

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, January 18, 2018 6:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – October 19, 2017

4. NEW BUSINESS

4.1 Terms of Reference and Reporting Calendar (Report No. 001-18GC)

4.2 2018 Board of Health Self-Assessment (Report No. 002-18GC)

4.3 2018 Board of Health Annual Declarations (Report No. 003-18GC)

5. OTHER BUSINESS

Next meeting: Tentative – March 15, 2018

6. ADJOURNMENT



PUBLIC SESSION – MINUTES
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.

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

Others Present:
Dr. Christopher Mackie, Medical Officer of Health and CEO
Ms. Nicole Patterson, Human Resources Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Jordan Banninga, Manager, Strategic Projects

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 Ms. Cassidy, *that the AGENDA for the October 19, 2017 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Ms. Cassidy, *that the MINUTES of the September 21, 2017 Governance Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 2017 Mid-year Strategic Plan Update (Report No. 007-17GC)

Chair Hunter invited the committee to provide any comments or make any queries.

Discussion ensued on the following items:

- The Balanced Scorecard is very helpful to be able to see the areas that are on track and those that are behind target. This is effective in determining what is happening well.
- Appears there are obstacles around the completion of the FRX project resulting in a delay. It was noted that the new Finance Manager will take over this project, and the integrity will not be impacted.

It was moved by Mr. Helmer, seconded by Ms. Cassidy *that the Governance Committee receive Report No. 007-17GC re: 2017 Mid-Year Strategic Plan Update for information.*

Carried

4.2 2016 Year-end Performance on Accountability Indicators (Report No. 008-17GC)

Discussion ensued on the following items:

- Impacts of legalized marijuana in relation to the indicator on inspection of tobacco retailers and whether or not it will be monitored with a similar process.
- There will be an anticipated increase in need for health promotion during the transition years.
- What a compliance report entails and when it is necessary to complete based on if the targets are being met as set by the Ministry.

It was moved by Ms. Cassidy, seconded by Mr. Smith, *that the Governance Committee receive Report No. 008-17 re: 2016 Year-End Performance on Accountability Indicators for information.*

Carried

4.3 MOH/CEO Performance Review (Report No. 009-17GC)

It was determined that the process for evaluating performance of the MOH/CEO would be amended and the document be brought forward to the Board of Health for approval.

It was moved by Mr. Peer, seconded by Ms. Cassidy, *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.*

Carried

OTHER BUSINESS

5.1 Policy Review (Continued)

It was indicated that the committee is moving along well with policy review.

Review:

G-380 Conflicts of Interest and Declaration

Discussion ensued on the following items:

- Positive changes made to the policy.
- The following wording should be changed:
 - o Remove the word 'scrupulously'
 - o Change 'and Board member' to 'A Board member'
- Whether it is the role of the Chair to be responsible for resolving conflict and what it means to resolve conflict.
- The following changes were made to the policy:
 - o Remove the paragraph about the Chair being responsible for resolving conflict
 - o Include a heading to the section about Financial Endorsements

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the Governance Committee bring forward the changes proposed to the policy to the Board.*

Carried

G-040 MOH CEO Selection and Succession Planning

It was moved by Ms. Cassidy, seconded by Mr. Peer, *to bring forward the Selection and Successful Planning policy to the Board.*

Carried

4.2 Next Meeting: Thursday, December 14, 2017

ADJOURNMENT

At 6:33 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/CEO

DATE: 2018 January 18

TERMS OF REFERENCE AND REPORTING CALENDAR

Recommendation

It is recommended that the Governance Committee:

- 1) *Receive Report 001-18GC re: “Terms of Reference and Reporting Calendar”;*
- 2) *Recommend that the Board of Health approve the Governance Committee Terms of Reference ([Appendix A](#)); and*
- 3) *Recommend that the Board of Health approve the 2018 Governance Committee Reporting Calendar and Meeting Dates ([Appendix B](#)).*

Key Points

- The Governance Committee Terms of Reference outline the role of the Committee and its responsibilities to the Board of Health.
- The Governance Reporting Calendar defines the annual activities to be undertaken by the Committee.
- Annual attestations (re: confidentiality and conflict of interest) have been proposed for inclusion in the 2018 Reporting Calendar.
- Five Governance Committee meetings are proposed for 2018.

Background

According to Governance Policy G-290 (Standing and Ad Hoc Committees), the Governance Committee is authorized by the Board of Health to serve a specific purpose outlined in the Terms of Reference and Reporting Calendar. The Terms of Reference is reviewed and approved biannually, and the Reporting Calendar is reviewed and approved annually.

The Governance Committee’s purpose is to assist the Board of Health in the administration of:

- Board membership, recruitment, and orientation;
- Performance evaluation;
- Board of Health bylaws, policies, and procedures review and development;
- Annual attestations;
- Accountability;
- Strategic planning; and
- Risk management and assessment.

The Terms of Reference outline the Committee’s reporting relationship to the Board of Health, the membership, and the Chair, as well as the terms of office, duties, meeting frequency, and agendas and minutes.

The Reporting Calendar delineates the regular activities required of the Committee each calendar year in compliance with relevant statutes. Further, it serves as an account of the Committee's proactive approach to Board of Health governance, performance, and accountability.

Amendments to the Terms of Reference and Reporting Calendar

Minor amendments to the Terms of Reference ([Appendix A](#)) have been proposed to reflect changes to the Committee's role and meeting frequency.

Similarly, minor amendments have been proposed to the Reporting Calendar ([Appendix B](#)), including the addition of the annual attestations and the proposed meeting dates for 2018.

Next Steps

Staff will use the 2018 Reporting Calendar to support the Committee's work throughout the calendar year, and to align relevant reports with scheduled Committee meetings.

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



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

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 of matters related to:

- Board Membership, Recruitment, and Orientation,
- Performance Evaluation;
- Board of Health Bylaws, Policies and Procedures Review and Development;
- Annual Attestations
- Accountability;
- Strategic Planning; and
- Risk Management and Assessment.

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, 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 non-voting 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.

GOVERNANCE 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. Annual Attestations;
6. Performance evaluation of the MOH / CEO;
7. Governance policy and by-law review and development;
8. Compliance with the Ontario Public Health, Ontario Public Health Organizational Standards, Public Health Funding and Accountability Agreements;
9. Strategic Planning;
10. Other duties delegated by the Board of Health.

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.

GOVERNANCE COMMITTEE

Implementation Date: June 20, 2013

Revision Date: April 21, 2016

2018 Governance Committee Reporting Calendar

Q1 (Jan 1 to Mar 31)	Q2 (Apr 1 to Jun 30)
<ul style="list-style-type: none"> • Confirm Reporting Calendar • Initiate Board of Health Orientation and Development (No new members since Q1 2017) • Initiate Medical Officer of Health Performance Appraisal • Initiate Board of Health Self-Assessment and Member Evaluations • Initiate Terms of Reference Review (2018) • Initiate Annual Attestations (Confidentiality and Conflict of Interest) 	<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 • Complete Annual Attestations • Q4 Strategic Plan Report
Q3 (Jul 1 to Sep 30)	Q4 – (Oct 1 to Dec 31)
<ul style="list-style-type: none"> • Initiate Board of Health Risk Management & Assessment • Review of Governance By-laws and policies (2018) 	<ul style="list-style-type: none"> • Report on Board of Health Risk Management & Assessment • Report on Accountability (PHFAA), Compliance (HPPA, OPHOS and OPHS), and Accreditation status • Q2 Strategic Plan Report

Proposed 2018 Meeting Dates:

Thursday	January 18, 2018	6:00pm – 7:00pm
Thursday	March 15, 2018	6:00pm – 7:00pm
Thursday	June 21, 2018	6:00pm – 7:00pm
Thursday	September 20, 2018	6:00pm – 7:00pm
Thursday	November 15, 2018	6:00pm – 7:00pm

Board of Health Membership, Orientation and Development

Board of Health Nomination & Recruitment

The Board of Health 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.

Board of Health Orientation

The Board of Health 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.

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. It has been the practice of the Middlesex-London Health Unit Board of Health to complete the self-assessment annually to assist with identifying development opportunities and enhancing generative and effective governance.

Board of Health Development

Board development opportunities provide a forum for improvements to generative governance, identification of recommended future directions, and the development of board goals and future education topics.

Areas of focus are identified through the Board of Health Self-Assessment and proposed to the Board of Health by the Governance Committee.

Annual Attestations

Privacy & Confidentiality of Information

As outlined in Governance Policy G-100 Information Privacy and Confidentiality, all Board Members are required to confirm their awareness of their confidential obligations under the applicable privacy legislation and the governance policies of the Board by signing the Annual Confidentiality Attestation.

Conflict of Interest

As outlined in Governance Policy G- 380 Conflicts of Interest and Declaration, all Board Members are called to observe the highest ethical standards in their conduct as members. The policy describes potential conflicts of interest and requires Board Members to complete an annual declaration form that they have read policy G-380 and acknowledge they are bound by it.

Performance Evaluation

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 documenting the results in the second quarter.

Terms of Reference Review

The Governance Committee Terms of Reference sets out the delegated authority of the committee and how it 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, the term of office, duties, the frequency of meetings, agenda and minutes, bylaws and review) are still relevant to the needs of the committee.

Board of Health Bylaws, Policies and Procedures Review and Development

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

The Ontario Public Health Organizational Standards address bylaws that must be in place for board operation as well as suggestions for additional policies. The Board of Health Governance Committee should ensure that these are revised or reviewed biannually. The Senior Leadership Team may make recommendation for additional bylaws, policies or procedures or revisions to existing ones should the need arise.

By-laws and policies contained within the Board of Health Governance Manual will be brought, from time-to-time to the Governance Committee who will then recommend them for approval by the Board of Health.

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 for the assessment, planning, delivery, management and evaluation of programs and services targeting disease prevention, health protection and promotion and community health surveillance. The Ministry of Health and Long-Term Care publishes the standards 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. The Middlesex-London Health Unit reports on the performance of these indicators at least annually.

Public Health Unit Audits

The Ministry of Health and Long-Term Care conducts 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.

Concerning the Organizational Standards, the province may audit the BOH's structure, operations, leadership, trusteeship, community engagement and responsiveness, and management operations.

Accreditation

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

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.

The Middlesex-London Health Unit will continue to monitor and assess whether or not accreditation is a direction that we should consider pursuing.

Strategic Planning

In approving staff recommendations, 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 directly 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

The Ontario Public Health Organizational Standards require each health unit to develop and monitor a strategic plan.

Risk Management and Assessment

Risk Management Framework

The Board of Health should have a risk management framework that is monitored and evaluated on a regular basis. This framework should include a Board of Health policy and procedures that allow for risk identification, planning and mitigation. A risk management framework 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.



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 January 18

2018 BOARD OF HEALTH SELF-ASSESSMENT

Recommendation

It is recommended that the Governance Committee:

- 1) Receive Report No. 002-18GC re: “2018 Board of Health Self-Assessment”;***
- 2) Approve the Board of Health Self-Assessment Tool ([Appendix A](#)); and***
- 3) Approve the initiation of the Board of Health Self-Evaluation Process for 2018.***

Key Points

- The Board of Health Self-Assessment is a requirement of the Ontario Public Health Organizational Standards Section 4.3.
- The Self-Assessment results are essential for understanding board effectiveness and engagement, and for developing recommendations to improve both of these board operations components.

Background

Under the Ontario Public Health Organizational Standards Section 4.3, the Board of Health must complete a self-evaluation at least once every two years. The Governance Committee is responsible for initiating the Board of Health Self-Assessment and for assisting and advising Health Unit staff in its administration. It has been the Governance Committee’s practice to conduct the self-assessment annually.

The Board of Health Self-Assessment survey and process was revised and approved by the Board of Health in January 2016. The 2017 results contained fewer comments than in previous years. It is recommended that the Board proceed with a slightly modified version of the self-assessment tool, which provides a Likert Scale for question responses and continues to allow for detailed comments on each question (see Appendix A).

Self-Assessment Process

1. Governance Committee reviews and approves the Board of Health Self-Assessment Tool.
2. The Governance Committee Report informs the Board of Health that this process will be initiated.
3. The survey is distributed via email following the February 15 Board of Health meeting for completion before March 1.
4. Completed hard copies may be submitted in a sealed envelope to the Executive Assistant to the Board of Health, or mailed to 50 King Street, London, ON, N6A 5L7, Attn: Executive Assistant to the Board of Health.

Next Steps

Members of the Governance Committee, with the assistance of Health Unit staff, will review the anonymized survey findings and develop recommendations for improvements in board effectiveness at the March 15 Governance Committee meeting.

The survey findings and the Governance Committee's recommendations will be submitted at a future Board of Health meeting.

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

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

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

2018 Board of Health Self-Assessment

This survey is expected to take approximately 10-15 minutes.

Please complete by March 1, 2018.

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 the Middlesex-London Health Unit's 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 the Executive Assistant to the Board of Health. If you have any questions please contact Jordan Banninga, 519-663-5317, Ext. 2408, jordan.banninga@mlhu.on.ca.

Please check Strongly Agree, Agree, Disagree, Strongly Disagree or Don't Know for each question. If your response is Disagree or Strongly Disagree, please provide an explanation in the comment box that appears. This information is key to identifying areas for improvement.

- * **The Board of Health is structured properly (i.e membership, size, terms of office, reporting relationships).**

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

- * **I am getting sufficient information to make informed decisions at Board of Health meetings.**

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

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

Strongly Agree

Agree

Disagree

Strongly Disagree

Don't Know

Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

* **The Board of Health takes all relevant information into consideration when making decisions.**

Strongly Agree

Agree

Disagree

Strongly Disagree

Don't Know

Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

* **MLHU is accomplishing our strategic outcomes as outlined in our strategic plan.**

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

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

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
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Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

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

Strongly Agree

Agree

Disagree

Strongly Disagree

Don't Know

Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

* **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?**

Strongly Agree

Agree

Disagree

Strongly Disagree

Don't Know

Please provide additional feedback or comments below. If you answered disagree or strongly disagree, please describe the reason for your response.

*

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

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



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 January 18

2018 BOARD OF HEALTH ANNUAL DECLARATIONS

Recommendation

It is recommended that the Governance Committee:

- 1) Receive Report No. 003-18GC re: “2018 Board of Health Annual Declarations”; and***
- 2) Approve initiation of the Board of Health Annual Declaration Process for 2018.***

Key Points

- According to applicable Governance Policies all Board of Health Members must complete annual declarations for privacy and confidentiality and conflict of interest.
- The review of policies and declarations help to enhance board effectiveness and accountability.

Background

According to Governance Policies G-100 Information Privacy & Confidentiality and G-280 Conflict of Interest and Declaration, Board of Health members must sign annual declarations indicating that they understand their obligations as Board Members under these policies.

These policies were approved by the Board of Health as part of the Governance Policy Review in 2017 and contribute to effective board governance and accountability.

Declaration Process

1. Governance Committee reviews policies G-100 Information Privacy & Confidentiality ([Appendix A](#)) and G-380 Conflict of Interest and Declaration ([Appendix B](#)).
2. The Governance Committee Report forwards the reviewed policies to the Board of Health for approval and recommends the declaration process for 2018.
3. The policies and declaration will be distributed via email following the January Board of Health meeting.
4. Completed declarations forms can be completed at the February 15th Board of Health meeting or printed and submitted in a sealed envelope to 50 King St. London, ON, N6A 5L7 Attn: Executive Assistant to the Board of Health before February 15th.

Next Steps

The Manager, Strategic Projects will coordinate the distribution of the policies and declarations and archive the signed documents according to Middlesex-London Health Unit retention policies.

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



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

MIDDLESEX-LONDON HEALTH UNIT



GOVERNANCE MANUAL

SECTION: Information Privacy and Confidentiality
Program Quality and Effectiveness

POLICY NUMBER: G-100
PAGE: 1 of 7

IMPLEMENTATION: June 15, 2017
SPONSOR: MOH / CEO
REVIEWED BY: Governance Committee

APPROVAL: Board of Health
SIGNATURE:
DATE: June 15, 2017

PURPOSE

To facilitate the Board of Health's compliance with certain governance and accountability requirements outlined within the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act* (PHIPA), with respect to the Confidentiality and Security of Personal Information (PI) and/or Personal Health Information (PHI).

To outline the responsible information handling practices (IHPs) expected of Board Members as it relates to PI, PHI and Confidential Information(CI).

POLICY

Through the publication of this policy, the Board of Health: (1) recognizes information Privacy as a human right protected by law; and (2) formalizes its commitment to ensuring the Privacy and Confidentiality of the PI, PHI and CI under the custody and control of the Health Unit.

The BOH is accountable for the lawful Collection, Use, Disclosure and Security of PI and PHI that is under the custody and control of the Health Unit.

Board Members are accountable for maintaining the Confidentiality and Security of CI, PI and PHI that they gain access to for the purpose of discharging their duties and responsibilities as a member of the Board of Health.

The Board shall be informed of all significant privacy risks.

The Board shall be informed of all significant privacy breaches.

PROCEDURES

1.0 Board of Health Accountabilities Under MFIPPA

1.1 Designation of Head

Through the approval and publication of this Policy, the Board of Health confirms, in writing, that it designates from among its members, the Board Chair to serve as the

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Information Privacy and Confidentiality
SECTION: Program Quality and Effectiveness
POLICY NUMBER: G-100
PAGE: 2 of 7

“Head” of the institution for the purposes of meeting the requirements outlined in Section 3 of *MFIPPA*; and further

- 1.2 That the Board Chair delegates the duties and responsibilities of the Head as outlined in Section 3 of *MFIPPA* to the Medical Officer of Health and Chief Executive Officer (MOH/CEO). The day-to-day administration and management of the Health Unit’s information privacy program will be operationalized by the Health Unit’s Privacy Officer, who reports to the Director of Corporate Services.

2.0 Board of Health Accountabilities Under PHIPA

Health Information Custodian – PHIPA, S. 3(6)

- 2.1 The medical officer of health of a board of health within the meaning of the *Health Protection and Promotion Act* serves the HIC for the purposes of *PHIPA*.

Contact Person – PHIPA, S. 15

- 2.2 The Privacy Officer serves as an Agent of the HIC to:
 - (a) Facilitate the HIC’s compliance with PHIPA;
 - (b) Ensure that all Agents of the HIC are appropriately informed of their duties under PHIPA;
 - (c) Respond to requests of an individual for access to or correction of a record of personal health information that is in the custody or under the control of the HIC; and
 - (d) Receive complaints from the public about the HIC’s alleged contravention of PHIPA or its regulations (S. 15(3)).

Written Public Statement – PHIPA S. 16

- 2.3 The Health Unit makes a written statement (APPENDIX A) with respect to its information privacy practices publicly available.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Information Privacy and Confidentiality	POLICY NUMBER:	G-100
SECTION: Program Quality and Effectiveness	PAGE:	3 of 7

Privacy Breach Notification – PHIPA S. 12, and PHIPA Regulations

- 2.4 The HIC shall inform the Board of all significant privacy breaches, involving any Agents of the HIC, that require mandatory notification to:
- (a) the Information Privacy Commission (IPC) of Ontario in accordance with Section 12(3) of *PHIPA* and the prescribed regulations;
 - (b) a regulatory college within the meaning of the *Regulated Health Professionals Act* or the Canadian Institute of Public Health Inspectors as required and/or appropriate; and/or
 - (c) a police service; and/or
 - (d) the media.

3.0 Board Member Confidentiality Awareness and Attestation

- 3.1 Board Members will be provided with a copy of this policy upon orientation to the Board of Health.
- 3.2 As part of the annual development plan, all Board Members shall be required to confirm their awareness of their confidentiality obligations under the applicable privacy legislation and the governance policies of the Board by signing the Annual Confidentiality Attestation (APPENDIX B).

DEFINITIONS

In this Policy,

1. “**Agents**”, in relation to the Health Information Custodian (hereafter referred to as the HIC or the Custodian), means a person that, with the authorization of the Custodian, acts for or on behalf of the Custodian in respect of Personal Health Information for the purposes of the Custodian, and not the Agent’s own purposes, whether or not the Agent has the authority to bind the Custodian, whether or not the Agent is employed by the Custodian and whether or not the Agent is being remunerated (PHIPA S. 2).
2. “**Collection**” means to gather, acquire, receive or obtain the information by any means from any source.

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3. **“Confidentiality”** means the nondisclosure of PI or PHI except to another authorized person or where disclosure is permitted by law. (Adapted from *Mosby’s Medical Dictionary*, 9th edition. 2009, Elsevier.) Confidentiality also refers to the ethical and fiduciary duty and obligation of individual Board members to safeguard Confidential and/or Entrusted Information.
4. **“Confidential and/or Entrusted Information”** means Personal Information, Personal Health Information and/or privileged information, this information may include, but is not limited to:
 - Matters including Personal Information and Personal Health Information;
 - Personnel matters relating to an employee of the health unit;
 - The security of the property of the Board of Health
 - Proposed or pending acquisition of land, assets, or services for Board of Health purposes;
 - Labour relations or employee negotiations;
 - Litigation or potential litigation, including matters before administrative tribunals, affecting the Board;
 - Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
 - Matters related to other Acts that may be closed for discussion by the Board of Health
 - Matters that relate to requests under the *Personal Health Information Protection Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.
5. **“Disclosure”** means to make the information available or to release it to another health information custodian or to another person, but does not include to use the information.
6. **“Head”** means the individual designated, in writing, by the Board of Health from among themselves, to act as head of the institution for the purposes of MFIPPA.
7. **“Health Information Custodian”** means a person or organization as defined and described in *PHIPA* who has custody or control of Personal Health Information as a result of or in connection with performing the person’s or organization’s powers or duties. The HIC for the Middlesex-London Health Unit is the Medical Officer of Health (See *PHIPA* S. 3 (1) for the complete definition).
8. **“Identifying Information”** means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual. (*PHIPA* S. 4 (2)).
9. **“Institution”** means a board of health. (*MFIPPA*, S. 2 (1)).

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10. **“Personal Information”** means recorded information about an identifiable individual, including:
- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
 - (b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
 - (c) Any identifying number, symbol or other particular assigned to the individual;
 - (d) The address, telephone number, fingerprints or blood type of the individual;
 - (e) The personal opinions or views of the individual except if they relate to another individual;
 - (f) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
 - (g) The views or opinions of another individual about the individual; and/or
 - (h) The individual’s name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual. (*MFIPPA, S. 2(1)*)
11. **“Personal Health Information”** means identifying information about an individual in oral or recorded form, if the information:
- (a) Relates to the physical or mental health of the individual, including information that consists of the health history of the individual’s family;
 - (b) Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
 - (c) Is a plan of service within the meaning of the *Home Care and Community Services Act, 1994* for the individual;
 - (d) Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
 - (e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
 - (f) Is the individual’s health number; and/or
 - (g) Identifies an individual’s substitute decision-maker. *PHIPA S. 4(1)*
12. **“Privacy”** means the qualified right of individual citizens to exercise control over the collection, use and disclosure, of their Personal Information and Personal Health Information, unless the collection, use and/or disclosure of the information is permitted or required by law.

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13. **“Privacy breach”** means the loss of custody or control of Personal Information or Personal Health Information. This includes, but is not limited to the: theft, loss, unauthorized use, unauthorized disclosure, unauthorized copying or records, unauthorized modification or records, the insecure transfer or transmission of records and/or the insecure disposal/destruction of records.
14. **“Privacy Officer”** means the individual designated by the Medical Officer of Health and Chief Executive Officer as the individual primarily accountable for the implementation and management of the Health Unit’s Privacy and information handling practices. The Privacy Officer for the Health Unit is the Manager, Privacy and Occupational Health and Safety.
15. **“Records”** means any record of information in any form or in any medium, whether in oral, written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record. (MFIPPA S. 2 and PHIPA, S. 2)
16. **“Security”** means a system of safeguards and precautions established to preserve confidentiality. These means may be legislative, administrative/procedural and/or technical.
17. **“Use”** means to view, handle or otherwise deal with the information.

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APPLICABLE LEGISLATION

Municipal Act
Municipal Freedom of Information and Protection of Privacy Act
Personal Health Information Protection Act
Regulated Health Professionals Act

RELATED POLICIES

In addition to this governance policy, the Health Unit's program for the protection of PI, PHI and CI is comprised of the following administrative policies:

Policy 6-010 Confidential Information
Policy 6-020 Access to Information Requests
Policy 6-030 Records Management
Policy 6-040 Security of Personal Information and Personal Health Information
Policy 6-050 Privacy Breach Identification and Management

REVISION DATES (* = major revision):

MIDDLESEX-LONDON HEALTH UNIT PRIVACY STATEMENT

Introduction

Protecting your privacy is important to the Middlesex-London Health Unit. In providing health services and health protection and promotion programs, information we collect about you is governed by one or more of the following three laws:

- *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7 (*HPPA*)
- *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M56 (*MFIPPA*)
- *Personal Health Information Protection Act*, S.O. 2004, c. 3, Sch. A (*PHIPA*)

When Is Your Consent Required to Collect, Use, Keep Or Give Out Your Personal Information?

When you seek health-related services from the Health Unit we will seek your permission to collect, use and share your Personal Health Information as required to carry out our job, except in the limited and specific circumstances where we are permitted by law to collect, use or disclose your information without your consent. Examples of when we might disclose or collect your personal or health information without your express consent include, but are not limited to: (1) fulfilling our child in need of protection responsibilities under the *Child and Family Services Act*; or (2) carrying out our duties and responsibilities under the *Immunization School Pupils Act*. If others who are not directly involved in your care want your information, we must ask your permission. If you have any questions about these exceptions, please contact our Privacy Officer. Contact information for the Privacy Officer is provided below.

When we require your Personal Information for participating in a program offered by the Health Unit, we will tell you verbally or in writing what information we are collecting, under what law we are allowed to collect this information, and who you can speak to if you have any questions. This is called "Notice of Collection".

Sharing Personal Information with Family and Others

The Health Unit will not share your Personal or Personal Health Information with family members or others who are not health care providers involved in your care, unless you consent to this or the law requires it. For a young child, consent is obtained from a legal parent or guardian. Under the law, we are not allowed to get consent from or give information to a parent who is not the legal guardian (such as those who only have right of access) unless we have the consent of the legal guardian. If an older child or youth has consented to her or his own care, then the Health Unit must get the older child or youth's consent to release health information to a family member or others who are not health care providers involved in their care. The Health Unit determines the age of consent under the *Health Care Consent Act* at the time of providing health-related services to the older child or youth.

Your Health Card Number

The number on your Ontario Health Insurance Plan ("OHIP") card is your "Health Card Number". You will need to provide your Health Card Number to the Health Unit in order to receive certain health services. This information will not be shared with another institution or individual without your consent.

Research

Your Personal or Personal Health Information may be used for research projects that the Health Unit is conducting, either alone or with other organizations. Before we collect any information, we will tell you the purpose(s) the information is being collected and used for. Any information used in our research will be expressed solely in statistical terms. This means no information that could be identifiable to you will be in any report generated from the research.

Access to Personal and Personal Health Information

You have a right to see and get a copy of the information in your file, unless the law restricts access. You can request information verbally or in writing. Depending upon the amount of information you ask for, or additional actions that the Health Unit needs to take to provide the information, the law allows MLHU to charge you a fee. The Health Unit may waive this fee.

The Health Unit will respond to your request for information within 30 calendar days. If there is a delay in providing the information, we will notify you and respond as quickly as possible. When all or a part of a record cannot be provided, we will inform you why access is restricted and give the Health Unit's legal authority for this refusal. For instance, the Health Unit is not permitted to disclose information that identifies another person, or that is the subject of a police investigation.

Correction of Your Information or Record

If your personal information changes or you notice a mistake or information is missing in your record, you have a right to ask us to correct your record. The Health Unit is required to respond within 30 days and will change the information or record if we can verify that the new information is correct. If we refuse to make the correction, we will explain why we made this decision. You have the right to give us a letter objecting to our decision. This letter will be kept in your file. As well, you have a right to complain to the Information and Privacy Commissioner of Ontario. Contact information for the Information and Privacy Commissioner of Ontario is provided below.

Who to Contact at Middlesex-London Health Unit Regarding Privacy and Access to Information

The Health Unit's Privacy Officer is the Manager, Access/Privacy and Special Projects. If you have a question about this privacy statement, the Health Unit's privacy policy and procedure, or about any of the Health Unit's information handling practices, please contact

Privacy Officer
Middlesex-London Health Unit
50 King Street, London, Ontario N6A 5L7
(519) 663-5317, Ext. 2251
Email: privacy@mlhu.on.ca

Information and Privacy Commissioner of Ontario ("IPC/O")

If you do not agree with how the Health Unit has responded to your request for access to a record or correction of a record, you have the right to make a complaint to the Information and Privacy Commissioner of Ontario. For more information about how to make a complaint, please see the Information and Privacy Commissioner's website at www.ipc.on.ca, or you may write to them at:

Information and Privacy Commissioner/Ontario
2 Bloor Street East
Suite 1400
Toronto, Ontario M4W 1A8

Web Privacy Statement

When you visit Middlesex-London Health Unit's websites, you do so anonymously - there is no need to tell us who you are. If you make an enquiry to Healthunit.com, we will ask you to give your name and mailing address or email address for the purpose of responding to your enquiry. Only those who "need to know" will have access to the personal information provided.

Healthunit.com provides links to other websites. The Health Unit cannot ensure the privacy practices of other sites and encourages you to read their privacy policy before you provide any Personal or Personal Health Information.

Middlesex-London Health Unit's public or "Internet" web server does not retain personal information collected beyond the time it takes to forward it on to a secure internal system for processing. Any email that you send to us through the Internet is unencrypted – so please do not send confidential information via email. In the event that you send an email to Middlesex-London Health Unit, the Health Unit may retain your e-mail address, as well as any information contained in the email, on a secure internal system for responding to your request and tracking any follow-up action.

Encryption technology protects personal information you provide during transmission. When you are in an encrypted session, the web page will contain a notice stating "you are in a secure site". A security icon will also appear in either the lower left corner or the lower right corner of your browser window, depending on your browser. If encryption is not available through a Middlesex-London Health Unit website, an alternative means of communication is recommended (e.g. telephone call).

Personal and Personal Health Information is disposed of according to Middlesex-London Health Unit's record retention schedule. To ensure Personal and Personal Health Information is unrecoverable, any paper records generated are shredded, and electronic media is wiped prior to disposal using a utility program or by physical destruction of the media.

Logging Practices

Middlesex-London Health Unit logs the IP (Internet Protocol) address and clickstream data of site visitors. An IP address is the number automatically assigned to the computer or to the Internet Service Provider requesting a web address. Clickstream data, sometimes called "clickstream analytics", is the process of collecting and analyzing statistical information about how visitors interact with a website. The information may include things such as the general location of the visitor's computer, the pages visited while on the Health Unit website and for how long they were visited. Other actions the visitor completes, for instance filling in an online form or downloading a brochure, may also be recorded. Clickstream data may also include certain basic information about the visitor's computer, such as screen resolution and operating system.

Logged information and clickstream data may be recorded by the Middlesex-London Health Unit and its authorized Agents only and is recorded in non-identifiable form. The information we collect is used for website evaluation, systems analysis and maintenance. Middlesex-London Health Unit's clickstream data is anonymous. The Health Unit will not sell or share clickstream data and/or web log information to third parties.

ANNUAL CONFIDENTIALITY ATTESTATION

BOARD OF HEALTH MEMBERS

I, _____ (Name of Board Member), understand that as a member of the Board of Health for the Middlesex-London Health Unit ("Health Unit"), I may have access to:

- Confidential or Entrusted Information (as defined within Policy G-100);
- Personal Information (PI) (as defined by MFIPPA);
- Personal Health Information (PHI) (as defined by PHIPA);

This information could be related to Health Unit clients and their families, Health Unit employees and volunteers, members of my own family, friends or associates. Or, it could pertain to Health Unit business, financial and management matters.

I understand that I will only be provided access to such information for the purpose of discharging my duties and responsibilities as a member of the Board of Health. Therefore, due to the highly sensitive nature of this information, I will:

1. Handle all CI, PI or PHI in accordance with Policy G-100.
2. Not collect, use or disclose any CI, PI or PHI without authorization, nor will I discuss, divulge, or disclose CI, PI or PHI to others, unless it is necessary to fulfill my duties and responsibilities. Specifically, I will not:
 - reveal to anyone the name or identity of a client, employee, or volunteer that is disclosed through information provided to me in the course of my duties.
 - repeat to anyone any statements or communications made by or about confidential MLHU business, financial or management matters, or about an MLHU client, client's family or associates.
 - reveal to anyone any information that I learn about an MLHU client, client's family or associates as a result of discussions with others providing care to the client, client's family or associates.
 - write, publish, or contribute to any articles, papers, stories or other written materials, or speak with members of the media with respect to information disclosed to me in the course of my duties as a member of the Board of Health, which has been deemed confidential by the Board of Health or Medical Officer of Health, or would be reasonable to consider confidential or sensitive given the type of information disclosed and the context in which such disclosure is made to the Board of Health, including without limitation, the names or identities of any client, client's family or associates who can be discerned, unless such disclosure is authorized by the Board of Health.
3. Seek clarification if I am unsure whether I have Board of Health/Health Unit authorization to disclose CI, PI, PHI. This clarification should be done by contacting the Medical Officer of Health or Communications Manager.

I have read this statement and understand my obligation to maintain confidentiality. I agree to honor that obligation during my term as a Member of the Board of Health and thereafter. I understand that any contravention of the Board of Health/Health Unit privacy and confidentiality policies could result in financial penalties, legal liability and other consequences and assessments as deemed appropriate or relevant which could be initiated by the Health Unit, another governing body or otherwise.

DEFINITIONS

“Confidential or Entrusted Information” means Personal Information, Personal Health Information and/or privileged information, this information may include, but is not limited to:

- Matters including Personal Information and Personal Health Information;
- Personnel matters relating to an employee of the health unit;
- The security of the property of the Board of Health
- Proposed or pending acquisition of land, assets, or services for Board of Health purposes;
- Labour relations or employee negotiations;
- Litigation or potential litigation, including matters before administrative tribunals, affecting the Board;
- Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- Matters related to other Acts that may be closed for discussion by the Board of Health
- Matters that relate to requests under the *Personal Health Information Protection Act* or the *Municipal Freedom of Information and Protection of Privacy Act*.

The ***Municipal Freedom of Information and Protection of Privacy Act*** defines **“Personal Information”** as: ...recorded information about an identifiable individual, including,

- a) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual,
- b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved,
- c) any identifying number, symbol or other particular assigned to the individual,
- d) the address, telephone number, fingerprints or blood type of the individual,
- e) the personal opinions or views of the individual except if they relate to another individual,
- f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence,
- g) the views or opinions of another individual about the individual, and
- h) the individual’s name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual [s. 2(1), *MFIPPA*].
- i) personal information does not include information about an individual who has been dead for more than thirty years [s. 2 (2), *MFIPPA*].
- j) personal information does not include the name, title, contact information or designation of an individual that identifies the individual in a business, professional or official capacity [s. 13 (3), *MFIPPA*].

The ***Personal Health Information and Protection of Privacy Act*** defines **“Personal Health Information”** as: ...information that identifies an individual or for which is reasonably foreseeable in the circumstances that could be utilized, either alone or with information, to identify an individual, whether in oral or recorded form, if the information:

- a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual’s family;
- b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- c) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- d) is the individual’s health number; or
- e) identifies an individual’s substitute decision-maker [ss. 4 (1) and (2)].

Signature

Signature of Witness

Name (Please PRINT)

Name of Witness (Please PRINT)

Date

Date

Form implemented: JANUARY 2011
Form reviewed and revised: JUNE 2017

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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 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

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

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.

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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.

Financial Endorsements

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

