

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, March 1, 2018 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – February 1, 2018

4. NEW BUSINESS

- 4.1 2017 Q4 Update & Factual Certificate (Report No. 006-18FFC)
- 4.2 Financial Controls Checklist (Report No. 007-18FFC)
- 4.3 Review 2017 Board Remuneration (Report No. 008-18FFC)
- 4.4 Public Sector Salary Disclosure (Report No. 009-18FFC)
- 4.5 Vector-Borne Disease Contract Award (Report No. 010-18FFC)
- 4.6 Janitorial Services Contract Award (Report No. 011-18FFC)

5. OTHER BUSINESS

- 5.1 Next meeting Thursday, April 5, 2018 at 9:00 a.m. Room 3A

6. CONFIDENTIAL

The Finance and Facilities Committee will move in-camera to approve confidential minutes from its February 1, 2018 meeting.

7. ADJOURNMENT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London – Side entrance
Middlesex-London Board of Health Boardroom
Thursday, February 1, 2018 9:30 a.m.

COMMITTEE

MEMBERS PRESENT:

Ms. Trish Fulton (Chair)
Mr. Jesse Helmer
Ms. Tino Kasi (arrived at 10:04 a.m.)
Mr. Marcel Meyer
Ms. Joanne Vanderheyden (Regrets)

OTHERS PRESENT:

Mr. Ian Peer, Board member
Mr. Michael Clarke, Board member
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)
Ms. Elizabeth Milne, Executive Assistant to the Board of Health & Communications (Recorder)
Mr. Dan Flaherty, Manager Communications
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Jordan Banninga, Manager, Program Planning and Evaluation
Mr. Joe Belancic, Manager, Procurement & Operations
Ms. Tammy Beaudry, Accounting and Budget Analyst, Finance
Ms. Cynthia Bos, Human Resources Coordinator
Ms. Lisa Clayton, Human Resources Manager
Mr. Ben Dalupan, IT Manager
Ms. Suzanne Vandervoort, Director, Healthy Living
Ms. Linda Stobo, Manager Chronic Disease Prevention and Tobacco Control
Ms. Donna Kosmack, Manager, South West Tobacco Control Area Network
Mr. Darrell Jutzi, Manager Child Health Team
Ms. Misty Deming, Manager, Oral Health
Ms. Rhonda Brittan, Manager, Healthy Communities & Injury Prevention
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Ms. Mary Lou Albanese, Manager, Child Health Team
Ms. Shaya Dhinsa, Manager, Sexual Health
Mr. Dave Pavletic, Manager, Food Safety & Healthy Environments
Mr. Fatih Sekercioglu, Manager, Safe Water, Rabies and Vector-Borne Disease
Mr. Sean Bertleff, Manager, Emergency Preparedness
Ms. Tracey Gordon, Manager Vaccine Preventable Diseases
Ms. Beth Smalec, Acting Manager, Sexual Health Clinic
Ms. Gayane Hovhannisyan, Associate Medical Officer of Health
Ms. Sarah Maaten, Epidemiologist
Ms. Heather Lokko, Director, Healthy Start and Chief Nursing Officer
Ms. Deb Shugar, Manager Screening, Assessment and Intervention
Ms. Jenn Proulx, Manager Best Beginnings
Ms. Isabel Resendes, Manager Best Beginnings
Ms. Kathy Dowsett, Manager Best Beginnings
Ms. Alison Locker, Epidemiologist

At 9:30 a.m., Dr. Mackie called the meeting to order and opened the floor for nominations for Chair of the Finance and Facilities Committee for 2018.

Mr. Meyer and Mr. Helmer nominated Ms. Fulton for Chair of the Finance and Facilities Committee for 2018.

Ms. Fulton agreed to let her name stand.

Dr. Mackie called three times for any other nominations. None were forthcoming.

It was moved by Mr. Meyer, seconded by Mr. Helmer *that Ms. Fulton be elected Chair of the Finance & Facilities Committee for 2018.*

Carried

Chair Fulton reviewed the Committee membership to ensure quorum and reviewed the timetable for the meeting.

DISCLOSURES OF CONFLICTS OF INTEREST

Chair Fulton inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Meyer, seconded by Mr. Helmer *that the AGENDA for the February 1, 2018 Finance and Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the MINUTES of the December 7, 2017 Finance and Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Health Unit Insurance Policy Review (Report No. 001-18FFC)

Ms. Jessica Jaremchuk, Regional Manager, Frank Cowan Company Ltd., and Mr. Joe Belancic, Manager of Procurement and Operations, assisted the Committee in its review of the Health Unit Insurance Policy.

Ms. Jaremchuk described the role of Frank Cowan Ltd, and provided a detailed summary of information for considering policy changes for this renewal period. This included a detailed review of the coverage provided in the policy, who it covers, and the premiums. The proposed cost of the renewal is \$65,878.00 for the year.

Discussion ensued about the following items:

- The details around what is included and covered when renting a vehicle.
- Cyber risk coverage and extortion threat, which is not coverage that the Health Unit currently has but is working with Frank Cowan to determine premiums for this coverage.
- What coverage looks like with third party IT contracts now in place.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 001-18FFC re: "Health Unit Insurance Policy Review" for information.*

Carried

4.2 2018 Finance & Facilities Reporting Calendar (Report No. 002-18FFC)

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance and Facilities Committee receive Report No. 002-18FFC re: "Finance & Facilities Committee – Reporting Calendar" for information*

Carried

4.3 2017 Vendor / Visa Payments (Report No. 003-18FFC)

Discussion ensued about the following items:

- The increase in corporate purchasing and why there was an increase.
- That the Health Unit does not qualify for credit card bonuses for corporate cards.
- That the amount of expenses varies depending on the jurisdiction of meetings and the costs associated with those meetings, which accounts for variability in spending from year to year.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee receive Report No. 003-18FFC re: "2017 Vendor / VISA Payments" as information.*

Carried

4.4 Southwest Tobacco Control Area Network (TCAN) Single Source Vendor (Report No. 004-18FFC)

Ms. Donna Kosmack provided a detailed summary of this contract providers and the history of tendering for this service, which did not return suitable candidates in the past. This is why a Request for Proposals (RFP) was not issued for this contract over the past 2 years.

Discussion ensued about the following items:

- The justification for requiring a single source vendor and the threshold for requiring it.
- Why this program is important and what it does to focus on those groups who smoke.
- How Rescue works within peer groups to reach alternative youth to educate them on the harms of smoking and focus on changing youth values within their peer crowd.
- The Health Unit's contribution to the contract (which is about \$60,000), which is funding that comes from the Ministry of Health and Long-Term Care, flows through MLHU, and serves all of Southwestern Ontario.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities review and make recommendation that the Board of Health award a single source vendor contract to Rescue: The Behavior Change Agency in an amount up to \$151,439.53 as identified in Report No. 004-18FFC re: "Southwest Tobacco Control Area Network Single Source Vendor."*

Carried

4.5 2018 Budget – FFC Review (Report No. 005-18FFC)

Ms. Di Cesare provided an update on the Health Unit's budget process, including a summary of the timelines for developing proposals, which have been built into the 2018 Proposed Budget presented today. Ms. Di Cesare referred the Committee to the list of acronyms in the front of the draft budget booklet.

Discussion ensued about the following:

- How far along are we in the modernization of the public health standards and if consideration has been made to integrating changes into the budget going forward.

- That most of the Program Budget Templates (PBTs) are written based on the 2008 version of the Ontario Public Health Standards (OPHS) however, the whole format of the budget will change next year because the Province will integrate a new budget template
- How the budget will be adjusted mid-year if OPHS change within the budget cycle.

Division #1 Corporate Services

Ms. Di Cesare introduced the Corporate Services Managers in attendance, Ms. Lisa Clayton, Ms. Cynthia Bos, Mr. Jordan Banninga, Mr. Ben Dalupan, and Mr. Joe Balancic. Ms. Di Cesare outlined the realignment of roles and work within the Corporate Services Division, noting the restructuring line in each Program Budget Template for Corporate Services.

Ms. Di Cesare provided a summary of the enhancements, reductions and efficiencies in the Corporate Services budget, including the variances, expenditures and staffing changes as a result of re-aligning work within the Division.

Mr. Brian Glasspoole, Finance Manager, introduced himself and provided a summary of the Finance Team's work and role within the Health Unit. Mr. Glasspoole outlined the new accounting requirements and upgrades the team will look towards in 2018. There will be monitoring of spending throughout the year against approved budgets and support for the location project.

Ms. Lisa Clayton, Human Resources (HR) Manager reviewed the roles and realignment of work within the HR team, which will focus on training and supporting staff. Per the re-organization, Health and Safety will be embedded in Human Resources.

Discussion ensued about the following items:

- Clarification of Ministry reporting formats differing between Ministries and how it impacts workload for the Finance team.
- The pressures and challenges that the team continues to face which include increased demand for HR support and recruitment activity.
- How the Health and Safety Coordinator role was previously administered and what it will look like in its new role within HR.
- The planned assessment to develop a diversity and inclusion strategy at the Middlesex-London Health Unit.

The Committee took a brief recess at 10:56 a.m.

At 11:08 a.m. the Chair called the meeting back to order.

Mr. Ben Dalupan, IT Manager provided an update, noting the continued onboarding of Stronghold Managed Service Provider (MSP) resources at the Health Unit. Mr. Dalupan highlighted some highly anticipated initiatives that IT will implement in 2018, including: replacing the FRX system, new options for an electronic client record (ECR) system; providing support for client intake line work; and delivering and updating IT infrastructure. The IT Team has been reduced from 6.5 to 3 full-time equivalents (FTE) due to vacancies. The 3.5 FTE duties are now being completed by Stronghold staff.

Discussion ensued about the following items:

- Given the many initiatives noted in the report, how IT plans to accomplish all of the deliverables.
- If there are gaps with regards to the onboarding of Stronghold and transition efforts.

- The plan to replace FRX. Ms. Di Cesare noted that there is more work that needs to be done, so a full needs analysis will be undertaken.

Ms. Di Cesare noted that the person who normally manages the Privacy Risk and Governance portfolio has been on a leave of absence. Ms. Cynthia Bos provided the update, noting the realignment of duties. The role will take on a more proactive role to reduce any potential Health Unit liability. Ms. Bos noted that due to the lengthy absence of the Manager, there may be some challenges delivering some of the initiatives, including Board of Health Orientation and policy review.

Mr. Joe Belancic provided a brief summary of responsibilities for the Procurement and Operations Team. A notable change for 2018 is that he will be taking a more proactive look at spending. This Team will be involved in supporting many initiatives including: a potential relocation; ergonomic initiatives; supervised consumption facilities; temporary overdose prevention sites; activity based work stations; and a business continuity plan for the operation for the Health Unit sites.

Discussion ensued about purchasing co-operatives, e-procurement, and reception and security measures at all Health Unit locations.

Mr. Jordan Banninga introduced the PBT for the Program Planning and Evaluation Team, noting that the Team is comprised of two main components: partnering with Divisions and working together on prioritized projects; and library services. The library has been very active in delivering requests in a timely manner and staff are working on providing a common platform for shared library services.

Discussion ensued about the following items:

- A change made to the Service level line where 24% should be 67%.
- How public health goals are being evaluated and integrated into the evaluation process.
- Why the planning and evaluation team (Foundational Standards) was incorporated into the Corporate Services Division.
- If program evaluation should be driven by the Province, and if there was an opportunity for research projects in partnership with Western University.

Division #2 – Healthy Living

Ms. Suzanne Vandervoort, Director of Healthy Living, advised that there are six Teams that make up this Division. She noted the outstanding protocols and the primary focus on the new OPHS regarding Chronic Disease Prevention and Well Being.

Ms. Vandervoort provided an overview of Child Health Team PBT, advised that this Team works within the schools and introduced Mr. Darrell Jutzi, Child Health Manager to answer questions.

Discussion ensued about the following items:

- That dental clients are being referred to the Western University dental clinic.
- The criteria that determines risk level for a school.
- That private schools are not included in the list of schools to visit unless they request the Health Unit to attend; Francophone schools are included.
- Partnership agreements with schools.

Ms. Linda Stobo provided a review of the Chronic Disease and Tobacco Control Team PBT. She noted that this Team is comprised of a very diverse group of staff, including: Public Health Inspectors (PHIs), Public Health Nurses (PHNs), Tobacco Enforcement Officers (TEOs), and that they work from two different office locations.

Discussion ensued about the following items:

- Preparing for legalized cannabis; how TEOs will be called on to respond to infractions, and if the Health Unit will be able to meet demands for follow-up and answer complaints in a timely manner.
- Community Health Survey Statistics
- Programs within this team that will be reviewed through the Program Evaluation Framework tool.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee recess for lunch.*

Carried

At 12:55 the meeting recessed for a lunch break.

At 1:27, the Chair called the meeting back to order.

Ms. Rhonda Brittan, Manager of the Healthy Communities and Injury Prevention Team, provided an overview of the six components within her team.

Discussion ensued about the following items:

- Cannabis legalization and whether or not more people will start to smoke it becomes legalized.
- Participation on built environment initiatives.

Ms. Vandervoort provided the review of the Oral Health Team PBT and introduced Ms. Misty Deming, Manager, Oral Health to answer questions.

Discussion ensued about the criteria for how schools are rated (low versus high risk). Ms. Deming noted that schools can move from high to low risk in a year and there is no definite reason why.

Ms. Donna Kosmack, Manager for the Southwest Tobacco Control Area Network (SWTCAN) Team, introduced her Team and noted that the participating nine SWTCAN health units will be reduced to seven this year. There was a brief discussion about the Steering Committee for this network.

Ms. Vandervoort noted that the Manager of the Young Adult Team was absent and made note of some key highlights in the Young Adult Team PBTs, similar to those of the Child Health Team.

Division #3 – Office of the Medical Officer of Health (OMOH)

Dr. Mackie, Medical Officer of Health provided a summary for the OMOH Division.

Mr. Dan Flaherty, Communications Manager, assisted Dr. Mackie with the review of the Communications PBT. It was noted that the “We’re Here For You Campaign” would be discontinued and should the Health Unit relocate, resources would be used for rebranding, updating and refreshing the current graphic standards. Mr. Flaherty noted that there is a working group currently in place to review and update graphic standards.

Discussion ensued about assessing the effectiveness of advertising.

Dr. Gayane Hovhannisyan, Associate Medical Officer of Health (AMOH), provided a summary for the Officer of the Director and Foundational Standard PBTs. Dr. Hovhannisyan noted that in the AMOH role, she spent a large amount of time engaging with community partners.

Ms. Sarah Maaten, Epidemiologist, assisted Dr. Hovhannisyan in reviewing Population Health Assessment & Surveillance PBT.

Division #4 – Environmental Health and Infectious Disease (EHID)

Mr. Stephen Turner, Director of Environmental Health and Infectious Diseases, introduced his Management Team in attendance, Mr. David Pavletic, Ms. Shaya Dhinsa, Mr. Sean Bertleff, Mr. Fatih Sekercioglu, Ms. Mary Lou Albanese, and Acting Manager, Ms. Beth Smalec.

Mr. Turner provided an overview of key performance indicators, initiatives and highlights for the teams within EHID.

Mr. Sean Bertleff, Manager for Emergency Preparedness, Response and Recovery provided an overview of the Emergency Preparedness PBT.

There was a discussion in regards to potential overlap of County, City and Health Unit emergency services.

Mr. David Pavletic, Manager for Food Safety & Healthy Environments reviewed the PBT for this team and answered questions.

Discussion ensued about heat and cold alerts and IT's role in assisting with an upgrades to the Hedgehog system.

Ms. Mary Lou Albanese, Infectious Disease Control (IDC) Team Manager, reviewed and answered questions about the IDC PBT.

Discussion ensued about Tuberculosis (TB) screening and the Health Unit's responsibilities with regards to screening and testing. Committee members also inquired about cost shared and 100% funded initiatives within this Team.

Mr. Fatih Sekercioglu, Manager for the Safe Water, Rabies & Vector Borne Disease Team summarized key highlights for this year. Rabies statistics were discussed as well as the Health Unit's responsibilities regarding the provision of the rabies vaccine.

Ms. Shaya Dhinsa, Manager for the Sexual Health Team reviewed the five components of the Sexual Health Team.

Discussion ensued about the rise in chlamydia infection rates, needle recovery initiatives, and ensuring priority populations receive services in the clinic.

Ms. Tracey Gordon, Vaccine Preventable Diseases Manager, reviewed her PBT and noted that her team will monitor and manage the number of suspension letters distributed this year. Ms. Gordon is encouraged by the work that is being done to get clients who are not part of a vulnerable populations to seek vaccines their family physician as part of their comprehensive primary care.

Discussion ensued about meeting legislative requirements and the backlog of entries due to a delay in the ICON system.

Division # 6 - Healthy Start

Ms. Heather Lokko, Director of Healthy Start, provided a summary of key performance indicators, key initiatives and highlights, as well as the FTE, budgeted expenditures and pressures and challenges for the teams within her Division.

Ms. Lokko advised on the three components for the Best Beginnings Teams which include (Healthy Babies Healthy Children (HBHC) Screening Assessment, Home Visiting, and Service Coordination, as well as outreach and the Nurse Family Partnership.

Ms. Lokko reviewed the PBT for the Early Years Team and advised that the team is looking at a shift in breastfeeding initiatives, primarily providing in-home assistance as well as drop in clinics.

Ms. Lokko provided the review of the Reproductive Health Team PBT, noting the Manager position for this Team is currently vacant.

Discussion ensued about breast feeding initiatives and how staff respond to clients who need or ask for options in regards to unwanted pregnancies.

The Screening, Assessment and Intervention PBT was reviewed by Ms. Lokko and Ms. Debbie Shugar. Discussion ensued about the delay in wait times for children who may have hearing loss.

Office of the Chief Nursing Officer (OCNO)

Ms. Lokko provided a summary of the PBT for the OCNO, noting the two main areas of focus as being nursing practice and health equity work.

Discussion ensued about the following items:

- A change made in Section G – which required professional services to be listed as \$9,000.00. which changed total from \$419,022 to \$428,022. This change will be made by staff in the final PBT document.
- What is included in the “Other Program Costs” budget line, which supports certification and nurse led initiatives.
- Public health nursing practicums with Western University.

General Expenses and Revenues

Mr. Brian Glasspoole provided a review of general expenses and revenues, noting that the estimated gapping amount is about 1.3 million dollars. Dr. Mackie provided some insight into why the gapping amount is larger than anticipated and noted that HR is working towards trying to predict trends, including increases and decreases in factors such as retirements and step increases.

It was moved by Mr. Helmer, seconded by Ms. Kasi, *that the Finance & Facilities Committee make recommendation to the Board of Health to:*

- 1) *Approve the amended 2018 Operating Budget in the gross amount of \$35,384,706 as appended to Report No. 005-18FFC re 2018 Proposed Budget; and further*
- 2) *Forward Report No. 005-18 to the City of London and the County of Middlesex for information; and,*
- 3) *Direct staff to submit the 2018 Operating Budget in the various formats required by the different funding agencies.*

Carried

OTHER BUSINESS

The next Finance & Facilities Committee meeting will be Thursday, March 1, 2018 at 9:00 a.m.

CONFIDENTIAL

At 4:35 p.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance and Facilities Committee move in-camera to approve the confidential minutes of the December 7, 2017 confidential Finance & Facilities Committee meeting.*

At 4:36 p.m., it was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance and Facilities Committee rise and return to public session.*

ADJOURNMENT

At 4:37 p.m. it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance and Facilities Committee adjourn the meeting.*

Carried

At 4:37 p.m. Chair Fulton *adjourned the meeting.*

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2018 March 1

2017 FOURTH QUARTER BUDGET VARIANCE REPORT & FACTUAL CERTIFICATE

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend that the Board of Health receive Report No 006-18FFC re: “2017 Fourth Quarter Budget Variance Report and Factual Certificate” for information.

Key Points

- An unaudited operating surplus for Health Unit programs of approximately \$688,000 is anticipated. The Health Unit’s auditors, KPMG, will perform the annual audit beginning April 3, 2018.
- Included in the financial update is a signed factual certificate, which provides assurance that key financial and risk management functions are being performed.

Fourth Quarter Review (2017)

The attached Budget Variance Summary (see [Appendix A](#)) shows actual and budgeted revenues and expenditures for twelve months ending December 31, 2017. The Budget Variance Summary provides management’s forecast of year-end balances, together with a brief explanation or comment. The 2017 operating surplus is expected to be in the range of \$688,000, with approximately \$9,229 returning to the Ministry of Health and Long-Term Care (MOHLTC) from the Smoke-Free Ontario program funding. The remaining \$678,771 will be returned to the City of London and the County of Middlesex (\$570,168 and \$108,603 respectively).

For a detailed program-by-program analysis, please see [Appendix A](#).

Factual Certificate

A signed factual certificate is attached as [Appendix B](#). This certificate is to be signed by senior Health Unit administrators responsible for ensuring that certain key financial and risk management functions are being performed to the best of their knowledge. The certificate is revised as appropriate on a quarterly basis, and is submitted with each financial update, and again annually, as part of the Board’s approval of the audited financial statements.

This report was prepared by the Finance 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

**MIDDLESEX-LONDON HEALTH UNIT
NET BUDGET VARIANCE SUMMARY**

As at December 31, 2017

**APPENDIX A
Report No. 006-18FFC**

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	ANNUAL SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Environmental Health & Infectious Disease Division									
Office of the Director/Travel Clinic	\$ 284,471	\$ 283,509	\$ (962)	-0.3%	\$ 284,471	\$ 283,509	\$ (962)	-0.3%	(\$2,800) related to additional professional development opportunities partly offset by lower meeting costs.
Emergency Management	126,070	170,758	44,688	26.2%	\$ 126,070	170,758	44,688	26.2%	\$30,050 due to Manager vacancy (incl. portion of travel), \$7,500 savings in fit testing supplies and Emergency Planning week supplies, less spending on Critical Incident Stress Management training and Community Emergency Response Volunteer recruitment, partly offset by reduced revenues (\$4,380) in fit testing.
Food Safety & Healthy Environments	1,741,665	1,802,036	60,371	3.4%	\$ 1,741,665	1,802,036	60,371	3.4%	\$42,800 due to staff vacancies. Related underspending included decrease in travel \$4,000 and lower cell phone charges \$3,000. Additional food safety training revenue contributed \$5,000.
Safe Water & Vector-Borne Disease	1,253,166	1,364,603	111,437	8.2%	\$ 1,253,166	1,364,603	111,437	8.2%	Variance reflects lower salary due a Public Health Inspector vacancy and lower than planned costs for Vector Borne Disease staff during summer months.
Infectious Disease	1,618,532	1,594,149	(24,383)	-1.5%	\$ 1,618,532	1,594,149	(24,383)	-1.5%	(\$24,000) in Manager wages - overlap of coverage due to special projects
Vaccine Preventable Disease	1,499,311	1,362,571	(136,740)	-10.0%	\$ 1,457,311	1,362,571	(94,740)	-7.0%	Unfavourable variances include salaries and benefits (\$139,700) due to additional costs for Panorama and HPV Administration, and lower revenues (\$20,000) partly offset by lower spending for program supplies \$56,000 due to reduction in Tubersol use, less travel \$5,100 and lower program costs, notably cell phones \$3,300.
Sexual Health	2,290,574	2,489,191	198,617	8.0%	\$ 2,290,574	2,489,191	198,617	8.0%	\$101,400 due to PHN vacancies in the Sexual Health Clinic, \$32,000 due to fewer purchases of contraceptives and lower than planned professional service fees \$104,000 partly offset by lower revenues from STI clinics (\$53,500).
Total Environmental Health & Infectious Disease Division	\$ 8,813,789	\$ 9,066,817	\$ 253,028	2.8%	\$ 8,771,789	\$ 9,066,817	\$ 295,028	3.3%	
Healthy Living Division									
Office of the Director	\$ 232,107	\$ 243,153	\$ 11,046	4.5%	\$ 232,107	\$ 243,153	\$ 11,046	4.5%	\$3,354 in Director's salary to the HSO program, \$4,000 in program supplies, and \$2,400 in program travel.
Child Health	1,474,786	1,710,155	235,369	13.8%	\$ 1,474,786	1,710,155	\$ 235,369	13.8%	\$211,288 due to PHN MLOA, ULOA, and retirement, and a Manager vacancy. \$7,000 in lower related program travel.
Chronic Disease and Tobacco Control	1,287,241	1,412,286	125,045	8.9%	\$ 1,287,241	1,412,286	\$ 125,045	8.9%	\$126,300 related to staff vacancies and unplanned revenue \$38,900 partly offset by higher program supplies (\$40,600) to support various tobacco prevention programs
Healthy Communities and Injury Prevention	1,131,192	1,188,331	57,139	4.8%	\$ 1,131,192	1,188,331	\$ 57,139	4.8%	\$15,100 due to Public Health Nurse vacancy, lower related travel \$6,000, lower than planned printing and advertising costs \$2,200 and \$34,000 of unplanned revenues that have not yet been spent - to be carried over to 2018.
Oral Health	1,051,509	1,102,023	50,514	4.6%	\$ 1,051,509	1,102,023	\$ 50,514	4.6%	Unfilled vacancies leading up to closing the clinic on Dec. 15 contributed to lower staff costs \$122,200 which were largely offset by lower clinic revenues (\$116,850). Other savings resulted from cutting back on clinic supplies \$23,900, reduced travel \$8,200 and lower program costs \$5,775.
Southwest Tobacco Control Area Network	440,630	501,900	61,270	12.2%	\$ 440,630	501,900	\$ 61,270	12.2%	Program received unbudgeted one-time funding of \$65,400. In addition lower program costs \$31,800 and travel costs \$4,500 were partly offset by higher than planned program supplies (\$42,300).
Young Adult Health	1,070,454	1,124,982	54,528	4.8%	\$ 1,070,454	1,124,982	\$ 54,528	4.8%	Lower costs due to Public Health nurse retirement and a vacancy in 0.5 FTE Dietitian position \$33,800. Other savings in program travel \$7,300, program supplies \$6,100 and professional fees \$3,800.
Total Healthy Living Division	\$ 6,687,919	\$ 7,282,830	\$ 594,911	8.2%	\$ 6,687,919	\$ 7,282,830	\$ 594,911	8.2%	

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	ANNUAL SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Healthy Start Division									
Office of the Director	\$ 242,735	\$ 250,908	\$ 8,173	3.3%	\$ 242,735	\$ 250,908	\$ 8,173	3.3%	\$800 savings in travel, \$10,029 savings in program supplies, partly offset by (\$2,194) overspent in staff development for EIDM Workshop
Nurse Family Partnership	148,466	184,100	35,634	19.4%	\$ 148,466	184,100	35,634	19.4%	\$64,400 savings in program supplies partly offset by higher professional service fees (\$30,900).
Best Beginnings	2,976,072	3,102,371	126,299	4.1%	\$ 2,976,072	3,102,371	126,299	4.1%	Lower salaries and benefits \$119,200 due to PHN and FHV vacancies, which also resulted in \$14,800 less in travel, \$8,400 savings in program supplies
Early Years Health	1,518,882	1,573,633	54,751	3.5%	\$ 1,518,882	1,573,633	54,751	3.5%	Favourable variances include salaries and benefits reflect PHN vacancies \$52,200 and program supplies \$3,630 partly offset by higher travel (\$1,960), staff development (\$1,344) and lower than anticipated revenue (\$3,100).
Reproductive Health	1,506,729	1,611,815	105,086	6.5%	\$ 1,506,729	1,611,815	105,086	6.5%	\$92,980 favourable due to PHN vacancies and casual PHN savings. \$1,700 in travel because of less conferences, \$5,300 preconception health promotion campaign put on hold, partly offset by lower revenues (\$3,300).
Screening Assessment and Intervention (SAI)	2,812,962	2,812,962	-	0.0%	\$ 2,812,962	2,812,962	-	0.0%	No variance by year end.
Total Healthy Start Division	\$ 9,205,846	\$ 9,535,789	\$ 329,943	3.5%	\$ 9,205,846	\$ 9,535,789	\$ 329,943	3.5%	
Office of the Chief Nursing Officer & Social Determinants of Health	\$ 393,042	\$ 413,103	\$ 20,061	4.9%	\$ 393,042	\$ 413,103	\$ 20,061	4.9%	Lower than planned costs for Community Health Specialist Nurse \$9,200, lower travel costs \$6,200, program resource needs \$4,400 and lower cell phone and meeting expenses \$2,100.
Office of the Medical Officer of Health									
Office of the Medical Officer of Health	\$ 399,073	\$ 418,314	\$ 19,241	4.6%	\$ 399,073	\$ 418,314	\$ 19,241	4.6%	\$29,800 related to MOH parental leave, offset by additional support for P/T AMOH & compensation for the Acting CEO functions. Savings of \$7,300 for reduction in travel and staff development. (\$10,700) reduction in revenue from MOHLTC
Communications	519,939	532,501	12,562	2.4%	\$ 519,939	532,501	12,562	2.4%	Favourable salary & benefits \$4,700 related to a Parental Leave and fewer resources for the Health Care Provider program, \$2,800 in program travel and professional development and \$650 in Office Equipment.
Total Office of the Medical Officer of Health	\$ 919,012	\$ 950,815	\$ 31,803	3.3%	\$ 919,012	\$ 950,815	\$ 31,803	3.3%	
Corporate Services Division									
Office of the Director	\$ 378,028	\$ 365,792	\$ (12,236)	-3.3%	\$ 378,028	\$ 365,792	\$ (12,236)	-3.3%	Additional staff development costs - negotiating for positive outcomes
Finance	471,507	522,401	50,894	9.7%	\$ 471,507	522,401	50,894	9.7%	\$44,300 due to Manager vacancy until December. \$1,728 travel budget not used- no AOPHBA
Human Resources & Labour Relations	508,546	485,243	(23,303)	-4.8%	\$ 508,546	485,243	(23,303)	-4.8%	(\$28,242) unfavourable variance due to additional resources required to support collective bargaining and case management.
Information Technology	713,772	1,001,200	287,428	28.7%	\$ 713,772	1,001,200	287,428	28.7%	\$87,190 due to vacant Manager and Software Developer position. 2017 technology projects halted due to lack of IT human resources - underspent by \$183,900. Professional IT service fees lower than anticipated \$42,000.
Privacy & Occupational Health & Safety	159,512	160,727	1,215	0.8%	\$ 159,512	160,727	1,215	0.8%	No significant variances
Procurement & Operations	209,142	268,991	59,849	22.2%	\$ 209,142	268,991	59,849	22.2%	\$59,215 due to Manager vacancy.
Strategic Projects	115,591	134,565	18,974	14.1%	\$ 115,591	134,565	18,974	14.1%	\$15,100 due to Manager vacancy. Conference costs were not incurred \$1,766.
Total Corporate Services Division	\$ 2,556,098	\$ 2,938,919	\$ 382,821	13.0%	\$ 2,556,098	\$ 2,938,919	\$ 382,821	13.0%	

	2017 YTD ACTUAL (NET)	2017 YTD BUDGET (NET)	VARIANCE (OVER) / UNDER	% VARIANCE	DECEMBER FORECAST	2017 ANNUAL NET BUDGET	ANNUAL SURPLUS / (DEFICIT)	% VARIANCE	Comment / Explanation
Foundational Standard Division									
Office of the Director	\$ 344,468	\$ 313,793	\$ (30,675)	-9.8%	\$ 344,468	\$ 313,793	\$ (30,675)	-9.8%	Unfavourable for AMOH - MOHTLC grid (\$21,900), travel (\$3,145) and lower than expected revenue (\$4,172).
Program Planning & Evaluation	995,035	1,112,023	116,988	10.5%	\$ 995,035	1,112,023	116,988	10.5%	Favourable Salaries & benefits \$103,800 due to unfilled vacancies and lower step gapping for staff replacements. In addition, professional fees were lower \$8,872 due to lower rapid risk factor surveillance costs.
Library & Resource Lending	222,336	240,532	18,196	7.6%	\$ 222,336	240,532	18,196	7.6%	Variance reflects underspending on budgeted journal subscriptions
Total Foundational Standard Division	\$ 1,561,839	\$ 1,666,348	\$ 104,509	6.3%	\$ 1,561,839	\$ 1,666,348	\$ 104,509	6.3%	
General Expenses & Revenues									
	\$ 2,868,424	\$ 2,608,383	\$ (260,041)	-10.0%	\$ 2,930,424	\$ 2,608,383	\$ (322,041)	-12.3%	Unplanned severance payments (105,000) and sick leave expense (\$24,500), higher staff development costs (\$72,900) and replacement office chairs and equipment for Activity Based Workstations (\$167,000) partly offset by lower than planned occupancy costs notably utilities \$35,000, professional fees \$7,900 program supplies \$9,500 and board expenses \$14,400.
Total Board of Health net Expenditures Before Expected Gapping	\$ 33,005,969	\$ 34,463,004	\$ 1,457,035	4.2%	\$ 33,025,969	\$ 34,463,004	\$ 1,437,035	4.2%	
Less: Expected Agency Gapping Budget		(749,155)	(749,155)			(749,155)	(749,155)		
TOTAL BOARD OF HEALTH NET EXPENDITURES	\$ 33,005,969	\$ 33,713,849	\$ 707,880	2.1%	\$ 33,025,969	\$ 33,713,849	\$ 687,880	2.0%	

Middlesex-London Health Unit
FACTUAL CERTIFICATE

To: Members of the Board of Health, Middlesex-London Health Unit

The undersigned hereby certify that, to the best of their knowledge, information and belief after due inquiry, as at December 31, 2017:

1. The Middlesex-London Health Unit is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax;
 - Federal Harmonized Sales Tax (HST)And, they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The Middlesex-London Health Unit has remitted to the Ontario Municipal Employees Retirement System (OMERS) all funds deducted from employees along with all employer contributions for these purposes.
3. The Middlesex-London Health Unit is in compliance with all applicable Health and Safety legislation.
4. The Middlesex-London Health Unit is in compliance with applicable Pay Equity legislation.
5. The Middlesex-London Health Unit has not substantially changed any of its accounting policies or principles since December 8, 2016.
6. The Middlesex-London Health Unit reconciles its bank accounts regularly and no unexpected activity has been found.
7. The Middlesex-London Health Unit has filed all information requests within appropriate deadlines.
8. The Middlesex-London Health Unit is in compliance with the requirements of the Charities Act, and the return for 2016 has been filed. (due by June 30th each year).
9. The Middlesex-London Health Unit has been named in a complaint to the Human Rights Tribunal of Ontario by a former student. The hearing has been completed and a decision to dismiss has been rendered that found no violation of human rights, however the individual has filed an Application to Divisional Court for a Judicial Review.
10. The Western Fair has issued a Third Party claim including the Health Unit involving an alleged infection with Q-fever bacteria while at Western Fair in 2011. The claim is being defended by City Legal Services as they were the insurer at the time. City Legal Services has indicated that there is no exposure to a financial claim for the Health Unit.
11. The Middlesex-London Health Unit is fulfilling its obligations by providing services in accordance with our funding agreements, the Health Protection & Promotion Act, the Ontario Public Health

Standards, the Ontario Public Health Organizational Standards and as reported to the Board of Health through reports including but not limited to:

- Quarterly Financial Updates
- Annual Audited Financial Statements
- Annual Reporting on the Accountability Indicators
- Annual Planning and Budget Templates
- Information and Information Summary Reports

Dated at London, Ontario this 1st day of March, 2018

Dr. Christopher Mackie
Medical Officer of Health & CEO

Brian Glasspoole
Manager, Finance

Laura Di Cesare
Director, Corporate Services



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 March 1

FINANCIAL CONTROLS CHECKLIST

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No 007-18FFC re: “Financial Controls Checklist” for information.

Key Points

- Financial controls are a critical part of an organization’s internal controls system. They ensure that the resources are being used correctly and activities are reported accurately.
- The Ministry of Health and Long-Term Care (MOHLTC) requires boards of health to comply with Schedule E: “Boards of Health Financial Controls” of the Public Health Financial Accountability Agreement (PHFAA).
- As part of the fourth-quarter financial update to the MOHLTC, each health unit is required to submit a financial controls checklist.
- The Health Unit is in compliance with the financial controls requirements.

Background

The MOHLTC requires each board of health to comply with Schedule E of the Public Health Funding Accountability Agreement: “Boards of Health Financial Controls” (attached as [Appendix A](#)). As part of the fourth-quarter financial update to the MOHLTC, health units were also required to complete and submit a Financial Controls Checklist ([Appendix B](#)).

Health Unit – Financial Controls

Many factors relate to an organization’s internal controls. Internal controls help organizations achieve their objectives via operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations, and legislation. Broadly defined, internal controls involve any measures that limit risk to an organization. Financial controls, a critical part of an organization’s internal controls system, ensure that resources are being used correctly and activities reported accurately. It is the responsibility of an organization’s board to ensure that good financial controls are in place, and it is the responsibility of management to ensure that the controls are operating effectively.

Even when the best financial controls system is in place and fully utilized, it can only provide reasonable, and not absolute, assurance against material misstatement of accounts, loss or misuse of resources and non-compliance with laws or regulations. However, they represent an important set of measures that can help achieve an organization’s financial goals, and prevent misuse of funds.

A single approach to designing and managing financial controls is not always realistic, given the complexity of various organizational processes and the systems that support them. Financial controls must address key risks in the context of the overall organization and the environment in which it operates. There are several factors to consider when putting controls in place:

- Division of duties
- Qualifications of staff
- Budgetary controls
- Cash controls
- Expenditure and purchasing controls
- Payroll and personnel controls
- Controls over assets
- Treasury management (accounts payable/receivable)
- Audits
- Insurance

Schedule E of the PHFAA and the Health Unit's Financial Controls Checklist address many of these factors. A chart, attached as [Appendix C](#), sets out the checklist requirements and the financial controls currently in place to mitigate risk to the Health Unit.

Conclusion

Financial controls are a critical part of an organization's internal controls system. They ensure that resources are being used correctly and activities reported accurately. The Health Unit has financial controls that are operating effectively, and the organization is in compliance with Ministry of Health and Long-Term Care requirements.

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



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

SCHEDULE E-2

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Financial Controls Checklist

Board of Health:	Board of Health for the Middlesex-London Health Unit	Period ended:	Dec. 31/17
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Objective:

- The objective of the Financial Controls Checklist is to provide the Board of Health and the Public Health Unit with a tool for evaluating financial controls while also promoting effective and efficient business practices.

Responsibilities:

- This checklist is for the management of the public health unit to document that controls have been implemented. The controls listed in the checklist are not meant to be exhaustive. Management of the public health unit should outline other key controls in place for achieving the control objectives. One must note that no effective financial control is achieved by signing the checklist. The control is achieved through carrying out the key controls themselves.
- The following table outlines the responsibilities for completing and using this Financial Controls Checklist.

Description of Responsibilities	Board of Health	Management of the Public Health Unit
• Completion of Financial Controls Checklist		✓
• Review and assessment of the completed Financial Controls Checklist	✓	✓
• Ongoing design of financial controls		✓
• Ongoing preparation of policies related to financial controls		✓
• Ongoing testing of financial controls		✓
• Ongoing monitoring of financial controls testing results	✓	✓
• Approval of key financial controls and related policies	✓	✓
• Implementation of financial controls		✓

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the board of health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e. delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>1. Controls are in place to ensure that financial information is accurately and completely collected, recorded and reported.</p>	<p>Please select (<input checked="" type="checkbox"/>) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Documented policies and procedures to provide a sense of the organization's direction and address its objectives. <input checked="" type="checkbox"/> Define approval limits to authorize appropriate individuals to perform appropriate activities. <input checked="" type="checkbox"/> Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording and paying for purchases). <input checked="" type="checkbox"/> An authorized chart of accounts. <input checked="" type="checkbox"/> All accounts reconciled on a regular and timely basis. <input checked="" type="checkbox"/> Access to accounts is appropriately restricted. <input checked="" type="checkbox"/> Regular comparison of budgeted versus actual dollar spending and variance analysis. <input checked="" type="checkbox"/> Exception reports and the timeliness to clear transactions. <input checked="" type="checkbox"/> Electronic system controls, such as access authorization, valid date range test, dollar value limits and batch totals, are in place to ensure data integrity. <input checked="" type="checkbox"/> Use of a capital asset ledger. <input checked="" type="checkbox"/> Delegate appropriate staff with authority to approve journal entries and credits. <input checked="" type="checkbox"/> Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis. <input type="checkbox"/> Other – (Please specify) 	<p>List control deficiencies and their potential impact.</p> <p>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.</p>	<p>Please select (<input checked="" type="checkbox"/>) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances. <input checked="" type="checkbox"/> Separate accounts receivable function from the cash receipts function. <input checked="" type="checkbox"/> Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. <input checked="" type="checkbox"/> Original source documents are maintained and secured to support all receipts and expenditures. <input type="checkbox"/> Other – (Please specify) 	<p>List control deficiencies and their potential impact.</p> <p>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.</p>	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> ☒ Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members. ☒ Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives. ☒ Segregation of duties is used to apply the three way matching process (i.e. matching 1) purchase orders, with 2) packing slips, and with 3) invoices). ☒ Separate roles for setting up a vendor, approving payment and receiving goods. ☒ Separate roles for approving purchases and approving payment for purchases. ☒ Processes in place to take advantage of offered discounts. ☒ Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits. ☒ Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. ☒ Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts. ☒ Original source documents are maintained and secured to support all receipts and expenditures. ☒ Regular monitoring to ensure compliance with applicable directives. ☒ Establish controls to prevent and detect duplicate payments. ☒ Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members. ☒ All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner. ☒ Separate payroll preparation, disbursement and distribution functions. <input type="checkbox"/> Other – (Please specify) 	<p>List control deficiencies and their potential impact.</p> <p>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</p>

Control Objective	Controls / Description	Control Deficiency (If Any) And Potential Impact
<p>4. Controls are place in the fund disbursement process to prevent and detect errors, omissions or fraud.</p>	<p>Please select (☒) any following controls that are relevant to your board of health:</p> <ul style="list-style-type: none"> ☒ Policy in place to define dollar limit for paying cash versus cheque. ☒ Cheques are sequentially numbered and access is restricted to those with authorization to issue payments. ☒ All cancelled or void cheques are accounted for along with explanation for cancellation. ☒ Process is in place for accruing liabilities. ☒ Stale-dated cheques are followed up on and cleared on a timely basis. ☒ Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments. ☒ Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques. <input type="checkbox"/> Other – (Please specify) 	<p>List control deficiencies and their potential impact.</p> <p>What is the action plan to correct the identified control deficiencies? Who is responsible to action the items? When will they be actioned?</p>

Prepared by : *Tammy Beaudy*
Accounting and Budget Analyst

Date: February 21, 2018

Approved by : *[Signature]*
Medical Officer of Health/
Chief Executive Officer

Date: February 21, 2018

Received by the Board of Health at the board meeting held on:

Date: March 1, 2018

**Middlesex-London Health Unit
Financial Controls – 2018**

Appendix C (007-18FFC)

Control Objective	Controls	Controls – MLHU Description
1. Controls are in place to ensure that financial information is accurately and completely collected, recorded and reported.	<ul style="list-style-type: none"> Documented policies and procedures to provide a sense of the organization's direction and address its objectives. 	Generally, the Health Unit has Board of Health policies (Governance) and Administrative Policies. Specifically the Health Unit's strategic plan and balanced scorecard provide the organization's direction and demonstrates its achievement of objectives.
	<ul style="list-style-type: none"> Define approval limits to authorize appropriate individuals to perform appropriate activities 	Signature and authorization level are clearly articulated and practiced (Policy #G-200). A related policy is G-220 Contractual Services which governs what position has authorization to enter into various contracts.
	<ul style="list-style-type: none"> Segregation of duties. 	A clear segregation of duties exists between the following functions: sales, ordering, receiving (where possible), invoicing, accounts payable, and account reconciliations.
	<ul style="list-style-type: none"> An authorized Chart of Accounts. 	An authorized chart of accounts is used and only the Manager of Finance and the Accounting & Budget Analyst has authorization to make changes.
	<ul style="list-style-type: none"> All accounts reconciled on a regular basis. 	Balance sheet accounts are reconciled on a regular basis. Key or crucial accounts such as bank, payroll, and other control accounts are reconciled monthly. Others that are used less frequently are reconciled on a quarterly basis. Income statement accounts are updated frequently through the week and reports available each Monday for review by program managers. Budget to actual variance analysis is performed formally each quarter.
	<ul style="list-style-type: none"> Access to accounts is appropriately restricted 	Access to MS Dynamics is only available to staff in finance and human resources. Different job roles have been set up and access assigned by the job role.
	<ul style="list-style-type: none"> Regular comparison of budget versus actual dollar spending and variance analysis. 	This is done on a quarterly basis and reported to the FFC and BOH. Reports are available to program managers on a weekly basis.
	<ul style="list-style-type: none"> Exception reports and the timelines to clear transactions. 	Exception reports exists for various processes including the processes which import information into the general ledger such as Corporate purchase card purchase information, and mileage.

Control Objective	Controls	Controls – MLHU Description
	<ul style="list-style-type: none"> Electronic system controls, such as access authorization, valid date range tests, dollar value limits and batch totals are in place to ensure data integrity. 	<p>Electronic system controls are used; user accounts are password protected, valid date ranges are controlled with “open/closed” periods. All batch reports have totals and are verified when posting to the general ledger. In the payroll sub-ledger, any user over-rides are identified on the batch report.</p>
	<ul style="list-style-type: none"> Use of a capital ledger. 	<p>Capital items are maintained in an excel spreadsheet with the balances being recorded in the general ledger.</p>
	<ul style="list-style-type: none"> Delegate appropriate staff with authority to approve journal entries and credits. 	<p>Appropriate use of accounts is verified by finance staff. Transactions (including journal entries) are entered by separate staff that has authorization to approve and post into the general ledger.</p>
	<ul style="list-style-type: none"> Trial Balances including all asset accounts are prepared and reviewed by supervisors on a monthly basis. 	<p>Trial Balances include all balance sheet and income accounts per company (we have two) and are reviewed regularly. Program Managers have access to the income statement accounts weekly.</p>
<p>2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.</p>	<ul style="list-style-type: none"> Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances. 	<p>Accounting & Budget Analyst reviews A/R aging report on a monthly basis as part of the reconciliation process and follows-up on unpaid balances quarterly.</p>
	<ul style="list-style-type: none"> Separate accounts receivable function from cash receipts function 	<p>These functions are done by separate staff. One Accounting and Administrative position prepares invoices and the second position records receipts. Manager of Finance / Accounting & Budget Analyst authorize and post both invoices and receipts.</p>
	<ul style="list-style-type: none"> Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. 	<p>A/R trial balance is reconciled to the general ledger on a monthly basis.</p>
	<ul style="list-style-type: none"> Original source documents are maintained and secured to support all receipts and expenditures. 	<p>Finance staff request / seek original source documents. If they are unavailable staff sign a lost receipt and provide details on why they haven't included original copies. Documents are secure and retained for a period of seven years as required by the Health Unit records retention policy.</p>

Control Objective	Controls	Controls – MLHU Description
<p>3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.</p>	<ul style="list-style-type: none"> Policies are implemented to govern procurement of goods and services and expense reimbursements for employee and board members. 	<p>Applicable policies include: G230 - Procurement 4-080 Expense Claims Forms 4-090 Use of Personal Vehicle 4-120 Out of Town Travel 4-130 Corporate Credit Card</p>
	<ul style="list-style-type: none"> Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives. 	<p>See G230 – Procurement policy outlines the framework staff are to follow. Oversight for this rests with the Operations & Procurement Manager or in the absence of that person the Manager of Finance.</p>
	<ul style="list-style-type: none"> Segregation of duties is used to apply the three way matching process (ie: matching purchase orders, packing slips, to invoices.) 	<p>Procurement & Operations, receiving accepts goods and provides packaging slip to payables and A/P staff matches all three prior to processing payment.</p>
	<ul style="list-style-type: none"> Separate roles for setting up vendors, approving payments, and receiving goods. 	<p>Accounting & Administrative Assistants set up vendors, Manager of Finance or Accounting & Budget Analyst approve payments and Operations receives goods.</p>
	<ul style="list-style-type: none"> Separate roles for approving purchases and approving payment for purchases. 	<p>Program Managers/Directors approve purchases and review and approve invoices prior to payment which is processed in Finance.</p>
	<ul style="list-style-type: none"> Processes in place to take advantage of offered discounts. 	<p>If vendor invoices are received with discounts being offered, accounts payable staff will process the payment according to these discounts.</p>
	<ul style="list-style-type: none"> Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits. 	<p>This is monitored for both credit card purchases on and other type of procurement. VISA statements are reviewed by Finance staff. In addition a report to the Finance & Facilities Committee is provided annual for accumulated vendor payments > \$100,000.</p>
	<ul style="list-style-type: none"> Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis. 	<p>A/P sub-ledger is reconciled to the general ledger control account on a monthly basis.</p>

Control Objective	Controls	Controls – MLHU Description
	<ul style="list-style-type: none"> Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts. 	<p>Employee expenses are approved by their supervisor and in accordance to the Signing Authority Policy (Policy #G-200). Board member expenses are reviewed and approved by the MOH/CEO and reviewed in Finance by the Manager of Finance.</p>
	<ul style="list-style-type: none"> Original source documents are maintained and secured to support all receipts and expenditures 	<p>Finance staff request / seek original source documents. If they are unavailable staff sign a lost receipt and provide details on why they haven't included original copies. Documents are secure and retained for a period of seven years as required by the Health Unit records retention policy.</p>
	<ul style="list-style-type: none"> Regular monitoring to ensure compliance with applicable directives 	<p>Finance staff review all requests for reimbursement and payments for compliance to policies.</p>
	<ul style="list-style-type: none"> Establish controls to prevent and detect duplicate payments. 	<p>System controls are in place to prevent duplicate entry of invoice numbers. Finance staff cross reference invoices payment requests with VISA bill information. Program Managers review program budgets at a minimum quarterly.</p>
	<ul style="list-style-type: none"> Policies are in place to govern the issue and use of credit cards, such as corporate purchasing and travel cards to employees and Board members 	<p>Policy # 4-130 Corporate Credit Card governs the issuance and use of corporate issued credit cards.</p>
	<ul style="list-style-type: none"> All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner. 	<p>Finance staff request / seek original source documents. If they are unavailable staff sign a lost receipt and provide details on why they haven't included original copies. Documents are secure and retained for a period of seven years as required by the Health Unit records retention policy. Corporate Cards are submitted and reviewed monthly. Authorization is subject to Policy #G-200.</p>
	<ul style="list-style-type: none"> Separate payroll preparation, disbursement and distribution functions. 	<p>Payroll is prepared by the Payroll & Benefits Administrator. Staff provide time entry to their appropriate Manager for approval. Distribution of records is done through MyTime and payments are made directly through EFT. Manual (cheque) payments are kept to a minimum.</p>

Control Objective	Controls	Controls – MLHU Description
4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions, or fraud.	<ul style="list-style-type: none"> Policy in place to define dollar limits for paying cash vs cheque. 	Policy #4-040 governs petty cash disbursement.
	<ul style="list-style-type: none"> Cheques are sequentially numbered and access is restricted to those with authorization to issue payments. 	Cheques are pre-printed and are sequentially numbered. Accounting & Administrative Assistants have restricted access to the cheque stock.
	<ul style="list-style-type: none"> All cancelled or void cheques are accounted for along with explanation for cancellation. 	As part of the monthly bank reconciliation cancelled / voided cheques are accounted for and filed with the reconciliation.
	<ul style="list-style-type: none"> Process is in place for accruing liabilities. 	As part of the annual year end processes, all liabilities are accrued.
	<ul style="list-style-type: none"> Stale-dated cheques are followed up on and cleared on a timely basis. 	Stale-dated cheques are followed up on and are cleared on a timely basis. Outstanding cheques are reviewed monthly as part of the bank reconciliation process and stale-dated every six months. This involves placing a stop payment on the cheque and contacting the customer to make arrangements to re-issue if appropriate.
	<ul style="list-style-type: none"> Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments. 	Bank statements and reconciliation documentation are reviewed by the Accounting & Budget Analyst or the Manager of Finance.
	<ul style="list-style-type: none"> Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques 	The Accounting & Administrative Assistant who doesn't prepare or take cash/receipts performs the bank reconciliation and it is reviewed and posted by the Accounting & Budget Analyst or Manager of Finance.



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 008-18FFC

TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2018 March 1

2017 BOARD OF HEALTH REMUNERATION

Recommendation

It is recommended that the Finance & Facilities Committee review and recommend that the Board of Health receive Report No. 008-18FFC re: “2017 Board of Health Remuneration” for information.

Key Points

- Section 49 of the Health Protection and Promotion Act provides for reimbursement of Board of Health members.
- Under Section 284 (1) of the Municipal Act, the City of London and Middlesex County Administration are required to report on remuneration paid to Council members, including remuneration paid to members of Council by boards and commissions.

Background

[Section 49 of the Health Protection and Promotion Act](#) (HPPA) speaks to the composition, term, and remuneration of the Board of Health and its members. Subsections (4), (5), (6), and (11), reproduced below, relate specifically to remuneration and expenses.

Remuneration

(4) A board of health shall pay remuneration to each member of the board of health on a daily basis and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4).

Expenses

(5) A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.O. 1990, c. H.7, s. 49 (5).

Rate of remuneration

(6) The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).

Member of municipal council

(11) Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11).

In relation to Section 49 (6), the Board of Health’s meeting rate for 2017 was \$151.49.

2017 Remuneration and Expenses

Under [Section 284 \(1\) of the Municipal Act](#), the City of London and Middlesex County Administration are required to report on remuneration paid to Council members, including remuneration paid to members of Council by boards and commissions. The remuneration report (attached as [Appendix A](#)) includes stipends paid for meetings, and reimbursements for travel and related expenses that the Health Unit provided to each Board of Health member in 2017.

In addition to the regular Board of Health meetings, in 2017 the Board of Health operated two committees: the Finance & Facilities Committee, which met eleven times; and the Governance Committee, which met six times in 2017.

Membership of the 2017 committees was as follows:

Finance & Facility Committee:

Ms. Trish Fulton (Chair)
Mr. Jesse Helmer
Mr. Marcel Meyer

Mr. Ian Peer
Ms. Joanne Vanderheyden

Governance Committee:

Mr. Trevor Hunter (Chair)
Ms. Maureen Cassidy
Mr. Jesse Helmer

Mr. Ian Peer
Mr. Kurtis Smith

Consistent with Section 49 (11) of the Health Protection and Promotion Act, City Councillor Ms. Maureen Cassidy did not receive remuneration for any Board of Health or committee meetings. However, Mr. Jesse Helmer did receive remuneration, as he was the Chair of the Board of Health in 2017.

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



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

**MIDDLESEX-LONDON BOARD OF HEALTH
2017 REMUNERATION REPORT**

Board Member	Board/Committee Meetings	Board Mtg. Travel	Other Mtgs./ Conferences	Other Travel & Accomm.	Total
Ms. Maureen Cassidy ¹	\$ -	\$ -	\$ -	\$ -	\$ -
Mr. Michael Clarke ²	\$ 2,272.35	\$ 258.98	\$ 302.98	\$ 337.06	\$ 3,171.37
Ms. Trish Fulton	3,029.80	6.82	302.98	-	3,339.60
Mr. Jesse Helmer (Chair) ^{1,3}	4,509.04	-	490.10	-	4,999.14
Mr. Trevor Hunter	3,181.29	16.52	151.49	-	3,349.30
Ms. Tino Kasi	1,223.12	-	1,549.00	619.34	3,391.46
Mr. Marcel Meyer	3,499.95	474.40	2,533.98	480.10	6,988.43
Mr. Ian Peer	4,698.43	-	603.72	-	5,302.15
Mr. Kurtis Smith	3,335.02	717.74	452.23	-	4,504.99
Ms. Joanne Vanderheyden	2,729.06	468.41	452.23	-	3,649.70
TOTAL	\$ 28,478.06	\$ 1,942.87	\$ 6,838.71	\$ 1,436.50	\$ 38,696.14

Notes:

- 1) Remuneration for meetings for City Councillors is included in their annual salary which is paid by the City of London
- 2) Mr. Michael Clarke appointed March 1, 2017
- 3) Mr. Jesse Helmer received a stipend as the Chair of the Board of Health as per the Health Protection & Promotion Act Section 49(11)



TO: Chair and Members of the Finance & Facilities Committee
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2018 March 1

PUBLIC SECTOR SALARY DISCLOSURE ACT – 2017 RECORD OF EMPLOYEE SALARIES AND BENEFITS

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health receive Report No. 009-18FFC re: “Public Sector Salary Disclosure Act – 2017 Record of Employee Salaries and Benefits” for information.

Key Points

- The Public Sector Salary Disclosure Act, 1996, requires the Health Unit to disclose salaries and taxable benefits of employees who were paid \$100,000 or more in 2017.
- The information, which must be submitted to the Minister of Finance on or before the fifth business day in March 2018, is attached as Appendix A.

Background

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

The Act applies to organizations including the Government of Ontario, Crown agencies, municipalities, hospitals, boards of public health, school boards, universities, colleges, Hydro One, Ontario Power Generation, and other public-sector employers that receive a significant level of funding from the provincial government.

Compliance

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

The record of employee salaries and benefits for the Middlesex-London Health Unit for 2017, which will be forwarded to the Minister of Finance prior to March 7, 2018, is attached as [Appendix A](#).

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

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

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

**Appendix A - Record of employees' 2017 salaries and benefits
Registre des traitements et avantages versés aux employés en 2017**

Appendix A (009-18FFC)

Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	ALBANESE	MARY LOU	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	BREWER	RUBY	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	BRITTAN	RHONDA	Program Manager/Gestionnaire de programme	\$101,047.27	\$818.64
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	CLAYTON	LISA	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	CRAMP	ANITA	Program Manager/Gestionnaire de programme	\$100,821.61	\$816.16
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	DHINSA	SHAYA	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	DHIR	SUMAN	Dentist/Dentiste	\$100,419.57	\$0.00

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Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	DI CESARE	LAURA	Director/Directrice	\$146,094.37	\$1,041.36
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	DOWSETT	KATHERINE	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	FLAHERTY	BRENDAN	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	GERMAN	JULIE	Nurse Practitioner/Infirmière praticienne	\$104,664.63	\$449.44
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	GORDON	TRACEY	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	HOVHANNISYAN	GAYANE	Associate Medical Officer of Health //Médecin-hygiéniste adjointe	\$243,026.16	\$7,782.40
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	LOCKER	ALISON	Program Manager/Gestionnaire de programme	\$103,844.52	\$771.52
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	LOKKO	HEATHER	Director/Directrice	\$125,450.73	\$967.76

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Appendix A (009-18FFC)

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Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	MACKIE	CHRISTOPHER	Medical Officer of Health & Chief Executive Officer/Médecin hygiéniste et directeur général	\$258,669.21	\$894.39
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	PAVLETIC	DAVID	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	PRICE	MARLENE	Program Manager/Gestionnaire de programme	\$106,722.05	\$622.08
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	SEKERCIOGLU	FATIH	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	SHUGAR	DEBBIE	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	STOBO	LINDA	Program Manager/Gestionnaire de programme	\$105,500.23	\$851.28
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	TURNER	STEPHEN	Director/Directrice	\$123,185.61	\$986.48
2017	Hospitals & Boards of Public Health / Hôpitaux et Conseils de santé	Middlesex - London Health Unit/Bureau de santé de Middlesex-London	VANDERVOORT	SUZANNE	Director/Directrice	\$120,562.72	\$846.40

**Appendix A - Record of employees' 2017 salaries and benefits
Registre des traitements et avantages versés aux employés en 2017**

Appendix A (009-18FFC)

Cal Year / Année civile	Sector / Secteur	Employer / Employeur	Surname / Nom de famille	Given Name / Prénom	Position Title / Poste	Salary Paid / Traitement versé	Taxable Benefits / Avantages imposables
Insert additional rows at the end as needed / Insérer d'autres rangées au besoin							
This record has been approved by: / Ce registre a été approuvé par :							
		Brian Glasspoole			Manager, Finance		
		(519) 663-5317 (2336)					
Prepared under the <i>Public Sector Salary Disclosure Act, 1996</i> / <i>Préparé en vertu de la Loi de 1996 sur la divulgation des traitements dans le secteur public.</i>							

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2018 March 1

VECTOR BORNE DISEASE PROGRAM: CONTRACT AWARD

Recommendation

It is recommended that the Board of Health:

1. *Receive Report No. 010-18FFC re: “Vector Borne Disease Program”;*
2. *Approve award of the contract for the Vector Borne Disease Program, Part A – Larval Mosquito Surveillance and Control, to G.D.G. Canada in the amount of \$88,195 (before taxes); and*
3. *Approve award of the contract for the Vector Borne Disease Program, Part B – Mosquito Identification and Viral Testing, to G.D.G. Canada in the amount of \$22,666.25 (before taxes).*

Key Points

- A request for proposal (RFP) was issued to renew two contracts to deliver services for the Vector Borne Disease Program.
- The recommended proposals will result in an increased delivery cost from the expiring contract (a \$4,537.55 increase for Part A and a \$586.25 increase for Part B, over the contract’s two-year term).

Background

The Vector Borne Disease (VBD) Team delivers a surveillance-and-control program to monitor West Nile Virus (WNV), Eastern Equine Encephalitis (EEE), Zika Virus (ZV), and Lyme disease (LD) activity in Middlesex-London. This program is made up of the following components: mosquito larval surveillance, larviciding, adult mosquito trapping, human surveillance, responding to public inquiries, public education, and active and passive tick surveillance. The tasks of larval mosquito surveillance and control, along with mosquito identification and viral testing, are performed by contracted agencies on behalf of MLHU.

In 2017, the VBD Team assumed responsibility for all standing-water surveillance and larviciding, which resulted in a \$32,985.45 savings compared with the previous contract term. The responsibility for applying larvicide to catch basins, however, remains with the contractor.

As a result of WNV activity in Middlesex-London in 2017, and ZV vectors identified in southwestern Ontario, the Health Unit will continue to perform surveillance and larviciding activities to control WNV in mosquito populations in Middlesex-London for 2018–19. This activity will be carried out in accordance with the Ministry of Health and Long-Term Care’s West Nile Virus Preparedness and Prevention Plan for Ontario and Regulation 199/03 (Control of West Nile Virus) of the Health Protection and Promotion Act.

Request for Proposals

On November 13, 2017, MLHU issued a request for proposals (RFP) for both larval mosquito surveillance and control (Part A) and mosquito identification and viral testing (Part B). Notice of the procurement opportunity was provided to six known service providers and advertised on the Health Unit's website.

Bidders had the option of bidding on Part A, Part B, or both. The RFP closed on November 27, 2017. Four submissions were received. Two proponents bid on Part A, one bid on Part B, and one bid on both parts.

An evaluation committee consisting of members from the Safe Water, Rabies Prevention and Control, and Vector Borne Disease Team and the Procurement and Operations Team evaluated all bids using a predetermined set of evaluation criteria. These criteria included personnel, experience, qualifications, methodology, cost, timelines, reports, products, software programs, resources, and value-added benefits. Further details on RFP scoring are available upon request.

For Part A, the evaluation committee recommends that the contract be awarded to G.D.G. Canada in the amount of \$88,195 (excluding HST). This firm provided the highest acceptable scoring for Part A. This amount represents an increase of \$4,537.55 from the previous contract.

For Part B, the evaluation committee recommends that the contract be awarded to G.D.G. Canada in the amount of \$22,66.25 (excluding HST). This was the only bid that met the RFP requirements. This amount represents an increase of \$586.25 from the previous contract.

Both contracts are for a two-year period, with the Health Unit having sole discretion for an optional third year. If the extension option is exercised, then there will be no additional increase for Part A. For Part B, however, there will be a 3% increase in the contract price for the third year, if the extension for those services is exercised. The contracts will stipulate that future-year services will be contingent upon staff receiving funding approvals for the program.

Conclusion / Next Steps

As a result of the RFP process, staff recommend that the Board of Health award both contracts to G.D.G. Canada in the amounts of \$88,195 (Part A) and \$22,666.25 (Part B).

This report was prepared by the Safe Water, Rabies Prevention and Control, and Vector Borne Disease Team, Environmental Health and Infectious Disease Division, and the Procurement and Operations Team, Corporate Services Division.



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



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health/CEO

DATE: 2018 March 1

JANITORIAL SERVICES – CONTRACT AWARD

Recommendation

It is recommended that the Finance & Facilities Committee recommend that the Board of Health award the following one-year contract for janitorial services to:

- 1) GDI Integrated Facility Services: \$136,674 – for leased premises located at 50 King Street and 399 Ridout Street, London, Ontario; and*
- 2) GDI Integrated Facility Services: \$16,722 – for leased premises located at the Kenwick Mall, 51 Front Street, Strathroy, Ontario.*

Key Points

- A tender for janitorial services was issued on December 22, 2017. Part A of the tender included leased property at 50 King Street and 399 Ridout Street in London, Ontario. Part B included leased property at 51 Front Street in Strathroy, Ontario.
- The new contract would be effective March 5 and would be one year in duration, with the option to renew for one additional year.
- Three bids were received on January 19, 2018. The 2018 contract represents a 0.25% decrease from the 2017 rate and a 1.85% increase for the 2019 optional year.

Background

The Health Unit currently engages two janitorial contractors to provide services at the following leased premises:

- 1) 50 King Street offices (including leased meeting room space in the county building at 399 Ridout Street), and
- 2) 51 Front Street, Kenwick Mall, in Strathroy, Ontario.

Janitorial services for the leased space at 201 Queens Avenue is managed through Farhi Holdings Corporation.

The previous tender was issued in 2014 for a two-year term, with the option to renew for a third year. The 2017 option year included an hourly wage increase to the living wage, which increased the contract by 12.6% to \$136,473.60 annually for 50 King and 399 Ridout. Similarly, the option year for 51 Front Street increased by 19.4% to \$17,319.12.

2017 Request for Tender

On December 22, 2017, the Health Unit issued a request for tender for janitorial services. A site visit was conducted on Friday, January 12, 2019, to enable bidders to review and verify the local conditions and facility structure, and to address any foreseen difficulties they may encounter over the duration of the contract. The site visit was attended by four potential bidders.

The tender was publically opened on Friday, January 19, 2018, and three submissions were received.

This recommendation is based on the lowest bid(s) that meet all terms, conditions, and specifications as outlined in the tender. The tender pricing includes all labour, equipment, and supplies, and excludes HST.

Conclusion

As a result of the tender process undertaken, it is recommended that two contracts, each being one year in duration with the option to renew, be awarded to the following companies for janitorial services:

- 1) GDI Integrated Facility Services: \$136,674 – for leased premises located at 50 King Street and 399 Ridout Street, London, Ontario; and
- 2) GDI Integrated Facility Services: \$16,722 – for leased premises located at the Kenwick Mall, 51 Front Street, Strathroy, Ontario.

The new rates will take effect on March 5. Janitorial costs at 50 King and 399 Ridout will increase marginally, by 0.14% for 2018 and 2.28% for the 2019 option year. This cost increase includes a new collective agreement signed by the GDI Integrated Facility Services contractor and CUPE effective January 1, 2018. However, these labour cost increases are mitigated by a change in the scope of work. In addition, the janitorial costs for 51 Front Street will decrease by 3.45% in 2018 due to a change in service providers.

This report was prepared by the Procurement and Operations team, Corporate Services Division.



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