee in regards to the level and types of insurance the Middlesex-London Health Unit should purchase.

Other

Benefits Provider Review

Group insurance for the Middlesex-London Health Unit is reviewed at the completion of a service agreement. Staff are responsible for preparing a review of the needs of the Health Unit following appropriate market analysis and providing recommendation to the Finance & Facilities Committee.

Review Terms of Reference

The Finance & Facilities Committee Terms of Reference sets out the parameters of how authority is delegated to the committee and how the committee is accountable to the Board of Health.

It is incumbent upon the Finance & Facilities Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee.

Living Wage Certification Update

The Middlesex-London Health Unit is in the process of becoming a Living Wage Employer. Experience elsewhere indicates that the business impacts would include reduced employee turnover, increased job satisfaction and loyalty, and increased performance. This would also establish the Health Unit as a leader in this area, and enhance the Health Unit's ability to influence others to take on Living Wage policies.

GOVERNANCE MANUAL

SUBJECT: Board of Health Self-Assessment

POLICY NUMBER:

G-300

SECTION: Board Effectiveness

PAGE:

1 of 2

IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

The purpose of the Board of Health Self-Assessment is to provide all Board members an opportunity to evaluate and discuss the performance of the Board and to understand the barriers to and drivers of Board effectiveness and engagement. Results of the self-assessment are helpful in planning Board development opportunities and enhancing generative governance.

POLICY

It is important to recognize that Board effectiveness must be continuously monitored and evaluated with regards to performance, processes and practices. The Board of Health believes that regular self-assessment is essential in supporting the health unit's vision, mission and values, improving leadership and improving public health outcomes.

The Board of Health is required to complete a self-assessment at least every other year as per the requirements of the Ontario Public Health Organizational Standards (OPHOS). The Middlesex-London Board of Health completes the self-assessment annually.

PROCEDURE

The Governance Committee of the Board of Health is responsible for the initiation of the Board of Health Self-Assessment and to assist and advise staff in its administration. The process for the self-assessment is as follows:

1. Governance Committee reviews, amends as necessary, and recommends to the Board of Health approval of the Board of Health Self-Assessment Tool (Appendix A).
2. The Governance Committee Report informs the Board of Health that this process is being initiated.
3. The Board of Health approves the Board of Health Self-Assessment Tool (Appendix A).
4. The survey is distributed via email following the February Board of Health meeting for completion prior to the March Board of Health meeting.
5. Completed hard copies can be submitted in a sealed envelope to the Executive Assistant to the Board of Health and Communications.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Self-
Assessment

POLICY NUMBER:

G-300

SECTION: Board Effectiveness

PAGE:

2 of 2

RELATED POLICIES

REVISION DATES (* = major revision):

2017 Board of Health Self-Assessment

This survey is expected to take approximately 10-15 minutes. Please complete by March 16, 2017.

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 Elizabeth Milne, Executive Assistant to the Board of Health and Communications.

If you have any questions please contact Elizabeth Milne, 519-663-5317, Ext. 3011, elizabeth.milne@mlhu.on.ca.

Please check Yes, No or Don't know for each question.

Provide additional feedback or comments to elaborate on what the Middlesex-London Health Unit Board of Health does well, does not do well, or could improve, where relevant.

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

Please provide additional feedback or comments below:

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

Please provide additional feedback or comments below:

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

Please provide additional feedback or comments below:

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

Please provide additional feedback or comments below:

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

Please provide additional feedback or comments below:

9. Please rank the most important things that the Board should focus on to improve performance (1 – most important, 7 – least important):

	Board Structure (i.e membership, size, terms of office, reporting relationships)
	Getting sufficient information to make informed decisions
	Learning opportunities for current best practices in public health and governance
	Ensuring all relevant information is taken into consideration when making decisions
	Accomplishing our strategic priorities
	Responding to complaints of wrongdoing or irregularities
	The relationship between the Board of Health and senior staff

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

Thank you for taking the time to complete this survey.

GOVERNANCE MANUAL

SUBJECT: Nominations and Appointments to the Board of Health	POLICY NUMBER:	G-350
SECTION: Board Effectiveness	PAGE:	1 of 3
IMPLEMENTATION:	APPROVAL: Board of Health	
SPONSOR: MOH / CEO	SIGNATURE:	
REVIEWED BY: Governance Committee	DATE:	

PURPOSE

Well-defined nomination and appointment processes help to ensure a high-performing Board of Health by articulating the need for balance within the Board, Board member skills, expertise, qualities and competencies that are desired and clear steps that can be followed.

POLICY

This policy articulates the requirements, criteria and process for the Board of Health nominations, appointments and reappointments. This policy is applicable to provincial appointees, and where relevant, to municipal appointees.

PROCEDURE

Notification

Incumbent appointees who are eligible for reappointment will notify the Chair of their intentions with respect to requesting reappointment not less than six months prior to the expiration of their term. The Secretary-Treasurer of the Board will provide a listing of all Board Members with term expiration dates annually, usually at the first meeting of the year.

Term of Appointment

The term of appointment for provincial appointees is set by the Public Appointments Secretariat and may be for one, two or three years. The term of appointment for a municipal appointee is the term of office of the council unless otherwise specified by the Council.

Criteria to be Considered

In considering the appointment and reappointment endorsement/recommendation, the Board of Health will consider:

- a) Commitment to the Mission, Vision and goals of the Middlesex-London Health Unit (MLHU);
- b) Commitment to and an understanding of the policies and programs of the MLHU;
- c) Ability to work collegially with other Board Members and the Medical Officer of Health / Chief Executive Officer (MOH / CEO);
- d) Diversity and skill composition of current Board of Health members;
- e) Representation of MLHU in the community;
- f) Regularity of attendance at Board of Health meetings;
- g) Participation in and contribution at Board of Health meetings; and
- h) Ability to make a continued commitment to monthly involvement in Board of Health meetings and related activities.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Nominations and Appointments to the Board of Health **POLICY NUMBER:** **G-350**
SECTION: Board Effectiveness **PAGE:** 2 of 3

Term Limits

The Ministry of Health and Long-Term Care adheres to the Provincial Appointments Secretariat's ten-year limit for appointees. There is no limit to length of service for municipal representatives, however, it is recognized that best practices in governance include term limits in the range of ten years.

Consideration of Provincial Appointments and Reappointment Process

The Board of Health shall consider offering informational interviews to interested applicants in order to advise them on the Board of Health mandate, Board member expectations and provide guidance with the provincial appointment process.

The Board of Health may also forward relevant information pertaining to the Board of Health skills and diversity inventory.

The Board of Health will consider endorsements/recommendations relating to Board reappointment in a closed session, under Board of Health By-law No. 3 section 7.2, Criteria for in-camera meetings, subsection (b) personal matters about an identifiable individual, including Board employees.

A Board member being considered for reappointment will absent themselves from the portion of the session during which their reappointment request is considered. The remaining members may, at their discretion, request the member to return to provide information or answer questions. A motion regarding endorsement/recommendation, if any, will be made in camera.

For provincial reappointments, the Chair will submit a letter of endorsement by regular mail addressed to the Minister of Health and Long Term Care listing the names of all interested appointees that are being supported for reappointment along with the completed Reappointment Information Form(s) to:

The Ministry of Health and Long Term Care
10th Floor Hepburn Block, 80 Grosvenor Street
Toronto, ON M7A 2C4

Or by email or fax to
Minister's Special Assistant for Public Appointments
Fax: 416-326-1571

A copy of all above-mentioned documentation must also be sent to the Manager, Public Appointments Unit, Ministry of Health and Long Term Care, by fax to 416-327-8496 or by email.

Consideration of Provincial Appointments and Reappointment Process

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Nominations and Appointments to the Board of Health **POLICY NUMBER:** **G-350**
SECTION: Board Effectiveness **PAGE:** 3 of 3

For municipal appointments or reappointments, the Chair will submit a letter of endorsement by regular mail addressed to the Mayor of the City of London and the Warden for Middlesex County listing the current diversity and skill requirements for their consideration in the appointment or reappointment process.

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O., 1990, c H.7.
Municipal Act, 2001, S.O. 2001, c. 25.

RELATED POLICIES

Board of Health By-law No.3

REVISION DATES (* = major revision):

GOVERNANCE MANUAL

SUBJECT:	Board of Health Orientation and Development	POLICY NUMBER:	G-370
SECTION:	Board Effectiveness	PAGE:	1 of 2
IMPLEMENTATION:		APPROVAL:	Board of Health
SPONSOR:	MOH / CEO	SIGNATURE:	
REVIEWED BY:	Governance Committee	DATE:	

PURPOSE

To ensure that members of the Board have the knowledge necessary to effectively discharge their duties, as members of the Board of Health.

POLICY

Board members shall receive an orientation to their role and responsibilities as Board members and to Middlesex-London Health Unit as an organization as soon as practical, following their appointments.

Additionally, the Board of Health will participate in development opportunities based on priorities identified in the Board of Health Self-Assessment.

PROCEDURE

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 Executive Assistant to the Board of Health rather than completing the training again. The training can be accessed using a link to be provided to new Board members.

On-Site Orientation

This will include a staff overview and tour of the Middlesex-London Health Unit sites which details the programs and services of the Office of the Medical Officer of Health, Corporate Services, Environmental Health and Infectious Disease, Foundational Standard, Healthy Living and Healthy Start divisions.

Online Self-Paced Learning

Additional content for the Board of Health is available online including:

- Essential reading list;
- Recommended Priority reading list;
- 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.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Orientation and Development **POLICY NUMBER:** G-370
SECTION: Board Effectiveness **PAGE:** 2 of 2

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

Board of Health Development

The Governance Committee is responsible for setting parameters on Board of Health development activities, which may be informed by the Board of Health Self-Assessment results. Board development sessions are to be held on at least an annual basis.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards.

RELATED POLICIES

REVISION DATES (* = major revision):

SUBJECT: Conflict of Interest and
Declaration

POLICY NUMBER:

G-380

SECTION: Board Effectiveness

PAGE:

1 of 3

IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

Members of the Board of Health are called to observe the highest ethical standards in their conduct as members. This policy described potential conflicts of interest in seeks annual declaration.

POLICY

The standard of behaviour of members of the Board of Health is that each member must scrupulously avoid conflicts of interest between the interest of the health unit on one hand and personal, professional, and business financial interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

PROCEDURE

Types of Conflict

Conflicts of interest could arise that are:

- actual or real, where the person's official duties are or will be influenced by the person's private or personal interests;
- perceived or apparent, where the person's official duties appear to be influenced by the person's private or personal interest; or
- foreseeable or potential, where the person's official duties may be influenced in the future by the person's private or personal interests.

Examples of Conflict of Interest Situations

Interest in a Transaction

A Board Member has a direct or indirect interest in a transaction or contract with the health unit.

Interest of a Relative

The health unit conducts business with suppliers of goods or services or any other party of which spouse of an officer of the health unit is a principal or officer.

Gifts

A Board Member, or the Board Members's adult child, accepts gifts, payments, services or anything else of more than a token or nominal value from a party that hopes to transact business with the Health unit (including a supplier of goods or services) for the purposes of (or that may be perceived to be for the purposes of) influencing an act or decision of the Board.

MIDDLESEX-LONDON HEALTH UNIT

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SUBJECT: Conflict of Interest and Declaration

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“Two Hats”

A Board Member is also a Board Member or Director of another corporation (even a not-for-profit corporation) proposing to enter into a transaction with the Health Unit.

Appropriation of Corporate Opportunity

An Board Member diverts an opportunity or advantage that belongs to the Health Unit to himself or herself.

Responsibility

Board members must declare any conflict of interest as soon as it has been identified. The declaration should be made to the Board Chair. The declaration shall disclose the nature and extent of the stakeholder’s interest. Disclosure shall be made at the earliest possible time and prior to any discussion, vote or decision making on the matter (unless such discussion, vote or decision making has occurred before the conflict was discovered). The Board members shall not attempt in any way to influence and such vote or decision.

As the identification of a conflict of interest is sometimes difficult, Board members are encouraged to consult the Board Chair regarding those matters that the member considers could constitute a conflict of interest. It is the responsibility of the Board Chair to determine whether a conflict of interest exists. In making that determination, the Board Chair may be guided by advice from the member and the other members of the Board and the Medical Officer of Health / Chief Executive Officer and by the advice of counsel, if sought. Board Chair should resolve any uncertainty as to whether a conflict of interest exists on the side of its existence. Once the Board Chair has determined that the member is in a conflict of interest position, the member should formally declare the conflict of interest in the manner set forth in this policy.

Special Role for the Board Chair

The Board Chair is the key person to establish an ethical climate for the health unit and the Board, and for ongoing attention to conflict of interest issues on the Board. The Board Chair is also responsible for the resolution of conflict of interest situations, and related disputes, among the Board members. The Vice Chair will, together with the Board, deal with conflict of interest situations that may arise with respect to the Board Chair. The Board bears great responsibility for maintaining the reputation of the health and such has special responsibility for ethical matters.

Annual Responsibilities

In addition to complying with the ongoing responsibilities set forth above, the Board members are required to complete an Annual Declaration Form (Appendix A).

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Conflict of Interest and
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APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

**Middlesex-London Health Unit
Conflict of Interest
Annual Declaration Form**

Introduction:

Members of the Board of Directors are required to complete, sign and deliver this Annual Declaration Form to the Chair of the Board. If you have any questions concerning this Form or the Conflict of Interest policy, please contact the Board Chair or Medical Officer of Health / Chief Executive Officer.

Declaration:

I declare that:

- a) I have read the attached Conflict of Interest policy.
- b) I acknowledge that I am bound by the Conflict of Interest policy, including the disclosure requirements that apply to me.
- c) At the present time, [Check the appropriate box]
 - I am not in a conflict of interest situation*** nor am I aware of any situation which could give rise to a conflict of interest.
 - I am in a conflict of interest situation or a potential conflict of interest situation*** and I have notified the Board chair as set out in the Conflict of Interest policy.
- d) I understand and acknowledge that my failure to comply with the Conflict of Interest policy will be considered a breach of my obligations to the health and may result in my removal from the Board.

Name

Signature

Date (Month, Day, Year)

GOVERNANCE MANUAL

SUBJECT: Annual Report
SECTION: Communications and External
Relations

POLICY NUMBER: **G-470**
PAGE: 1 of 2

IMPLEMENTATION: September 23, 1992
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that Health Unit activities are summarized annually and are available for review by key stakeholders and the general public as a means to document accountability.

POLICY

The Health Unit will have an annual report that demonstrates the impact of health unit services on the health of the community and to meet the requirements set forth by the Ontario Public Health Organizational Standards.

Information will be gathered from all Divisions in order to highlight the program activities and fiscal accountabilities for the previous year.

The annual report for MLHU is to be posted in a readily accessible manner of the health unit's website.

PROCEDURE

Development of the Annual Report

The Manager, Communications coordinates the development of the report.

Distribution of the Report

The Medical Officer of Health / Chief Executive Officer will present the report to the Board of Health and the report shall be posted to the health unit website by the Online Communications Coordinator.

Contents of the Report

The report shall be addressed to the public; include annual financial information; include a description of the mission, roles, processes, programs and operation of the public health unit; and include performance indicators that ensure transparency and accountability.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Annual Report

POLICY NUMBER:

G-470

SECTION: Communications and External
Relations

PAGE:

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APPLICABLE LEGISLATION

Ontario Public Health Organization Standards

RELATED POLICIES

REVISION DATES (* = major revision):

June 1 1995

July 12 2000

October 13 2004

April 19 2012

SUBJECT: Media Relations
SECTION: Communications and External Relations

POLICY NUMBER: **G-480**
PAGE: 1 of 2

IMPLEMENTATION: September 23, 1992
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To maximize the media's interest in and coverage of public health issues, programs, activities and services and to ensure that information is accurate, timely, relevant and maintains client confidentiality.

POLICY

The media plays an important role in the Health Unit's efforts to inform and raise awareness regarding public health issues, programs and services in Middlesex-London. Prompt response to media requests allows the Health Unit to maintain strong and open lines of communication with both the media and the residents of Middlesex-London.

PROCEDURE

Media Enquiries

For matters relating to the Board, the Chair will be considered the Board Spokesperson for all media inquiries. When the Chair is unavailable, the Vice Chair will be considered the spokesperson for all inquiries.

Board Members may communicate positions of the Board. However, should a Board Member disagree with a position of the Board, the Member must clearly identify that they are speaking as an individual and not on the Board's behalf.

For matters relating to the overall operations or administration of the Health Unit, the Medical Officer of Health / Chief Executive Officer will be considered the Health Unit's spokesperson. For program and service related matters, a Health Unit spokesperson will be designated through consultation with the Manager, Communications or designate.

In the event of a public health emergency/crisis all media requests are to be referred to and coordinated by the Manager, Communications or designate.

The Health Unit has a legal obligation to keep medical information private and confidential. Information about patients/clients must not be released without the permission of the patient/client unless deemed essential to protect the health of the community. Members of the media are to be met by a staff person and must be escorted by a staff person at all times when on Health Unit premises. The Health Unit has the right to prohibit members of the media from interviewing patients/clients and staff, taking photographs or otherwise invading the privacy of individuals or staff.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Media Relations

POLICY NUMBER:

G-480

SECTION: Communications and External
Relations

PAGE:

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MLHU-Initiated Media Communications

In order to ensure that Health Unit media relations are not compromised, all Staff / Board Members must consult with the Manager, Communications before initiating contact with the media. All complaints or rebuttals regarding media coverage or the conduct of a member of the media must be handled by the Manager, Communications.

Media Releases are issued by the Office of the Medical Officer of Health and must be approved by the Manager, Communications prior to release.

When sending a Media Release the Manager, Communications will:

- Work with Staff / Board Members to develop effective media messages;
- Edit releases;
- Distribute the release to appropriate media outlets;
- Send a copy of the media release to the MOH, the Management Team, the designated spokesperson and posts the media release on the MLHU website; releases will be distributed to all staff via e-mail when appropriate; and
- Monitor, assess, and track media coverage and, if needed, advise/respond to media coverage.

Crisis Media Communications

Procedure(s) for this response are described in the Emergency Response Plan that is maintained by the Manager, Emergency Management.

Staff Training

The Manager, Communications educates Staff / Board Members about media relations and provides media training as required.

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

November 6 1996

July 12 2000

October 13 2004

July 28 2011

GOVERNANCE MANUAL

SUBJECT: Board of Health Reports
SECTION: Communications and External
Relations

POLICY NUMBER: **G-490**
PAGE: 1 of 2

IMPLEMENTATION: June 15, 1994
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure reports to the Board of Health are prepared and processed in a standardized format.

POLICY

All reports submitted by staff to the Board of Health must be addressed and formatted as per the MLHU Corporate Identity and Graphic Standards Manual and in accordance with the procedure in this policy.

PROCEDURE

General

Board of Health reports are initiated and prepared by appropriate Health Unit staff. Preparation of the agenda is the responsibility of the Medical Officer of Health and Chief Executive Officer in order to maintain a coordinated Board meeting agenda and to handle the inclusion of urgent issues.

Format

The Board Report template (Appendix A) must be used to prepare Board reports. Referencing will follow the most current version of the American Psychological Association (APA). Additional formatting details are in the MLHU Corporate Identity and Graphic Standards Manual. Templates for Governance Committee and Finance and Facilities Committee can be found as Appendix B and C.

Submission Protocol

After the agenda has been set, reports will be numbered sequentially from January 1 to December 31 with a two-digit reference to the year the report appeared before the Board. The Executive Assistant (EA) to the Medical Officer of Health / Chief Executive Officer (MOH / CEO) maintains a register of Board reports by report number, meeting date, subject matter and author(s).

Draft reports are to be reviewed by the Director and Manager before proceeding to the next step in the submission protocol.

Ten working days prior to the Board meeting, the following information must be submitted to the EA to the MOH / CEO for review by the MOH / CEO: an electronic version of the draft report

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Reports
SECTION: Communications and External
Relations

POLICY NUMBER:
PAGE:

G-490
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and the relevant appendices. The EA to the MOH / CEO will provide an updated schedule of Board meeting dates and report submission deadlines to all staff.

The draft electronic version of the report is sent as an attachment through outlook to the EA of the MOH who will maintain computer files of the Board reports in order to expedite minor revisions and to provide centralized management of the reports.

Major revisions to the draft reports by the MOH / CEO will be discussed with the author(s)/appropriate manager. If time permits the author is responsible for completing major revisions and resubmitting the report.

The final version of the report must be approved and signed by the MOH / CEO.

Distribution

Board reports will be incorporated into packages for distribution to Board members by the EA to the MOH / CEO. The EA to the MOH / CEO will arrange for the delivery of packages to Board members to be received no later than five days prior to the scheduled Board meeting.

The EA to the MOH will distribute Board meeting packages, including in-camera reports, where appropriate to all members of the Senior Leadership Team; Manager, Communications; and Manager, Strategic Projects, prior to the Board meeting. Directors circulate Board agenda, reports and minutes to staff in accordance with Divisional practices.

The EA to the MOH will send an electronic copy of the final Board Report to each of the Director(s)/Manager(s) who originally submitted them.

Board packages, excluding in-camera reports, will be made available to the Media by the Manager, Communications prior to the scheduled Board meeting. The EA will also provide the Online Communications Coordinator with a copy of the Board agenda package (excluding in-camera reports) to be posted to the Health Unit website.

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):
February 12 1997;
July 20 2000;
June 17 2004



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. X

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health & Chief Executive Officer

DATE: YYYY Month DD

TITLE

Recommendation

Key Points

-
-
-

Background

Heading 1

Heading 2

Next Steps

This report was submitted by the X Team, L Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. X

TO: Chair and Members of the Governance Committee
FROM: Christopher Mackie, Medical Officer of Health & Chief Executive Officer
DATE: YYYY Month DD

TITLE

Recommendation

Key Points

-
-
-

Background

Heading 1

Heading 2

Next Steps

This report was submitted by the X Team, L Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. X

TO: Chair and Members of the Finance & Facilities Committee
FROM: Christopher Mackie, Medical Officer of Health & Chief Executive Officer
DATE: YYYY Month DD

TITLE

Recommendation

Key Points

-
-
-

Background

Heading 1

Heading 2

Next Steps

This report was submitted by the X Team, L Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer

RECOMMENDED FOR APPROVAL
Governance Manual By-laws & Policies

March 16, 2017

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-000</u>	Board of Health	By-law, Policy and Procedures > Appendix A - Development and Review Process > Appendix B - Development and Review Checklist > Appendix C - Development and Review Form > Appendix D - Development and Review Change Table > Appendix E - Archiving Process	Approved	• To be reviewed before December 2018
<u>G-B10</u>	By-Laws	By-law #1 - Management of Property	Approved	• To be reviewed before December 2018
<u>G-B20</u>	By-Laws	By-law #2 - Banking & Finance	Approved	• To be reviewed before December 2018
<u>G-B30</u>	By-Laws	By-law #3 - Proceedings of the Board of Health	Approved	• To be reviewed before December 2018
<u>G-B40</u>	By-Laws	By-law #4 - Duties of the Auditor	Approved	• To be reviewed before December 2018
<u>G-010</u>	Strategic Direction	Strategic Planning	Approved	• To be reviewed before December 2018
<u>G-020</u>	Leadership and Board Management	MOH / CEO Direction	Approved	• To be reviewed before December 2018
<u>G-030</u>	Leadership and Board Management	MOH / CEO Position Description > Appendix A – MOH / CEO Position Description	Approved	• To be reviewed before December 2018
<u>G-040</u>	Leadership and Board Management	MOH / CEO Selection and Succession Planning	Q2 – 2017	• TBD
<u>G-050</u>	Leadership and Board Management	MOH / CEO Performance Appraisal > Appendix A - Performance Appraisal Process > Appendix B - Performance appraisal check-list > Appendix C - Main performance appraisal form to be completed by the appraisers and the MOH / CEO > Appendix D - Stakeholder performance appraisal tools process outline > Appendix E - Sample email and performance appraisal questions for Board of Health members > Appendix F - Sample email and performance appraisal questions for Direct Reports > Appendix G - Sample email and performance appraisal questions for Community Partners	Approved	• To be reviewed before December 2018

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-060</u>	Leadership and Board Management	MOH / CEO Compensation	Q4 – 2017	• TBD
<u>G-070</u>	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Q4 – 2017	• TBD
<u>G-080</u>	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Q2 – 2017	• TBD
<u>G-090</u>	Program Quality and Effectiveness	Quality Improvement - Framework	Q4 – 2017	• TBD
<u>G-100</u>	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	Q1 – 2017	• Deferred to Q2 to align with administrative policy review • TBD
<u>G-110</u>	Program Quality and Effectiveness	Performance Monitoring	Q3 – 2017	• TBD
<u>G-120</u>	Program Quality and Effectiveness	Risk Management	Q1 – 2017	• TBD
<u>G-130</u>	Program Quality and Effectiveness	Ethics	Q3 – 2017	• TBD
<u>G-140</u>	Program Quality and Effectiveness	Respect for Diversity	Q3 – 2017	• TBD
<u>G-150</u>	Program Quality and Effectiveness	Complaints	Q3 - 2017	• TBD
<u>G-160</u>	Program Quality and Effectiveness	Jordan's Principle	Approved	• To be reviewed before December 2018
<u>G-170</u>	Financial and Organizational Accountability	Financial Objectives	Q2 – 2017	• TBD
<u>G-180</u>	Financial and Organizational Accountability	Financial Planning and Performance	Q2 – 2017	• TBD
<u>G-190</u>	Financial and Organizational Accountability	Asset Protection	Q2 – 2017	• TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-200</u>	Financial and Organizational Accountability	Approval and Signing Authority	Approved	• To be reviewed before December 2018
<u>G-210</u>	Financial and Organizational Accountability	Borrowing	Q2 – 2017	• TBD
<u>G-220</u>	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	• To be reviewed before December 2018
<u>G-230</u>	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	• To be reviewed before December 2018
<u>G-240</u>	Financial and Organizational Accountability	Tangible Capital Assets	Q2 – 2017	• TBD
<u>G-250</u>	Financial and Organizational Accountability	Reserve and Reserve Funds	Q2 – 2017	• TBD
<u>G-310</u>	<u>Financial and Organizational Accountability</u>	<u>Corporate Sponsorship</u>	<u>For Review</u>	• <u>Replaces policy 4-070</u>
<u>G-320</u>	<u>Financial and Organizational Accountability</u>	<u>Donations</u>	<u>For Review</u>	• <u>Replaces policy 4-160</u>
<u>G-330</u>	<u>Financial and Organizational Accountability</u>	<u>Gifts and Honorariums</u>	<u>For Review</u>	• <u>Replaces policy 4-055</u>
<u>G-410</u>	<u>Financial and Organizational Accountability</u>	<u>Board Member Remuneration</u>	<u>For Review</u>	• <u>TBD</u>
<u>G-420</u>	<u>Financial and Organizational Accountability</u>	<u>Travel Reimbursement</u>	<u>For Review</u>	• <u>TBD</u>
<u>G-260</u>	Board Effectiveness	Governance Principles and Board Accountability	Q1 – 2017	• TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-270</u>	Board Effectiveness	Roles and Responsibilities of the Board of Health > Appendix - Board of Health Members > Appendix - Board of Health Chair & Vice Chair > Appendix - Board of Health Secretary-Treasurer	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports • Additional content integrated from other policy examples
<u>G-280</u>	Board Effectiveness	Board Size and Composition	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-290</u>	Board Effectiveness	Standing and Ad Hoc Committees > Appendix A - Governance Committee Terms of Reference > Appendix B - Governance Committee Reporting Calendar > Appendix C – Finance and Facilities Committee Terms of Reference > Appendix D – Finance and Facilities Committee Reporting Calendar	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-300</u>	Board Effectiveness	Board of Health Self- Assessment > Appendix A – Board of Health Self-Assessment Tool	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-350</u>	Board Effectiveness	Nominations and Appointments to the Board of Health	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-360</u>	Board Effectiveness	Resignation and Removal of Board Members	Q3 - 2016	<ul style="list-style-type: none"> • TBD
<u>G-370</u>	Board Effectiveness	Board of Health Orientation and Development	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-020 • Newly developed policy • Based on previous Board of Health reports

Deleted: G-310



Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-380	Board Effectiveness	Conflicts of Interest & Declaration ➤ Declaration Form	Recommended for Approval	<ul style="list-style-type: none"> Newly developed policy
G-390	Board Effectiveness	Code of Conduct ➤ Appendix A – Corporate Code of Conduct ➤ Appendix B – BOH Code of Conduct	Q3 – 2017	<ul style="list-style-type: none"> Replaces 1-110 Policy number change Contained in the November policy manual but to be reviewed more extensively in 2017
G-430	Communications and External Relations	Advocacy	Q4 – 2017	<ul style="list-style-type: none"> TBD
G-440	Communications and External Relations	Community Engagement	Q4 – 2017	<ul style="list-style-type: none"> TBD
G-450	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Q4 – 2017	<ul style="list-style-type: none"> TBD
G-460	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Q4 – 2017	<ul style="list-style-type: none"> TBD
G-470	Communications and External Relations	Annual Report	Recommended for Approval	<ul style="list-style-type: none"> Replaces 1-100 Policy number change Revised
G-480	Communications and External Relations	Media Relations	Recommended for Approval	<ul style="list-style-type: none"> Replaces 1-090 Policy number change Revised
G-490	Communications and External Relations	Board of Health Reports ➤ Appendix A – Board of Health Report Template ➤ Appendix B – Governance Report Template ➤ Appendix C – Finance and Facility Report Template	Recommended for Approval	<ul style="list-style-type: none"> Replaces 1-040 Policy number change Addition of Appendices Revised

Deleted: G-410





MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Roles and Responsibilities of the Board of Health
SECTION: Board Effectiveness
IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

POLICY NUMBER: G-270
PAGE: 1 of 4
APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To outline the roles and responsibilities of the Board of Health as an entity as defined by the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Additionally, this policy outlines the roles of Board of Health members, the Board of Health Chair, the Vice-Chair and the Secretary-Treasurer.

POLICY

The Board of Health oversees the interpretation, implementation, management and advocacy for the health programs and services described in the Health Protection and Promotion Act and other relevant legislation for persons in the City of London and County of Middlesex.

PROCEDURE

Mandate of the Board of Health

The Board of Health is responsible for public health program and service delivery, including understanding and meeting their communities' health needs and managing the delivery of services and programs. The *Health Protection and Promotion Act* (HPPA) is the primary piece of legislation which describes the role of Boards of Health, outlines mandated public health activities, and authorizes the Board of Health to provide any other health program or service if the Board of Health is of the opinion that it is necessary to meet its legislated mandate. There are several other pieces of legislation which refer to Boards of Health; these are outlined in the Ontario Public Health Standards.

The Board of Health is committed to good management practices and an effective organization. All programs delivered by the Board of Health aim to be based on sound evidence, epidemiological principles and a philosophy of achieving results efficiently and with accountability at all levels of the organization.

These primary duties of the Board of Health are carried out through planning and policy development, transparent fiscal management, labour relations and oversight of Health Unit operations. Day-to-day management is the responsibility of the Medical Officer of Health/Chief Executive Officer and senior staff.

The Board of Health shall provide direction to the administration and ensure that the Board remains informed about the activities of the organization regarding:

- Delivery of the Ontario Public Health Standards (including the program, foundational, and organizational standards);

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Roles and Responsibilities of the Board of Health **POLICY NUMBER:** G-270
SECTION: Board Effectiveness **PAGE:** 2 of 4

- Organizational effectiveness through evaluation of operational and strategic plans;
- Stakeholder relations and partnership building;
- Research and evaluations, including ethical review;
- Compliance with all applicable legislation and regulations;
- Workforce issues, including recruitment of the Medical Officer of Health / Chief Executive Officer and any other senior executives;
- Financial management, including procurement policies and practices; and
- Risk management.

Deleted: changes to the organizational structure

Deleted: ,

Accountability

While the Board of Health is legally accountable to the Minister of Health and Long-Term Care and the people of Ontario through the Health Protection and Promotion Act, the Board also recognizes an implicit accountability to the communities of London and Middlesex.

Role of Board of Health Members and Duties of Officers

Board of Health Member:	The Board of Health for the Middlesex-London Health Unit is comprised of five Provincial Representatives, three Middlesex County Representatives and three City of London Representatives. Provincial Representatives are appointed for a term decided by the Lieutenant Governor in Council and Municipal Representatives are general appointed for the duration of the municipal term. (See Appendix A – Board Member Role Description)
Chair:	As per By-law No. 3 Section 18, the Chair is elected for one year, with a possible renewal of one additional year, and rotates among the three representative bodies. (See Appendix B – Chair and Vice-Chair Position Description).
Vice-Chair:	By-law No. 3 Section 18 stipulates that the Vice-Chair is elected for a one year term. (See Appendix B – Chair and Vice-Chair Position Description).
Secretary-Treasurer:	Traditionally, the Secretary-Treasurer functions have been performed by the Medical Officer of Health and Chief Executive Officer. (See Appendix C – Secretary-Treasurer position description).

Informing Municipalities of Financial Obligations

The Board of Health shall annually give written notice to the City of London and the County of Middlesex regarding:

- The estimated total annual expense that will be required to pay for the Board of Health to deliver the mandatory program and services under the Ontario Public Health Standards.
- The specific proportion of the estimated amount for which each municipality is responsible, in accordance with the agreement respecting the proportion of the expenses to be paid by each municipality.
- The time at which the Board of Health requires payment to be made by each municipality and the amount of each payment required.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Roles and Responsibilities of the Board of Health **POLICY NUMBER:** **G-270**
SECTION: Board Effectiveness **PAGE:** 3 of 4

Recognition and Access to Collective Agreements

The Board of Health recognizes a) Canadian Union of Public Employees (CUPE) is the exclusive bargaining agent for all union staff who are not represented by ONA, and b) The Ontario Nurses' Association (ONA) is the exclusive bargaining agent for unionized staff registered nurses and public health nurses.

Appropriate current collective agreements are provided to employees by their union, and to management by the Director, Corporate Services. Original collective agreements are maintained in the Human Resources Offices. Copies of all current collective agreements are maintained in the Health Unit library and posted on the Health Unit intranet.

Ratification of Collective Agreements

The Board of Health shall ensure that the collective bargaining process with CUPE and ONA are completed in a legal and binding manner by following the subsequent process:

- Collective bargaining is successfully undertaken with both parties agreeing and signing a Memorandum of Settlement.
- The Memorandum of Settlement is presented in the form of a confidential Board report to the Board of Health at the next scheduled meeting or specially called meeting at which time the Board, by vote, will agree or disagree with the Memorandum of Settlement.
- If the Board agrees, the union is then notified of the Board's ratification of the Memorandum of Settlement, both by telephone and in writing, by the Director, Corporate Services.
- If the Board does not agree, the union is then notified of the Board's non-ratification of the Memorandum of Settlement, both by telephone and in writing, by the Director, Corporate Services.
- Each union will be responsible for following its ratification procedure and notifying the Director, Corporate Services of the outcome.

The Board of Health and the union must ratify a negotiated contract in order for it to be legally binding and enforceable.

Provision of Services on Aboriginal Reserves

The Board of Health may enter into a one, two or three year written agreement with the council of the band on an Aboriginal reserve within the geographic area of the Health Unit where:

- The Board agrees to provide health programs and services to the members of the band; and
- The council of the band agrees to accept the responsibilities of the council of a municipality within the Health Unit.

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

Deleted: Local 101

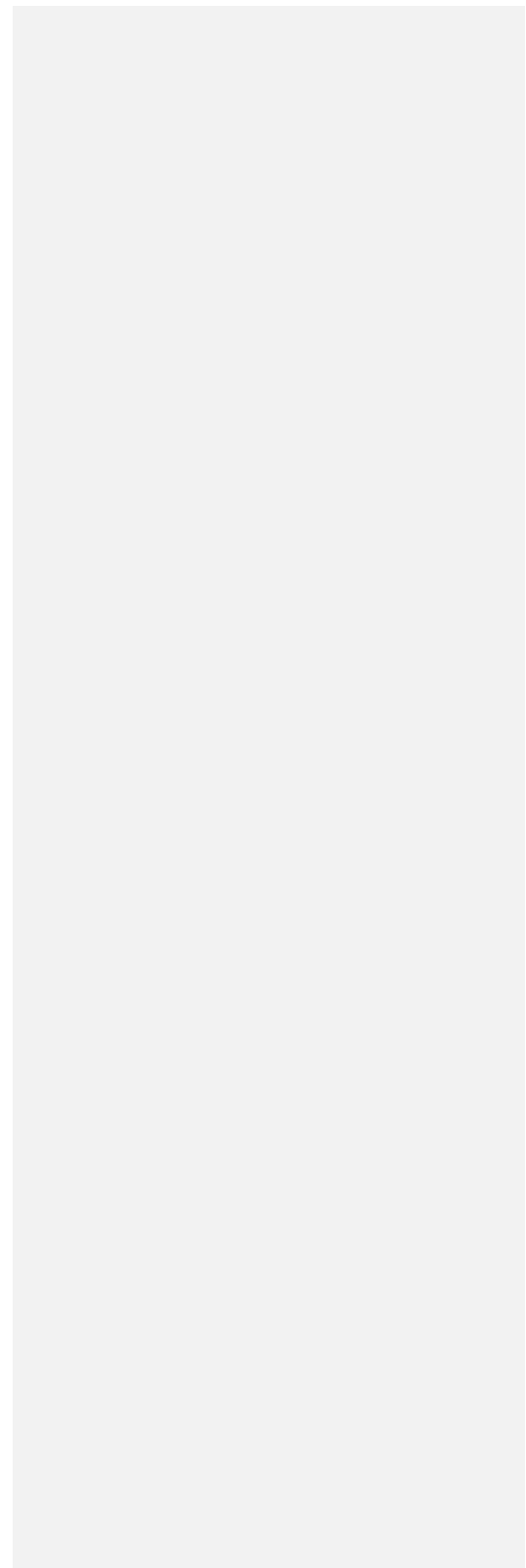
MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Roles and Responsibilities of the Board of Health **POLICY NUMBER:** **G-270**
SECTION: Board Effectiveness **PAGE:** 4 of 4

RELATED POLICIES

REVISION DATES (* = major revision):



Board Member Role Description

Board Member Responsibilities and Expectations:

Each Board of Health Member has a responsibility to the Middlesex-London Health Unit. Consequently, members must have a strong commitment to the mandate of the Health Unit and be willing to develop an understanding of the services and programs that the Health Unit provides and how the policy decisions of the Board of Health affect these. This requires familiarity with local resources and the changing health needs and trends of the community.

Responsibilities of Members include:

- Acquiring a clear understanding of the fiscal operations and ensuring funds are adequate and responsibly spent;
- Engaging in generative thinking and planning;
- Working effectively within a group, including communicating effectively with other Board Members and staff during Board of Health and Committee meetings;
- Being supportive of the organization's mandate and management's ability to implement strategy;
- Continuing self-education, growth and understanding of public health principles; and
- Representing the Board at Health Unit, public or official functions.

To fulfill the aforementioned responsibilities, it is expected that Board of Health Members:

- Participate in orientation and annual retreats;
- Attend regularly scheduled meetings and special sessions;
- Review agenda packages prior to meetings;
- Follow Board of Health by-laws, policies and procedures;
- Accurately represent decisions of the Board of Health;
- Disclose any potential conflicts of interest and remove themselves from any conversation where one may exist;
- Comply with the Board of Health Code of Conduct; and
- Meet expectations of the Ontario Public Health Organizational Standards, which establish management and governance requirements for all Boards of Health and public health units.

Commented [JB2]: Add Board policy language regarding attendance management

-Board chair to provide attendance management if absent without regrets, absent 3 meetings with notice
-With policy, explore whether the Board may remove members for attendance issues
-This links to code of conduct and resignation and removal policy

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Chair and Vice-Chair Role Description

The Chair and Vice-Chair of the Board of Health have specific responsibilities to the Middlesex-London Health Unit. In addition to fulfilling the responsibilities and expectations of MLHU Board members, there are additional obligations that the Board Chair and Vice-Chair must uphold.

Responsibilities of the Chair include:

1. **Leadership** - Guides and directs Board processes, centering the work of the Board on the organization's mission, vision and strategic direction.
2. **Agendas** - Establishes agendas for Board meetings, in collaboration with the MOH / CEO.
3. **Meeting management** - Presides over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making.
4. **MOH / CEO relationship** - Serves as the Board's central point of official communication with the MOH / CEO. Develops a positive, collaborative relationship with the MOH / CEO, including acting as a sounding Board for the MOH / CEO on emerging issues and alternative courses of action. Stays up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.
5. **MOH / CEO performance appraisal** - Leads the processes of MOH / CEO goal-setting, performance evaluation, and compensation review, consistent with Board policy.
6. **Committee attendance** - Serves as an ex-officio voting member of all committees.
7. **Board conduct** - Sets a high standard for Board conduct by modeling, articulating and upholding rules of conduct set out in Board by-laws and policies. Intervenes when necessary in instances involving conflict-of-interest, confidentiality, and other Board policies.
8. **Board learning and development** - Leads the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, mentoring a chair-elect and providing continuing education for the entire Board.
9. **Succession planning** - Participates in the recruitment of new Board members and in the process of identifying candidates to serve as chairperson-elect.
10. **Self-evaluation** - Provides for an effective, objective Board self-evaluation process and supports implementation of recommendations for improvement. Seeks feedback on his or her performance as chairperson.

Deleted: and Executive Committee

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Deleted: <#>**Committee direction** - Appoints committee chairs and members, subject to Board approval. Works with committee chairpersons to align the work of committees with the vision and goals. ¶

The Vice-Chair shall have all the powers and perform all the duties of the Chair in the case of absence or disability of the Chair, together with such powers and duties, if any, as may be from time to time assigned by the Board.

Secretary-Treasurer Role Description

The Secretary-Treasurer of the Board of Health has specific responsibilities to the Middlesex-London Health Unit.

Responsibilities of the Secretary-Treasurer include:

1. **Agendas** – Establishes agendas for Board and Committee meetings in collaboration with the Board of Health Chair and/or Vice Chair.
2. **Meeting preparation** – Ensures that all materials are prepared in a timely manner and of high quality to inform the Board of Health and Board of Health decisions.
3. **Meeting minutes** – Ensures full and accurate minutes of the meetings of all the Board meetings, text of By-laws and Resolutions passed by it.
4. **Budget preparation and reporting** - Prepares and controls the Annual Budget under the jurisdiction of the Board for submission to the Board;
5. **Board of Health Chair relationship** - Serves as management's central point of official communication with the Chair of the Board of Health. Develops a positive, collaborative relationship with the Chair, including acting as a sounding Board for the Chair on emerging issues and alternative courses of action. Stays up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.
6. **Committee attendance** - Serves as an ex-officio [non-voting](#) member of all committees.
7. **Oversight of all Board of Health by-laws and policies** – Every by-law and policy that is passed by the Board will be signed by the Board Chair at the meeting which it was passed and deposited with the Secretary-Treasurer for archiving and future reference.
8. **Board learning and development** – Assist with the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, chair-elect and providing continuing education for the entire Board.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board Size and Composition **POLICY NUMBER:** **G-280**
SECTION: Board Effectiveness **PAGE:** 1 of 2

IMPLEMENTATION: **APPROVAL:** Board of Health
SPONSOR: MOH / CEO **SIGNATURE:**
REVIEWED BY: Governance Committee **DATE:**

PURPOSE

To outline the structure and composition of the Board of Health

POLICY

The Board of Health is an autonomous body responsible for the governance of the Health Unit in accordance with Section 49 (1), (2), (3) of the Health Protection and Promotion Act (HPPA) as amended, which outlines the composition of Boards of health and Regulation 559 re Designation of Municipal Members of Boards of Health.

PROCEDURE

Board Composition

The Board of Health consists of municipal and provincial appointees. Each member's term of office is determined by the appointing body.

The number of Board members and their representation is as follows:

- City of London – 3 appointees
- County of Middlesex – 3 appointees
- Province of Ontario – 5 appointees

An Aboriginal council of the band that has entered into an agreement with the Board has the right to appoint a member of the band to be one of the members of the Board of Health. Councils of the bands of two or more bands that have entered into agreements have the right to jointly appoint a person to be one of the members of the Board of Health instead of each appointing a member.

No person whose services are employed by the Board of Health is qualified to be a member of the Board of Health.

Board Structure

Each year at its inaugural meeting, the Board will:

- Elect a Chair, Vice Chair and Secretary-Treasurer
- Decide whether to establish and/or continue standing committees or to have the Board deal with all matters directly.

The Chair of the Board is to rotate between one of the appointees of the County of Middlesex, the City of London or the Province of Ontario when terms of the Board Chair are not renewed.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board Size and Composition **POLICY NUMBER:** **G-280**
SECTION: Board Effectiveness **PAGE:** 2 of 2

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7
Municipal Act, 2001, S.O. 2001, c. 25

RELATED POLICIES

By-law #3 Proceedings of the Board of Health
Policy G-270 Roles and Responsibilities of the Board of Health
Poly G-290 Standing and Ad Hoc Committees

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Standing and Ad Hoc Committees
SECTION: Board Effectiveness
IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

POLICY NUMBER: G-290
PAGE: 1 of 2
APPROVAL: Board of Health
SIGNATURE:
DATE: November 17, 2016

PURPOSE

Standing and ad hoc committees are organized to assist the Board of Health in doing its work efficiently and effectively. These committees operate as a component of the collective body and are authorized by and report to the larger Board of Health.

POLICY

Standing and ad hoc committee must be authorized by the Board of Health and serve a specific purpose that is outlined in a Terms of Reference and Reporting Calendar.

PROCEDURE

Establishment and Appointment to Committees

The Board may establish committees to consider such matters as specified by the Board (e.g., Human Resources, Planning, etc.). At the first meeting of each calendar year, the Board shall appoint Board members to the standing and ad hoc committee of the Board of Health along with chairs for each committee.

All members of the Board of Health are expected to serve on at least one Board committee with each standing committee including at least 5 members. In addition, the Board Chair will be an ex-officio voting member of every Board committee.

Standing Committees

Standing Committees are constituted every year or when the need arises to work on a continuous basis. Standing Committees of the Board of Health include:

<ul style="list-style-type: none">Governance Committee	Terms of Reference (Appendix A) Reporting Calendar (Appendix B)
<ul style="list-style-type: none">Finance and Facilities Committee	Terms of Reference (Appendix C) Reporting Calendar (Appendix D)

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Standing and Ad Hoc Committees **POLICY NUMBER:** G-290
SECTION: Board Effectiveness **PAGE:** 2 of 2

Ad Hoc Committees

Ad hoc committees are temporary and created for a specific task. Once that task is completed, the ad hoc committees cease to exist. Examples of an ad hoc committee include the Medical Officer of Health / Chief Executive Officer Performance Appraisal Committee.

Conduct of Business in Committees

The rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable.

It shall be the duty of the Committee:

- (a) to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
- (b) to forward to the Board the minutes of meetings; and
- (c) to forward to the incoming Committee for the following year any matter indisposed of.

APPLICABLE LEGISLATION

RELATED POLICIES

By-law #3 – Proceedings of the Board of Health
G-270 Roles and Responsibilities of the Board of Health

REVISION DATES (* = major revision):

GOVERNANCE COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health / Chief Executive Officer (MOH / CEO), and the Director, Corporate Services in the administration and risk management of matters related to Board membership and recruitment, Board self-evaluation and governance policy.

REPORTING RELATIONSHIP

The Governance Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Governance Committee, with the assistance of the Director, Corporate Services and the MOH / CEO, will make reports to the Board of Health as a whole following each of the meetings of the Governance Committee.

MEMBERSHIP

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member.

Staff support includes:

- Director, Corporate Services;
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability; and
- Manager, Strategic Projects.

Other Board of Health members are able to attend the Governance Committee but are not able to vote.

CHAIR

The Governance Committee will elect a Chair at the first meeting of the year to serve for a one or two year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

The Committee will seek the assistance of and consult with the MOH / CEO and the Director, Corporate Services for the purposes of making recommendations to the Board of Health on the following matters:

1. Assist with the recruitment of suitable Board members.
2. Orientation and training of Board members.
3. Performance evaluation of individual members, the Board as a whole, and committees of the Board.
4. Compliance with the Board of Health Code of Conduct.
5. Performance evaluation of the MOH / CEO.
6. Governance policy and by-law review and development.
7. Compliance with the Organizational Standards.
8. Strategic Planning.

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FREQUENCY OF MEETINGS

The Committee will meet quarterly or at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the Director, Corporate Services and the MOH / CEO, will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 21, 2016

Governance Committee Reporting Calendar	
<p>Q1 (Jan 1 to Mar 31) – January Meeting</p> <ul style="list-style-type: none"> • Confirm Reporting Calendar. • Initiate Board of Health Orientation and Development. • Initiate Medical Officer of Health Performance Appraisal. • Initiate Board of Health Self-Assessment and Member Evaluations. • Initiate Terms of Reference Review (biannually) 	<p>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>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. • Annual Declaration 	<p>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 Appraisal

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.

Terms of Reference Review

The Governance Committee Terms of Reference sets out the parameters of how authority is delegated to the committee and how the committee is accountable to the Board of Health.

It is incumbent upon the Governance Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee.

Board of Health By-laws, Policies and Procedures Review and Development

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

The Ontario Public Health Organizational Standards address by-laws 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 by-laws, 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

[Appendix B](#)

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.

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.

FINANCE & FACILITIES COMMITTEE

PURPOSE

The committee serves to provide an advisory and monitoring role. The committee's role is to assist and advise the Board of Health, the Medical Officer of Health /Chief Executive Officer (MOH / CEO), and the Associate Director, Finance in the administration and risk management of matters related to the finances and facilities of the organization.

REPORTING RELATIONSHIP

The Finance & Facilities Committee is a committee reporting to the Board of Health of the Middlesex-London Health Unit. The Chair of the Finance & Facilities Committee, with the assistance of the Associate Director, Finance and the MOH / CEO, will make reports to the Board of Health as a whole following each of the meetings of the Finance & Facilities Committee.

MEMBERSHIP

The membership of the Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board Member, one City of London Board Member and two provincial Board Members.

The Secretary-Treasurer will be an ex-officio member.

Staff support includes:

- Director, Corporate Services;
- Associate Director, Finance; and
- Executive Assistant to the Board of Health and Communications or the Executive Assistant to the Medical Officer of Health depending on availability.

Other Board of Health members are able to attend the Finance & Facilities Committee but are not able to vote.

CHAIR

The Finance & Facilities Committee will elect a Chair at the first meeting of the year to serve for a one or two year term. The Chair of the Committee may be appointed for additional terms following the completion of an appointment to enhance continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the committee membership. At this time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the committee as long as he or she remains a Board of Health member.

DUTIES

The Committee will seek the assistance of and consult with the MOH / CEO, the Director, Corporate Services and the Associate Director, Finance for the purposes of making recommendations to the Board of Health on the following matters:

1. Reviewing detailed financial statements and analyses.
2. Reviewing the annual cost-shared and 100% funded program budgets, for the purposes of governing the finances of the Health Unit.
3. Reviewing the annual financial statements and auditor's report for approval by the Board.
4. Reviewing annually the types and amounts of insurance carried by the Health Unit.
5. Reviewing periodically administrative policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.
6. Monitoring the Health Unit's physical assets and facilities.
7. Reviewing annually all service level agreements.
8. Reviewing all funding agreements.

FREQUENCY OF MEETINGS

The Committee will meet monthly between Board of Health meetings, if a meeting is deemed to be not required it shall be cancelled at the call of the Chair of the Committee.

AGENDA & MINUTES

1. The Chair of the committee, with input from the Associate Director, Finance and the Medical Officer of Health & Chief Executive Officer (MOH / CEO), will prepare agendas for regular meetings of the committee.
2. Additional items may be added at the meeting if necessary.
3. The recorder is the Executive Assistant to the Board of Health and Communications.
4. Agenda & minutes will be made available at least 5 days prior to meetings.
5. Agenda & meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting of meetings; decision making; quorum and self-evaluation.

REVIEW

The terms of reference will be reviewed every 2 (two) years.

Implementation Date: June 20, 2013

Revision Date: April 7, 2016

Finance & Facilities Committee Reporting Calendar

Q1 (Jan 1 to Mar 31)	Q2 (Apr 1 to Jun 30)
<ul style="list-style-type: none"> • Q4 Financial and Factual Certificate Update • Review and Approve Annual Reporting Calendar • Review and Recommend 2016 Board of Health Budget • Public Sector Salary Disclosure • Review Funding & Service Level Agreements • 50 King St. Lease Update 	<ul style="list-style-type: none"> • Q1 Financial and Factual Certificate Update • Visa and Accounts Payable Update • Review and Recommend - Audited 2015 Financial Statements for MLHU • Recommend Budget Parameters & Planning Assumptions for 2017 • Recommend Guidelines for Municipal Budget Targets • Review and Recommend 2016 Board of Health Remuneration • Strathroy Office Lease Update • Organizational Structure and Location Update • Living Wage Initiative Update
Q3 (Jul 1 to Sep 30)	Q4 – (Oct 1 to Dec 31)
<ul style="list-style-type: none"> • Q2 Financial and Factual Certificate Update • Review and Recommend – Audited Financial Statements for April 1 to March 31 Programs • Review and Recommend Program Budgeting Marginal Analysis (PBMA) Process, Criteria and Weighting • Queens St. Lease Update 	<ul style="list-style-type: none"> • Q3 Financial and Factual Certificate Update • Review and Recommend PBMA Proposed Resource Reallocation • Review Insurance Policies • Initiate Terms of Reference Review (biannually)

The items on the reporting calendar are organized around the requirements to uphold public accountability over the use of resources, to manage the budget process efficiently, to communicate and report on the status of the budget, monitoring of facilities, risk management and administration and to align the budget to the strategic priorities of the Board of Health.

Accountability

Audited Financial Statements Review

The preparation of the financial statements is the responsibility of the Health Unit's management and is prepared in compliance with legislation and in accordance with Canadian public sector

accounting standards. The Finance & Facilities Committee meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

It is a requirement of the Board of Health is to provide audited financial reports to various funding agencies for programs that are funded from April 1st – March 31st each year. The purpose of this audited report is to provide the agencies with assurance that the funds were expended for the intended purpose. The agencies use this information for confirmation and as a part of their settlement process.

These programs are also reported in the main audited financial statements of the Middlesex-London Health Unit which was approved by the Board of Health in June, however this report includes program revenues and expenditures of these programs during the period of January 1st to December 31st, which does not coincide with the reporting requirements of the funding agencies. Therefore, a separate audited statement is required.

Board of Health Remuneration

Section 49 of the Health Protection & Promotion Act (HPPA) speaks to the composition, term, and remuneration of Board of Health members. Subsections (4), (5), (6), & (11) relate specifically to remuneration and expenses. This is to be reviewed by the Finance & Facilities Committee who makes recommendations to the Board of Health each year.

Public Sector Salary Disclosure

The Public Sector Salary Disclosure Act, 1996 makes Ontario's public sector more open and accountable to taxpayers. The act requires organizations that receive public funding from the Province of Ontario to disclose annually the names, positions, salaries and total taxable benefits of employees paid \$100,000 or more in a calendar year.

The main requirement for organizations covered by the act is to make their disclosure or if applicable to make their statement of no employee salaries to disclose available to the public by March 31st each year. Organizations covered by the act are also required to send their disclosure or statement to their funding ministry or ministries by the fifth business day of March.

Funding & Service Level Agreements

The Middlesex-London Health Unit receives grant funding, both one-time and ongoing from a variety of different sources. It is incumbent upon the Finance & Facilities Committee to annually, or as deemed necessary, review all service level and funding agreements.

Budget Process

Board of Health Budget Cycle

The Board of Health budget cycle consists of a defined set of tools and key deliverable dates that the management of the Middlesex-London Health Unit are accountable to meet. The budget

cycle intends to align planning processes with resource allocation and facilitate meeting the needs of the programs and services.

Budget Parameters & Planning Assumptions

Developing high level planning parameters is an integral part of any budget process. They help guide and inform planning and resource allocation decisions. Ideally the parameters should be linked to the organization's strategic direction, key budget planning assumptions and take into consideration municipal and provincial outlooks.

Strategic and financial targets can also be considered during the Budget Parameters & Planning Assumptions deliberations at the Finance & Facilities Committee.

Guidelines for Municipal Budgets

While the Municipal funders can set targets for the Board, the final decision regarding budget requirements rests with the Board of Health. It is therefore essential that the Board of Health determine its approach to the development of the budget and provide the Municipalities of intended changes to the budget.

Reserve and Reserve Funds

The Board of Health maintains the following Reserve and Reserve Funds: Funding Stabilization Reserve, Dental Treatment Reserve Fund, Sick Leave Reserve Fund, Environmental Reserve – Septic Tank Inspections, Technology & Infrastructure Reserve Fund, and Employment Cost Reserve Fund.

Planned contributions and drawdowns to the reserves or reserve funds will be included in the annual operating budget approved by the Board of Health. Any unplanned drawdowns will be approved by resolution of the Board of Health. Each year a report is provided to the obligated municipalities outlining the transactions of the reserve and reserve funds.

Program Budgeting Marginal Analysis

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

Board of Health Budget

The Board of Health Budget is presented to the Finance & Facilities Committee through the use of Program Budget Templates which integrates: (A) A summary of the team program, (B) Applicable health standards, legislation or regulations, (C) Components of the team program, (D) Performance/service level measures, (E) Staffing costs, (F) Expenditures, (G) Funding Sources, (H) Key highlights planned, (I) Pressures and challenges, and (J) Recommended enhancements, reductions and efficiencies.

Communications

Quarterly Financial Updates

Health Unit staff provide financial analysis for each quarter and report the actual and projected budget variance as well as any budget adjustments, or noteworthy items that have arisen since the previous financial update that could impact the Middlesex-London Health Unit budget.

Visa & Accounts Payable Updates

In accordance with Section 5.17 of the Procurement Policy, the Associate Director of Finance is to report annually the suppliers who have invoiced a cumulative total value of \$100,000 or more in a calendar year.

The Finance & Facilities Committee also requested to report annually a summary of purchases made with corporate purchase cards.

Facilities, Risk Management & Administration

Factual Certificate

Health Unit Management completes a factual certificate to increase oversight in key areas of financial and risk management. The certificate process ensures that the Committee has done its due diligence. The certificate is reviewed on a quarterly basis alongside financial updates.

Physical Asset and Facilities Monitoring

The Finance & Facilities Committee is responsible for monitoring the Middlesex-London Health Unit's physical assets and facilities. This entails a review of space needs, property leases and acquisitions.

Policy Development & Review

By-laws and policies represent the general principles that set the direction, limitations and accountability frameworks for the Middlesex-London Health Unit. The Finance & Facilities Committee is responsible for reviewing the governance and administration policies relating to the financial management of the organization, including but not limited to, procurement, investments, and signing authority.

These requirements are outlined by the Ontario Public Health Organizational Standards and should be reviewed by the Finance & Facilities Committee at least biannually.

The Senior Leadership Team may also make recommendations for additional finance by-laws, policies or revisions should the need arise.

Insurance Coverage Review

The Finance & Facilities Committee is responsible for an annual review of the types and amounts of insurance carried by the Health Unit. Staff are responsible for preparing a review of

the insurance needs of the Health Unit and providing recommendation to the Finance & Facilities Committee in regards to the level and types of insurance the Middlesex-London Health Unit should purchase.

Other

Benefits Provider Review

Group insurance for the Middlesex-London Health Unit is reviewed at the completion of a service agreement. Staff are responsible for preparing a review of the needs of the Health Unit following appropriate market analysis and providing recommendation to the Finance & Facilities Committee.

Review Terms of Reference

The Finance & Facilities Committee Terms of Reference sets out the parameters of how authority is delegated to the committee and how the committee is accountable to the Board of Health.

It is incumbent upon the Finance & Facilities Committee to review the terms of reference at least biannually to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee.

Living Wage Certification Update

The Middlesex-London Health Unit is in the process of becoming a Living Wage Employer. Experience elsewhere indicates that the business impacts would include reduced employee turnover, increased job satisfaction and loyalty, and increased performance. This would also establish the Health Unit as a leader in this area, and enhance the Health Unit's ability to influence others to take on Living Wage policies.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Self-Assessment	POLICY NUMBER: G-300
SECTION: Board Effectiveness	PAGE: 1 of 2
IMPLEMENTATION:	APPROVAL: Board of Health
SPONSOR: MOH / CEO	SIGNATURE:
REVIEWED BY: Governance Committee	DATE:

PURPOSE

The purpose of the Board of Health Self-Assessment is to provide all Board members an opportunity to evaluate and discuss the performance of the Board and to understand the barriers to and drivers of Board effectiveness and engagement. Results of the self-assessment are helpful in planning Board development opportunities and enhancing generative governance.

POLICY

It is important to recognize that Board effectiveness must be continuously monitored and evaluated with regards to performance, processes and practices. The Board of Health believes that regular self-assessment is essential in supporting the health unit's vision, mission and values, improving leadership and improving public health outcomes.

The Board of Health is required to complete a self-assessment at least every other year as per the requirements of the Ontario Public Health Organizational Standards (OPHOS). The Middlesex-London Board of Health completes the self-assessment annually.

PROCEDURE

The Governance Committee of the Board of Health is responsible for the initiation of the Board of Health Self-Assessment and to assist and advise staff in its administration. The process for the self-assessment is as follows:

1. Governance Committee reviews, amends as necessary, and recommends to the Board of Health approval of the Board of Health Self-Assessment Tool (Appendix A).
2. The Governance Committee Report informs the Board of Health that this process is being initiated.
3. The Board of Health approves the Board of Health Self-Assessment Tool (Appendix A).
4. The survey is distributed via email following the February Board of Health meeting for completion prior to the March Board of Health meeting.
5. Completed hard copies can be submitted in a sealed envelope to the Executive Assistant to the Board of Health and Communications.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Self-
Assessment

POLICY NUMBER:

G-300

SECTION: Board Effectiveness

PAGE:

2 of 2

RELATED POLICIES

REVISION DATES (* = major revision):

2017 Board of Health Self-Assessment

This survey is expected to take approximately 10-15 minutes. Please complete by March 16, 2017.

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 Elizabeth Milne, Executive Assistant to the Board of Health and Communications.

If you have any questions please contact Elizabeth Milne, 519-663-5317, Ext. 3011, elizabeth.milne@mlhu.on.ca.

Please check Yes, No or Don't know for each question.

Provide additional feedback or comments to elaborate on what the Middlesex-London Health Unit Board of Health does well, does not do well, or could improve, where relevant.

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

Please provide additional feedback or comments below:

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

Please provide additional feedback or comments below:

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

- [Yes](#)
- [No](#)
- [Don't know](#)

Please provide additional feedback or comments below:

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

- [Yes](#)
- [No](#)
- [Don't know](#)

Please provide additional feedback or comments below:

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

- [Yes](#)
- [No](#)
- [Don't know](#)

Please provide additional feedback or comments below:

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](#)

Please provide additional feedback or comments below:

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](#)

Please provide additional feedback or comments below:

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?

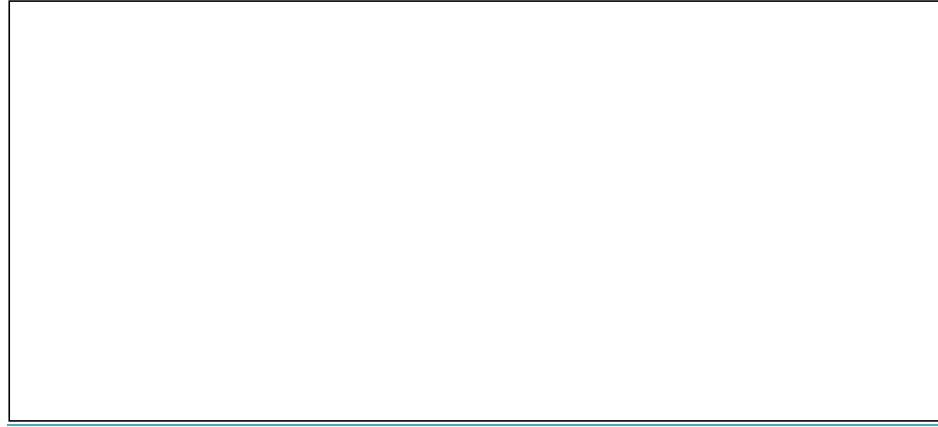
- [Yes](#)
 [No](#)
 [Don't know](#)

Please provide additional feedback or comments below:

9. Please rank the most important things that the Board should focus on to improve performance (1 – most important, 7 – least important):

	Board Structure (i.e membership, size, terms of office, reporting relationships)
	Getting sufficient information to make informed decisions
	Learning opportunities for current best practices in public health and governance
	Ensuring all relevant information is taken into consideration when making decisions
	Accomplishing our strategic priorities
	Responding to complaints of wrongdoing or irregularities
	The relationship between the Board of Health and senior staff

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



[Thank you for taking the time to complete this survey.](#)



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Nominations and Appointments to the Board of Health **POLICY NUMBER:** **G-350**
SECTION: Board Effectiveness **PAGE:** 1 of 3
IMPLEMENTATION: **APPROVAL:** Board of Health
SPONSOR: MOH / CEO **SIGNATURE:**
REVIEWED BY: Governance Committee **DATE:**

PURPOSE

Well-defined nomination and appointment processes help to ensure a high-performing Board of Health by articulating the need for balance within the Board, Board member skills, expertise, qualities and competencies that are desired and clear steps that can be followed.

POLICY

This policy articulates the requirements, criteria and process for the Board of Health nominations, appointments and reappointments. This policy is applicable to provincial appointees, and where relevant, to municipal appointees.

PROCEDURE

Notification

Incumbent appointees who are eligible for reappointment will notify the Chair of their intentions with respect to requesting reappointment not less than six months prior to the expiration of their term. The Secretary-Treasurer of the Board will provide a listing of all Board Members with term expiration dates annually, usually at the first meeting of the year.

Term of Appointment

The term of appointment for provincial appointees is set by the Public Appointments Secretariat and may be for one, two or three years. The term of appointment for a municipal appointee is the term of office of the council unless otherwise specified by the Council.

Criteria to be Considered

In considering the appointment and reappointment endorsement/recommendation, the Board of Health will consider:

- a) Commitment to the Mission, Vision and goals of the Middlesex-London Health Unit (MLHU);
- b) Commitment to and an understanding of the policies and programs of the MLHU;
- c) Ability to work collegially with other Board Members and the Medical Officer of Health / Chief Executive Officer (MOH / CEO);
- d) Diversity and skill composition of current Board of Health members;
- e) Representation of MLHU in the community;
- f) Regularity of attendance at Board of Health meetings;
- g) Participation in and contribution at Board of Health meetings; and
- h) Ability to make a continued commitment to monthly involvement in Board of Health meetings and related activities.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Nominations and Appointments to the Board of Health **POLICY NUMBER:** G-350
SECTION: Board Effectiveness **PAGE:** 2 of 3

Term Limits

The Ministry of Health and Long-Term Care adheres to the Provincial Appointments Secretariat's ten-year limit for appointees. There is no limit to length of service for municipal representatives, however, it is recognized that best practices in governance include term limits in the range of ten years.

Consideration of Provincial Appointments and Reappointment Process

The Board of Health shall consider offering informational interviews to interested applicants in order to advise them on the Board of Health mandate, Board member expectations and provide guidance with the provincial appointment process.

The Board of Health may also forward relevant information pertaining to the Board of Health skills and diversity inventory.

The Board of Health will consider endorsements/recommendations relating to Board reappointment in a closed session, under Board of Health By-law No. 3 section 7.2, Criteria for in-camera meetings, subsection (b) personal matters about an identifiable individual, including Board employees.

A Board member being considered for reappointment will absent themselves from the portion of the session during which their reappointment request is considered. The remaining members may, at their discretion, request the member to return to provide information or answer questions. A motion regarding endorsement/recommendation, if any, will be made in camera.

For provincial reappointments, the Chair will submit a letter of endorsement by regular mail addressed to the Minister of Health and Long Term Care listing the names of all interested appointees that are being supported for reappointment along with the completed Reappointment Information Form(s) to:

The Ministry of Health and Long Term Care
10th Floor Hepburn Block, 80 Grosvenor Street
Toronto, ON M7A 2C4

Or by email or fax to
Minister's Special Assistant for Public Appointments
Fax: 416-326-1571

A copy of all above-mentioned documentation must also be sent to the Manager, Public Appointments Unit, Ministry of Health and Long Term Care, by fax to 416-327-8496 or by email.

Consideration of Provincial Appointments and Reappointment Process

Moved down [1]: Consideration of Reappointment Requests¶

The Board of Health will consider endorsements/recommendations relating to Board reappointment in a closed session, under Board of Health By-law No. 3 section 7.2, Criteria for in-camera meetings, subsection (b) personal matters about an identifiable individual, including Board employees. ¶

Deleted: Governance Committee

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Deleted: Consideration of Reappointment Requests¶

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Nominations and Appointments to the Board of Health **POLICY NUMBER:** **G-350**
SECTION: Board Effectiveness **PAGE:** 3 of 3

For municipal appointments or reappointments, the Chair will submit a letter of endorsement by regular mail addressed to the Mayor of the City of London and the Warden for Middlesex County listing the current diversity and skill requirements for their consideration in the appointment or reappointment process.

Deleted: Letter of Endorsement/Recommendation

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O., 1990, c H.7.
Municipal Act, 2001, S.O. 2001, c. 25.

Deleted: For provincial appointment or reappointments, the Chair will submit a letter of endorsement by regular mail addressed to the Minister of Health and Long Term Care listing the names of all interested appointees that are being supported for appointment or reappointment along with the completed Reappointment Information Form(s) to:

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RELATED POLICIES

Board of Health By-law No.3

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Orientation and Development
SECTION: Board Effectiveness
POLICY NUMBER: G-370
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee
APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that members of the Board have the knowledge necessary to effectively discharge their duties, as members of the Board of Health.

POLICY

Board members shall receive an orientation to their role and responsibilities as Board members and to Middlesex-London Health Unit as an organization as soon as practical, following their appointments.

Additionally, the Board of Health will participate in development opportunities based on priorities identified in the Board of Health Self-Assessment.

PROCEDURE

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 Executive Assistant to the Board of Health rather than completing the training again. The training can be accessed using a link to be provided to new Board members.

On-Site Orientation

This will include a staff overview and tour of the Middlesex-London Health Unit sites which details the programs and services of the Office of the Medical Officer of Health, Corporate Services, Environmental Health and Infectious Disease, Foundational Standard, Healthy Living and Healthy Start divisions.

Online Self-Paced Learning

Additional content for the Board of Health is available online including:

- Essential reading list;
- Recommended Priority reading list;
- 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.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Orientation and Development **POLICY NUMBER:** **G-370**
SECTION: Board Effectiveness **PAGE:** 2 of 2

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

Board of Health Development

The Governance Committee is responsible for setting parameters on Board of Health development activities, which may be informed by the Board of Health Self-Assessment results. Board development sessions are to be held on [at least](#) an annual basis.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards.

RELATED POLICIES

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Conflict of Interest and Declaration	POLICY NUMBER: G-380
SECTION: Board Effectiveness	PAGE: 1 of 3
IMPLEMENTATION:	APPROVAL: Board of Health
SPONSOR: MOH / CEO	SIGNATURE:
REVIEWED BY: Governance Committee	DATE:

PURPOSE

Members of the Board of Health are called to observe the highest ethical standards in their conduct as members. This policy described potential conflicts of interest in seeks annual declaration.

POLICY

The standard of behaviour of members of the Board of Health is that each member must scrupulously avoid conflicts of interest between the interest of the health unit on one hand and personal, professional, and business financial interests on the other. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest.

PROCEDURE

Types of Conflict

Conflicts of interest could arise that are:

- actual or real, where the person's official duties are or will be influenced by the person's private or personal interests;
- perceived or apparent, where the person's official duties appear to be influenced by the person's private or personal interest; or
- foreseeable or potential, where the person's official duties may be influenced in the future by the person's private or personal interests.

Examples of Conflict of Interest Situations

Interest in a Transaction

A Board Member has a direct or indirect interest in a transaction or contract with the health unit.

Interest of a Relative

The health unit conducts business with suppliers of goods or services or any other party of which spouse of an officer of the health unit is a principal or officer.

Gifts

A Board Member, or the Board Members's adult child, accepts gifts, payments, services or anything else of more than a token or nominal value from a party that hopes to transact business with the Health unit (including a supplier of goods or services) for the purposes of (or that maybe perceived to be for the purposes of) influencing an act or decision of the Board.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Conflict of Interest and Declaration **POLICY NUMBER:** G-380
SECTION: Board Effectiveness **PAGE:** 2 of 3

“Two Hats”

A Board Member is also a Board Member or Director of another corporation (even a not-for-profit corporation) proposing to enter into a transaction with the Health Unit.

Appropriation of Corporate Opportunity

An Board Member diverts an opportunity or advantage that belongs to the Health Unit to himself or herself.

Responsibility

Board members must declare any conflict of interest as soon as it has been identified. The declaration should be made to the Board Chair. The declaration shall disclose the nature and extent of the stakeholder's interest. Disclosure shall be made at the earliest possible time and prior to any discussion, vote or decision making on the matter (unless such discussion, vote or decision making has occurred before the conflict was discovered). The Board members shall not attempt in any way to influence and such vote or decision.

As the identification of a conflict of interest is sometimes difficult, Board members are encouraged to consult the Board Chair regarding those matters that the member considers could constitute a conflict of interest. It is the responsibility of the Board Chair to determine whether a conflict of interest exists. In making that determination, the Board Chair may be guided by advice from the member and the other members of the Board and the Medical Officer of Health / Chief Executive Officer and by the advice of counsel, if sought. Board Chair should resolve any uncertainty as to whether a conflict of interest exists on the side of its existence. Once the Board Chair has determined that the member is in a conflict of interest position, the member should formally declare the conflict of interest in the manner set forth in this policy.

Special Role for the Board Chair

The Board Chair is the key person to establish an ethical climate for the health unit and the Board, and for ongoing attention to conflict of interest issues on the Board. The Board Chair is also responsible for the resolution of conflict of interest situations, and related disputes, among the Board members. The Vice Chair will, together with the Board, deal with conflict of interest situations that may arise with respect to the Board Chair. The Board bears great responsibility for maintaining the reputation of the health and such has special responsibility for ethical matters.

Annual Responsibilities

In addition to complying with the ongoing responsibilities set forth above, the Board members are required to complete an Annual Declaration Form (Appendix A).

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Conflict of Interest and
Declaration

POLICY NUMBER: **G-380**

SECTION: Board Effectiveness

PAGE: 3 of 3

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

**Middlesex-London Health Unit
Conflict of Interest
Annual Declaration Form**

Introduction:

Members of the Board of Directors are required to complete, sign and deliver this Annual Declaration Form to the Chair of the Board. If you have any questions concerning this Form or the Conflict of Interest policy, please contact the Board Chair or Medical Officer of Health / Chief Executive Officer.

Declaration:

I declare that:

- a) I have read the attached Conflict of Interest policy.
- b) I acknowledge that I am bound by the Conflict of Interest policy, including the disclosure requirements that apply to me.
- c) At the present time, [Check the appropriate box]
 - I am not in a conflict of interest situation*** nor am I aware of any fact situation which could give rise to a conflict of interest.
 - I am in a conflict of interest situation or a potential conflict of interest situation*** and I have notified the Board chair as set out in the Conflict of Interest policy.
- d) I understand and acknowledge that my failure to comply with the Conflict of Interest policy will be considered a breach of my obligations to the health and may result in my removal from the Board.

Deleted: Neither I, nor any of my Board colleagues, **are**

Deleted: I, or one of my Board colleagues, **is**

Deleted:

Name

Signature

Date (Month, Day, Year)



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Annual Report
SECTION: Communications and External Relations
POLICY NUMBER: G-470
PAGE: 1 of 2

IMPLEMENTATION: September 23, 1992
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee
APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that Health Unit activities are summarized annually and are available for review by key stakeholders and the general public as a means to document accountability.

POLICY

The Health Unit will have an annual report that demonstrates the impact of health unit services on the health of the community and to meet the requirements set forth by the Ontario Public Health Organizational Standards.

Information will be gathered from all Divisions in order to highlight the program activities and fiscal accountabilities for the previous year.

The annual report for MLHU is to be posted in a readily accessible manner of the health unit's website.

PROCEDURE

Development of the Annual Report

The Manager, Communications coordinates the development of the report.

Distribution of the Report

The Medical Officer of Health / Chief Executive Officer will present the report to the Board of Health and the report shall be posted to the health unit website by the Online Communications Coordinator.

Contents of the Report

The report shall be addressed to the public; include annual financial information; include a description of the mission, roles, processes, programs and operation of the public health unit; and include performance indicators that ensure transparency and accountability.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Annual Report	POLICY NUMBER: G-470
SECTION: Communications and External Relations	PAGE: 2 of 2

APPLICABLE LEGISLATION

Ontario Public Health Organization Standards

RELATED POLICIES

REVISION DATES (* = major revision):

June 1 1995

July 12 2000

October 13 2004

April 19 2012



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Media Relations
SECTION: Communications and External Relations

POLICY NUMBER:
PAGE:

G-480
1 of 2

Deleted: 3

IMPLEMENTATION: September 23, 1992
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee
APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To maximize the media's interest in and coverage of public health issues, programs, activities and services and to ensure that information is accurate, timely, relevant and maintains client confidentiality.

POLICY

The media plays an important role in the Health Unit's efforts to inform and raise awareness regarding public health issues, programs and services in Middlesex-London. Prompt response to media requests allows the Health Unit to maintain strong and open lines of communication with both the media and the residents of Middlesex-London.

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PROCEDURE

Media Enquiries

For matters relating to the Board, the Chair will be considered the Board Spokesperson for all media inquiries. When the Chair is unavailable, the Vice Chair will be considered the spokesperson for all inquiries.

Board Members may communicate positions of the Board. However, should a Board Member disagree with a position of the Board, the Member must clearly identify that they are speaking as an individual and not on the Board's behalf.

For matters relating to the overall operations or administration of the Health Unit, the Medical Officer of Health / Chief Executive Officer will be considered the Health Unit's spokesperson. For program and service related matters, a Health Unit spokesperson will be designated through consultation with the Manager, Communications or designate.

Deleted: A Health Unit spokesperson is to be designated through consultation with the Manager, Communications or their designate. The type of request and its potential implications will be taken into consideration.

The Manager, Communications should be contacted to coordinate media requests and to provide guidance, advice or assistance to staff in how to respond to media inquiries.

Staff should inform the Manager, Communications promptly when they are approached directly by the media.

The Manager, Communications is to be consulted in the development of media messages and approaches when crisis communications are required.

The Health Unit has a legal obligation to keep medical information private and confidential. Information about patients/clients must not be released without the permission of the patient/client unless deemed essential to protect the health of the community.

In the event of a public health emergency/crisis all media requests are to be referred to and coordinated by the Manager, Communications or designate.

The Health Unit has a legal obligation to keep medical information private and confidential. Information about patients/clients must not be released without the permission of the patient/client unless deemed essential to protect the health of the community.

Members of the media are to be met by a staff person and must be escorted by a staff person at all times when on Health Unit premises. The Health Unit has the right to prohibit members of the media from interviewing patients/clients and staff, taking photographs or otherwise invading the privacy of individuals or staff.

Deleted: All media requests should be directed to and cleared by the Manager, Communications who will act as media liaison and ask the appropriate to respond to a media request. He / she will offer Health Unit staff advice, guidance or assistance as needed.

Deleted: as outlined below. The Online Communications Coordinator will act as media liaison in the absence of the Manager, Communications

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Deleted: Staff contacted directly by the media should refer the call to the Manager, Communications, unless the staff person is the designated spokesperson on a media release.

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MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Media Relations
SECTION: Communications and External Relations

POLICY NUMBER:
PAGE:

G-480
2 of 2

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MLHU-Initiated Media Communications

In order to ensure that Health Unit media [relations](#) are not compromised, all [Staff / Board Members](#) must consult with the Manager, Communications before initiating contact with the media. All complaints or rebuttals regarding media coverage or the conduct of a member of the media must be handled by the Manager, Communications.

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Media Releases [are](#) issued by the Office of the Medical Officer of Health and [must be](#) approved by the Manager, Communications prior to release.

When sending a Media Release the Manager, Communications will:

- Work with [Staff / Board Members](#) to develop effective media messages;
- Edit releases;
- Distribute the release to appropriate media outlets;
- Send a copy of the media release to the MOH, the Management Team, the designated spokesperson and posts the media release on the MLHU website; releases will be distributed to all staff via e-mail [when appropriate](#); and
- Monitor, [assess](#), and track media coverage and, if needed, advise/respond to media coverage.

Deleted: staff

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Crisis Media Communications

Procedure(s) for this response are described in the Emergency Response Plan that is maintained by the Manager, Emergency Management.

Staff Training

The Manager, Communications educates [Staff / Board Members](#) about media relations and provides media training as required.

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APPLICABLE LEGISLATION

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RELATED POLICIES

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REVISION DATES (* = major revision):

[November 6 1996](#)

[July 12 2000](#)

[October 13 2004](#)

[July 28 2011](#)

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MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Reports **POLICY NUMBER:** G-490
SECTION: Communications and External Relations **PAGE:** 1 of 2

IMPLEMENTATION: June 15, 1994 **APPROVAL:** Board of Health
SPONSOR: MOH / CEO **SIGNATURE:**
REVIEWED BY: Governance Committee **DATE:**

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PURPOSE

To ensure reports to the Board of Health are prepared and processed in a standardized format.

POLICY

All reports submitted by staff to the Board of Health must be addressed and formatted as per the MLHU Corporate Identity and Graphic Standards Manual and in accordance with the procedure in this policy.

PROCEDURE

General

Board of Health reports are initiated and prepared by appropriate Health Unit staff. Preparation of the agenda is the responsibility of the Medical Officer of Health and Chief Executive Officer in order to maintain a coordinated Board meeting agenda and to handle the inclusion of urgent issues.

Format

The Board Report template (Appendix A) must be used to prepare Board reports. Referencing will follow the most current version of the American Psychological Association (APA). Additional formatting details are in the MLHU Corporate Identity and Graphic Standards Manual. Templates for Governance Committee and Finance and Facilities Committee can be found as Appendix B and C.

Submission Protocol

After the agenda has been set, reports will be numbered sequentially from January 1 to December 31 with a two-digit reference to the year the report appeared before the Board. The Executive Assistant (EA) to the Medical Officer of Health / Chief Executive Officer (MOH / CEO) maintains a register of Board reports by report number, meeting date, subject matter and author(s).

Draft reports are to be reviewed by the Director and Manager before proceeding to the next step in the submission protocol.

Ten working days prior to the Board meeting, the following information must be submitted to the EA to the MOH / CEO for review by the MOH / CEO: an electronic version of the draft report

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Reports **POLICY NUMBER:** G-490
SECTION: Communications and External Relations **PAGE:** 2 of 2

and the relevant appendices. The EA to the MOH / CEO will provide an updated schedule of Board meeting dates and report submission deadlines to all staff.

The draft electronic version of the report is sent as an attachment through outlook to the EA of the MOH who will maintain computer files of the Board reports in order to expedite minor revisions and to provide centralized management of the reports.

Major revisions to the draft reports by the MOH / CEO will be discussed with the author(s)/appropriate manager. If time permits the author is responsible for completing major revisions and resubmitting the report.

The final version of the report must be approved and signed by the MOH / CEO.

Distribution

Board reports will be incorporated into packages for distribution to Board members by the EA to the MOH / CEO. The EA to the MOH / CEO will arrange for the delivery of packages to Board members to be received no later than five days prior to the scheduled Board meeting.

The EA to the MOH will distribute Board meeting packages, including in-camera reports, where appropriate to all members of the Senior Leadership Team; Manager, Communications; and Manager, Strategic Projects, prior to the Board meeting. Directors circulate Board agenda, reports and minutes to staff in accordance with Divisional practices.

The EA to the MOH will send an electronic copy of the final Board Report to each of the Director(s)/Manager(s) who originally submitted them.

Board packages, excluding in-camera reports, will be made available to the Media by the Manager, Communications prior to the scheduled Board meeting. The EA will also provide the Online Communications Coordinator with a copy of the Board agenda package (excluding in-camera reports) to be posted to the Health Unit website.

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

February 12 1997;
July 20 2000;
June 17 2004

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. X

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health & Chief Executive Officer
DATE: YYYY Month DD

TITLE

Recommendation

Key Points

-
-
-

Background

Heading 1

Heading 2

Next Steps

[This report was submitted by the X Team, L Division.](#)

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. X

TO: Chair and Members of the Governance Committee
FROM: Christopher Mackie, Medical Officer of Health & Chief Executive Officer
DATE: YYYY Month DD

TITLE

Recommendation

Key Points

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Background

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[This report was submitted by the X Team, L Division.](#)

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer

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MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. X

TO: Chair and Members of the Finance & Facilities Committee
FROM: Christopher Mackie, Medical Officer of Health & Chief Executive Officer
DATE: YYYY Month DD

TITLE

Recommendation

Key Points

-
-
-

Background

Heading 1

Heading 2

Next Steps

This report was [submitted by the X Team, L Division.](#)

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Deleted: prepared by Name, Title, Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health & Chief Executive Officer

FOR REVIEW

Governance Manual By-laws & Policies

March 16, 2017

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-000</u>	Board of Health	By-law, Policy and Procedures <ul style="list-style-type: none"> ➤ Appendix A - Development and Review Process ➤ Appendix B - Development and Review Checklist ➤ Appendix C - Development and Review Form ➤ Appendix D - Development and Review Change Table ➤ Appendix E - Archiving Process 	Approved	• To be reviewed before December 2018
<u>G-B10</u>	By-Laws	By-law #1 - Management of Property	Approved	• To be reviewed before December 2018
<u>G-B20</u>	By-Laws	By-law #2 - Banking & Finance	Approved	• To be reviewed before December 2018
<u>G-B30</u>	By-Laws	By-law #3 - Proceedings of the Board of Health	Approved	• To be reviewed before December 2018
<u>G-B40</u>	By-Laws	By-law #4 - Duties of the Auditor	Approved	• To be reviewed before December 2018
<u>G-010</u>	Strategic Direction	Strategic Planning	Approved	• To be reviewed before December 2018
<u>G-020</u>	Leadership and Board Management	MOH / CEO Direction	Approved	• To be reviewed before December 2018
<u>G-030</u>	Leadership and Board Management	MOH / CEO Position Description <ul style="list-style-type: none"> ➤ Appendix A – MOH / CEO Position Description 	Approved	• To be reviewed before December 2018
<u>G-040</u>	Leadership and Board Management	MOH / CEO Selection and Succession Planning	Q2 – 2017	• TBD
<u>G-050</u>	Leadership and Board Management	MOH / CEO Performance Appraisal <ul style="list-style-type: none"> ➤ Appendix A - Performance Appraisal Process ➤ Appendix B - Performance appraisal check-list ➤ Appendix C - Main performance appraisal form to be completed by the appraisers and the MOH / CEO ➤ Appendix D - Stakeholder performance appraisal tools process outline ➤ Appendix E - Sample email and performance appraisal questions for Board of Health members ➤ Appendix F - Sample email and performance appraisal questions for Direct Reports ➤ Appendix G - Sample email and performance appraisal questions for Community Partners 	Approved	• To be reviewed before December 2018

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-060</u>	Leadership and Board Management	MOH / CEO Compensation	Q4 – 2017	• TBD
<u>G-070</u>	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Q4 – 2017	• TBD
<u>G-080</u>	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Q2 – 2017	• TBD
<u>G-090</u>	Program Quality and Effectiveness	Quality Improvement - Framework	Q4 – 2017	• TBD
<u>G-100</u>	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	Q2 – 2017	• Deferred to Q2 to align with administrative policy review • TBD
<u>G-110</u>	Program Quality and Effectiveness	Performance Monitoring	Q3 – 2017	• TBD
<u>G-120</u>	Program Quality and Effectiveness	Risk Management	For Review	• New policy
<u>G-130</u>	Program Quality and Effectiveness	Ethics	Q3 – 2017	• TBD
<u>G-140</u>	Program Quality and Effectiveness	Respect for Diversity	Q3 – 2017	• TBD
<u>G-150</u>	Program Quality and Effectiveness	Complaints	Q3 - 2017	• TBD
<u>G-160</u>	Program Quality and Effectiveness	Jordan's Principle	Approved	• To be reviewed before December 2018
<u>G-170</u>	Financial and Organizational Accountability	Financial Objectives	Q2 – 2017	• TBD
<u>G-180</u>	Financial and Organizational Accountability	Financial Planning and Performance	Q2 – 2017	• TBD
<u>G-190</u>	Financial and Organizational Accountability	Asset Protection	Q2 – 2017	• TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-200</u>	Financial and Organizational Accountability	Approval and Signing Authority	Approved	• To be reviewed before December 2018
<u>G-210</u>	Financial and Organizational Accountability	Borrowing	Q2 – 2017	• TBD
<u>G-220</u>	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	• To be reviewed before December 2018
<u>G-230</u>	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	• To be reviewed before December 2018
<u>G-240</u>	Financial and Organizational Accountability	Tangible Capital Assets	Q2 – 2017	• TBD
<u>G-250</u>	Financial and Organizational Accountability	Reserve and Reserve Funds	Q2 – 2017	• TBD
<u>G-310</u>	Financial and Organizational Accountability	Corporate Sponsorship	For Review	• Replaces policy 4-070
<u>G-320</u>	Financial and Organizational Accountability	Donations	For Review	• Replaces policy 4-160
<u>G-330</u>	Financial and Organizational Accountability	Gifts and Honorariums	For Review	• Replaces policy 4-055
<u>G-410</u>	Financial and Organizational Accountability	Board Member Remuneration	For Review	• TBD
<u>G-420</u>	Financial and Organizational Accountability	Travel Reimbursement	For Review	• TBD
<u>G-260</u>	Board Effectiveness	Governance Principles and Board Accountability	For Review	• New policy

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-270</u>	Board Effectiveness	Roles and Responsibilities of the Board of Health ➤ Appendix A- Board of Health Members ➤ Appendix B- Board of Health Chair & Vice Chair ➤ Appendix C- Board of Health Secretary-Treasurer	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports • Additional content integrated from other policy examples
<u>G-280</u>	Board Effectiveness	Board Size and Composition	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-290</u>	Board Effectiveness	Standing and Ad Hoc Committees ➤ Appendix A - Governance Committee Terms of Reference ➤ Appendix B - Governance Committee Reporting Calendar ➤ Appendix C – Finance and Facilities Committee Terms of Reference ➤ Appendix D – Finance and Facilities Committee Reporting Calendar	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-300</u>	Board Effectiveness	Board of Health Self- Assessment ➤ Appendix A – Board of Health Self-Assessment Tool	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-350</u>	Board Effectiveness	Nominations and Appointments to the Board of Health	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-360</u>	Board Effectiveness	Resignation and Removal of Board Members	Q3 - 2016	<ul style="list-style-type: none"> • TBD
<u>G-370</u>	Board Effectiveness	Board of Health Orientation and Development	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-020 • Newly developed policy • Based on previous Board of Health reports

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-380</u>	Board Effectiveness	Conflicts of Interest & Declaration ➤ Declaration Form	Recommended for Approval	<ul style="list-style-type: none"> • Newly developed policy
<u>G-390</u>	Board Effectiveness	Code of Conduct ➤ Appendix A – Corporate Code of Conduct ➤ Appendix B – BOH Code of Conduct	Q3 – 2017	<ul style="list-style-type: none"> • Replaces 1-110 • Policy number change • Contained in the November policy manual but to be reviewed more extensively in 2017
<u>G-430</u>	Communications and External Relations	Advocacy	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-440</u>	Communications and External Relations	Community Engagement	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-450</u>	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-460</u>	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-470</u>	Communications and External Relations	Annual Report	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-100 • Policy number change • Revised – see blackline
<u>G-480</u>	Communications and External Relations	Media Relations	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-090 • Policy number change • Revised – see blackline
<u>G-490</u>	Communications and External Relations	Board of Health Reports ➤ Appendix A – Board of Health Report Template ➤ Appendix B – Governance Report Template ➤ Appendix C – Finance and Facility Report Template	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-040 • Policy number change • Addition of Appendices • Revised – see blackline

SUBJECT: Risk Management
SECTION: Program Quality and
Effectiveness

POLICY NUMBER: **G-120**
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that an appropriate and effective risk management process is in place to monitor and to respond to emerging issues and potential threats to the agency, from both internal and external sources.

POLICY

The Middlesex-London Health Unit engages in a wide range of activities, in its facilities and in the community, all of which are subject to some level of uncertainty. It is the policy of the agency:

- To embed risk management into the culture and operations of the agency,
- To integrate risk management into strategic planning, operational planning, performance management and resource allocation decisions,
- To manage threats and leverage opportunities as appropriate and in accordance with best practices,
- To re-assess regularly and to report on the agency's risks and the effectiveness of existing risk mitigation strategies,
- To anticipate and respond to changing social, environmental and legislative requirements,
- To support the development of risk management competencies across the agency, and
- To encourage all staff to report risks and to ensure that no person who in good faith reports a risk is subjected to any form of retribution, retaliation or reprisal.

PROCEDURE

The Board of Health shall be responsible for providing risk oversight and ensuring that the agency takes a risk-based approach to establishing a sound system of internal control that is integrated with the agency's strategic planning process. The board shall obtain an understanding of the risks inherent in the agency's strategies and the risk appetite of management in executing these strategies, shall apprise itself of useful information from internal and external sources about the critical assumptions underlying the strategies, shall be alert for organizational dysfunctional behaviour that can lead to excessive risk taking or insufficient risk taking, and shall provide evidence to executive regarding critical risk issues. The board shall also provide direction on the extent and categories of risk that it regards as acceptable and define the scope and frequency of risk management reporting.

SUBJECT: Risk Management
SECTION: Program Quality and
Effectiveness

POLICY NUMBER:
PAGE:

G-120
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The MLHU Risk Management Process is based on the Ontario Public Service Risk Management Framework and includes the following steps:

1. Establish objectives
2. Identify risks and controls
3. Assess risks and controls
4. Evaluate and take action
5. Monitor and report

Management shall ensure that policies are carried out and processes are executed in accordance with objectives and identified risk tolerances, as well as actively embrace an integrated approach to risk management, sharing risk information transparently throughout the agency and promoting a culture in which risk management permeates all levels of the organization.

The Medical Officer of Health / Chief Executive Officer shall have overall responsibility for risk management, ensuring the effective execution of the agency risk management process and that no significant risk is overlooked. The Director, Corporate Services shall be responsible for the development, implementation, and review of a systematic risk management process.

All employees, students, and volunteers shall consider risk management as an integral and ongoing part of their role in the agency. They shall have an inherent responsibility to identify, assess, manage and communicate risks associated with their work to assist in developing and implementing risk management plans and actions.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

RELATED POLICIES

REVISION DATES (* = major revision):

SUBJECT: Governance Principles and
Board Accountability

POLICY NUMBER:

G-260

SECTION: Board Effectiveness

PAGE:

1 of 2

IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

As part of the Board of Health's responsibility for ensuring Board effectiveness, the Board will establish, approve and at least biannually review their Governance Principles and Board Accountability Statement. This statement addresses the overarching philosophy and approach to its governance responsibilities, including its governance model and accountabilities.

POLICY

The Middlesex-London Board of Health is an autonomous board of health as established under section 49 of the Health Protection and Promotion Act (HPPA), meaning it is separate from any municipal organization but with multi-municipal representation, including council members and / or citizen representatives appointed by municipalities and citizen representatives appointed by the province.

MLHU's governance principles are based on Dr. Graham Scott's Critical Elements for Effective Governance which was developed using a Modified Pointer and Orlikoff Framework, the Ontario Public Health Organizational Standards, OHA Guide to Good Governance and several other influencers. These Critical Elements for Effective Governance also take into consideration the unique context for boards of health.

The Middlesex-London Board of Health is accountable to the Middlesex-London Health Unit, the individuals and communities it serves, and the Government of Ontario and local municipalities for the efficient and effective delivery of public health programs and services.

PROCEDURE

The governance principles and board accountabilities form a distinctive set of governance structures with responsibilities and processes that are consistent with one another.

Structures refer to the parameters for selection and operation of the Board of Health as established by legislation, regulation, by-laws and policies.

Responsibilities refer to how governance functions are exercised and how responsibilities are distributed between the Board of Health, and the Medical Officer of Health / Chief Executive Officer.

Processes refer to those practices relating to board development, management and decision-making.

SUBJECT: Governance Principles and
Board Accountability

POLICY NUMBER:

G-260

SECTION: Board Effectiveness

PAGE:

2 of 2

These structures, responsibilities and processes are articulated and supported by:

- Governance Policy Manual;
- Board agendas;
- Board and Committee reporting calendars; and
- Board self-assessments.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

RELATED POLICIES

REVISION DATES (* = major revision):

GOVERNANCE MANUAL

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-310**
PAGE: 1 of 4

IMPLEMENTATION: September 25, 1997
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The MLHU welcomes and encourages sponsorship to advance the work of the organization. The purpose of this policy is to provide guidelines to maximize revenue opportunities while safeguarding the Health Unit's corporate values, image, reputation, assets and interests.

POLICY

In this policy, "sponsorship" refers to a mutually agreed to arrangement, prepared in writing, between the Health Unit and an external party (organization or individual referred to as the "sponsor") where the sponsor contributes money, goods or services to a Health Unit facility, program, project or special event in return for recognition, acknowledgement, or other promotional considerations or benefits.

This policy excludes donations, gifts in-kind or advice where no business relationship or association is contemplated or is required and where not reciprocal consideration is being sought. Refer to Donations Policy.

Reputational Risk

Conflict of Interest

The policy applies to all Staff / Board Members, and all relationships between the Health Unit and the sponsor. Staff / Board Members must not receive direct professional, personal or financial gain from an affiliation with the sponsor. The Health Unit must be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships.

Brand Preservation

The sponsorship must enhance, not impede, the Health Unit's ability to act in the best interest of the public. Agreements shall not in any way invoke future consideration, influence or be perceived to influence the day to day operations of the Health Unit. The Health Unit will maintain complete control of all funds provided from sponsors. The Health Unit's intangible intellectual assets, including name and logo, will be protected at all times. Sponsors will not be permitted to use Health Unit's name or logo for any commercial purpose or in connection with the promotion of any product. The Health Unit will not provide product or service endorsements or allow commercial product promotions. Use of the MLHU by other agencies must be approved by Communications.

The Health Unit aims to preserve and protect its image and reputation at all times, and therefore, will not solicit or accept sponsorship from companies whose products or services are

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

POLICY NUMBER:
PAGE:

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2 of 4

inconsistent with MLHU's mission, vision, values or health promotion messaging. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for sponsorship. Consideration can be given to subsidiary companies as long as the parent company is not promoted.

The Health Unit reserves the right to reject any unsolicited sponsorships that have been offered, and to refuse to enter into agreements for any sponsorships that may have originally been solicited by the Health Unit.

PROCEDURE

Impact Assessment

There may be legal, administrative, professional practice or other considerations (e.g. labour relations, budget, resourcing, health promotion messaging etc.) that should be reviewed and clarified before entering into any type of sponsorship agreement. Refer to Appendix A Corporate Sponsorship Assessment Form.

Sponsorship Agreement

Approval

All sponsorship opportunities must be reviewed by the Division Director with consultation as appropriate, before any agreement is signed. The Signing Authority Policy governs the approvals required for the execution of any sponsorship agreement. All sponsorships regardless of their value must have a signed agreement, which clearly outlines the responsibilities of all parties.

Multi-Year Agreements

Sponsorship agreements that are entered into, which span greater than one year, are to be evaluated on an annual basis by the Associate Director, Finance to ensure that the criteria have been met, and will continue to be met. Any changes by the Health Unit to the sponsorship agreement will be forwarded to the appropriate authorizing person as per the Signing Authority Policy.

Multi-Party Agreements

When activities are planned in partnership with other organizations, and a sponsorship agreement is involved, consensus about the corporate sponsorship must be achieved among all partners. All parties must sign off on the sponsorship agreement.

Sponsor Recognition

How the sponsor is recognized or acknowledged must be included in the sponsorship agreement.

Solicitation

The solicitation process for sponsorship does not need to follow the competitive procurement process for quotes. Any other situations that are an exception to this Policy will be reviewed by

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

POLICY NUMBER:
PAGE:

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the Medical Officer of Health and the Board of Health if required. Together, they shall interpret this policy in good faith.

DEFINITIONS

Charitable Donation: A free or philanthropic contribution or gift, usually to a charity or public institution. It could be in the form of goods, services or funds given with expectation of a tax receipt.

Corporate Sponsorship: Is a marketing-oriented, contracted partnership between a corporation and a not-for-profit organization with obligations and benefits to both parties. What distinguishes corporate sponsorship from a charitable donation is the expectation for corporate recognition. A corporation may choose to sponsor an organization on a short or long-term basis by providing funding, goods or services. Corporations may use sponsorship as a deductible business expense. Examples of corporate sponsorship are:

- Donating products for contests
- Printing of materials
- Donating supplies, equipment, food or people
- Providing mailing services
- Funding for specific programs or activities
- Providing meeting space
- Naming rights

Sponsorship Arrangement: Is a business arrangement whereby the partner commits resources (monies and/or in-kind resources) to support a specific project or activity, but does not share in the profits or underlying risks of the project. The partner contributes funds to an event, program or even a capital project and receives a benefit (e.g., specific image and marketing opportunities) from the associated publicity.

Sponsorship Agreement: The document which outlines the terms and conditions of the Sponsorship Arrangement, and outlines the responsibilities of all parties.

Endorsement: A formal and explicit approval or a promotional statement for a product or service of a corporation.

Naming Rights: A type of sponsorship in which an external company, organization, enterprise, association or individual purchases the exclusive right to name an asset or venue (e.g., a library building, sports facility or part of a facility - an ice pad within a multi-pad facility, etc.) for a fixed or indefinite period of time. Usually naming rights are considered in a commercial context, which is that the naming right is sold or exchanged for significant cash and/ or other considerations under a long-term arrangement.

Solicitation: Act or instance of requesting or seeking bid, business, or information.

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

POLICY NUMBER:
PAGE:

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APPLICABLE LEGISLATION

Not applicable.

RELATED POLICIES

G-330 Gifts and Honorariums
G-200 Signing Authority

REVISION DATES (* = major revision):

September 25, 1997

May 31, 2000

May 16, 2002

March 31, 2014

Governance Policy Manual – Corporate Sponsorship Assessment Form

1. Name of proposed sponsor: _____
Name of sponsor contact person: _____
Name of MLHU Contact Person
(Division Director /Project Staff): _____

2. Any prior philanthropic association with the MLHU?
Yes No

Describe: _____

3. What is the nature of the proposed sponsorship?

Division: _____
Project or Event: _____
Describe: _____

4. How will this relationship advance the overall health of the community and/or the mission of the MLHU?

5. Is the sponsor's mission and project or service compatible with the Health Unit mission?

Yes No

6. Outline any potential conflict of interest.

7. Optimal timing for submission of requests for sponsorship proposal to company.

8. Information on company sponsorship approval process.

9. What does Corporate Sponsor require from MLHU for their approval process?

10. Corporate Sponsor's Annual Report & Strategic Plan obtained:

Yes No N/A

11. Has another MLHU Division or project stated an intention to solicit from this sponsor?

Yes No

12. Probable response to this sponsorship relationship within:

	UNFAVOURABLE	NEUTRAL	FAVOURABLE
The Ministry of Health			
The Community			
Other MLHU Stakeholders			

13. Overall assessment of this sponsorship relationship:

1 2 3 4 5
 Not Useful Useful Very Useful

14. According to MLHU policy have appropriate MLHU signators in the MLHU reviewed this Sponsorship Assessment Form?

Yes No

Comments or Conditions:

15. Division Director if applicable:

Accept Reject

(name and position)

(date)

16. Medical Officer of Health / Chief Executive Officer recommendation if applicable:

Accept Reject N/A

(signature and position)

(date)

17. Board of Health recommendation if applicable:

Accept Reject N/A

(Chair of Board)

(date)

18. Assessment form completed by:

(signature and position)

(dates)

ATTACH A COPY OF THE PROPOSAL TO/FROM THE SPONSOR TO THIS FORM.

Governance Policy Manual – Corporate Sponsorship Agreement / Contract

BETWEEN:

Middlesex-London Health Unit (the "Health Unit")

AND

The "Corporate Sponsor"

Corporate Name

Address

ACTIVITY:

(Indicate exact manner in which event is to be described)

LOCATION OF ACTIVITY:

DESCRIBE THE DONATION:

PURPOSE

The Corporate Sponsor has agreed to sponsor (the Activity indicated above).

The Agreement sets forth the respective roles, obligations and commitments of the Corporate Sponsor and the Health Unit regarding the Activity.

Each party agrees to observe this Agreement to the best of its ability.

Recognition/Promotion

In all promotional materials and publicity, the Activity will be described as indicated above. Describe the prominence of Health Unit/Corporate Sponsors names and logos in all promotional materials and signage used in connection with the Activity.

Describe content and style of promotion materials.

ADMINISTRATION

1.0 The Corporate Sponsorship Agreement/ Sponsorship Contract addresses the following:

- 1.1 Insurance Coverage if applicable.
- 1.2 Responsibilities, liabilities, obligations and benefits of MLHU and Corporate Sponsor.
- 1.3 Project timelines.
- 1.4 Describe content and style of promotional materials.
- 1.5 Commitments to suppliers/others.
- 1.6 Pricing of participation in the activity.
- 1.7 Revenue and expenditure budget.
- 1.8 Frequency of reports re project/program status to Corporate Sponsor.
- 1.9 Financial Considerations - receipts, proceeds, statements of account (describe the use of proceeds, services in kind and uses of the donation), audit requirements.

2.0 Termination

If the Corporate Sponsor is sponsoring the Activity on a "one time" basis state: "this Agreement will terminate when the Activity is concluded and all obligations with respect thereto have been satisfied".

If the Corporate Sponsor will be sponsoring the Activity on a "continuing" basis state: "this Agreement will continue in force until terminated by either party on at least 30 days prior written notice to the other party".

After termination of this agreement, the Corporate Sponsor will no longer be associated with the Activity. The Health Unit will be entitled to continue, discontinue or modify the Activity as it considers appropriate and the Activity, the name, style and any logos associated with the Activity, excluding any logos of the Corporate Sponsor, will remain the property of the Health Unit.

3.0 Modifications

This Agreement is subject to any additional matters agreed to be the parties described in any appendix attached hereto.

The Middlesex-London Health Unit

Medical Officer of Health / Chief Executive Officer

Date

The "Corporate Sponsor"

Per

Date

SUBJECT: Donations
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-320
PAGE: 1 of 3

IMPLEMENTATION: March 31, 2014
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The Health Unit, while having charitable status, is not in the “business of fundraising” and therefore does not actively solicit donations. However, it may from time to time, receive donations from the public or other organizations. The purpose of this policy is to provide guidance to Health Unit staff on accepting donations that are appropriate, ethical, and consistent with the organization’s values; and, on dealing appropriately with donors who have made a donation.

POLICY

Responsibility to MOHLTC

Although MOHLTC encourages agencies to raise funds, ministry funds cannot be used to support fundraising activities (e.g., salary for a fund raiser, supplies, advertising). Any fundraised dollars must be accounted for separately on the agency’s audited financial statements. A reasonable amount of time spent at planning meetings is acceptable and would not be considered a fundraising activity.

Responsibility to Donors

The Health Unit must ensure that any donors or prospective donors are treated in an ethical and responsible manner at all times. At no time shall Health Unit staff exert undue pressure or influence on a donor or prospective donor. If there is any perceived conflict of interest with Health Unit staff, when dealing with a donor or prospective donor, that conflict of interest will be declared to the Medical Officer of Health / Chief Executive Officer (MOH / CEO), and the donor or prospective donor will also be made aware of the conflict of interest.

PROCEDURE

Consultation

Health Unit staff will encourage donors to consult with Professional Advisors of their choice, as well as with family members, prior to making a donation to ensure that the donor will not be disadvantaged by the donation.

Restricted Donations

The Health Unit shall, at all times, honour the conditions of donations accepted. Should the purpose for which the donation was made change, every attempt will be made to discuss the change with the donor. If the donor cannot be contacted, the MOH / CEO will realign the use of the donation, meeting as closely as possible, the donor’s original intent. If the donor’s wish is to

SUBJECT: Donations
SECTION: Financial and Organizational
Accountability

POLICY NUMBER:
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remain anonymous, the Health Unit will maintain anonymity. Otherwise, the Health Unit will ensure that the donor is appropriately recognized.

Receipts

A receipt will be issued to the donor for the value of the donation in accordance with Canada Revenue Agency (CRA) guidelines. All donor information will be kept in accordance with the Health Unit's Privacy Policy.

Accepting Donations

Gifts of Cash, Securities or Real Estate

Donations can be received directly or through bequests. Donations can be for general purposes or can be in support of a specific item, program or service, either capital or operational in nature. The Health Unit can only accept donations that are in the form of cash. Any donations that are in the form of securities or real estate must be declined; however, the donor can be informed that if it converts the securities or real estate into cash, that the Health Unit will accept the donation.

Gifts In-Kind

Gifts in-kind are evaluated and accepted (or declined) based on need, ongoing maintenance requirements, suitability, storage and liability, amongst other criteria. Depending on the donor's wishes, the Health Unit may retain the gift or sell it and use the proceeds where they are needed most.

Canada Revenue Agency Guidelines

According to CRA, it is the donor's responsibility to have the value of the property appraised for receipting purposes. The Health Unit will issue a receipt in accordance with CRA guidelines.

Declining Donations

Health Unit staff shall decline any donation where one or more of the following may be true:

- Restrictions attached to the donation are not consistent with the mission, values or programs of the Health Unit. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for receiving donations. Consideration can be given to subsidiary companies as long as the parent company is not promoted.
- Restrictions attached to the donation would cause undue hardship on the Health Unit
- The donor is attempting to unduly influence the Health Unit
- The donation is from illegal sources
- The donation is from a group whose ethics or business practices are inconsistent with the mission, values or programs of the Health Unit
- Donations of material property for which no reliable valuation can be made
- Donations that jeopardize the charitable status of the Health Unit
- Donations with undue physical or environmental hazards associated with them
- Donations that could improperly benefit an individual
- Donations that could harm the reputation of the Health Unit
- Sponsorship

SUBJECT: Donations
SECTION: Financial and Organizational
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DEFINITIONS

MOHLTC: Ministry of Health and Long Term Care.

Board: Board of Health for the Middlesex-London Health Unit.

Securities: Are equity or debt instruments listed on a public exchange.

Personal Property: Anything that is not cash, securities or real estate. Personal Property includes, but is not limited to, artworks, automotive vehicles, rare books and equipment.

Bequest: Is the act of receiving personal property through a Will.

Restriction: Is a condition imposed on the use of a gift/donation.

Conflict of Interest: Is any event (whether actual or perceived) in which the Health Unit or anyone representing the Health Unit may benefit from knowledge of, or participation in, the acceptance of a donation.

CRA: Canada Revenue Agency.

Donation/Gift (cash): Is a voluntary transfer of personal property from a donor to a donee. The transaction shall not result directly or indirectly in a right, privilege, material benefit or advantage to the donor or to a person designated by the donor.

Gift-in-Kind/In-Kind Gift (not cash): A donation of property, goods or services other than cash. An independent qualified appraiser typically determines the fair market value of the gift.

Professional Advisors: Professionals external to the Health Unit with the ability to provide expert tax, legal or financial planning advice to donors (or prospective donors) on their charitable giving, including lawyers, financial planners, insurance agents, trust professionals, accountants, or investment advisors.

APPLICABLE LEGISLATION

RELATED POLICIES

G-200 Approval and Signing Authority

REVISION DATES (* = major revision):

SUBJECT: Gifts and Honorariums
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-330
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

This policy addresses what is an acceptable gift/honorarium for Staff / Board Members to receive when acting in their capacity as Health Unit employees / public health professionals / members of the Middlesex-London Board of Health.

This policy applies to full time, part time and contract employees and Board Members unless otherwise stated. This policy applies at all times, whether during a traditional gift-giving season or not.

POLICY

Gifts/Gratuities

The giving of personal gifts of nominal value, on an occasional basis, is a common practice in building and maintaining business / client relationships. Suppliers, business associates and others with whom the Health Unit has professional relationship may from time to time provide staff with tokens of appreciation. Staff / Board Members may accept gifts of small intrinsic value if they are an appropriate common expression of courtesy or appreciation within normal standards of hospitality, all others must be declined. All gifts must be reported to the employee's supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

Gifts or other favours that could in any way influence or appear to influence business decisions are not an acceptable practice of the Health Unit and should not be accepted.

Honorariums

As part of their public service, Staff / Board Members may prepare and/or deliver health unit-related programs or information to community organizations. In these situations, the receiving organization may provide a nominal amount of remuneration to the Health Unit Staff / Board Members, in appreciation and recognition of the service delivered. Honorarium payments can be in the form of gift or gift cards and must be limited to a maximum value of \$500. Notable exceptions might be for a distinguished or recognized professional key note address at a major event, conference or fundraising activity. When an honorarium is received, the employee will turn the funds over to their immediate supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

SUBJECT: Gifts and Honorariums
SECTION: Financial and Organizational
Accountability

POLICY NUMBER:
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Funds will be used to purchase resources within the Division, or the Board expenses budget. Canada Revenue Agency regulations state that honorariums exceeding \$500 cumulatively in one calendar year are to be considered a taxable benefit and subject to a T4A.

PROCEDURE

Notification & Documentation of Gifts and Honorariums

For the purposes of an audit, all gifts or honorariums (regardless of value) received by Staff / Board Members should be appropriately documented, including the name of the individual receiving the gift, the individual who approved the receiving of the gift, the reasons for the awarding of the gift, the contents and value of the gift itself, and any other relevant details. Accurate records must be maintained in order to demonstrate the reasonableness and appropriateness of any gift. Awarding gifts must be compliant with Canada Revenue Agency rules.

DEFINITIONS

Gift: Is something acquired without compensation. This would include, for example, a meal, flowers, gift cards, gift certificates, or a ticket to a special event.

Honorarium: Is an ex gratia payment made to a person for their services in a volunteer capacity or for services for which fees are not traditionally required. It is typically a small payment made on a special or non-routine basis.

CRA: Canada Revenue Agency

T4A: Canadian tax information slip is a Statement of Pension, Retirement, Annuity, and Other Income

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

September 30, 1992

June 15, 1994

August 2, 2000

March 2, 2005

October 2, 2014

GOVERNANCE MANUAL

SUBJECT: Board of Health Remuneration
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-410**
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that Board of Health Members receive compensation for their activities on behalf of the Board of Health.

POLICY

In accordance with the Health Protection and Promotion Act, section 49, Board Members shall receive compensation for each day on which they conduct business on behalf of the Board of Health. For the purposes of this policy, such business includes official meetings at which the member represents the Board and attendance at conferences, but does not include ceremonial functions or special events. Board Members attending conferences shall also be reimbursed for travel expenses in accordance with policy G-420 Board of Health Reimbursements and Travel.

PROCEDURE

Remuneration for Board of Health Business is to be paid for each day on which any eligible Board Member attends a Board meeting, Board committee meeting, a meeting which the member attends on behalf of the Board of Health, or an approved convention or conference.

Compensation rates for Board of Health Members who are eligible to receive expenses have been based on comparable rates passed by local municipalities. The current half-day per diem rate shall be \$149.25 for eligible Board Members.

Board Members shall receive only one fee per day, regardless of whether the member attends more than one official function in a day.

All community appointees shall receive this remuneration. Municipal appointees who receive annual remuneration from their municipality shall not be eligible for additional remuneration from the Middlesex-London Health Unit.

In circumstances in which the municipality does not provide annual remuneration to its councilors, the Middlesex-London Health Unit shall provide remuneration for the municipal appointees, based on the days on which they are engaged in Board business.

Board Members eligible to receive remuneration shall complete and submit the appropriate form (Appendix A).

SUBJECT: Board of Health Remuneration
SECTION: Financial and Organizational
Accountability

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APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

RELATED POLICIES

G-420 Board of Health Reimbursement and Travel
REVISION DATES (* = major revision):



Middlesex-London Board of Health

Reimbursement for Monthly Activities

Name of Board Member: _____

Please use a separate form for each month and include all activities for that month.
Only expenses claimed below are eligible for reimbursement.

1. REGULARLY SCHEDULED BOH MEETING

2016 Rate

Date	Mileage (in kilometers)
	kms

0 - 5000 kms @ 51 cents
5000 kms and over @ 45 cents

2. BOARD CHAIR PREPARATION MEETING WITH MOH (*25% of regular meeting rate \$149.25 as of January 1, 2016)

Date	Mileage (in kilometers)
	kms

3. OTHER ACTIVITIES (i.e. special meetings, summer meetings, teleconferences etc.)

Date	Name/Purpose of Meeting	Mileage (kms)	Parking	Phone	Accom'n	Other

4. FOR aIPHa CONFERENCE ONLY *

	Attended		
	AM	PM	Evening
DAY 1			
DAY 2			
DAY 3			

Check if Applicable		
Additional day required for travel		
Hotel/transportation receipts attached		\$
Mileage		kms

* Board members are remunerated for 3 rate payments per day of attendance: morning/afternoon/evening session

Financial Services Use Only		
Vendor # _____ -- _____		
Voucher #	Account	Amount
	70098-800-000	\$.
	70098-800-000	\$.
	70098-800-000	\$.
	75098-800-000	\$.
	78098-800-000	\$.
	13600-800-000	\$.
	78098-800-000	\$.
	13600-800-000	\$.
Total:		\$.

Board Member's Signature

Secretary-Treasurer's Signature

Financial Services Signature

GOVERNANCE MANUAL

SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: **G-420**
PAGE: 1 of 7

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

This policy addresses the reimbursement of out of town travel expenses incurred by Staff / Board Members of the Health Unit, while conducting Health Unit business. This includes but is not limited to, conferences, conventions, seminars, workshops, and other business-related reasons.

Consultants are not covered by this policy. The contract between the Health Unit and the consultant should clearly specify what, if any, expenses a consultant would be reimbursed for.

POLICY

Staff / Board Members are always expected to make the most practical, economical and reasonable arrangements for travel, meals, accommodation, hospitality, and other travel-related expenses. Out of town travel must be approved in advance of the occurring the expense.

In situations where a collective agreement or an employment contract specifies reimbursement terms/rates, those terms/rates shall apply, and shall supersede the terms/rates contained in this policy. In situations where staff/board members are traveling on behalf of a “sponsoring” organization (for example, ONA, CMA, etc.) and that organization is reimbursing travel expenses in whole or in part, the reimbursement will be made directly to the individual by the sponsor organization. The Health Unit will reimburse for the amount not covered by the sponsor organization.

PROCEDURE

Out of town travel must be approved in advance. All expenses must be authorized by the appropriate approver (refer to Signing Authority Policy). The approver is responsible to ensure all claims are correct, reasonable, and in accordance with this policy, including meal allowances and travel rates. Approvers cannot authorize their own expenses, or that of a subordinate that has paid for travel, meals, etc., expensed to the approver’s benefit.

Approvers are accountable for their decisions, which should be:

- Subject to good judgment and knowledge of the situation,
- Exercised in appropriate circumstances,
- Comply with the principles and mandatory requirements set out in this policy.

SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

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When a situation arises and discretion needs to be exercised, approvers should consider whether the request is:

- Able to stand up to scrutiny by the auditors and members of the public,
- Properly explained and documented,
- Fair and equitable,
- Reasonable and appropriate.

Reimbursement of Expenses

All out of town expenses should be charged to the team corporate purchase card and therefore, no reimbursement is necessary. When an expense cannot be charged or the staff/board member does not have a corporate purchase card, then they are required to complete a Travel Expense Statement on a timely basis to ensure the reimbursement of expenses. Original receipts must be attached for all expenses being reimbursed. Forms that do not comply with policies and procedures are returned to the approver and are not processed until corrected.

Loyalty Programs

When staff/board members accumulate loyalty points for travel by train (VIA Preference Program) or by air (there are a variety of airline and hotel loyalty programs, such as Aeroplan), those points are to be accumulated and used for future corporate travel, and must not be used for personal travel. Separate accounts should be held for personal and business travel if available. For the VIA Preference Program, a maximum of 5,000 points can be accumulated on any one account, and thereafter must be used for corporate travel. Staff may be asked to produce a statement showing points balance at the end of the year.

Privacy

All expense information is considered to be public information and shall be made available upon request, to the Privacy Officer, regardless of whether the request is by the Health Unit or a member of the public.

Travel

The mode of transportation chosen – air, train, or car – should be that which enables staff/board members to attend to Health Unit business with the least cost to the Health Unit, consistent with a minimal amount of interruption to regular business and personal schedules. Consideration should be made as to unproductive time away from the workplace.

Where a number of staff/board members attend the same function, shared travel will be considered where possible. Basic economy/coach fares will be paid by the Health Unit. Any upgrades are the responsibility of the staff/board member.

Sickness and Accident Insurance is provided by the Health Unit to staff/board members when they are traveling outside of Canada on Health Unit business. Additional sickness or accident insurance premiums will not be covered by the Health Unit.

SUBJECT: Travel Reimbursement
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Travel by Air

Staff/board members may travel by air for trips that are beyond reasonable driving distance. Prior approval for all air travel must be obtained from the direct supervisor.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Every effort should be made to book travel well in advance to take advantage of discounted fares and to obtain the lowest fares compatible with necessary travel requirements. The cost of an additional night of accommodation may be incurred, and will be reimbursed, if it is required in order to take advantage of a discount fare, provided that the cost of the extra accommodation is not greater than the savings realized from benefitting from the discounted fare.

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Rail

When booking train travel, the VIA Rail promotion code (700603) should be used in order to receive the corporate discount. Basic economy/coach fares will be paid by the Health Unit; any upgrades are the responsibility of staff/board members. Staff/board members will choose the most economical and direct form of transportation by train. Wherever possible, travel arrangements should be made in advance to ensure availability of economy class seats and at the best price.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Car

When a car is the most practical and economical way to travel, a personal vehicle can be used but mileage reimbursement will be the actual distance travelled or 250 kms (round-trip), whichever is less, at the allowable rates. Otherwise a rental vehicle should be secured.

Rental vehicle - Rental of compact or mid-sized vehicles is encouraged. The car rental company approved by the Health Unit is Enterprise and should be used where possible to ensure the most favourable rates. Consideration may be given for a car rental upgrade based on the number of passengers, weather conditions and other safety reasons. All luxury and sports car rentals are expressly prohibited. Rental cars must be refueled before returning, to avoid extra

SUBJECT: Travel Reimbursement
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charges, and the receipt for the gasoline purchase must be attached to the Travel Expense Statement, together with a copy of the rental agreement.

Personal Vehicle - When more than one staff/board member is travelling in the same motor vehicle, only the owner of the vehicle is entitled to reimbursement for mileage expenses. The owner of the vehicle must ensure that the vehicle is adequately insured. Insurance should provide for \$1 million in liability, accident benefits, collision and direct compensation coverage.

The Health Unit assumes no financial responsibility for privately-owned vehicles being used for Health Unit business other than paying the mileage rate. The mileage rate covers the cost of fuel, depreciation, maintenance, and insurance. When calculating the total kilometres of a trip that originates from the staff member's home, the normal distance driven to the Health Unit should be excluded. A maximum of 250kms per out of town trip is allowed for reimbursement.

Parking and Other Fees

Cost of parking a vehicle at a transportation terminal while on out-of-town business will be reimbursed, provided that the cost of the parking does not exceed the cost of ground transportation from departure point (home or place of business) to the transportation terminal. Cost of parking in another city while on out of town business will also be reimbursed. Loss or damage to the personal vehicle, while parked, is not the responsibility of the Health Unit.

Highway and bridge tolls and ferry charges will be reimbursed with receipts attached. Traffic and parking violations incurred while driving on Health Unit business will not be reimbursed.

Hotel Accommodation

Government rates should be requested at the time of making the hotel reservation. Individuals may be reimbursed for the total cost (including taxes) of either a single or double room depending on individual circumstances. Staff should share accommodations when possible. An overnight stay in association with a one day meeting or business event out of town is justified only when the staff/board member is required to leave home early in order to be on time for the event starting before 9:00 a.m.

While travelling on business related to the Health Unit, in situations where staff/board members choose to stay overnight with friends or relatives instead of at a hotel, accommodation expenses will not be reimbursed, but appropriate meal allowances will still apply.

Hotel charges incurred because of failure to cancel a reservation on a timely basis will not be reimbursed.

Meals

A meal expense will be reimbursed when staff/board members

- Are out of town over a normal meal period, or
- Have prior approval for the meal expense

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The maximum allowable amount that will be reimbursed for meals (inclusive of taxes and gratuities) is \$10 for breakfast, \$20 for lunch and \$30 for dinner. Original receipts must be provided for all meal expenses. Expenses must be incurred during normal working hours, or on route to home. The approver is responsible for ensuring that submissions for meal allowances fall within the maximum allowable amounts.

It is understood that gratuities may be provided during meals to acknowledge good service received. The maximum allowable gratuity that the Health Unit will reimburse is 15% of the total after tax amount of the meal.

Alcohol

The cost of alcoholic beverages will not be reimbursed. In the event that alcohol is consumed during a meal or otherwise, staff/board members are to ask the restaurant for a separate invoice/receipt for the alcohol so that there is clarity for the reimbursable food portion.

Telephone Calls

Staff/board members will be reimbursed for all telephone calls (local or long distance) that are directly related to Health Unit business. One reasonable personal call home from a hotel will be reimbursed for each day of out of town travel.

Combining Personal Travel

Staff/board members are responsible for all additional and incremental expenses incurred as a result of a spouse, partner or companion or any other person, travelling with them. Expenses should be tracked very carefully to be able to clearly distinguish between the staff/board member portion, and that which applies to the other person.

When personal travel is combined with business travel, only the business portion of the trip will be reimbursed. Expenses should be tracked very carefully to be able to clearly distinguish between the personal portion and the business portion.

Other Travel-Related Expenses

Business expenses, such as computer access charges, photocopying, word processing services, facsimile transmissions, internet connections, rental and transportation of necessary office equipment will be reimbursed provided the charges incurred are reasonable and related to Health Unit business.

Additionally, staff/board members will be reimbursed for taxicab fares, airport limousines and buses (or equivalents, e.g. subway) for transportation between the individual's home/workplace and the designated transportation terminal. While out of town, transportation to/from the transportation terminal and the hotel, and transportation within the destination city, will also be reimbursed. Staff should use public transit when available.

Recreational items (e.g. video rentals, mini-bars, special facilities charges, entertainment not directly related to Health Unit business, etc.) will not be reimbursed.

Hospitality Events

SUBJECT: Travel Reimbursement
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Hosting or contributing to hospitality events is not reimbursable.

Travel Cash Advances

Requests for a travel cash advance must be made to the employee's direct supervisor and forwarded to Finance at least one week prior to departure. The amount of cash advanced will be calculated by the manager based on the individual circumstance, with a \$100 minimum amount. Exceptional circumstances will be approved by Finance.

Any funds owing to the Health Unit beyond a 30 day period from return date of travel will automatically be deducted from the staff member's next pay cheque or the board member's next remuneration.

Non-Reimbursable Expenses

In addition to other items mentioned above, which are not reimbursable, expenses of a personal nature will not be reimbursed. Such expenses include, but are not limited to:

- Expenses resulting from unlawful conduct,
- Damage to personal vehicle as a result of a collision,
- Personal items not required to conduct health unit business,
- Memberships to reward programs or clubs (e.g., airline clubs),
- Personal credit card fees and/or late payment charges.

DEFINITIONS

ONA: Ontario Nurses Association

CMA: Canadian Medical Association

Loyalty Programs: Long-term marketing effort which provides incentives to repeat customers who demonstrate loyal buying behavior for example: Aero-plan rewards

Sickness and Accident Insurance: Insurance policy covering personal accident and sickness benefits

Economy Airfare: Also referred to coach class or standard class, is the lowest travel class of seating in air or rail travel

VIA Rail: Via Rail Canada offers intercity passenger rail services in Canada

Boarding Pass/E-ticket: Is a document provided by an airline during check in, giving a passenger permission to board the airplane for a particular flight

GOVERNANCE MANUAL

SUBJECT: Travel Reimbursement
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Liability, accident benefits, collision and direct compensation Insurance: Insurance policy covering liability, accident benefits, collision and direct compensation

Travel Cash Advances: An authorized payment of money by the MLHU, directly to a staff/board member in support of anticipated travel expenses

Hospitality Events: To host or entertain people while on out of town business relating to the affairs of the Health Unit

APPLICABLE LEGISLATION

RELATED POLICIES

Signing Authority

REVISION DATES (* = major revision):

October 17, 2013

March 31, 2014

FOR REVIEW
Governance Manual By-laws & Policies

March 16, 2017

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-000</u>	Board of Health	By-law, Policy and Procedures > Appendix A - Development and Review Process > Appendix B - Development and Review Checklist > Appendix C - Development and Review Form > Appendix D - Development and Review Change Table > Appendix E - Archiving Process	Approved	• To be reviewed before December 2018
<u>G-B10</u>	By-Laws	By-law #1 - Management of Property	Approved	• To be reviewed before December 2018
<u>G-B20</u>	By-Laws	By-law #2 - Banking & Finance	Approved	• To be reviewed before December 2018
<u>G-B30</u>	By-Laws	By-law #3 - Proceedings of the Board of Health	Approved	• To be reviewed before December 2018
<u>G-B40</u>	By-Laws	By-law #4 - Duties of the Auditor	Approved	• To be reviewed before December 2018
<u>G-010</u>	Strategic Direction	Strategic Planning	Approved	• To be reviewed before December 2018
<u>G-020</u>	Leadership and Board Management	MOH / CEO Direction	Approved	• To be reviewed before December 2018
<u>G-030</u>	Leadership and Board Management	MOH / CEO Position Description > Appendix A – MOH / CEO Position Description	Approved	• To be reviewed before December 2018
<u>G-040</u>	Leadership and Board Management	MOH / CEO Selection and Succession Planning	Q2 – 2017	• TBD
<u>G-050</u>	Leadership and Board Management	MOH / CEO Performance Appraisal > Appendix A - Performance Appraisal Process > Appendix B - Performance appraisal check-list > Appendix C - Main performance appraisal form to be completed by the appraisers and the MOH / CEO > Appendix D - Stakeholder performance appraisal tools process outline > Appendix E - Sample email and performance appraisal questions for Board of Health members > Appendix F - Sample email and performance appraisal questions for Direct Reports > Appendix G - Sample email and performance appraisal questions for Community Partners	Approved	• To be reviewed before December 2018

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-060</u>	Leadership and Board Management	MOH / CEO Compensation	Q4 – 2017	• TBD
<u>G-070</u>	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Q4 – 2017	• TBD
<u>G-080</u>	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Q2 – 2017	• TBD
<u>G-090</u>	Program Quality and Effectiveness	Quality Improvement - Framework	Q4 – 2017	• TBD
<u>G-100</u>	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	Q2 – 2017	• Deferred to Q2 to align with administrative policy review • TBD
<u>G-110</u>	Program Quality and Effectiveness	Performance Monitoring	Q3 – 2017	• TBD
<u>G-120</u>	Program Quality and Effectiveness	Risk Management	For Review	• New policy
<u>G-130</u>	Program Quality and Effectiveness	Ethics	Q3 – 2017	• TBD
<u>G-140</u>	Program Quality and Effectiveness	Respect for Diversity	Q3 – 2017	• TBD
<u>G-150</u>	Program Quality and Effectiveness	Complaints	Q3 - 2017	• TBD
<u>G-160</u>	Program Quality and Effectiveness	Jordan's Principle	Approved	• To be reviewed before December 2018
<u>G-170</u>	Financial and Organizational Accountability	Financial Objectives	Q2 – 2017	• TBD
<u>G-180</u>	Financial and Organizational Accountability	Financial Planning and Performance	Q2 – 2017	• TBD
<u>G-190</u>	Financial and Organizational Accountability	Asset Protection	Q2 – 2017	• TBD

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-200</u>	Financial and Organizational Accountability	Approval and Signing Authority	Approved	• To be reviewed before December 2018
<u>G-210</u>	Financial and Organizational Accountability	Borrowing	Q2 – 2017	• TBD
<u>G-220</u>	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	• To be reviewed before December 2018
<u>G-230</u>	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	• To be reviewed before December 2018
<u>G-240</u>	Financial and Organizational Accountability	Tangible Capital Assets	Q2 – 2017	• TBD
<u>G-250</u>	Financial and Organizational Accountability	Reserve and Reserve Funds	Q2 – 2017	• TBD
<u>G-310</u>	Financial and Organizational Accountability	Corporate Sponsorship	For Review	• Replaces policy 4-070
<u>G-320</u>	Financial and Organizational Accountability	Donations	For Review	• Replaces policy 4-160
<u>G-330</u>	Financial and Organizational Accountability	Gifts and Honorariums	For Review	• Replaces policy 4-055
<u>G-410</u>	Financial and Organizational Accountability	Board Member Remuneration	For Review	• TBD
<u>G-420</u>	Financial and Organizational Accountability	Travel Reimbursement	For Review	• TBD
<u>G-260</u>	Board Effectiveness	Governance Principles and Board Accountability	For Review	• New policy

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-270</u>	Board Effectiveness	Roles and Responsibilities of the Board of Health > Appendix A- Board of Health Members > Appendix B- Board of Health Chair & Vice Chair > Appendix C- Board of Health Secretary-Treasurer	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports • Additional content integrated from other policy examples
<u>G-280</u>	Board Effectiveness	Board Size and Composition	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-290</u>	Board Effectiveness	Standing and Ad Hoc Committees > Appendix A - Governance Committee Terms of Reference > Appendix B - Governance Committee Reporting Calendar > Appendix C – Finance and Facilities Committee Terms of Reference > Appendix D – Finance and Facilities Committee Reporting Calendar	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-300</u>	Board Effectiveness	Board of Health Self- Assessment > Appendix A – Board of Health Self-Assessment Tool	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-350</u>	Board Effectiveness	Nominations and Appointments to the Board of Health	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-010 • Newly developed policy • Based on previous Board of Health reports
<u>G-360</u>	Board Effectiveness	Resignation and Removal of Board Members	Q3 - 2016	<ul style="list-style-type: none"> • TBD
<u>G-370</u>	Board Effectiveness	Board of Health Orientation and Development	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-020 • Newly developed policy • Based on previous Board of Health reports

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-380</u>	Board Effectiveness	Conflicts of Interest & Declaration ➤ Declaration Form	Recommended for Approval	<ul style="list-style-type: none"> • Newly developed policy
<u>G-390</u>	Board Effectiveness	Code of Conduct ➤ Appendix A – Corporate Code of Conduct ➤ Appendix B – BOH Code of Conduct	Q3 – 2017	<ul style="list-style-type: none"> • Replaces 1-110 • Policy number change • Contained in the November policy manual but to be reviewed more extensively in 2017
<u>G-430</u>	Communications and External Relations	Advocacy	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-440</u>	Communications and External Relations	Community Engagement	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-450</u>	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-460</u>	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Q4 – 2017	<ul style="list-style-type: none"> • TBD
<u>G-470</u>	Communications and External Relations	Annual Report	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-100 • Policy number change • Revised – see blackline
<u>G-480</u>	Communications and External Relations	Media Relations	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-090 • Policy number change • Revised – see blackline
<u>G-490</u>	Communications and External Relations	Board of Health Reports ➤ Appendix A – Board of Health Report Template ➤ Appendix B – Governance Report Template ➤ Appendix C – Finance and Facility Report Template	Recommended for Approval	<ul style="list-style-type: none"> • Replaces 1-040 • Policy number change • Addition of Appendices • Revised – see blackline



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Risk Management
SECTION: Program Quality and Effectiveness

POLICY NUMBER: G-120
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

To ensure that an appropriate and effective risk management process is in place to monitor and to respond to emerging issues and potential threats to the agency, from both internal and external sources.

POLICY

The Middlesex-London Health Unit engages in a wide range of activities, in its facilities and in the community, all of which are subject to some level of uncertainty. It is the policy of the agency:

- To embed risk management into the culture and operations of the agency,
- To integrate risk management into strategic planning, operational planning, performance management and resource allocation decisions,
- To manage threats and leverage opportunities as appropriate and in accordance with best practices,
- To re-assess regularly and to report on the agency's risks and the effectiveness of existing risk mitigation strategies,
- To anticipate and respond to changing social, environmental and legislative requirements,
- To support the development of risk management competencies across the agency, and
- To encourage all staff to report risks and to ensure that no person who in good faith reports a risk is subjected to any form of retribution, retaliation or reprisal.

PROCEDURE

The Board of Health shall be responsible for providing risk oversight and ensuring that the agency takes a risk-based approach to establishing a sound system of internal control that is integrated with the agency's strategic planning process. The board shall obtain an understanding of the risks inherent in the agency's strategies and the risk appetite of management in executing these strategies, shall apprise itself of useful information from internal and external sources about the critical assumptions underlying the strategies, shall be alert for organizational dysfunctional behaviour that can lead to excessive risk taking or insufficient risk taking, and shall provide evidence to executive regarding critical risk issues. The board shall also provide direction on the extent and categories of risk that it regards as acceptable and define the scope and frequency of risk management reporting.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Risk Management
SECTION: Program Quality and Effectiveness

POLICY NUMBER: G-120
PAGE: 2 of 2

The MLHU Risk Management Process is based on the Ontario Public Service Risk Management Framework and includes the following steps:

1. Establish objectives
2. Identify risks and controls
3. Assess risks and controls
4. Evaluate and take action
5. Monitor and report

Management shall ensure that policies are carried out and processes are executed in accordance with objectives and identified risk tolerances, as well as actively embrace an integrated approach to risk management, sharing risk information transparently throughout the agency and promoting a culture in which risk management permeates all levels of the organization.

The Medical Officer of Health / Chief Executive Officer shall have overall responsibility for risk management, ensuring the effective execution of the agency risk management process and that no significant risk is overlooked. The Director, Corporate Services shall be responsible for the development, implementation, and review of a systematic risk management process.

All employees, students, and volunteers shall consider risk management as an integral and ongoing part of their role in the agency. They shall have an inherent responsibility to identify, assess, manage and communicate risks associated with their work to assist in developing and implementing risk management plans and actions.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

RELATED POLICIES

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Governance Principles and Board Accountability
SECTION: Board Effectiveness
IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

POLICY NUMBER: G-260
PAGE: 1 of 2
APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

As part of the Board of Health's responsibility for ensuring Board effectiveness, the Board will establish, approve and at least biannually review their Governance Principles and Board Accountability Statement. This statement addresses the overarching philosophy and approach to its governance responsibilities, including its governance model and accountabilities.

POLICY

The Middlesex-London Board of Health is an autonomous board of health as established under section 49 of the Health Protection and Promotion Act (HPPA), meaning it is separate from any municipal organization but with multi-municipal representation, including council members and / or citizen representatives appointed by municipalities and citizen representatives appointed by the province.

MLHU's governance principles are based on Dr. Graham Scott's Critical Elements for Effective Governance which was developed using a Modified Pointer and Orlikoff Framework, the Ontario Public Health Organizational Standards, OHA Guide to Good Governance and several other influencers. These Critical Elements for Effective Governance also take into consideration the unique context for boards of health.

The Middlesex-London Board of Health is accountable to the Middlesex-London Health Unit, the individuals and communities it serves, and the Government of Ontario and local municipalities for the efficient and effective delivery of public health programs and services.

PROCEDURE

The governance principles and board accountabilities form a distinctive set of governance structures with responsibilities and processes that are consistent with one another.

Structures refer to the parameters for selection and operation of the Board of Health as established by legislation, regulation, by-laws and policies.

Responsibilities refer to how governance functions are exercised and how responsibilities are distributed between the Board of Health, and the Medical Officer of Health / Chief Executive Officer.

Processes refer to those practices relating to board development, management and decision-making.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Governance Principles and Board Accountability **POLICY NUMBER:** G-260
SECTION: Board Effectiveness **PAGE:** 2 of 2

These structures, responsibilities and processes are articulated and supported by:

- Governance Policy Manual;
- Board agendas;
- Board and Committee reporting calendars; and
- Board self-assessments.

APPLICABLE LEGISLATION

Ontario Public Health Organizational Standards

RELATED POLICIES

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational Accountability
POLICY NUMBER: G-310
PAGE: 1 of 4
IMPLEMENTATION: September 25, 1997
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities Committee
APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The MLHU welcomes and encourages sponsorship to advance the work of the organization. The purpose of this policy is to provide guidelines to maximize revenue opportunities while safeguarding the Health Unit's corporate values, image, reputation, assets and interests.

POLICY

In this policy, "sponsorship" refers to a mutually agreed to arrangement, prepared in writing, between the Health Unit and an external party (organization or individual referred to as the "sponsor") where the sponsor contributes money, goods or services to a Health Unit facility, program, project or special event in return for recognition, acknowledgement, or other promotional considerations or benefits.

This policy excludes donations, gifts in-kind or advice where no business relationship or association is contemplated or is required and where not reciprocal consideration is being sought. Refer to Donations Policy.

Deleted: Acceptance

Reputational Risk

Conflict of Interest

The policy applies to all Staff / Board Members, and all relationships between the Health Unit and the sponsor. Staff / Board Members must not receive direct professional, personal or financial gain from an affiliation with the sponsor. The Health Unit must be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships.

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Brand Preservation

The sponsorship must enhance, not impede, the Health Unit's ability to act in the best interest of the public. Agreements shall not in any way invoke future consideration, influence or be perceived to influence the day to day operations of the Health Unit. The Health Unit will maintain complete control of all funds provided from sponsors. The Health Unit's intangible intellectual assets, including name and logo, will be protected at all times. Sponsors will not be permitted to use Health Unit's name or logo for any commercial purpose or in connection with the promotion of any product. The Health Unit will not provide product or service endorsements or allow commercial product promotions. Use of the MLHU by other agencies must be approved by Communications.

The Health Unit aims to preserve and protect its image and reputation at all times, and therefore, will not solicit or accept sponsorship from companies whose products or services are



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GOVERNANCE MANUAL

SUBJECT: Corporate Sponsorship **POLICY NUMBER:** G-310
SECTION: Financial and Organizational **PAGE:** 2 of 4
Accountability

inconsistent with MLHU's mission, vision, values or health promotion messaging. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for sponsorship. Consideration can be given to subsidiary companies as long as the parent company is not promoted.

The Health Unit reserves the right to reject any unsolicited sponsorships that have been offered, and to refuse to enter into agreements for any sponsorships that may have originally been solicited by the Health Unit.

PROCEDURE

Impact Assessment

There may be legal, administrative, professional practice or other considerations (e.g. labour relations, budget, resourcing, health promotion messaging etc.) that should be reviewed and clarified before entering into any type of sponsorship agreement. Refer to Appendix A Corporate Sponsorship Assessment Form.

Sponsorship Agreement

Approval

All sponsorship opportunities must be reviewed by the Division Director with consultation as appropriate, before any agreement is signed. The Signing Authority Policy governs the approvals required for the execution of any sponsorship agreement. All sponsorships regardless of their value must have a signed agreement, which clearly outlines the responsibilities of all parties.

Multi-Year Agreements

Sponsorship agreements that are entered into, which span greater than one year, are to be evaluated on an annual basis by the Associate Director, Finance to ensure that the criteria have been met, and will continue to be met. Any changes by the Health Unit to the sponsorship agreement will be forwarded to the appropriate authorizing person as per the Signing Authority Policy.

Multi-Party Agreements

When activities are planned in partnership with other organizations, and a sponsorship agreement is involved, consensus about the corporate sponsorship must be achieved among all partners. All parties must sign off on the sponsorship agreement.

Sponsor Recognition

How the sponsor is recognized or acknowledged must be included in the sponsorship agreement.

Solicitation

The solicitation process for sponsorship does not need to follow the competitive procurement process for quotes. Any other situations that are an exception to this Policy will be reviewed by



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-310
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the Medical Officer of Health and the Board of Health if required. Together, they shall interpret this policy in good faith.

DEFINITIONS

Charitable Donation: A free or philanthropic contribution or gift, usually to a charity or public institution. It could be in the form of goods, services or funds given with expectation of a tax receipt.

Corporate Sponsorship: Is a marketing-oriented, contracted partnership between a corporation and a not-for-profit organization with obligations and benefits to both parties. What distinguishes corporate sponsorship from a charitable donation is the expectation for corporate recognition. A corporation may choose to sponsor an organization on a short or long-term basis by providing funding, goods or services. Corporations may use sponsorship as a deductible business expense. Examples of corporate sponsorship are:

- Donating products for contests
- Printing of materials
- Donating supplies, equipment, food or people
- Providing mailing services
- Funding for specific programs or activities
- Providing meeting space
- Naming rights

Sponsorship Arrangement: Is a business arrangement whereby the partner commits resources (monies and/or in-kind resources) to support a specific project or activity, but does not share in the profits or underlying risks of the project. The partner contributes funds to an event, program or even a capital project and receives a benefit (e.g., specific image and marketing opportunities) from the associated publicity.

Deleted: private sector

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Sponsorship Agreement: The document which outlines the terms and conditions of the Sponsorship Arrangement, and outlines the responsibilities of all parties.

Endorsement: A formal and explicit approval or a promotional statement for a product or service of a corporation.

Naming Rights: A type of sponsorship in which an external company, organization, enterprise, association or individual purchases the exclusive right to name an asset or venue (e.g., a library building, sports facility or part of a facility - an ice pad within a multi-pad facility, etc.) for a fixed or indefinite period of time. Usually naming rights are considered in a commercial context, which is that the naming right is sold or exchanged for significant cash and/ or other considerations under a long-term arrangement.

Solicitation: Act or instance of requesting or seeking bid, business, or information.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Corporate Sponsorship
SECTION: Financial and Organizational
Accountability

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APPLICABLE LEGISLATION

Not applicable.

RELATED POLICIES

G-[330](#) Gifts and Honorariums
G-[200](#) Signing Authority

REVISION DATES (* = major revision):

September 25, 1997
May 31, 2000
May 16, 2002
March 31, 2014

Governance Policy Manual – Corporate Sponsorship Assessment Form

1. Name of proposed sponsor: _____
Name of sponsor contact person: _____
Name of MLHU Contact Person
(Division Director /Project Staff): _____

2. Any prior philanthropic association with the MLHU?
Yes No

Describe: _____

3. What is the nature of the proposed sponsorship?

Division: _____
Project or Event: _____
Describe: _____

4. How will this relationship advance the overall health of the community and/or the mission of the MLHU?

5. Is the sponsor's mission and project or service compatible with the Health Unit mission?

Yes No

6. Outline any potential conflict of interest.

7. Optimal timing for submission of requests for sponsorship proposal to company.

8. Information on company sponsorship approval process.

9. What does Corporate Sponsor require from MLHU for their approval process?

10. Corporate Sponsor's Annual Report & Strategic Plan obtained:

Yes No N/A

11. Has another MLHU Division or project stated an intention to solicit from this sponsor?

Yes No

12. Probable response to this sponsorship relationship within:

	UNFAVOURABLE	NEUTRAL	FAVOURABLE
The Ministry of Health			
The Community			
Other MLHU Stakeholders			

13. Overall assessment of this sponsorship relationship:

1 2 3 4 5
 Not Useful Useful Very Useful

14. According to MLHU policy have appropriate MLHU signators in the MLHU reviewed this Sponsorship Assessment Form?

Yes No

Comments or Conditions:

15. Division Director if applicable:

Accept Reject

(name and position)

(date)

16. Medical Officer of Health / Chief Executive Officer recommendation if applicable:

Accept Reject N/A

(signature and position)

_____ (date)

17. Board of Health recommendation if applicable:

Accept Reject N/A

(Chair of Board)

_____ (date)

18. Assessment form completed by:

(signature and position)

_____ (dates)

ATTACH A COPY OF THE PROPOSAL TO/FROM THE SPONSOR TO THIS FORM.

Governance Policy Manual – Corporate Sponsorship Agreement / Contract

BETWEEN:

Middlesex-London Health Unit (the "Health Unit")

AND

The "Corporate Sponsor"

Corporate Name

Address

ACTIVITY:

(Indicate exact manner in which event is to be described)

LOCATION OF ACTIVITY:

DESCRIBE THE DONATION:

PURPOSE

The Corporate Sponsor has agreed to sponsor (the Activity indicated above).

The Agreement sets forth the respective roles, obligations and commitments of the Corporate Sponsor and the Health Unit regarding the Activity.

Each party agrees to observe this Agreement to the best of its ability.

Recognition/Promotion

In all promotional materials and publicity, the Activity will be described as indicated above. Describe the prominence of Health Unit/Corporate Sponsors names and logos in all promotional materials and signage used in connection with the Activity.

Describe content and style of promotion materials.

ADMINISTRATION

1.0 The Corporate Sponsorship Agreement/ Sponsorship Contract addresses the following:

- 1.1 Insurance Coverage if applicable.
- 1.2 Responsibilities, liabilities, obligations and benefits of MLHU and Corporate Sponsor.
- 1.3 Project timelines.
- 1.4 Describe content and style of promotional materials.
- 1.5 Commitments to suppliers/others.
- 1.6 Pricing of participation in the activity.
- 1.7 Revenue and expenditure budget.
- 1.8 Frequency of reports re project/program status to Corporate Sponsor.
- 1.9 Financial Considerations - receipts, proceeds, statements of account (describe the use of proceeds, services in kind and uses of the donation), audit requirements.

2.0 Termination

If the Corporate Sponsor is sponsoring the Activity on a "one time" basis state: "this Agreement will terminate when the Activity is concluded and all obligations with respect thereto have been satisfied".

If the Corporate Sponsor will be sponsoring the Activity on a "continuing" basis state: "this Agreement will continue in force until terminated by either party on at least 30 days prior written notice to the other party".

After termination of this agreement, the Corporate Sponsor will no longer be associated with the Activity. The Health Unit will be entitled to continue, discontinue or modify the Activity as it considers appropriate and the Activity, the name, style and any logos associated with the Activity, excluding any logos of the Corporate Sponsor, will remain the property of the Health Unit.

3.0 Modifications

This Agreement is subject to any additional matters agreed to be the parties described in any appendix attached hereto.

The Middlesex-London Health Unit

Medical Officer of Health / Chief Executive Officer

Date

The "Corporate Sponsor"

Per

Date



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Donations	POLICY NUMBER: G-320
SECTION: Financial and Organizational Accountability	PAGE: 1 of 3
IMPLEMENTATION: March 31, 2014	APPROVAL: Board of Health
SPONSOR: MOH / CEO	SIGNATURE:
REVIEWED BY: Finance and Facilities Committee	DATE:

PURPOSE

The Health Unit, while having charitable status, is not in the “business of fundraising” and therefore does not actively solicit donations. However, it may from time to time, receive donations from the public or other organizations. The purpose of this policy is to provide guidance to Health Unit staff on accepting donations that are appropriate, ethical, and consistent with the organization’s values; and, on dealing appropriately with donors who have made a donation.

POLICY

Responsibility to MOHLTC

Although MOHLTC encourages agencies to raise funds, ministry funds cannot be used to support fundraising activities (e.g., salary for a fund raiser, supplies, advertising). Any fundraised dollars must be accounted for separately on the agency’s audited financial statements. A reasonable amount of time spent at planning meetings is acceptable and would not be considered a fundraising activity.

Responsibility to Donors

The Health Unit must ensure that any donors or prospective donors are treated in an ethical and responsible manner at all times. At no time shall Health Unit staff exert undue pressure or influence on a donor or prospective donor. If there is any perceived conflict of interest with Health Unit staff, when dealing with a donor or prospective donor, that conflict of interest will be declared to the Medical Officer of Health / Chief Executive Officer (MOH / CEO), and the donor or prospective donor will also be made aware of the conflict of interest.

PROCEDURE

Consultation

Health Unit staff will encourage donors to consult with Professional Advisors of their choice, as well as with family members, prior to making a donation to ensure that the donor will not be disadvantaged by the donation.

Restricted Donations

The Health Unit shall, at all times, honour the conditions of donations accepted. Should the purpose for which the donation was made change, every attempt will be made to discuss the change with the donor. If the donor cannot be contacted, the MOH / CEO will realign the use of the donation, meeting as closely as possible, the donor’s original intent. If the donor’s wish is to



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Donations
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-320
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remain anonymous, the Health Unit will maintain anonymity. Otherwise, the Health Unit will ensure that the donor is appropriately recognized.

Receipts

A receipt will be issued to the donor for the value of the donation in accordance with Canada Revenue Agency (CRA) guidelines. All donor information will be kept in accordance with the Health Unit's Privacy Policy.

Accepting Donations

Gifts of Cash, Securities or Real Estate

Donations can be received directly or through bequests. Donations can be for general purposes or can be in support of a specific item, program or service, either capital or operational in nature. The Health Unit can only accept donations that are in the form of cash. Any donations that are in the form of securities or real estate must be declined; however, the donor can be informed that if it converts the securities or real estate into cash, that the Health Unit will accept the donation.

Gifts In-Kind

Gifts in-kind are evaluated and accepted (or declined) based on need, ongoing maintenance requirements, suitability, storage and liability, amongst other criteria. Depending on the donor's wishes, the Health Unit may retain the gift or sell it and use the proceeds where they are needed most.

Canada Revenue Agency Guidelines

According to CRA, it is the donor's responsibility to have the value of the property appraised for receipting purposes. The Health Unit will issue a receipt in accordance with CRA guidelines.

Declining Donations

Health Unit staff shall decline any donation where one or more of the following may be true:

- Restrictions attached to the donation are not consistent with the mission, values or programs of the Health Unit. Under no circumstances will corporations in the production or distribution of breast milk substitutes be considered for receiving donations. Consideration can be given to subsidiary companies as long as the parent company is not promoted.
- Restrictions attached to the donation would cause undue hardship on the Health Unit
- The donor is attempting to unduly influence the Health Unit
- The donation is from illegal sources
- The donation is from a group whose ethics or business practices are inconsistent with the mission, values or programs of the Health Unit
- Donations of material property for which no reliable valuation can be made
- Donations that jeopardize the charitable status of the Health Unit
- Donations with undue physical or environmental hazards associated with them
- Donations that could improperly benefit an individual
- Donations that could harm the reputation of the Health Unit
- Sponsorship



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Donations
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-320
PAGE: 3 of 3

DEFINITIONS

MOHLTC: Ministry of Health and Long Term Care.

Board: Board of Health for the Middlesex-London Health Unit.

Securities: Are equity or debt instruments listed on a public exchange.

Personal Property: Anything that is not cash, securities or real estate. Personal Property includes, but is not limited to, artworks, automotive vehicles, rare books and equipment.

Bequest: Is the act of receiving personal property through a Will.

Restriction: Is a condition imposed on the use of a gift/donation.

Conflict of Interest: Is any event (whether actual or perceived) in which the Health Unit or anyone representing the Health Unit may benefit from knowledge of, or participation in, the acceptance of a donation.

CRA: Canada Revenue Agency.

Donation/Gift (cash): Is a voluntary transfer of personal property from a donor to a donee. The transaction shall not result directly or indirectly in a right, privilege, material benefit or advantage to the donor or to a person designated by the donor.

Gift-in-Kind/In-Kind Gift (not cash): A donation of property, goods or services other than cash. An independent qualified appraiser typically determines the fair market value of the gift.

Professional Advisors: Professionals external to the Health Unit with the ability to provide expert tax, legal or financial planning advice to donors (or prospective donors) on their charitable giving, including lawyers, financial planners, insurance agents, trust professionals, accountants, or investment advisors.

APPLICABLE LEGISLATION

RELATED POLICIES

G-200 Approval and Signing Authority

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Gifts and Honorariums
SECTION: Financial and Organizational Accountability

POLICY NUMBER: G-330
PAGE: 1 of 2

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

This policy addresses what is an acceptable gift/honorarium for Staff / Board Members to receive when acting in their capacity as Health Unit employees / public health professionals / members of the Middlesex-London Board of Health.

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This policy applies to full time, part time and contract employees and Board Members, unless otherwise stated. This policy applies at all times, whether during a traditional gift-giving season or not.

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POLICY

Gifts/Gratuities

The giving of personal gifts of nominal value, on an occasional basis, is a common practice in building and maintaining business / client relationships. Suppliers, business associates and others with whom the Health Unit has professional relationship may from time to time provide staff with tokens of appreciation. Staff / Board Members may accept gifts of small intrinsic value if they are an appropriate common expression of courtesy or appreciation within normal standards of hospitality, all others must be declined All gifts must be reported to the employee's supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

Gifts or other favours that could in any way influence or appear to influence business decisions are not an acceptable practice of the Health Unit and should not be accepted.

Honorariums

As part of their public service, Staff / Board Members may prepare and/or deliver health unit-related programs or information to community organizations. In these situations, the receiving organization may provide a nominal amount of remuneration to the Health Unit Staff / Board Members, in appreciation and recognition of the service delivered. Honorarium payments can be in the form of gift or gift cards and must be limited to a maximum value of \$500. Notable exceptions might be for a distinguished or recognized professional key note address at a major event, conference or fundraising activity. When an honorarium is received, the employee will turn the funds over to their immediate supervisor, or in the case of a Board Member, the Secretary-Treasurer of the Board of Health.

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MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Gifts and Honorariums
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-330
PAGE: 2 of 2

Funds will be used to purchase resources within the [Division, or the Board expenses budget](#). Canada Revenue Agency regulations state that honorariums exceeding \$500 cumulatively in one calendar year are to be considered a taxable benefit and subject to a T4A.

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PROCEDURE

Notification & Documentation of Gifts and Honorariums

For the purposes of an audit, all gifts or honorariums (regardless of value) received by [Staff / Board Members](#) should be appropriately documented, including the name of the individual receiving the gift, the individual who approved the receiving of the gift, the reasons for the awarding of the gift, the contents and value of the gift itself, and any other relevant details. Accurate records must be maintained in order to demonstrate the reasonableness and appropriateness of any gift. Awarding gifts must be compliant with Canada Revenue Agency rules.

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DEFINITIONS

Gift: Is something acquired without compensation. This would include, for example, a meal, flowers, gift cards, gift certificates, or a ticket to a special event.

Honorarium: Is an ex gratia payment made to a person for their services in a volunteer capacity or for services for which fees are not traditionally required. It is typically a small payment made on a special or non-routine basis.

CRA: Canada Revenue Agency

T4A: Canadian tax information slip is a Statement of Pension, Retirement, Annuity, and Other Income

APPLICABLE LEGISLATION

RELATED POLICIES

REVISION DATES (* = major revision):

September 30, 1992

June 15, 1994

August 2, 2000

March 2, 2005

October 2, 2014



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Remuneration **POLICY NUMBER:** G-410
SECTION: Financial and Organizational **PAGE:** 1 of 2
Accountability

IMPLEMENTATION: **APPROVAL:** Board of Health
SPONSOR: MOH / CEO **SIGNATURE:**
REVIEWED BY: Finance and Facilities **DATE:**
Committee

PURPOSE

To ensure that Board of Health Members receive compensation for their activities on behalf of the Board of Health.

POLICY

In accordance with the Health Protection and Promotion Act, section 49, Board Members shall receive compensation for each day on which they conduct business on behalf of the Board of Health. For the purposes of this policy, such business includes official meetings at which the member represents the Board and attendance at conferences, but does not include ceremonial functions or special events. Board Members attending conferences shall also be reimbursed for travel expenses in accordance with policy G-420 Board of Health Reimbursements and Travel.

PROCEDURE

Remuneration for Board of Health Business is to be paid for each day on which any eligible Board Member attends a Board meeting, Board committee meeting, a meeting which the member attends on behalf of the Board of Health, or an approved convention or conference.

Compensation rates for Board of Health Members who are eligible to receive expenses have been based on comparable rates passed by local municipalities. The current half-day per diem rate shall be \$149.25 for eligible Board Members.

Board Members shall receive only one fee per day, regardless of whether the member attends more than one official function in a day.

All community appointees shall receive this remuneration. Municipal appointees who receive annual remuneration from their municipality shall not be eligible for additional remuneration from the Middlesex-London Health Unit.

In circumstances in which the municipality does not provide annual remuneration to its councilors, the Middlesex-London Health Unit shall provide remuneration for the municipal appointees, based on the days on which they are engaged in Board business.

Board Members eligible to receive remuneration shall complete and submit the appropriate form (Appendix A).



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Board of Health Remuneration **POLICY NUMBER:** G-410
SECTION: Financial and Organizational **PAGE:** 2 of 2
Accountability

APPLICABLE LEGISLATION

Health Protection and Promotion Act, R.S.O. 1990, c. H.7

RELATED POLICIES

G-420 Board of Health Reimbursement and Travel

REVISION DATES (* = major revision):

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Middlesex-London Board of Health Reimbursement for Monthly Activities

Name of Board Member: _____

Please use a separate form for each month and include all activities for that month.
Only expenses claimed below are eligible for reimbursement.

1. REGULARLY SCHEDULED BOH MEETING

2016 Rate
 0 - 5000 kms @ 51 cents
 5000 kms and over @ 45 cents

Date	Mileage (in kilometers)
	kms

2. BOARD CHAIR PREPARATION MEETING WITH MOH (*25% of regular meeting rate \$149.25 as of January 1, 2016)

Date	Mileage (in kilometers)
	kms

3. OTHER ACTIVITIES (i.e. special meetings, summer meetings, teleconferences etc.)

Date	Name/Purpose of Meeting	Mileage (kms)	Parking	Phone	Accom'n	Other

4. FOR aPHa CONFERENCE ONLY *

	Attended			Check if Applicable	
	AM	PM	Evening		
DAY 1				Additional day required for travel	
DAY 2				Hotel/transportation receipts attached	\$
DAY 3				Mileage	kms

* Board members are remunerated for 3 rate payments per day of attendance: morning/afternoon/evening session

Financial Services Use Only		
Vendor # _____		
Voucher #	Account	Amount
	70098-800-000	\$.
	70098-800-000	\$.
	70098-800-000	\$.
	75098-800-000	\$.
	78098-800-000	\$.
	13600-800-000	\$.
	78098-800-000	\$.
	13600-800-000	\$.
Total:		\$.

Board Member's Signature

Secretary-Treasurer's Signature

Financial Services Signature



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-420
PAGE: 1 of 7

IMPLEMENTATION:
SPONSOR: MOH / CEO
REVIEWED BY: Finance and Facilities
Committee

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

This policy addresses the reimbursement of out of town travel expenses incurred by Staff / Board Members of the Health Unit, while conducting Health Unit business. This includes but is not limited to, conferences, conventions, seminars, workshops, and other business-related reasons.

Consultants are not covered by this policy. The contract between the Health Unit and the consultant should clearly specify what, if any, expenses a consultant would be reimbursed for.

POLICY

Staff / Board Members are always expected to make the most practical, economical and reasonable arrangements for travel, meals, accommodation, hospitality, and other travel-related expenses. Out of town travel must be approved in advance of the occurring the expense.

In situations where a collective agreement or an employment contract specifies reimbursement terms/rates, those terms/rates shall apply, and shall supersede the terms/rates contained in this policy. In situations where staff/board members are traveling on behalf of a "sponsoring" organization (for example, ONA, CMA, etc.) and that organization is reimbursing travel expenses in whole or in part, the reimbursement will be made directly to the individual by the sponsor organization. The Health Unit will reimburse for the amount not covered by the sponsor organization.

PROCEDURE

Out of town travel must be approved in advance. All expenses must be authorized by the appropriate approver (refer to Signing Authority Policy). The approver is responsible to ensure all claims are correct, reasonable, and in accordance with this policy, including meal allowances and travel rates. Approvers cannot authorize their own expenses, or that of a subordinate that has paid for travel, meals, etc., expensed to the approver's benefit.

Approvers are accountable for their decisions, which should be:

- Subject to good judgment and knowledge of the situation,
- Exercised in appropriate circumstances,
- Comply with the principles and mandatory requirements set out in this policy.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-420
PAGE: 2 of 7

When a situation arises and discretion needs to be exercised, approvers should consider whether the request is:

- Able to stand up to scrutiny by the auditors and members of the public,
- Properly explained and documented,
- Fair and equitable,
- Reasonable and appropriate.

Reimbursement of Expenses

All out of town expenses should be charged to the team corporate purchase card and therefore, no reimbursement is necessary. When an expense cannot be charged or the staff/board member does not have a corporate purchase card, then they are required to complete a Travel Expense Statement on a timely basis to ensure the reimbursement of expenses. Original receipts must be attached for all expenses being reimbursed. Forms that do not comply with policies and procedures are returned to the approver and are not processed until corrected.

Loyalty Programs

When staff/board members accumulate loyalty points for travel by train (VIA Preference Program) or by air (there are a variety of airline and hotel loyalty programs, such as Aeroplan), those points are to be accumulated and used for future corporate travel, and must not be used for personal travel. Separate accounts should be held for personal and business travel if available. For the VIA Preference Program, a maximum of 5,000 points can be accumulated on any one account, and thereafter must be used for corporate travel. Staff may be asked to produce a statement showing points balance at the end of the year.

Privacy

All expense information is considered to be public information and shall be made available upon request, to the Privacy Officer, regardless of whether the request is by the Health Unit or a member of the public.

Travel

The mode of transportation chosen – air, train, or car – should be that which enables staff/board members to attend to Health Unit business with the least cost to the Health Unit, consistent with a minimal amount of interruption to regular business and personal schedules. Consideration should be made as to unproductive time away from the workplace.

Where a number of staff/board members attend the same function, shared travel will be considered where possible. Basic economy/coach fares will be paid by the Health Unit. Any upgrades are the responsibility of the staff/board member.

Sickness and Accident Insurance is provided by the Health Unit to staff/board members when they are traveling outside of Canada on Health Unit business. Additional sickness or accident insurance premiums will not be covered by the Health Unit.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-420
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Travel by Air

Staff/board members may travel by air for trips that are beyond reasonable driving distance. Prior approval for all air travel must be obtained from the direct supervisor.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Every effort should be made to book travel well in advance to take advantage of discounted fares and to obtain the lowest fares compatible with necessary travel requirements. The cost of an additional night of accommodation may be incurred, and will be reimbursed, if it is required in order to take advantage of a discount fare, provided that the cost of the extra accommodation is not greater than the savings realized from benefitting from the discounted fare.

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Rail

When booking train travel, the VIA Rail promotion code (700603) should be used in order to receive the corporate discount. Basic economy/coach fares will be paid by the Health Unit; any upgrades are the responsibility of staff/board members. Staff/board members will choose the most economical and direct form of transportation by train. Wherever possible, travel arrangements should be made in advance to ensure availability of economy class seats and at the best price.

Economy airfare is normally to be used, but business class may be authorized if:

- Less expensive seats are not available, or
- The individual is travelling on a continuous flight in excess of five hours

Original boarding pass(es) and ticket/E-ticket should be attached to the expense report for each segment of travel. If the boarding pass or ticket is unavailable, then proof of travel must be demonstrated.

Travel by Car

When a car is the most practical and economical way to travel, a personal vehicle can be used but mileage reimbursement will be the actual distance travelled or 250 kms (round-trip), whichever is less, at the allowable rates. Otherwise a rental vehicle should be secured.

Rental vehicle - Rental of compact or mid-sized vehicles is encouraged. The car rental company approved by the Health Unit is Enterprise and should be used where possible to ensure the most favourable rates. Consideration may be given for a car rental upgrade based on the number of passengers, weather conditions and other safety reasons. All luxury and sports car rentals are expressly prohibited. Rental cars must be refueled before returning, to avoid extra



MIDDLESEX-LONDON HEALTH UNIT

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SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-420
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charges, and the receipt for the gasoline purchase must be attached to the Travel Expense Statement, together with a copy of the rental agreement.

Personal Vehicle - When more than one staff/board member is travelling in the same motor vehicle, only the owner of the vehicle is entitled to reimbursement for mileage expenses. The owner of the vehicle must ensure that the vehicle is adequately insured. Insurance should provide for \$1 million in liability, accident benefits, collision and direct compensation coverage.

The Health Unit assumes no financial responsibility for privately-owned vehicles being used for Health Unit business other than paying the mileage rate. The mileage rate covers the cost of fuel, depreciation, maintenance, and insurance. When calculating the total kilometres of a trip that originates from the staff member's home, the normal distance driven to the Health Unit should be excluded. A maximum of 250kms per out of town trip is allowed for reimbursement.

Parking and Other Fees

Cost of parking a vehicle at a transportation terminal while on out-of-town business will be reimbursed, provided that the cost of the parking does not exceed the cost of ground transportation from departure point (home or place of business) to the transportation terminal. Cost of parking in another city while on out of town business will also be reimbursed. Loss or damage to the personal vehicle, while parked, is not the responsibility of the Health Unit.

Highway and bridge tolls and ferry charges will be reimbursed with receipts attached. Traffic and parking violations incurred while driving on Health Unit business will not be reimbursed.

Hotel Accommodation

Government rates should be requested at the time of making the hotel reservation. Individuals may be reimbursed for the total cost (including taxes) of either a single or double room depending on individual circumstances. Staff should share accommodations when possible. An overnight stay in association with a one day meeting or business event out of town is justified only when the staff/board member is required to leave home early in order to be on time for the event starting before 9:00 a.m.

While travelling on business related to the Health Unit, in situations where staff/board members choose to stay overnight with friends or relatives instead of at a hotel, accommodation expenses will not be reimbursed, but appropriate meal allowances will still apply.

Hotel charges incurred because of failure to cancel a reservation on a timely basis will not be reimbursed.

Meals

A meal expense will be reimbursed when staff/board members

- Are out of town over a normal meal period, or
- Have prior approval for the meal expense



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SUBJECT: Travel Reimbursement
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-420
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The maximum allowable amount that will be reimbursed for meals (inclusive of taxes and gratuities) is \$10 for breakfast, \$20 for lunch and \$30 for dinner. Original receipts must be provided for all meal expenses. Expenses must be incurred during normal working hours, or on route to home. The approver is responsible for ensuring that submissions for meal allowances fall within the maximum allowable amounts.

It is understood that gratuities may be provided during meals to acknowledge good service received. The maximum allowable gratuity that the Health Unit will reimburse is 15% of the total after tax amount of the meal.

Alcohol

The cost of alcoholic beverages will not be reimbursed. In the event that alcohol is consumed during a meal or otherwise, staff/board members are to ask the restaurant for a separate invoice/receipt for the alcohol so that there is clarity for the reimbursable food portion.

Telephone Calls

Staff/board members will be reimbursed for all telephone calls (local or long distance) that are directly related to Health Unit business. One reasonable personal call home from a hotel will be reimbursed for each day of out of town travel.

Combining Personal Travel

Staff/board members are responsible for all additional and incremental expenses incurred as a result of a spouse, partner or companion or any other person, travelling with them. Expenses should be tracked very carefully to be able to clearly distinguish between the staff/board member portion, and that which applies to the other person.

When personal travel is combined with business travel, only the business portion of the trip will be reimbursed. Expenses should be tracked very carefully to be able to clearly distinguish between the personal portion and the business portion.

Other Travel-Related Expenses

Business expenses, such as computer access charges, photocopying, word processing services, facsimile transmissions, internet connections, rental and transportation of necessary office equipment will be reimbursed provided the charges incurred are reasonable and related to Health Unit business.

Additionally, staff/board members will be reimbursed for taxicab fares, airport limousines and buses (or equivalents, e.g. subway) for transportation between the individual's home/workplace and the designated transportation terminal. While out of town, transportation to/from the transportation terminal and the hotel, and transportation within the destination city, will also be reimbursed. Staff should use public transit when available.

Recreational items (e.g. video rentals, mini-bars, special facilities charges, entertainment not directly related to Health Unit business, etc.) will not be reimbursed.

Hospitality Events



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Hosting or contributing to hospitality events is not reimbursable.

Travel Cash Advances

Requests for a travel cash advance must be made to the employee's direct supervisor and forwarded to Finance at least one week prior to departure. The amount of cash advanced will be calculated by the manager based on the individual circumstance, with a \$100 minimum amount. Exceptional circumstances will be approved by Finance.

Any funds owing to the Health Unit beyond a 30 day period from return date of travel will automatically be deducted from the staff member's next pay cheque or the board member's next remuneration.

Non-Reimbursable Expenses

In addition to other items mentioned above, which are not reimbursable, expenses of a personal nature will not be reimbursed. Such expenses include, but are not limited to:

- Expenses resulting from unlawful conduct,
- Damage to personal vehicle as a result of a collision,
- Personal items not required to conduct health unit business,
- Memberships to reward programs or clubs (e.g., airline clubs),
- Personal credit card fees and/or late payment charges.

DEFINITIONS

ONA: Ontario Nurses Association

CMA: Canadian Medical Association

Loyalty Programs: Long-term marketing effort which provides incentives to repeat customers who demonstrate loyal buying behavior for example: Aero-plan rewards

Sickness and Accident Insurance: Insurance policy covering personal accident and sickness benefits

Economy Airfare: Also referred to coach class or standard class, is the lowest travel class of seating in air or rail travel

VIA Rail: Via Rail Canada offers intercity passenger rail services in Canada

Boarding Pass/E-ticket: Is a document provided by an airline during check in, giving a passenger permission to board the airplane for a particular flight



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Liability, accident benefits, collision and direct compensation Insurance: Insurance policy covering liability, accident benefits, collision and direct compensation

Travel Cash Advances: An authorized payment of money by the MLHU, directly to a staff/board member in support of anticipated travel expenses

Hospitality Events: To host or entertain people while on out of town business relating to the affairs of the Health Unit

APPLICABLE LEGISLATION

RELATED POLICIES

Signing Authority

REVISION DATES (* = major revision):

October 17, 2013

March 31, 2014