

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, October 19, 2017 6:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – September 21, 2017

4. NEW BUSINESS

- 4.1 2017 Mid-year Strategic Plan Update (Report No. 007-17GC)
- 4.2 2016 Year-end Performance on Accountability Indicators (Report No. 008-17GC)
- 4.3 MOH/CEO Performance Review (Report No. 009-17GC)

5. OTHER BUSINESS

- 5.1 Policy Review Continued

Next meeting: Thursday December 14, 2017

6. ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Governance Committee
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, September 21, 2017 6:00 p.m.

Committee Members Present: **Mr. Trevor Hunter (Chair)**
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Maureen Cassidy
Mr. Jesse Helmer

Others Present: Mr. Michael Clarke, Board member
Mr. Marcel Meyer, Board member
Ms. Joanne Vanderheyden, Board member
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services

Chair Hunter called the meeting to order at 6:00 p.m.

DISCLOSURE 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. Helmer, *that the **AGENDA** for the September 21, 2017 Governance Committee meeting be approved.*

Carried

Mr. Smith arrived at 6:01 p.m.

Ms. Cassidy arrived at 6:03 p.m.

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the **MINUTES** of the June 15, 2017 Governance Committee meeting be approved.*

Carried

OTHER BUSINESS

4.1 Policy Review (Continued)

G-360 – Removal and Resignation of Board Members

Discussion ensued on the following items:

- Whether the Board has the authority to remove Board members, or if the responsibility lies with the appointing body.
- That the policy is still pending a supplemental legal review.
- Whether Board members should be removed in open- or closed-session meetings.
- The Provincial reappointment process, and how the expiration of a term could be considered a resignation.

It was moved by Mr. Helmer, seconded by Mr. Smith, *that the Governance Committee refer policy G-360 back to staff to consider expert opinions and for further review.*

Carried

G-380 Conflicts of Interest and Declaration

Ms. Di Cesare noted that this policy has been considerably revised and reviewed by legal counsel.

Discussion ensued on the following items:

- Scope of responsibility, which, as the policy currently reads, seems to fall largely on the Chair.
- That the onus should be on the individual, not the Chair.
- That staff should alter the paragraph where responsibility is placed on the Board Chair to determine a conflict of interest.
- That staff consider purchasing and keeping on hand a handbook that Board members and staff may reference when considering the declaration of a conflict of interest.
- The Annual Declaration form, when to circulate it each year, and removing bullet point c).

The Committee recommended altering the paragraph regarding the responsibility of the Board Chair to determine a matter of conflict of interest.

G-040 MOH/CEO Selection and Succession Planning

Discussion ensued on the following items:

- Further definition to define the scope of search and position criteria, which may differ in each succession-planning scenario.
- Composition of the Transition and Selection Committee, how the Committee will report to the Board, and how the Board will assist in defining search-criteria parameters prior to active candidate recruitment.
- That the Board, as part of its oversight of the Transition and Selection Committee, will assist in defining and approving the terms of reference, and that the Committee should report progress to the Board.
- The importance of ensuring that the Transition and Selection Committee's membership should not include a majority of Board members.

The Governance Committee recommended that this policy be sent back to staff for further revisions.

In conclusion, the Governance Committee recommended that policies G-360, G-380 and G-040 be sent back to staff for further review.

4.2 Next Meeting: Thursday, October 19, 2017

ADJOURNMENT

At 6:39 p.m., it was moved by Ms. Cassidy, seconded by Mr. Helmer, *that the meeting be adjourned.*

Carried

TREVOR HUNTER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

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

DATE: 2017 October 19

2017 MID-YEAR STRATEGIC PLAN UPDATE

Recommendation

It is recommended that the Governance Committee receive Report No. 007-17GC re: 2017 Mid-Year Strategic Plan Update for information.

Key Points

- The 2017 Balanced Scorecard identified the initiatives and tasks that the organization is pursuing in order to drive the strategic priorities as identified in our 2015-2020 Strategic Plan.
- The 2017 MLHU Balanced Scorecard Mid-Year Report highlights the progress that has been made to date on strategic priorities.

Background

The Middlesex-London Health Unit 2015-2020 Strategic Plan details our vision, mission and values and outlines the strategic priorities for our organization. The plan was approved by the Board of Health at the September 17, 2015 Board of Health Meeting and staff began working on many of the strategic priorities soon after its approval. To operationalize the strategic priorities identified during our strategic process, and track those already underway, MLHU has utilized the Balanced Scorecard as a strategic management tool to ensure accountability and to communicate our progress and successes.

2017 Balanced Scorecard Reporting

Regular reporting is an important part of the Balanced Scorecard methodology and 2017 is the second year that MLHU will be reporting on its initiatives. The reporting process helps to identify lessons learned, areas in need of prioritization and any variance from expected outcomes. The 2017 Balanced Scorecard and the 2017 Mid-Year Reporting are attached as [Appendix A](#) and [Appendix B](#).

Next Steps

Staff will continue with the implementation of the activities on the Balanced Scorecard to drive the strategic priorities of the Middlesex-London Health Unit. A comprehensive year-end update will be provided to the Governance Committee in April 2018.

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

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

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


Program Excellence		
Activities & Tasks	Status	Comments
<p>✓ Ongoing Implementation of the Planning and Evaluation Framework (PEF)</p> <ul style="list-style-type: none"> ○ 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 		<p>MLHU has selected the model for the planning and evaluation framework and is completing the development of all associated tools and resources. General ELT workshop held September 28 and for staff will be offered November 21. Building Capacity in Evidence Informed Public Health workshop was offered to ELT on May 24 and will be offered to staff on October 30.</p> <p>Health Equity staff and managers have participated in PEF development. Specifically, a Health Equity (HE) concept guide for PEF was developed. Staff members will continue to review tools already posted and continue to have HE perspective on tools and guides developed in future.</p> <p>Process for the spectrum of literature review options; Roles and responsibilities for rapid review. Both have been presented to SLT, integrated with the PEF and posted to the HUB.</p>
<p>✓ Continuation of Organizational Structure and Location (OSL)</p> <ul style="list-style-type: none"> ○ Development of Intake Line recommendations ○ Continue with Location Procurement Process ○ Implement, evaluate and prepare recommendations regarding Activity Based Workspaces with pilot teams 		<p>MLHU is on track to complete the procurement phase of the project by the end of 2017. This would mean the decision to move to a new site, or exploring other location alternatives.</p> <p>The Organizational Structure and Location (OSL) Committee has completed data gathering for the intake line project and will have recommendations prepared by the end of 2017.</p> <p>Activity Based Workspaces were formally rolled out to three MLHU teams in August 2017. Results to date have been positive from a space utilization perspectives and there have been some change management challenges regarding changing work practices. The implementation and roll-out of this concept is intended to be iterative, and changes will continue to be accommodated.</p>
<p>✓ Enhance internal communication and collaboration frameworks</p> <ul style="list-style-type: none"> ○ Pilot and implement agency mass notification system 		<p>Collaborating with City of London to use 'Alert London' mass notification software. System has been populated with IMS membership contact information and we are currently confirming contact details for the remainder of MLHU staff. System is operational and will be at full capacity once the remainder of staff info is uploaded by November 2017.</p>


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

Program Excellence (Cont'd)

Activities & Tasks	Status	Comments
✓ Ensure programs and services are focused on our core mission <ul style="list-style-type: none"> ○ Develop program review schedule for 2017 and complete reviews 		33 prioritized projects have been initiated.
✓ Address the social determinants of health (SDOH) and health equity through education, policy, leadership and advocacy <ul style="list-style-type: none"> ○ 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 		<p>Following a thorough Needs Assessment involving all Managers and teams, the Health Equity (HE) Staff Capacity Building Plan has been finalized. The plan received approval in principle from SLT on October 3, 2017.</p> <p>The process planning guide and accompanying policy for advocacy have been completed and are awaiting final approval by SLT in November. The implementation process is embedded in the HE Staff Capacity Building Plan.</p> <p>The Health Equity Indicator work group reviewed all indicators and developed selection criteria for prioritization within MLHU. Prioritization of indicators is in progress and results will be shared with NLT and Managers before submission to SLT for approval.</p>
✓ Ensure Programs achieve organizationally established performance targets <ul style="list-style-type: none"> ○ Develop Divisional Balanced Scorecards ○ Collect and report on MOHLTC accountability agreement indicators 		<p>Scorecards have been developed for each Division.</p> <p>All MOHLTC accountability indicators were reported on by MLHU and there were no performance indicators that were not within targets.</p>




Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 


Not Completed / Major Obstacles

Client and Community Confidence

Activities & Tasks	Status	Comments
<p>✓ Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation</p> <ul style="list-style-type: none"> ○ 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 		<p>Discussions have been ongoing with physicians with respect to upcoming immunization clinic changes.</p> <p>Ongoing discussion with doctors involved in Tuberculosis treatment to develop more community capacity.</p>
<p>✓ Conduct campaigns to increase the awareness of public health and the role of the Middlesex-London Health Unit</p> <ul style="list-style-type: none"> ○ Continue the “We’re Here for You” campaign ○ Review and revise MLHU Graphic Standards and Branding 		<p>We’re Here for you: AdTube Campaign, LTC bus, transit shelters (throughout the City of London), 2017 Strathroy and area directory, and advertising in the Middlesex Banner.</p> <p>SWOT analysis for graphic standards has been conducted and gaps in current graphic standards will be addressed. Current templates have been aligned to current brand. Branding concepts including new logo, name, etc. have been deferred due to long term organizational uncertainty (Expert Panel).</p>
<p>✓ Overall client and community partner experience</p> <ul style="list-style-type: none"> ○ 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 		<p>Project Charter completed and approved by SLT. Literature search conducted. Tool exploration in progress for Client experience. Manager consultation group inaugural meeting October 2nd, 2017.</p>





Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 


Not Completed / Major Obstacles

Employee Engagement and Learning

Activities & Tasks	Status	Comments
✓ Deliver Leading MLHU – Management and Leadership Development Program <ul style="list-style-type: none"> ○ Continue to develop opportunities that align with identified leadership competencies and focus on consolidating previous learnings (reflective practice - Coaching Circles) 		Coaching circles have been established for MLHU managers in 2017.
✓ Champion the BeWell Program <ul style="list-style-type: none"> ○ Continue to implement the Be Well program and strategies for meeting the Psychological Standard 		Major initiatives include: <ul style="list-style-type: none"> - Continued participation of ELT members in the “Mindful Employer” pilot project - “Leading a Mentally Healthy Workplace” certification training for all non-union leaders - Well Wellness Health fair for all staff launch of Health Risk Assessment Survey on Sprout - Biometric Screening Clinics offered to all staff - Continued promotion and participation in social enterprise community involvement (blood donor clinics, United Way events, Red Scarf project)
✓ Ongoing review of MLHU Administrative Policy Manual <ul style="list-style-type: none"> ○ Review policies for alignment with MLHU mission, vision and values 		Development and approval of 35 Governance Policies since December 2016. There are 16 policies remaining until Governance Policy manual has been completed implemented. Administrative policy review has been deferred until Governance policies are completed but necessary review is still being conducted.
✓ Deliver Learning at MLHU Program <ul style="list-style-type: none"> ○ 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) 		Staff have participated in training opportunities such as Planning and Evaluation Framework, Indigenous Cultural Safety, Crucial, Meyers-Briggs.



Complete

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Completed / Major Obstacles

Employee Engagement and Learning (Cont'd)

<i>Activities & Tasks</i>	<i>Status</i>	<i>Comments</i>
✓ Enhance transparent and inclusive decision-making <ul style="list-style-type: none"> ○ Participation of Management and Union Leadership in Joint Bargaining Training ○ Determine process for integrating staff feedback into program review process and decision-making 		Successful joint bargaining training participation as evidenced in the re-negotiation of collective agreements for ONA and CUPE. Open sessions have been held for this year's PBMA process and numerous consultation initiatives for decision-making (activity-based workspaces, alternative work arrangements, etc.).
✓ Diversity Assessment and Recommendations <ul style="list-style-type: none"> ○ Initiate organizational assessment of diversity and inclusiveness, and identify recommendations 		Training plan for enhancing staff capacity in this area has been developed. Organizational assessment has been deferred until 2018.






Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 


Not Completed / Major Obstacles

Organizational Excellence

Activities & Tasks	Status	Comments
✓ Develop organizational and divisional scorecards for performance management <ul style="list-style-type: none"> ○ Develop Balanced Scorecards with key performance indicators, targets and activities at organizational and division levels 		Division and team level balanced scorecards developed and monitored.
✓ Upgrade financial reporting system <ul style="list-style-type: none"> ○ Investigate and implement new financial reporting and encumbrances solution 		The FRX replacement project has been deferred to 2018.
✓ Deliver relevant and timely information and reports to the Board of Health <ul style="list-style-type: none"> ○ Inform the Board of Health regarding organizational impacts of the Ontario Public Health Standards Modernization process 		Continuous updates to Board regarding changes to the OSPHPS, Expert Panel and Accountability Framework. A comprehensive gap and impact analysis will be presented to the Board of Health in December.
✓ Alignment of budget and performance reporting <ul style="list-style-type: none"> ○ Adapt program budget templates to reflect organization level scorecards 		Deferred until 2018 to ensure alignment with the mandatory changes to Ministry Budget and Program Reporting Templates.
✓ Development of MLHU Risk Management Framework <ul style="list-style-type: none"> ○ Develop MLHU Risk Management Framework, associated policies and determine implementation and roll-out 		Risk management policy has been developed and approved by the Board of Health. Implementation and Roll-out has been deferred until 2018.

Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles



TO: Chair and Members of the Governance Committee

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

DATE: 2017 October 19

2016 YEAR-END PERFORMANCE ON ACCOUNTABILITY INDICATORS

Recommendation

It is recommended that Report No. 008-17 re: 2016 Year-End Performance on Accountability Indicators be received for information.

Key Points

- The Health Unit has demonstrated strong performance on the 2016 Year-End Accountability Agreement performance indicators meeting or exceeding targets on all performance indicators.
- There are limitations to the performance indicator data and some indicators are used for monitoring and baseline purposes only.

Background

Under section 5.2 of the Accountability Agreement between the Middlesex-London Health Unit (MLHU) Board of Health and the Ministry of Health and Long Term Care (MOHLTC), the Board agrees to make its best effort to achieve agreed-upon performance targets for the indicators specified.

There were twenty-five indicators that were reported to the MOHLTC in 2016 pertaining to the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, tobacco control, injury prevention, substance abuse and child health.

Due to the current state of transformation within the public health sector, the ministry has reduced the suite of indicators that are monitored to an essential set of 15 indicators. For three of these indicators, a performance target was negotiated and agreed upon by both MLHU and MOHLTC.

2016 Year-End Results

In August 2017, the MOHLTC published MLHU's 2016 year-end performance on 15 indicators. The 2016 Indicator Summary Table for Health Promotion Indicators and Health Protection Indicators provides a summary of these results ([Appendix A](#)). The reporting period for the indicators is January 1, 2016 – December 31, 2016 unless otherwise noted.

Performance Indicators

Performance indicators include a limited set of indicators which reflect priority areas for performance improvement. These indicators are listed in the Public Health Funding and Accountability Agreement and have performance targets.

Of the three performance indicators reported, the Health Unit met or exceeded targets on all three. These indicators and MLHU performance noted below:

	Indicator	Year	Performance	Target	Compliance Report?
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2016	99.7%	>90%	No
1.7	% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	2016	100.0%	100.0%	No
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	2016	99.5%	100.0%	No

Monitoring Indicators

Monitoring indicators do not have performance targets and are used to:

- Ensure that high levels of achievement are sustained;
- Allow time for baseline levels of achievement and methods of measurement to be confirmed; and/or
- Monitor risks related to program delivery.

Limitations in the Data

The indicators presented in this report are an incomplete representation of the work that public health units do to protect and promote the health of Ontario residents but have been chosen to:

- Reflect government priority;
- Core business of public health;
- Measure Board of Health level outcomes as per the OPHS, (2008);
- Be responsive to change by action of the Board of Health;
- Provide opportunity for performance improvement;
- Have available data sources; and
- Are sensitive, timely, feasible, valid, reliable, understandable, and comparable.

The report also notes that health units operate under unique local factors and there is variability across health units such as demographics, geographic size, human resources, etc., that impact each health unit differently and caution is advised when comparing health unit performance.

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



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

2017 YEAR-END INDICATOR SUMMARY TABLE: HEALTH PROMOTION & PROTECTION INDICATORS
Board of Health for the Middlesex-London Health Unit
 October-06-17

#	Indicator	2016				2017					
		Reporting Period	Performance	Target (%)/ Monitoring/ Baseline	Performance/ Compliance Report Required	Reporting Period	Numerator	Denominator	Performance	Target (%)/ Monitoring/ Baseline	Performance/ Compliance Report Required
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Jan 1, 2016 - Dec 31, 2016	99.7%	≥90%	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
1.7	% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	Jan 1, 2016 - Dec 31, 2016	100.0%	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
2.1	% of high-risk food premises inspected once every 4 months while in operation	Jan 1, 2016 - Dec 31, 2016	99.1%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
2.3	% of Class A pools inspected while in operation	Jan 1, 2016 - Dec 31, 2016	100.0%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
3.1	% of personal services settings inspected annually	Jan 1, 2016 - Dec 31, 2016	99.8%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	Jan 1, 2016 - Dec 31, 2016	58.8%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit	Sep 1, 2015 - Aug 31, 2016	0.1%	Monitoring	NO	Sep 1, 2016 - Aug 31, 2017	-	-	-	Monitoring	TBD
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Jan 1, 2016 - Dec 31, 2016	99.5%	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
4.4	% of school-aged children who have completed immunizations for hepatitis B	As of Jun 30, 2016	59.5%	Monitoring	NO	As of Jun 30, 2017	2,987	4,816	62.0%	Monitoring	TBD
4.5	% of school-aged children who have completed immunizations for HPV	As of Jun 30, 2016	50.7%	Monitoring	NO	As of Jun 30, 2017	2,473	4,816	51.3%	Monitoring	TBD
4.6	% of school-aged children who have completed immunizations for meningococcus	As of Jun 30, 2016	74.2%	Monitoring	NO	As of Jun 30, 2017	3,824	4,816	79.4%	Monitoring	TBD
4.7	% of MMR vaccine wastage	Jan 1, 2016 - Dec 31, 2016	2.7%	Baseline	NO	Jan 1, 2017 - Dec 31, 2017	-	-	-	Monitoring	TBD
4.8	% of 7 or 8 year old students in compliance with the ISPA	As of Jun 30, 2016	96.3%	Baseline	NO	As of Jun 30, 2017	4,555	4,910	92.8%	Monitoring	TBD
4.9	% of 16 or 17 year old students in compliance with the ISPA	As of Jun 30, 2016	69.8%	Baseline	NO	As of Jun 30, 2017	3,823	4,951	77.2%	Monitoring	TBD
4.10	% of influenza vaccine wasted that is stored/administered by the public health unit and healthcare providers	N/A	N/A	N/A	N/A	TBD	-	-	-	Monitoring	TBD

LEGEND:
 N/A Not Applicable
 -- Data not yet collected
 TBD To be determined
 UTD Unable to determine

NOTES:
 Indicators 4.4, 4.5, 4.6, 4.8, and 4.9 are calculated at a point in time. The Public Health Funding and Accountability Agreement specifies the point in time "as of June 30"; however, the 2016-17 data represents results as of July 9, 2017.



TO: Chair and Members of the Governance Committee

FROM: Laura Di Cesare, Director, Corporate Services

DATE: 2017 October 19

**2016 MEDICAL OFFICER OF HEALTH / CHIEF EXECUTIVE OFFICER
PERFORMANCE APPRAISAL**

Recommendation

It is recommended that the Governance Committee receive Report 009-17GC and approve the modified 2016 performance appraisal process for the Medical Officer of Health / Chief Executive Officer.

Key Points

- The Governance Committee Terms of Reference and the 2017 reporting calendar highlights that the MOH / CEO performance appraisal will be initiated in the second quarter of the calendar year.
- A sub-committee of the Governance Committee was formed in April to initiate the MOH / CEO 2016 performance appraisal.
- The appraisal completion date was delayed until the MOH / CEO returned to work following his medical leave.
- Given the length of the delay a streamlined appraisal process is being recommended for 2016.

Background

The Governance Committee is responsible for initiating the annual performance appraisal process for the Medical Officer of Health / Chief Executive Officer (MOH / CEO). Per [Report 006-17GC](#) a performance appraisal sub-committee was formed in April of 2017 in order to complete the performance appraisal process. The sub-committee formed consists of Mr. Jesse Helmer, Mr. Marcel Meyer, Mr. Ian Peer, and Mr. Trevor Hunter.

A performance appraisal tool and process which included utilizing a 360 feedback tool for input into the appraisal was also approved at the April meeting. However, given the extended medical leave of the MOH / CEO this process was not initiated. Given current timing it is recommended that the sub-committee streamline the appraisal process for 2016, specifically removing the 360 component. Instead the sub-committee would rely on the deliverables related to the strategic plan, the balanced scorecard, the MOH / CEO activity reports and financial reporting to complete their review. A summary document would be created by the sub-committee and once approved by the Board, the Board Chair along with a representative of the sub-committee would then meet with the MOH / CEO to discuss the results of the appraisal. The appraisal when completed will be signed and filed in a sealed envelope with Human Resources.

This report was prepared by the Corporate Services Division.

A handwritten signature in blue ink that reads 'Di Cesare'.

Laura Di Cesare, CHRE
Director, Corporate Services

STATUS UPDATE

Governance Manual By-laws & Policies

October 19, 2017

Policies Approved	Policies Under Review	Policies to be introduced in Q4 - 2017	Policies to be introduced in 2018
35	3	4	9

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	•
<u>G-B10</u>	By-Laws	By-law #1 - Management of Property	Approved	•
<u>G-B20</u>	By-Laws	By-law #2 - Banking & Finance	Approved	•
<u>G-B30</u>	By-Laws	By-law #3 - Proceedings of the Board of Health	Approved	•
<u>G-B40</u>	By-Laws	By-law #4 - Duties of the Auditor	Approved	•
<u>G-010</u>	Strategic Direction	Strategic Planning	Approved	•
<u>G-020</u>	Leadership and Board Management	MOH / CEO Direction	Approved	•
<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	•
<u>G-040</u>	Leadership and Board Management	MOH / CEO Selection and Succession Planning	Ready for Review	•
<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	•

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<u>G-060</u>	Leadership and Board Management	MOH / CEO Compensation	Q4 - 2017	•
<u>G-070</u>	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Remove	• Refer to G-420 Travel Reimbursement
<u>G-080</u>	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Defer to 2018	•
<u>G-090</u>	Program Quality and Effectiveness	Quality Improvement - Framework	Defer to 2018	•
<u>G-100</u>	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	Approved	•
<u>G-110</u>	Program Quality and Effectiveness	Performance Monitoring	Defer to 2018	•
<u>G-120</u>	Program Quality and Effectiveness	Risk Management	Approved	•
<u>G-130</u>	Program Quality and Effectiveness	Ethics	Defer to 2018	•
<u>G-140</u>	Program Quality and Effectiveness	Respect for Diversity	Defer to 2018	•
<u>G-150</u>	Program Quality and Effectiveness	Complaints	Q4 – 2017	•
<u>G-160</u>	Program Quality and Effectiveness	Jordan's Principle	Approved	•
<u>G-170</u>	Financial and Organizational Accountability	Financial Objectives	Removed	• Content for this policy has been detailed in G-180 and is no longer necessary
<u>G-180</u>	Financial and Organizational Accountability	Financial Planning and Performance	Approved	•
<u>G-190</u>	Financial and Organizational Accountability	Asset Protection	Approved	•

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-200</u>	Financial and Organizational Accountability	Approval and Signing Authority	Approved	•
<u>G-210</u>	Financial and Organizational Accountability	Investing	Approved	•
<u>G-500</u>	Financial and Organizational Accountability	Borrowing	Q4 - 2017	<ul style="list-style-type: none"> • Split from investing • Requires follow-up with municipal partners
<u>G-220</u>	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	•
<u>G-230</u>	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	•
<u>G-240</u>	Financial and Organizational Accountability	Tangible Capital Assets	Approved	•
<u>G-250</u>	Financial and Organizational Accountability	Reserve and Reserve Funds	Approved	•
<u>G-310</u>	Financial and Organizational Accountability	Corporate Sponsorship	Approved	•
<u>G-320</u>	Financial and Organizational Accountability	Donations	Approved	•
<u>G-330</u>	Financial and Organizational Accountability	Gifts and Honorariums	Approved	•
<u>G-410</u>	Financial and Organizational Accountability	Board Member Remuneration	Approved	•
<u>G-420</u>	Financial and Organizational Accountability	Travel Reimbursement	Approved	•

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-260</u>	Board Effectiveness	Governance Principles and Board Accountability	Approved	•
<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	Approved	•
<u>G-280</u>	Board Effectiveness	Board Size and Composition	Approved	
<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	Approved	
<u>G-300</u>	Board Effectiveness	Board of Health Self- Assessment ➤ Appendix A – Board of Health Self-Assessment Tool	Approved	
<u>G-350</u>	Board Effectiveness	Nominations and Appointments to the Board of Health	Approved	
<u>G-360</u>	Board Effectiveness	Resignation and Removal of Board Members	Legal review	• Seeking legal opinion on several items in the policy
<u>G-370</u>	Board Effectiveness	Board of Health Orientation and Development	Approved	
<u>G-380</u>	Board Effectiveness	Conflicts of Interest & Declaration ➤ Declaration Form	Ready for Review	•
<u>G-390</u>	Board Effectiveness	Code of Conduct ➤ Appendix A – Corporate Code of Conduct ➤ Appendix B – BOH Code of Conduct	Defer to 2018	•

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
<u>G-430</u>	Communications and External Relations	Advocacy	Q4 – 2017	•
<u>G-440</u>	Communications and External Relations	Community Engagement	Defer to 2018	•
<u>G-450</u>	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Defer to 2018	•
<u>G-460</u>	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Defer to 2018	•
<u>G-470</u>	Communications and External Relations	Annual Report	Approved	
<u>G-480</u>	Communications and External Relations	Media Relations	Approved	
<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	Approved	•

SUBJECT: Conflict of Interest and
Declaration

POLICY NUMBER:

G-380

SECTION: Board Effectiveness

PAGE:

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IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

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 Middlesex-London Health Unit (MLHU) 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.

The members of the Board of Health are subject to the current municipal conflict of interest legislation in the Province of Ontario.

This policy covers the obligations of Board of Health members resulting from their required duties while acting in the capacity of members of the Board of Health for the Middlesex-London Health Unit. Each individual member of the Board of Health is responsible to ensure that they are in compliance at all times with the *Municipal Conflict of Interest Act*. Each member of the Board of Health has the responsibility to follow this policy.

POLICY

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

INTERPRETATION

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.

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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 Middlesex-London Health Unit.

Interest of a Relative

The Middlesex-London Health Unit conducts business with suppliers of goods or services or any other party of which spouse of an officer of the Middlesex-London Health Unit is a principal or officer.

Gifts

A Board Member, or the Board Member'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 Middlesex-London 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.

"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 Middlesex-London Health Unit.

Appropriation of Corporate Opportunity

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

SCOPE/RESPONSIBILITY

It is the responsibility of the Board member to determine whether a conflict of interest exists. As the identification of a conflict of interest is sometimes difficult, Board members are encouraged to consult *Ontario's Municipal Conflict of Interest Act – a handbook 2017* or to seek the advice of legal counsel, if necessary. Once the Board member has determined that there is a conflict of interest, the member should formally declare the conflict of interest in the manner set forth in this policy.

The *Municipal Conflict of Interest Act* imposes the following duties on Board Members:

1. **Disclosure** – s. 5(1)(a):
 - members must disclose any direct, indirect or deemed pecuniary interest prior to consideration of matter
 - disclosure should include the following two components:
 - (i) identify the type of pecuniary interest that the member has in all circumstances (direct, indirect, deemed); and
 - (ii) describe sufficient facts to provide some context for the general nature of the interest at hand

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2. **Non-Participation** – s. 5(1)(b):
 - a member is obligated to not participate in the decision-making process once the member's interest has been disclosed
 - a member shall not:
 - (i) take part in discussion, or
 - (ii) vote
3. **No Influence** – s. 5(1)(c):
 - a member declaring an interest cannot, in any way, attempt to influence voting, either before, during or after the meeting
4. **Exit Closed Meeting** – s. 5(2):
 - if the conflict arises at a closed or in-camera meeting, a member is also required to leave the meeting
 - this is good practice even if the meeting is not closed as it visibly demonstrates that the member is making no attempt to influence the discussion or the outcome of the voting

Special Role for the Board Chair

The Board Chair is the key person to establish an ethical climate for the Middlesex-London 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.

PROCEDURE

Each member of the Board of Health is made aware of how to access the most recent version of the *Municipal Conflict of Interest Act*. This conflict of interest policy also applies to Committees of the Board of Health.

At the beginning of each Board of Health meeting or Committee meeting, the Chairperson asks members if they have any conflicts of interest to declare.

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.

Public Meeting

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Once a conflict of interest has been identified, the member(s) with the conflict of interest cannot participate in the discussion or vote. The member(s) is not to attempt, in any way, to influence the voting on the issue under consideration.

In Camera Meeting

Where the meeting is not open to the public, the member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

Disclosure to Be Recorded in Minutes

Where the meeting is open to the public, the declaration of interest and the general nature is to be recorded in the minutes of the meeting.

Where the meeting is not open to the public, every declaration, but not the general nature of that interest, is to be recorded in the minutes of the next meeting that is open to the public.

When Absent from Meeting at Which Matter Considered

Where the interest of a member has not been disclosed by reason of the member's absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the member after the meeting where the matter was considered.

Members of the Board of Health/Committees shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the Board of Health other than provided for by Board of Health policy.

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).

APPLICABLE LEGISLATION

Municipal Conflict of Interest Act, R.S.O. 1990, c. M.50

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RELATED POLICIES

REVISION DATES (* = major revision):

DRAFT

SUBJECT: MOH / CEO Selection and
Succession Planning

POLICY NUMBER:

G-040

SECTION: Leadership and Board
Management

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IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

The purpose of this policy is to ensure that the Middlesex-London Health Unit has a comprehensive Medical Officer of Health / Chief Executive Officer (MOH / CEO) succession plan and recruitment process.

POLICY

The Middlesex-London Board of Health recognizes that transition in leadership may occur due to a variety of reasons – planned, or unplanned – and that there are risks associated with any leadership transition.

This policy helps to ensure that the operations of the Middlesex-London Health Unit are not interrupted in the event of a leadership transition; ensures that the Board of Health is able to properly assess the leadership needs of the organization; and helps to develop a diverse pool of candidates for consideration.

PROCEDURE

Interim Leadership

To ensure that the Middlesex-London Health Unit's operations are not interrupted while the Board of Health assesses the leadership needs and recruits a permanent MOH / CEO, the board will appoint interim executive leadership.

For a temporary change in MOH / CEO leadership (i.e., illness, vacation or leave of absence for 30 days or less), the Director, Corporate Services shall temporarily be in the charge of the daily operations and the Associate Medical Officer of Health will perform the essential duties of MOH.

In the event the MOH / CEO is no longer able to serve in this position (i.e. extended leave of absence, leaves the position permanently), the Board of Health shall appoint an Acting Medical Officer of Health and an Acting Chief Executive Officer.

The Acting Medical Officer of Health shall fulfil the duties of the Medical Officer of Health articulated in Appendix A of Policy G-030 and ensure that all legislated accountabilities and programs and service standards are maintained at a high level.

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The Acting Chief Executive Officer shall fulfil the duties of the Chief Executive Officer articulated in Appendix A of Policy G-030 and ensure that the organization continues to operate without disruption and that all organizational commitments previously made are adequately executed, and important deadlines are met.

The roles of Medical Officer of Health and Chief Executive Officer may be held jointly by a single candidate or separately by two candidates depending on the pool of available candidates and organizational priorities.

Assessment & Transition

In the event of a permanent leadership change, the Board of Health shall strike a MOH / CEO Transition Committee within fifteen (15) business days of notification of MOH / CEO vacancy. This committee shall be comprised of the Board Chair and one member of the Governance Committee, one member of the Finance and Facilities Committee and two other at-large members.

It shall be the responsibility of this committee to:

- Establish a terms of reference to be approved by the Board of Health and formalize a reporting relationship to the Board of Health;
- Communicate with key stakeholders regarding actions taken by the Board in naming interim leadership;
- Consider the need for consulting assistance (transition management, project management, leadership capacity) depending on the nature and circumstances of the transition;
- Seek guidance from the Board of Health to identify the attributes and characteristics that are important to consider in the selection of a new MOH / CEO or MOH and CEO. The Committee shall do so by consulting the:
 - MOH / CEO position description (Policy G-030);
 - organization's strategic plan;
 - program budget templates;
 - priority issues that need to be addressed during the transition process; and
- Determine the timeframe with which to proceed with the recruitment and selection of a permanent replacement(s).

Recruitment & Selection

It shall be the responsibility of the Board of Health to strike an MOH / CEO Recruitment & Selection Committee once it is determined they are prepared to move forward with a permanent replacement having considered the information provided from the Transition Committee. This committee shall be comprised of the Board Chair and one member of the Governance Committee, one member of the Finance and Facilities Committee and two other at-large members. The members of this committee may or may not be the same members as identified for the Transition Committee. The Recruitment & Selection Committee will seek guidance from

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the Board of Health regarding the permanent leadership needs of the organization to help ensure the selection of a qualified and capable leader who is a good fit for the organization's mission, vision, values, goals, and objectives; who has the necessary skills for the organization's leadership; and who has the qualifications needed to lead the Middlesex-London Health Unit.

The roles of Medical Officer of Health and Chief Executive Officer may be held jointly by a single candidate or separately by two candidates depending on the pool of available candidates and organizational priorities.

The Recruitment and Selection Committee shall:

- Establish and articulate a clearly defined recruitment and selection process which includes identification of roles and responsibilities of the Board, Board Chair, external advisors and a Recruitment and Selection Committee;
- Ensure that recruitment is sufficiently broad to secure the best candidate available for the position which may include an internal and external search, and advertisement in national newspapers and journals;
- Consider the use of an external search firm to assist in the recruitment and selection process. Selection of an executive search firm will be in accordance with the Middlesex-London Health Unit's Procurement Policy (G-230);
- Provide prospective and interested candidates with the terms and conditions of hiring a permanent MOH / CEO including the following information:
 - Position description
 - Remuneration package including any relocation allowances and travel/expense policies;
- Conduct an interview process with a short list of candidates and recommend to the Board their candidate of choice;
- Negotiation of the terms and conditions of employment in a form determined by the Board and executed by the Board Chair and the candidate(s) accepting the position;
- Ensure that the candidate(s) declare that there are no conflicts of interest consistent with corporate policy,
- Ensure receipt of satisfactory results of a criminal reference check as determined in the sole discretion of the Board;
- Complete an agreement to support the terms and conditions of employment in a form determined by the Board and executed by the Board Chair and the candidate accepting the position; and
- Send the recommendation for appointment of the MOH to the provincial Minister of Health and Long-Term Care for approval.

APPLICABLE LEGISLATION

Health Promotion and Protection Act, R.S.O. 1990, c. H.7
Ontario Public Health Organizational Standards

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RELATED POLICIES

Policy G-030 – MOH / CEO Position Description

Policy G- 230 – Procurement

REVISION DATES (* = major revision):

DRAFT