

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, June 21, 2018 6:00 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – January 18, 2018

4. NEW BUSINESS

4.1 2018 – 2020 Strategic Planning Update (Report No. 004-18GC)

4.2 2018 Board of Health Self-Assessment Results (Report No. 005-18GC)

4.3 Organizational Structure Changes (Report No. 006-18GC)

4.4 Governance Policies (Report No. 007-18GC)

4.5 Distribution of Workload Between Board of Health Standing Committees (Verbal Discussion)

5. OTHER BUSINESS

5.1 Next meeting: Thursday, September 20, 2018

6. ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, January 18, 2018, 6:00 p.m.

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

Others Present: Mr. Michael Clarke, Board Member
Ms. Joanne Vanderheyden, Board Member
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health
and Communications (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Jordan Banninga, Manager, Strategic Projects

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

DISCLOSURE OF CONFLICT(S) OF INTEREST

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

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Mr. Helmer, *that the AGENDA for the January 18, 2018 Governance Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Ms. Cassidy, *that the MINUTES of the October 19, 2017 Governance Committee meeting be approved as amended.*

Carried

NEW BUSINESS

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

Discussion ensued on the clarification of wording around the membership composition in the Terms of Reference.

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

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

Carried

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

Discussion ensued on the following items:

- Modifications to enhance the comments section.
- Whether or not the questions should be numbered.
- Wording of the question on whether or not the Board of Health is structured properly.
 - Staff worded this question to reflect a risk-management perspective, but will review it again and perhaps include a reference to the standards from which the question was derived.
- Wording and clarification of questions two, four, and five.

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

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

Carried

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

Discussion ensued on the following items:

- Clarification of wording under “conflict of interest,” with the examples provided by staff.
 - Staff will clarify the examples, reformatting them and listing them with bullets.

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

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

Carried

OTHER BUSINESS

Next Meeting: Thursday, March 15, 2018

ADJOURNMENT

At 6:22 p.m., it was moved by Mr. Smith, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

TREVOR HUNTER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

2018–2020 STRATEGIC PLANNING UPDATE

Recommendation

It is recommended that the Governance Committee:

- 1) *Recommend that the Board of Health receive Report No. 004-18GC re: “2018 Strategic Planning Update” for information; and*
- 2) *Approve the 2018–20 Middlesex-London Health Unit Balanced Scorecard.*

Key Points

- The 2017 Balanced Scorecard identified initiatives and tasks that the organization is pursuing in order to advance the strategic priorities identified in its 2015–2020 Strategic Plan.
- The 2017 Balanced Scorecard Year-End Report highlights the progress made to date on strategic priorities, as well as any variances from expected outcomes and next steps.
- Planning for the Health Unit’s 2018–2020 Balanced Scorecard is complete and highlights key activities, tasks, measures, and expected deliverables to be carried out until the end of 2020.
- A Project Management Office (PMO) has been established, which will monitor project status as well as set and maintain project management standards throughout the organization.

Background

The Middlesex-London Health Unit’s 2015–20 Strategic Plan details the organization’s vision, mission, and values and outlines its strategic priorities. The Board of Health approved the Plan at its September 17, 2015 meeting, and staff began working on many of its strategic priorities soon afterward.

2017 Balanced Scorecard Reporting

MLHU used the Balanced Scorecard as a strategic management tool to develop and implement its 2015–20 Strategic Plan; 2017 represented the second full year of reporting using this method. Regular reporting allows for measuring organizational performance using a standardized set of indicators for a better focus on long-term success. The 2017 Balanced Scorecard and the 2017 Year-End Report are attached as [Appendix A](#) and [Appendix B](#), respectively.

2018–2020 Balanced Scorecard

MLHU’s Senior Leadership Team was responsible for developing an organizational-level Balanced Scorecard that articulates the priorities to be carried out over the duration of the current Strategic Plan. Over multiple planning sessions, the Senior Leadership Team determined the activities to be conducted through to the end of 2020. After the priorities were selected, project management methodology was used to identify

the timeline for completion over a 2.5-year horizon. These planning sessions resulted in the 2018–20 Balanced Scorecard (attached as [Appendix C](#)), which highlights the activities, tasks, and measures selected.

In addition to the development of the Organizational-level Balanced Scorecard, the Senior Leadership Team planning sessions also resulted in the prioritization of activities at the division level which will allow for the cascading of activities over the next 2.5 years. This process drives the completion of divisional scorecards.

Next Steps

The Senior Leadership Team identified seventeen strategic projects to be carried out over the next 2.5 years. Several are already well underway.

Implementation of the Project Management Office (PMO) sets in place a method for monitoring projects in order to enhance reporting capabilities. The PMO will set and maintain standards for project management across the organization. The PMO also promotes best practices and provides leadership with respect to managing projects.

The PMO will provide staff with support to enable the implementation of Balanced Scorecard activities to advance MLHU's strategic priorities. The Board of Health will continue to receive regular updates on the Strategic Plan process.

This report prepared by the Strategic Projects Team, Healthy Organization Division.



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

2017 MLHU Balanced Scorecard

Program Excellence

Activities & Tasks:

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

Measures:

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

Client and Community Confidence

Activities & Tasks:

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

Measures:

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

2017 MLHU Balanced Scorecard

Employee Engagement and Learning

Activities & Tasks:

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

Measures:

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

Organizational Excellence

Activities & Tasks:

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

Measures:

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

2015 – 2020 Middlesex-London Health Unit Strategic Plan

2017 MLHU Balanced Scorecard

YEAR-END REPORTING

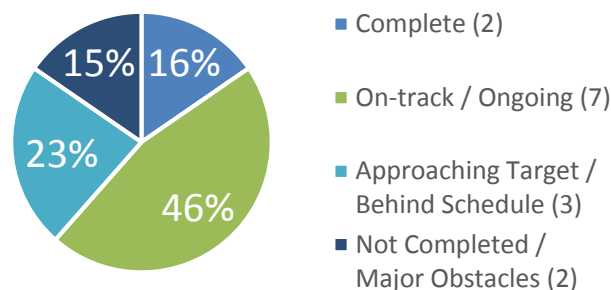


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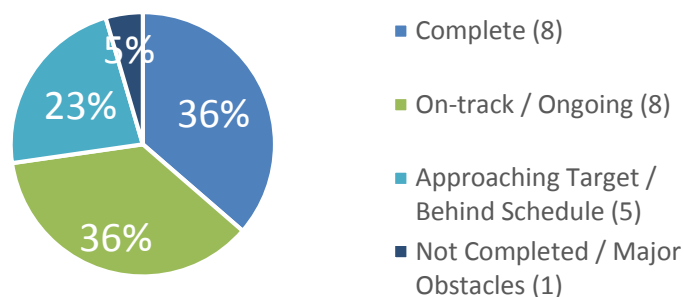
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High Level Overview

2016



2017



Program Excellence

Indicator	2016	2017	2018	2019	2020
Status of Planning and Evaluation Framework	v1 complete	v2 complete	-	-	-
Status of Organizational Structure and Location	On target	On target	-	-	-
# of program reviews initiated	7	5	-	-	-
Status of health equity indicators at MLHU ¹	-	Scoping	-	-	-
MOHLTC performance indicators within 1% of target ²	100% (10/10)	100% (3/3)	-	-	-

Client and Community Confidence

Indicator	2016	2017	2018	2019	2020
# of client / community feedback interactions	7,682	3,248	-	-	-
# of visits to healthunit.com website	446,773	413,192	-	-	-
% of people familiar with the health unit ³	60.7%	-	-	-	-
Client / community partner experience	-	In development	-	-	-

Employee Engagement and Learning

Indicator	2016	2017	2018	2019	2020
Employee engagement (overall engagement score) ⁴	65%	63%	-	-	-
% of staff completing mandatory training	99%	97%	-	-	-
% of policies reviewed within 2 years ⁵	54%	32%	-	-	-
Annual EFAP Usage	15%	21%	-	-	-

Organizational Excellence

Indicator	2016	2017	2018	2019	2020
% positive response on Board Self-Assessment	97.7%	86%	-	-	-
% of Divisions completing Balanced Scorecards	100%	100%	-	-	-
% of Teams completing Balanced Scorecards	-	-	-	-	-
% Budget Variance	0.6%	2.0%	-	-	-
% of Budget Reallocated through PBMA	2.7%	3.1%	-	-	-

¹ Scoping and prioritization of the indicators has been completed.

² The ministry has reduced the suite of indicators that are monitored to an essential set of indicators. For three of these indicators, a performance target was negotiated and agreed upon by both MLHU and MOHLTC.

³ RRFSS has been discontinued as of 2017

⁴ New survey provider with a number of different questions was used in April 2017.

⁵ Policies that had been reviewed within 2 years as of December 31, 2017: administrative (7/99 - 7%), governance (37/37 - 100%).

Our Strategic Plan

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








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

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

OUR VISION:
People Reaching Their Potential

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




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

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Optimize evidence-informed planning and evaluation</p>	<p>Y Ongoing Implementation of the Planning & Evaluation Framework (PEF) </p>	<p>⊕ Status of the Planning and Evaluation Framework</p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Training workshop for ELT and topic specific workshop for identified key staff <input checked="" type="checkbox"/> ➤ Further embed a health equity lens within the planning and evaluation framework <input checked="" type="checkbox"/> ➤ Develop and implement an organizational approach to literature review and synthesis <input checked="" type="checkbox"/> 	

PROGRESS

2017 Accomplishments:

- ✓ MLHU selected the model for the planning and evaluation framework and is completing the development of all associated tools and resources. A leadership team workshop was held September 28 and a workshop for staff champions was offered November 21. An additional Building Capacity in Evidence Informed Public Health workshop was offered to ELT on May 24 and was offered to staff on October 30.
- ✓ Health Equity staff and managers have participated in PEF development. Specifically, a Health Equity (HE) concept guide for PEF was developed. Staff members will continue to review tools already posted and continue to have HE perspective on tools and guides developed in future.
- ✓ Process for the spectrum of literature review options; Roles and responsibilities for rapid review. Both have been presented to SLT, integrated with the PEF and posted to the HUB.

Variance from expected accomplishments:


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Operationalization of the Planning and Evaluation Framework will occur in 2018. This includes identification of key roles and responsibilities, development of a policy and the continued capacity building through workshop and other channels.
- Development of a detailed assessment for Ontario Public Health Program Standard compliance.

Complete

On-Target / Ongoing 





Approaching Target / Behind Schedule 

Not Completed / Major Obstacles

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Foster strategic integration & collaboration</p>	<p>Y Organizational Structure and Location Project </p>	<p>⊕ Status of the Organizational Structure and Location Project</p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Development of Intake Line recommendations  ➤ Continue with Location Procurement Process  ➤ Implement, evaluate and prepare recommendations regarding Activity Based Workspaces with pilot teams  	

PROGRESS

2017 Accomplishments:

- ✓ The MLHU had selected a preferred site and was finalizing negotiations for a lease at the end of 2017.
- ✓ The Organizational Structure and Location (OSL) Committee has completed data gathering for the intake line project and will have recommendations prepared in 2018.
- ✓ Activity Based Workspaces were formally rolled out to three MLHU teams in August 2017. Results to date have been positive from a space utilization perspective and there have been some change management challenges regarding changing work practices. The implementation and roll-out of this concept is intended to be iterative, and changes will continue to be accommodated.

Variance from expected accomplishments


❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard

- Continuation of the OSL project with design, move planning and commissioning.
- Continue the expansion of the ABW project.
- Recommendations and implementation of intake line project and Program Assistant role review.

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Foster strategic integration & collaboration</p>	<p>Y Enhance internal communication and collaboration frameworks</p>	<p>⊕ Status of agency mass notification system</p>
	<p>TASKS</p> <p>➤ Pilot and implement agency mass notification system</p>	

PROGRESS

2017 Accomplishments:

- ✓ Collaborating with City of London to use 'Alert London' mass notification software. System has been populated with IMS membership contact information and we are currently confirming contact details for the remainder of MLHU staff. System is operational and ready for deployment in 2018.

Variance from expected accomplishments


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard

- Operationalization of Alert London.

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Ensure Program and Services are Focused on our Core Mission</i></p>	<p>✓ Develop program review schedule for 2017 and complete reviews</p>	<p>⊕ # of Prioritized Projects completed</p>
	<p>TASKS</p>	
	<p>➤ Initiate and track prioritized projects</p>	

PROGRESS

2017 Accomplishments:

- ✓ 33 prioritized projects were initiated in 2017, including 5 program reviews (Road safety, Falls prevention, Quit clinic, HL review, and HS review).

Variance from expected accomplishments

- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard

- MLHU is establishing a Project Management Office to better track and manage projects and bring them to a successful conclusion.

Complete

On-Target / Ongoing


Approaching Target / Behind Schedule

Not Completed / Major Obstacles

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Address the social determinants of health</i></p>	<p>Y Address the social determinants of health and health equity through education, policy, leadership and advocacy</p>	
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Begin implementation of knowledge exchange / skill building opportunities related to SDOH and health equity <input checked="" type="checkbox"/> ➤ Finalize development of MLHU advocacy framework and implementation plan <input checked="" type="checkbox"/> ➤ Initiate scoping of Health Equity Indicators for Ontario Local Public Health Agencies and identify recommendations <input checked="" type="checkbox"/> 	<p>⊕ Status of health equity indicators at MLHU</p>

PROGRESS

2017 Accomplishments:

- ✓ Following a thorough Needs Assessment involving all Managers and teams, the Health Equity (HE) Staff Capacity Building Plan has been finalized. The plan received approval in principle from SLT on October 3, 2017.
- ✓ The process planning guide and accompanying policy for advocacy have been completed.
- ✓ The implementation process is embedded in the HE Staff Capacity Building Plan.
- ✓ The Health Equity Indicator work group reviewed all indicators and developed selection criteria for prioritization within MLHU.

Variance from expected accomplishments:


❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Determination of how prioritized indicators can be adopted by MLHU, systematically collected and integrated into planning and evaluation.
- Introduction of Bystander to Ally Training.
- Board of Health Advocacy policy.

Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles

Program Excellence

PRIORITY

Deliver maximum value and impact with our resources

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Ensure programs achieve organizationally-established performance targets</i></p>	<p>☞ Determine performance targets through the Divisional Balanced Scorecards <input checked="" type="checkbox"/></p>	<p>⊕ MOHLTC performance indicators within 1% of target</p>
	<p>TASKS</p> <p>➤ Develop Balanced Scorecards with performance targets <input checked="" type="checkbox"/></p> <p>➤ Meet MLHU targets identified for 2017 <input checked="" type="checkbox"/></p>	

PROGRESS

2017 Accomplishments:

- ✓ Balanced Scorecards were developed at the Divisional level.
- ✓ 16 activities out of 22 were completed or on-target on the 2017 MLHU Balanced Scorecard.
- ✓ 5 activities out of 22 were approaching target / behind schedule on the 2017 MLHU Balanced Scorecard.
- ✓ 1 activity out of 22 were not completed or experience significant obstacles on the 2017 MLHU Balanced Scorecard.
- ✓ All MOHLTC accountability indicators were reported on by MLHU and there were no performance indicators that were not within targets.

Variance from expected accomplishments:

- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

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

Complete

On-Target / Ongoing

Approaching Target / Behind Schedule

Not Completed / Major Obstacles

Client and Community Confidence

PRIORITY

Foster client satisfaction and community confidence

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Seek and respond to community input</i></p>	<p>Y Integrate community and client input and feedback mechanisms into strategic projects and program planning and evaluation</p>	<p>⊕ # of client / community feedback interactions</p>
	<p>TASKS</p> <p>➤ Ensure that planning and evaluation take into consideration client and community feedback and the local context such as Intake line project public consultations and program revisions</p>	

PROGRESS

2017 Accomplishments:

- ✓ The planning and evaluation framework integrated community and client input and feedback mechanisms.
- ✓ Discussions have been ongoing with physicians with respect to upcoming immunization clinic changes.
- ✓ Ongoing discussion with doctors involved in Tuberculosis treatment to develop more community capacity.
- ✓ Other initiatives and activities with community and client input included:
 - Smart Start for Babies (n=30)
 - Prenatal Immigrant Program Pilot (n=14 clients + 16 community partners)
 - Pregnancy Journey Booklet for Arabic-speaking newcomers (n=12)
 - Universal Prenatal Education Program (n=500)
 - Preparation for Parenthood Education Program (n=153)
 - Healthy Start breastfeeding planning initiative gathered information on local context and existing community services, and took into consideration when developing recommendations
 - Supervised Consumption Facility Community Consultation
 - 2,145 survey responses
 - 334 community consultation participants
 - 56 focus group participants
- ✓ 96% of School Engagement, Assessment Tool (SEAT) completed with secondary schools. 62% of School Engagement, Assessment Tool (SEAT) completed with elementary schools.

Variance from expected accomplishments:


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

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

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Client and Community Confidence

PRIORITY

Foster client satisfaction and community confidence

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Ensure clients and the community know and value our work</i></p>	<p>Y Conduct campaigns to increase the awareness of public health and the role of the Middlesex-London Health Unit</p>	<p>☑</p>
	<p>Y Review and revise MLHU Graphic Standards and Branding</p>	<p>👉</p>
	TASKS	
<p>➤ Continue the “We’re Here for You” campaign</p>	<p>☑</p>	

PROGRESS

2017 Accomplishments:

- ✓ We’re Here for you: AdTube Campaign, LTC bus, transit shelters (throughout the City of London), 2017 Strathroy and area directory, and advertising in the Middlesex Banner.
- ✓ SWOT analysis for graphic standards has been conducted and gaps in current graphic standards will be addressed. Current templates have been aligned to current brand. Branding concepts including new logo, name, etc. were deferred due to the unknown surrounding organizational location.

Variance from expected accomplishments:

- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Complete the review and revision to the MLHU graphic standards and branding.

Complete ☑

On-Target / Ongoing 👍




Approaching Target / Behind Schedule 📉

Not Completed / Major Obstacles ☒

Client and Community Confidence

PRIORITY

Foster client satisfaction and community confidence

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Deliver client-centred service</i></p>	<p>Y Overall client and community partner experience </p>	<p>⊕ Status of Client and Community Partner Experience</p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Explore tools/methods to assess client and community partner experience, satisfaction and perception of respect  ➤ Develop a work plan for the feasible implementation of this assessment  	

PROGRESS

2017 Accomplishments:

- ✓ Project Charter completed and approved by SLT. Literature search conducted. Tool for client experience has been selected for use and will be piloted in 2018. Development of the community partner tool will begin when client tool introduction.

Variance from expected accomplishments:


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Pilot and roll out the client experience tool for use by teams.

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Employee Engagement and Learning

PRIORITY

Engage and empower all staff

OBJECTIVE	ACTIVITIES	MEASURES / STATUS	
<p><i>Promote transparent and inclusive decision-making processes</i></p>	<p>Y Enhance transparent and inclusive decision-making</p>	<p>⊕ Employee engagement (overall engagement score)</p>	
	TASKS		
	<ul style="list-style-type: none"> ➤ Participation of Management and Union Leadership in Joint Bargaining Training ➤ Determine process for integrating staff feedback into program review process and decision-making 		<p>☑</p> <p>☑</p> <p>☑</p>

PROGRESS

2017 Accomplishments:

- ✓ Successful joint bargaining training participation as evidenced in the re-negotiation of four-year collective agreements for ONA and CUPE.
- ✓ Open sessions were held for this year's PBMA process and numerous staff consultation initiatives took place (i.e. activity-based workspaces, alternative work arrangements, etc.).

Variance from expected accomplishments:

- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Continued consultations around items that impact staff (i.e. design of new location, AWA, ABW, etc.).

Complete ☑

On-Target / Ongoing 👍




Approaching Target / Behind Schedule 📅

Not Completed / Major Obstacles ☒

Employee Engagement and Learning

PRIORITY

Engage and empower all staff

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Enhance staff development and continuing education</p>	<p>  Leading MLHU – Management and Leadership Development Program  Learning at MLHU Program </p>	<p>  % of mandatory training modules completed by staff </p>
	<p>TASKS</p> <ul style="list-style-type: none"> ➤ Continue to develop opportunities that align with identified leadership competencies and focus on consolidating previous learnings (reflective practice - Coaching Circles) ➤ Continue to develop regulatory and mandatory training for staff at MLHU that enhances growth and development ➤ Develop and implement an organization-wide training schedule that consolidates and prioritizes opportunities (i.e. PEF, SDOH / HE) 	

PROGRESS

2017 Accomplishments:

- ✓ Coaching circles were established for MLHU managers in 2017.
- ✓ Staff have participated in training opportunities such as Planning and Evaluation Framework, Indigenous Cultural Safety, Crucial, Meyers-Briggs.

Variance from expected accomplishments:


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Continuation of coaching circles with emphasis on change management methodologies.

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Employee Engagement and Learning

PRIORITY

Engage and empower all staff

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p>Strengthen positive organizational culture</p>	<ul style="list-style-type: none"> Y Champion the BeWell program Y Ongoing review of MLHU Administrative Policy Manual Y Diversity Assessment and Recommendations 	<ul style="list-style-type: none"> ⊕ Employee and Family Assistance Program Usage Analytics ⊕ % Policies Up-to-date
	<p style="text-align: center;">TASKS</p> <ul style="list-style-type: none"> ➤ Continue to implement the Be Well program and strategies for meeting the Psychological Standard <input checked="" type="checkbox"/> ➤ Review policies for alignment with MLHU mission, vision and values ➤ Initiate organizational assessment of diversity and inclusiveness, and identify recommendations 	

PROGRESS

2017 Accomplishments:

Major initiatives include:

- ✓ Continued participation of ELT members in the “Mindful Employer” pilot project
 - “Leading a Mentally Healthy Workplace” certification training for all non-union leaders
 - BeWell Wellness Health fair for all
 - Staff launch of Health Risk Assessment (HRA) Survey on Sprout
 - Biometric Screening Clinics offered to all staff
 - Continued promotion and participation in social enterprise community involvement (blood donor clinics, United Way events, Red Scarf project)
- ✓ Development and approval of 37 Governance Policies since December 2016.
- ✓ Administrative policy review has been deferred until Governance policies are completed but necessary review is still being conducted.

Variance from expected accomplishments:

- ❖ Organizational assessment for Diversity and Inclusion has been deferred until 2018.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Continue championing the BeWell program.
- Organizational diversity and inclusiveness recommendations to be developed.

Complete

On-Target / Ongoing

Approaching Target / Behind Schedule

Not Completed / Major Obstacles

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Engage and inform our Board of Health</i></p>	<p>Y Deliver relevant and timely information and reports to the Board of Health</p>	<p>⊕ % positive response on Board Self-Assessment</p>
	TASKS	
	<p>➤ Inform the Board of Health regarding organizational impacts of the Ontario Public Health Standards Modernization process</p>	

PROGRESS

2017 Accomplishments:

- ✓ Continuous updates to Board regarding changes to the OSPHPS, Expert Panel and Accountability Framework.

Variance from expected accomplishments:


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Conduct training for staff who write board reports or present to the Board of Health.

Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

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

PROGRESS

2017 Accomplishments:

- ✓ MLHU scorecard developed and approved by the Board of Health.
- ✓ All divisions developed scorecards in 2017.

Variance from expected accomplishments:


- ❖ None.

Next steps that will be reflected in 2018 - 2020 scorecard:

- 2018 – 2020 Balanced scorecards at the organization and division levels.

Complete

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Demonstrate excellent organizational performance</i></p>	<p>Y Development of MLHU Risk Management Framework</p>	<p>⊕ Risk Management Framework status</p>
	<p>TASKS</p> <p>➤ Develop MLHU Risk Management Framework, associated policies and determine implementation and roll-out</p>	

PROGRESS

2017 Accomplishments:


- ✓ Risk management policy has been developed and approved by the Board of Health. Implementation and Roll-out has been deferred until 2018.

Variance from expected accomplishments:


- ❖ Further roll-out and implementation was expected in 2017 but deferred until 2018.

Next steps that will be reflected in 2018 - 2020 scorecard:

- Develop an organizational risk register and embed risk management within existing MLHU processes.

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Organizational Excellence

PRIORITY

Enhance governance, accountability and financial stewardship

OBJECTIVE	ACTIVITIES	MEASURES / STATUS
<p><i>Exercise responsible financial governance and stewardship</i></p>	<p>Y Upgrade financial reporting systems</p> <p>Y Alignment of budget and performance reporting</p>	<p>⊕ % Budget Variance</p> <p>⊕ % of Budget</p> <p>Reallocated through PBMA</p>
	<p>TASKS</p> <p>➤ Investigate and implement new internal financial reporting and encumbrances solution</p> <p>➤ Adapt program budget templates to reflect organization level scorecards</p>	

PROGRESS

2017 Accomplishments:

- ✓ The FRX replacement project has been deferred to 2018.
- ✓ Deferred until 2018 to ensure alignment with the mandatory changes to Ministry Budget and Program Reporting Templates.

Variance from expected accomplishments:


- ❖ Work on the FRX replacement was expected to commence in 2017 but has been deferred until 2018

Next steps that will be reflected in 2018 - 2020 scorecard:

- Initiate and complete the FRX replacement through the enterprise resource planning system, align Program Budget templates to reflect new Ministry Annual Service Plan (ASP) requirements.

Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 

Not Completed / Major Obstacles 

Next Steps for 2018

This report outlines the progress that has been achieved in year one of our five-year strategic plan. There were key lessons learned in 2017 that help to inform our next steps for 2018:

- **Implementation of a Project Management Office**

The project management office (PMO) is a set of standards, tools, and practices developed by the Strategic Projects team to enhance the efficiency, quality and delivery of projects at MLHU. Projects are initiatives with a defined start and end date and are different from ongoing program deliverables. The PMO helps to initiate, plan, execute, control, and close out the work of a team to achieve specific goals and meet specific success criteria.

- **Cascading of the Balanced Scorecard**

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

- **Regular updates and reporting**

In 2018, there will be enhanced reporting on the progress achieved on the strategic priorities. This will be facilitated through the introduction of the PMO and provide a more granular reporting on the status of all strategic projects. A formal report will be prepared for the Board of Health in the 3rd Quarter of 2018 to provide an update on activity status. This enhanced reporting will provide timely updates and allow for continued discussion about strategic priorities throughout the year.

- **Measuring our Progress**

The 2018 Balanced Scorecard continues to develop key indicators where data was not previously collected (health equity indicators) and provide a narrative of the projects where progress isn't measured in the quantitative manner. It is important that we provide transparent updates and seek to ourselves accountability to striving for our strategic objectives. Effectively measuring our activities is an essential component in doing so.

The 2018 – 2020 scorecard and implementation planning seeks to build upon the previous year and continue to drive our efforts in meeting the strategic priorities of MLHU.

2018 -2020 MLHU Balanced Scorecard

Program Excellence			
<i>Deliver maximum value and impact with our resources</i>			
Objectives	Initiatives	Activities & Tasks	Measures
(A) Optimize evidence-informed planning and evaluation	1) Formalize a MLHU planning and evaluation framework that integrates: evidence-informed program planning, innovation, research advisory committee (when applicable), and regular evaluation of programs	<ul style="list-style-type: none"> ✓ Ongoing implementation of the Planning and Evaluation Framework (PEF) <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> ○ Develop policy to assist with implementation of PEF ○ Conduct PEF training workshops and topic-specific workshops for key staff ✓ Implementation of the Modernized Standards <i>(PRJT#011-2018)</i> <ul style="list-style-type: none"> ○ Development of more detailed assessment of program standard compliance ○ Recommendations based on assessment ○ Implementation of recommendations 	<ul style="list-style-type: none"> ❖ Status of Planning and Evaluation Framework ❖ Status of Implementation of the Modernized Standards ❖ Status on the Establishment of PMO ❖ Status of Organizational Structure and Location Project ❖ Status of Intake Lines/PA Review ❖ Status of ECR project ❖ # of program reviews initiated ❖ Status of health equity indicators at MLHU ❖ MOHLTC performance indicators within 1% of target
	2) Utilize continuous quality improvement processes	<ul style="list-style-type: none"> ✓ Establishment of the Project Management Office <i>(PRJT#016-2018)</i> <ul style="list-style-type: none"> ○ Assessment of current practices ○ Determine appropriate methodology, tools, processes ○ Develop and implement recommendations 	
(B) Foster strategic integration and collaboration	1) Identify ideal organizational structure and complimentary processes to ensure our programs and services are focused on our core mission	<ul style="list-style-type: none"> ✓ Continuation of the Organizational Structure and Location Project <i>(PRJT#001-2018)</i> <ul style="list-style-type: none"> ○ Establishment of OSL 2.0 and associated working groups ○ Space planning and clinic flow ○ Move Planning ○ Commissioning ✓ Electronic Client Record <i>(PRJT#005-2018)</i> <ul style="list-style-type: none"> ○ Conduct needs assessment ○ Select the appropriate solution ○ Provide education and training ○ Implement new system 	
(C) Address the social determinants of health	1) Knowledge exchange and skill building activities for social determinants of health (SDOH)	<ul style="list-style-type: none"> ✓ Staff Capacity Building <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> ○ From Bystander to Ally Training 	

	<p>2) Expand health equity impact assessment implementation and monitoring</p>	<ul style="list-style-type: none"> ✓ Health Equity Indicator Assessment and Recommendations (PRJT#010-2018) <ul style="list-style-type: none"> ○ Determination of how prioritized indicators can be adopted by MLHU, systematically collected and integrated into planning and evaluation ✓ Community Health Status Report Updating (PRJT#008-2018) <ul style="list-style-type: none"> ○ Development of a plan to conduct data analysis and prepare reports 	
	<p>3) Establish a policy development and advocacy framework</p>	<ul style="list-style-type: none"> ✓ Policy Development: Advocacy Framework (PRJT#015-2018) <ul style="list-style-type: none"> ○ To ensure all advocacy initiatives and strategies align with the Health Unit’s vision, mission and values, and are approved by Senior Leadership and/or the Board of Health. ○ To ensure all employees who are engaged in systemic advocacy initiatives consistently use effective and efficient planning and implementation processes. 	
<p>(D) Ensure programs achieve organizationally established Performance targets</p>	<p>1) To be determined through Divisional and Team Balanced Scorecard development</p>	<ul style="list-style-type: none"> ✓ Develop Divisional Balanced Scorecards (PRJT#016-2018) <ul style="list-style-type: none"> ○ Cascading from the Organizational Balanced Scorecard and incorporating the approved prioritized projects for the current strategic planning cycle ○ Collect and report on MOHLTC accountability agreement indicators 	

Client and Community Confidence

Foster client satisfaction and community confidence

Objectives	Initiatives	Activities & Tasks	Measures
(A) Seek and respond to community input	1) Use community input and feedback to inform program planning and evaluation	<ul style="list-style-type: none"> ✓ Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Included within the Program Evaluation Framework and being rolled-out to the organization. 	<ul style="list-style-type: none"> ❖ # of client / community feedback interactions ❖ # of visits to healthunit.com website ❖ % of people familiar with the health unit ❖ Client / community partner experience ❖ Status of Middlesex County Services Review
(B) Ensure clients and the community know and value our work	1) Increase the awareness of public health and the role of the Middlesex-London Health Unit	<ul style="list-style-type: none"> ✓ Complete the review and revisions to MLHU graphic standards and branding (PRJT#013-2018) <ul style="list-style-type: none"> ○ Adopt an ambassador strategy that will enable staff and teams to promote broader MLHU services 	
(C) Deliver client-centred service	1) Use client input and feedback to inform service delivery and evaluation	<ul style="list-style-type: none"> ✓ Community Engagement Strategy – Client Experience Tool Development and Implementation (PRJT#007-2018) <ul style="list-style-type: none"> ○ Utilize a tool that measures client experience and is implementation by teams and programs ✓ Intake Lines/Program Assistant Review (PRJT#012-2018) <ul style="list-style-type: none"> ○ Consult with clients and staff re: proposed system ○ Conduct review of PA role ○ Procure systems and identify alternatives ○ Implementation and training 	
	2) Deliver appropriate outreach services where people live, work, learn and play	<ul style="list-style-type: none"> ✓ Middlesex County Services Review (PRJT#003-2018) <ul style="list-style-type: none"> ○ Assess the health needs of county residents, map current resources that are deployed and determine opportunities for enhancement ○ Identify effective strategies and provide recommendations for implementation 	

Employee Engagement and Learning

Engage and empower all staff

Objectives	Initiatives	Activities & Tasks	Measures
(A) Promote transparent and inclusive decision-making processes	1) Increase opportunities (surveys, town halls, fire side chats) for staff to share input in MLHU decision-making (structure, location, budgets)	✓ Define annual opportunities <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> ○ Ensure a minimum of 3 Town Halls per year ○ Allow for consultation that will cultivate ideas at the front-line of the organization (PBMA, Location project, etc.) 	<ul style="list-style-type: none"> ❖ Employee engagement (overall engagement score) ❖ % of staff completing mandatory training ❖ % of policies reviewed within 2 years ❖ Annual EFAP Usage ❖ % of staff completing BeWell Survey ❖ # of active ABW stations ❖ Status of Performance Management Framework ❖ Status of ERP Project ❖ Status of the Establishment of PMO ❖ Status of Diversity and Inclusion Project
	2) Inclusive planning days and follow-up processes	✓ Increase transparency throughout the organization <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> ○ Regular communication to all MLHU staff through various channels regarding status of strategic projects 	
(B) Enhance staff development and continuing education	1) Establish and implement consistent performance management and measurement systems, tools and processes	✓ Determine areas of focus for performance management <i>(PRJT#004-2018)</i> <ul style="list-style-type: none"> ○ Incorporate functions of a human resources information system (HRIS), that includes performance management capabilities into an Enterprise Resource Planning system 	
	2) Learning opportunities for staff are aligned with MLHU's strategic priorities and objectives	✓ Deliver the Learning at MLHU Program <i>(PRJT#004-2018)</i> <ul style="list-style-type: none"> ○ Incorporate functions of a human resources information system (HRIS), that includes learning and development into an Enterprise Resource Planning system 	
(C) Strengthen positive organizational culture	1) Implement a comprehensive workplace wellness strategy	✓ Champion the BeWell Program <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> ○ Review ROI and determine future investment opportunities ✓ Develop and implement alternative-based work (ABW) arrangements <i>(PRJT#006-2018)</i> <ul style="list-style-type: none"> ○ Provide management training ○ Policy development ○ Continual change management strategies 	
	2) Establish processes that acknowledge staff contributions to our mission, vision and values	✓ Staff engagement in strategic projects <i>(PRJT#016-2018)</i> <ul style="list-style-type: none"> ○ Provide information to staff at regular intervals (e.g. team presentations, town hall meetings, etc.) and establish a consultation model that is inclusive of all MLHU staff 	
	3) Embed our values into all that we do	✓ Diversity Assessment and Recommendations <i>(PRJT#009-2018)</i> <ul style="list-style-type: none"> ○ Initiate organizational assessment of diversity and inclusiveness, and identify recommendations ✓ Complete review of Administrative Policy Manual <i>(PRJT#015-2018)</i> <ul style="list-style-type: none"> ○ Develop policies that help us to live our values (i.e. work-life balance, diversity) 	

Organizational Excellence			
<i>Enhance governance, accountability and financial stewardship</i>			
Objectives	Initiatives	Activities & Tasks	Measures
(A) Engage and inform the Board of Health	1) Provide appropriate recommendations and analysis to the Board of Health regarding developments affecting public health, the health unit and the community	<ul style="list-style-type: none"> ✓ Annual Service Plan Alignment (ASP) and Implementation (PRJT#002-2018) <ul style="list-style-type: none"> ○ Ensure that programs align with the program standards and that tools used in the ASP are aligned to streamline reporting and roll-up of data. ○ Assessment and analysis of indicator needs across the organization in order to inform annual service plans. 	<ul style="list-style-type: none"> ❖ % of Divisions completing Balanced Scorecards ❖ % Budget Variance ❖ % of Budget Reallocated through PBMA ❖ Status of ERP project ❖ Status of Annual Service Plan ❖ % of mandatory training completed ❖ Status of Performance Management Framework ❖ Status of Risk Management Framework
	2) Deliver relevant and timely information and reports to the Board of Health	<ul style="list-style-type: none"> ✓ Conduct training for staff who write board reports or present to the board (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Focus on establishing clear expectations, development approach and timelines, integrating evidence to recommendations and presenting material in an impactful way 	
(B) Demonstrate excellent organizational performance	1) Board of Health performance dashboard	<ul style="list-style-type: none"> ✓ Enterprise Resource Planning System - Upgrade the financial reporting system (PRJT#004-2018) <ul style="list-style-type: none"> ○ Upgrade to include dashboard that provides easily accessible information ✓ Alignment of budget and performance reporting (PRJT#002-2018) <ul style="list-style-type: none"> ○ Modify Program Budget Templates to align with Annual Service Plan requirements 	
	2) Develop and implement an organizational performance management framework	<ul style="list-style-type: none"> ✓ Performance Management Framework – Phase 1 (Planning) (PRJT#014-2018) <ul style="list-style-type: none"> ○ Provide the overall direction for MLHU performance management using the Balanced Scorecard method and articulate the strategy for roll-out. ✓ Continued development of MLHU Risk Management Framework (PRJT#017-2018) <ul style="list-style-type: none"> ○ Develop an organizational risk register and embed risk management within existing MLHU processes (PBMA, Planning and Evaluation, Project Management) 	
(C) Exercise responsible financial governance and controls	1) Financial policy compliance audits	<ul style="list-style-type: none"> ✓ Review of Learning Assessments (Initiated prior to 2018) <ul style="list-style-type: none"> ○ Monitored annually through external audit and periodic financial review of employee activity 	
	2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting	<ul style="list-style-type: none"> ✓ Enhance procurement operations by introducing a technological solution to manage contracts (PRJT#004-2018) <ul style="list-style-type: none"> ○ Assess, implement, evaluate components of procurement functions within the Enterprise Resource Planning system. 	
	3) Increase staff understanding of budgets, processes, and policies	<ul style="list-style-type: none"> ✓ Support budget process education <ul style="list-style-type: none"> ○ Develop and implement budget process training. 	



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

2018 BOARD SELF-ASSESSMENT RESULTS

Recommendation

It is recommended that the Governance Committee:

- 1) Recommend that the Board of Health receive Report No. 005-18GC re: “Board of Health Self-Assessment Results” for information; and*
- 2) Consider the survey results and incorporate feedback into Board development planning for 2018.*

Key Points

- The overall affirmative response rate to the Board of Health Self-Assessment was 89%. This rate refers to Board members who answered questions with “Strongly Agree” or “Agree,” rather than “Disagree” or “Don’t know.”
- Only one question had a higher proportion of “Disagree” responses.
- Similar to last year, this year’s Self-Assessment asked members for qualitative feedback on each of the self-assessment components, which resulted in a higher number of comments being received.

Background

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

The survey was distributed to Board of Health members on February 14, 2018, for completion by March 1, 2018. Participation in the survey was voluntary, and all individual responses are kept confidential. Members were given the option to complete the survey online or in paper format.

Self-Assessment Results

Nine out of ten Board Members (90%) completed the survey. Detailed results are attached in [Appendix A](#). Overall, the 2018 survey findings are fairly consistent with those from 2017. In nearly all areas, the vast majority of Board Members answered affirmatively. The overall positive response on the Board Self-Assessment was 89%. Board members answered 11% of the questions with “Disagree” or “Don’t know” responses.

The questions with the highest proportion of “Disagree” or “Don’t know” responses were as follows:

- “The Board of Health is structured properly.” Several respondents expressed concerns about not having a full complement of Board members while waiting for a provincial appointee. It was also

noted that Board composition ought to comprise greater diversity, with more equitable workloads distributed across the committees.

- “I am getting sufficient information to make informed decisions at Board of Health meetings.” Several respondents affirmed that reports are complete, thorough, and informative. A few responses indicated improvements could be made to the orientation process, and that training outside of Board meetings would be helpful.

The question with the most significant change in the response from the 2017 survey was:

- “In the past year, has the Board of Health adequately responded to serious complaints of wrongdoing or irregularities?” Here, 89% of respondents answered “Strongly Agree” or “Agree,” compared with only 50% answering “Yes” in the 2017 survey (most of the remainder indicating they did not know).

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

- Understanding the mission and the Strategic Plan, and ensuring that the Board has sufficient time to review the Plan in order to conduct a proper evaluation;
- Providing feedback on program directions and priorities, as opposed to concentrating Board business on operational issues; and
- Attracting a full complement of Board members with diverse representation on the Board.

Priorities for 2018

The 2018 Board of Health Self-Assessment included a priority question that asked Board Members to rank the most important things that the Board should focus on to improve performance. The top three areas were:

- Ensuring all relevant information is taken into consideration when making decisions;
- Board structure (i.e., membership, size, term of office, reporting relationships); and
- Accomplishing our strategic priorities.

Next Steps

Members of the Governance Committee have the opportunity to review the survey findings and propose “recommendations for improvement in board effectiveness and engagement,” as per Requirement 4.3 of the Ontario Public Health Organizational Standards. Any recommendation proposed by the Governance Committee would be presented to the Board. In addition, the Board is asked to keep Health Unit staff apprised of any learning opportunities that would be of interest to both new and current Board members.

This report prepared by the Strategic Projects Team, Healthy Organization Division.



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

2018 Board of Health Self-Assessment

Status:	Live	Partial completes:	0 (0%)
Start date:	2018-02-14	Screened out:	0 (0%)
End date:	2018-06-01	Reached end:	9 (100%)
Live:	84 days	Total responded:	9
Questions:	18		

2018 Board of Health Self-Assessment

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

Please complete by March 1, 2018.

As part of the Board's commitment to good governance and continuous quality improvement, all Board members are invited to complete this self-assessment survey. High-level results of the survey will be reported to the Governance Committee of the Board in an anonymous form without any identifying information. They will be used to inform recommendations for improvements in Board effectiveness and engagement.

Your participation is voluntary and you may choose not to participate or not to respond to any question.

The questionnaires will be kept confidential in our records for seven years to comply with the Middlesex-London Health Unit's Retention Schedule.

You can complete the survey online or on paper. If you complete the paper version please return it in a sealed envelope to the Executive Assistant to the Board of Health.

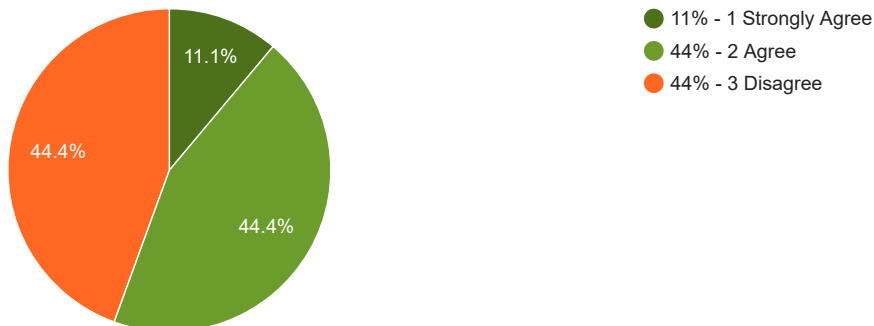
If you have any questions please contact Jordan Banninga, 519-663-5317, Ext. 2408, jordan.banninga@mlhu.on.ca.

Please check Strongly Agree, Agree, Disagree, Strongly Disagree or Don't Know for each question

If your response is Disagree or Strongly Disagree, please provide an explanation in the comment box that appears.

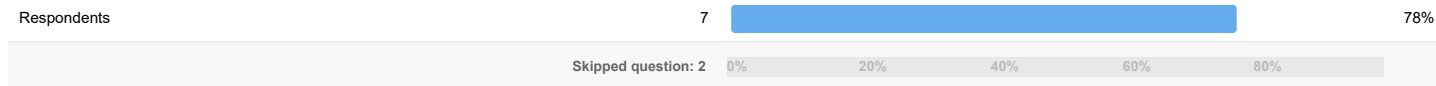
This information is key to identifying areas for improvement.

1. 1. The Board of Health is structured properly (membership, size, terms of office, reporting relationships, standing and ad hoc committees).



n=9

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



We may want to review the standing committee structure.

It would be nice to get our fifth provincial representative although I know we have little to do with this except to keep asking the province for the appointment.

The MLHU has a talented mix of members.

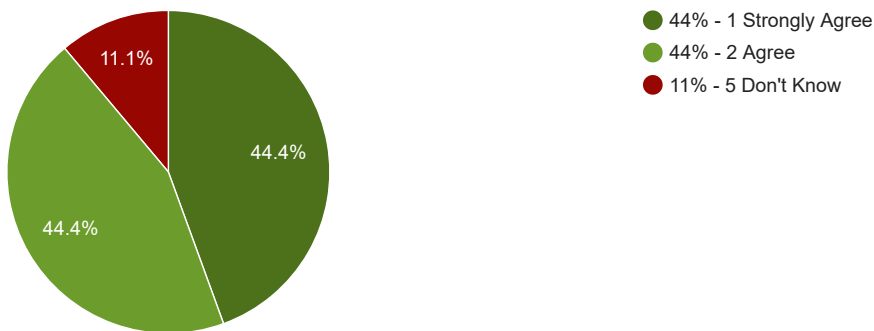
The committee work seems lopsided with the FFC overloaded relative to the Governance committee. The size of the board relative to the number of committees means that (given that the Board Chair and Vice-Chair are on both committees) there are Board members who are not on any committees.

There are two things that lead me to disagree. 1. We do not have a full director compliment and are still awaiting a provincial appointee. This is not the current board's fault and does not diminish the quality of the board or its work but we need to have a full slate. 2. I feel bad for the FFC folks and think the work is unevenly distributed. They meet more and longer and the amount of work is huge. While it may decrease soon, I think the committee should be split to have a more equitable work distributed. That said, I think the board is structured well and has good reporting structure and everything else. The board despite the uneven workload and not having a full compliment works extremely well and upholds the highest governance standards and gets along well. It is a great board but some folks are doing more than they should - and they don't complain about it, that is how great they are.

The composition of the Board needs greater diversity across the social spectrum - recipients of MLHU services should be represented including First Nations peoples. Also, the province needs to be more proactive in naming representatives.

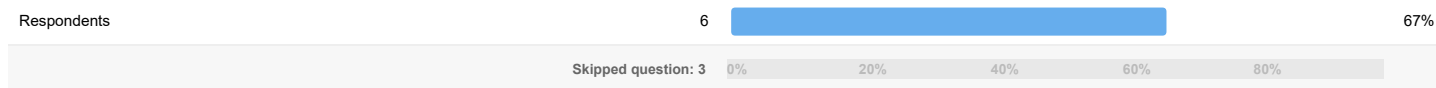
City of London members should all be Councillors. City of London and County of Middlesex Members should not be contained to election cycle. Not all members in ad hoc committees.

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



n=9

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



Staff reports are excellent.

I have found the reports prepared by staff to be thorough and informative. They are almost always prepared to respond to verbal questions and in the rare case of the information not being at hand, it will be found and reported.

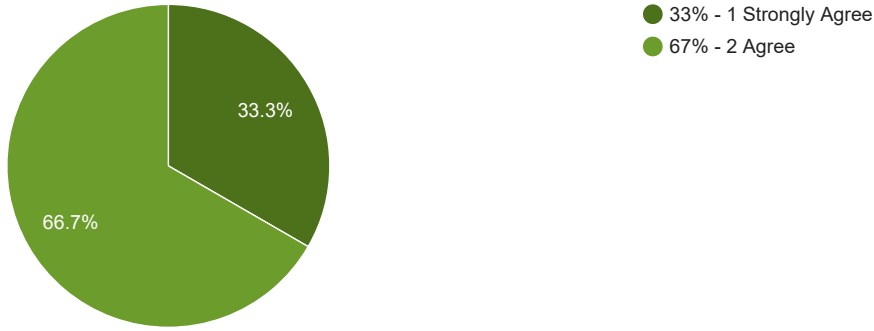
During the moving our office discussions, at times I felt information was brought to the board with a bias from a staff perspective.

I believe we get reports that are complete.

The information we get is on target for the issues we need to address. We get information that is board related to discuss board related decisions.

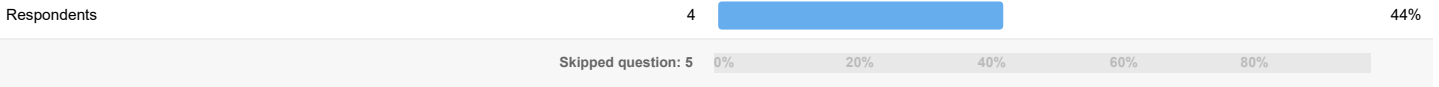
The orientation was rushed and much was left to me to pick up the details of processes, procedures and practices of the Board. The documentation is no greater than other Boards I have sat on.

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



n=9

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



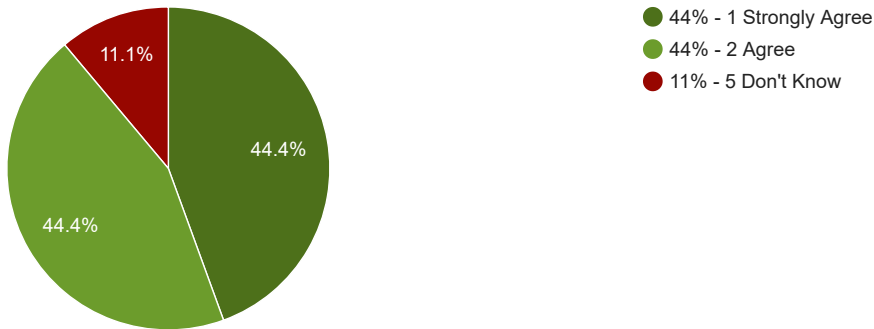
Training outside of board meetings would be helpful.

I agree, however this is always an area that can get lost in the day to day business we deal with.

Staff reports are fantastic and very informative and the people doing the reporting are professional and skilled. We are getting very cutting edge materials because staff are doing cutting edge work.

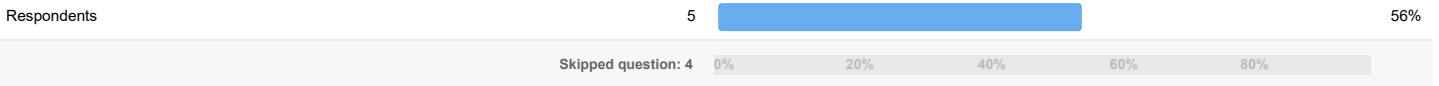
Much of the Board business over the last year has been focussed on operational issues rather than programming. I would like to see that reversed in the coming year.

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



n=9

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



My colleagues on the board are very thoughtful and ask great questions.

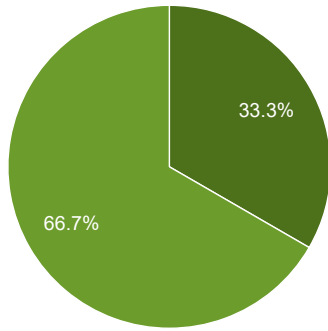
It has been my experience that the Board carefully considers the information that is available but is also not shy about requesting additional information or research if necessary.

It is important for us to understand the mission and strategic plan in order to properly evaluate if we are moving in right direction for right reason.

I feel there is good debate at the board and there is ample opportunity to contribute varying points of view and if we are unsure we are comfortable seeking more information from staff before we make a decision

There are Board members who represent constituencies through their elected offices. Understandably, their positions on issues are sometimes shaped by their political priorities rather than presented information or evidence.

9. 5. MLHU is accomplishing our strategic outcomes as outlined in our strategic plan.



● 33% - 1 Strongly Agree
● 67% - 2 Agree

n=9

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

Respondents

2

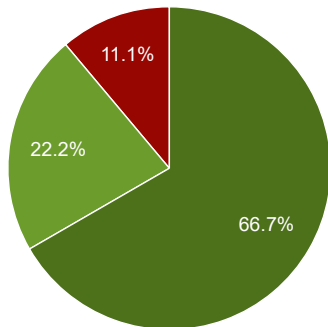
22%

Skipped question: 7 0% 20% 40% 60% 80%

Same though as above. Not really sure if Board and staff are on same page when it comes to our future needs.

A strategic plan should be a functional 'checklist' and it would be good if the Board spent time reviewing the Plan and ensuring that each 'box' is indeed checked off.

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



● 67% - 1 Strongly Agree
● 22% - 2 Agree
● 11% - 5 Don't Know

n=9

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

Respondents

2

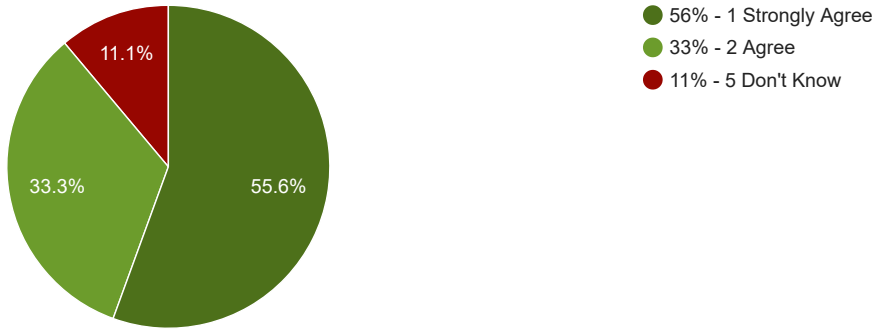
22%

Skipped question: 7 0% 20% 40% 60% 80%

I believe we addressed irregularities as they came to us in a manner that was considered but efficient.

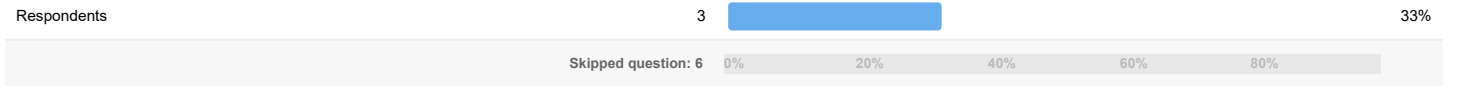
Impressive chairing and professional standards were clear in the few instances.

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



n=9

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

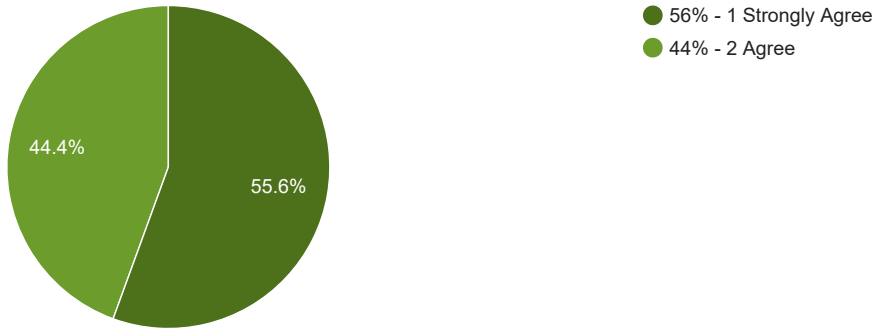


I believe for the most part we are doing all we can to ensure the health needs of our residents are met. The scary part is in regulation, talks about changing boundaries etc muddy the waters. Not clear in our path moving forward.

Oh yes! This we evident during the MOH/CEO's unfortunate health leave. The Health Unit hummed along without a hitch. I am sure it was NOT easy for staff to take on the work but they did it, willingly and with skill. This is a credit to the MOH/CEO's talent development and succession planning. We as a board did not have to deal with any issues causes by the MOH/CEO's leave that one would expect to encounter.

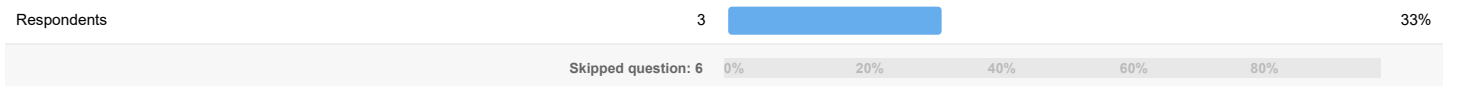
This relationship is formally a reporting relationship where the SLT reports and is accountable to the Board - I believe that this is well understood at MLHU.

15. 8. Are you satisfied with the presentations made to the Board of Health by MLHU staff? For instance, do you think the time taken for presentations and question and answer sessions is appropriate?



n=9

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

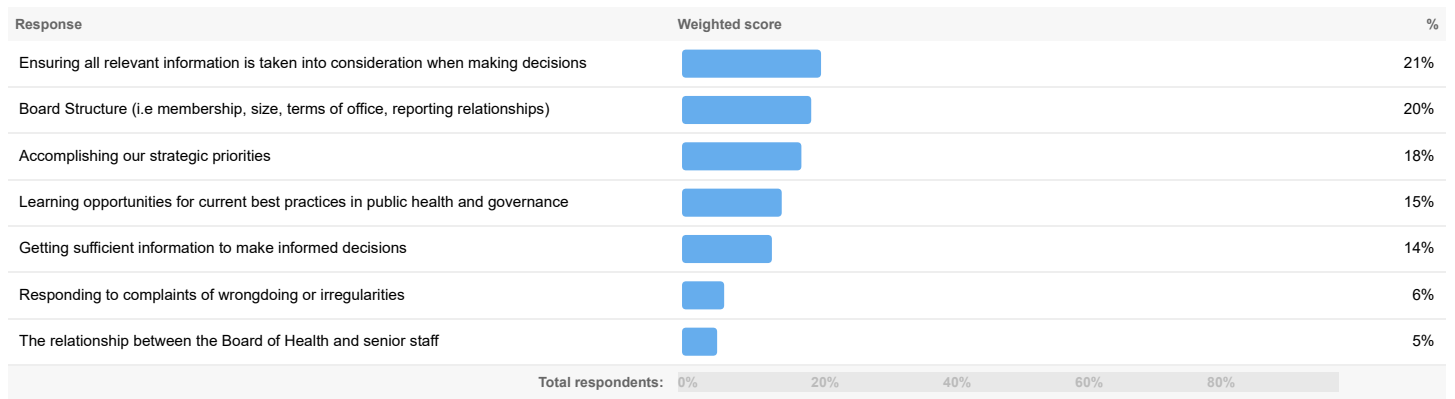


I think there has been a positive evolution in the presentations. Rather than just reading off the presentation the Board has in the package, the information is often a little more focused or highlighted.

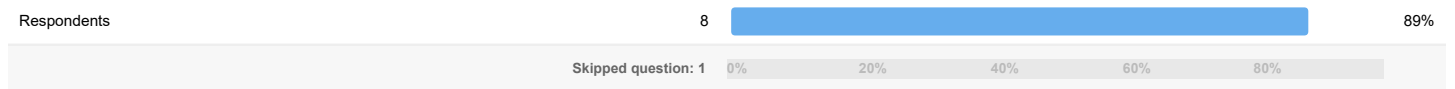
Presentations are excellent and staff are professionally competent to respond to all questions.

This is the critical aspect of the Board's work, I believe. Providing feedback on program directions and priorities as well as informed critical assessment of same is well taken by MLHU staff. Follow-up is always a challenge with a busy Board but should be taken seriously with updates that respond to Board input.

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



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



We need representation of minorities like Indigenous.

Filling the provincial vacancies more quickly so we have a full complement of board members. Ensuring that we have a broad range of perspectives, skills and experiences on the board.

Establishing the link between the information we receive at board meetings to the strategic priorities.

Frank discussion on what programs we are required to provide and which are discretionary. Each region has different needs and the delivery of programs must each as many as possible.

Clear understanding of behind the scenes discussion staff have on how we move into the future.

Engagement of all board members in the work of the Board by participation on committees.

We need to get our additional board member! We need to spread the work a bit better.

From my experience on other Boards the MLHU Board is a well functioning entity - with a highly effective MoH, a well-qualified (but incomplete) Board - however, the Board might consider commissioning an external evaluation for confirmation.



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

ORGANIZATIONAL STRUCTURE CHANGES

Recommendation

It is recommended that the Governance Committee receive Report No. 006-18GC re: “Organizational Structure Changes” for information.

Key Points

- The Corporate Services Division has undergone a restructuring process, following approved PBMA proposals in the 2018 budget.
- The Program Planning and Evaluation Team was realigned to Corporate Services, and the Corporate Services Division changed its name to Healthy Organization Division to better reflect the mix of support it provides across the organization.

Background

At the December 10, 2015 Board of Health meeting, the Board delegated decision-making for organizational structure to the Medical Officer of Health/CEO, and directed that the Board be kept informed of any changes to the organizational structure.

The Corporate Services Division was formed in January 2016, with the general reorganization of MLHU’s structure. This new division merged IT, Finance, Privacy and Occupational Health, and Safety, Strategic Projects and Human Resources into a single unit. The initial goal of this realignment was to permit teams to find ways to collaborate with each other, recognizing the linkages between them.

After a year of working in this new structure, it was determined that a further realignment of some of the work was necessary to ensure that tasks were matched with the most appropriate teams and roles. This restructuring required allocation of additional funds; this funding request was approved during the 2018 PBMA process.

Additionally, the Corporate Services Division renamed itself the “Healthy Organization Division,” also integrating the Program Planning and Evaluation (PPE) Team. The reporting relationships of the Population Health Assessment and Surveillance (PHAS) Team are still under consideration pending the start of the Associate Medical Officer of Health. Currently, they are reporting for administrative issues to Healthy Organization, with a dotted line to the Office of the Medical Officer of Health for content support.

The name change better reflects the role the Division plays within the organization. A Healthy Organization encompasses many domains: our people, organization of work, management practices, employee well-being, and evidence-informed decision making and performance. The Finance, Human Resources, Information Technology, Privacy, Risk, and Governance, Procurement and Operations, Program Planning and Evaluation, and Strategic Projects teams all partner actively with other divisions to build a healthier

organization. The new name aligns with the other divisions, and describes the role that each team contributes toward making MLHU a healthier organization.

Next Steps

MLHU will continue to review and amend its organizational structure on an as-needed basis to ensure that teams are optimally aligned to deliver their programs and services. Any significant changes will be brought to the Board for information, with any financial impacts coming to the Board for approval.

This report prepared by the Healthy Organization Division.



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



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 June 21

GOVERNANCE POLICY REVIEW

Recommendation

It is recommended that the Governance Committee:

- 1) *Receive Report No. 007-18GC for information;*
- 2) *Recommend that the Board of Health approve the new and revised Governance Policies outlined in [Appendix A](#); and*
- 3) *Recommend that the Board of Health approve the new Administrative Policy on Political Activities ([Appendix C](#)).*

Key Points

- Maintenance of the Board of Health Governance Manual is the responsibility of the Governance Committee.
- A proposed policy model was brought to the Governance Committee in April 2016; the policy review process has continued throughout 2017–18 based on this initiative.
- The new and revised policies brought to the Governance Committee are a result of the approved policy model.

Background

The Board of Health approved a plan for developing and revising policies based on a policy model that incorporates best practices from the Ontario Public Health Organizational Standards and advice obtained through legal counsel. Refer to [Report No. 018-16GC](#).

Policy Review

Review of the Governance Manual by-laws and policies continued throughout 2017 and into 2018. The next set of policies prepared for Governance Committee review is highlighted in the comprehensive listing of by-laws, policies, status updates, and summary of changes found in [Appendix A](#).

A new policy on political activities has also been prepared for Governance Committee review (see Appendix C). This policy will form part of the Administrative Policy Manual and outlines specific responsibilities to ensure that employees understand that their political activities do not interfere with their MLHU duties.

Next Steps

The Governance Committee will have the opportunity to review the new/revised policies found in [Appendix B](#) and [Appendix C](#).

Once the Governance Committee is satisfied with its review, the new/revised policies will be forwarded to the Board of Health for approval.

This report prepared by the Strategic Projects Team, Healthy Organization Division.

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

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

FOR REVIEW
Governance Manual By-laws & Policies

June 21, 2018

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

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-060	Leadership and Board Management	MOH / CEO Compensation	Q4 2018	<ul style="list-style-type: none"> To be developed by the Finance and Human Resources Team
G-070	Leadership and Board Management	MOH / CEO Reimbursement and Travel	Q4 2018	<ul style="list-style-type: none"> Look to align the purpose of this policy with the Board remuneration policy and administration manual
G-080	Program Quality and Effectiveness	Occupational Health and Safety - Framework	Q4 2018	<ul style="list-style-type: none"> To be developed by the Occupational Health and Safety Coordinator on the Human Resources Team
G-090	Program Quality and Effectiveness	Quality Improvement - Framework	Deferred	<ul style="list-style-type: none"> Dependent upon implementation of the modernized standards and strategic projects currently underway
G-100	Program Quality and Effectiveness	Privacy & Security of Information ➤ Appendix A - Municipal Freedom of Information and Protection of Privacy Act Declaration	Approved	<ul style="list-style-type: none">
G-110	Program Quality and Effectiveness	Performance Monitoring	Q4 2018	<ul style="list-style-type: none"> To be developed
G-120	Program Quality and Effectiveness	Risk Management	Approved	<ul style="list-style-type: none">
G-130	Program Quality and Effectiveness	Ethics	Q4 2018	<ul style="list-style-type: none"> To be developed
G-140	Program Quality and Effectiveness	Respect for Diversity	Deferred	<ul style="list-style-type: none"> Pending completion of the diversity assessment by the Human Resources Team
G-150	Program Quality and Effectiveness	Complaints	NEW To GC for Approval	<ul style="list-style-type: none"> Drafted by Legal in April 2018.
G-160	Program Quality and Effectiveness	Jordan's Principle	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
G-170	Financial and Organizational Accountability	Financial Objectives	-	<ul style="list-style-type: none"> Content for this policy has been detailed in G-180 and is no longer necessary
G-180	Financial and Organizational Accountability	Financial Planning and Performance	Approved	<ul style="list-style-type: none">

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-190	Financial and Organizational Accountability	Asset Protection	Approved	<ul style="list-style-type: none"> Revised from previously existing administrative policy
G-200	Financial and Organizational Accountability	Approval and Signing Authority	Approved	<ul style="list-style-type: none"> To be reviewed before December 2018
G-205	Financial and Organizational Accountability	Borrowing	NEW To GC for Approval	<ul style="list-style-type: none"> Drafted by Legal in April 2018.
G-210	Financial and Organizational Accountability	Investing	Approved	<ul style="list-style-type: none">
G-220	Financial and Organizational Accountability	Contractual Services ➤ Appendix A – Approval Directory	Approved	<ul style="list-style-type: none">
G-230	Financial and Organizational Accountability	Procurement ➤ Procurement Protocols	Approved	<ul style="list-style-type: none">
G-240	Financial and Organizational Accountability	Tangible Capital Assets	Approved	<ul style="list-style-type: none">
G-250	Financial and Organizational Accountability	Reserve and Reserve Funds	Approved	<ul style="list-style-type: none">
G-310	Financial and Organizational Accountability	Corporate Sponsorship	Approved	<ul style="list-style-type: none">
G-320	Financial and Organizational Accountability	Donations	Approved	<ul style="list-style-type: none">
G-330	Financial and Organizational Accountability	Gifts and Honorariums	Approved	<ul style="list-style-type: none">
G-410	Financial and Organizational Accountability	Board Member Remuneration	Approved	<ul style="list-style-type: none">

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-420	Financial and Organizational Accountability	Travel Reimbursement	Approved	•
G-430	Financial and Organizational Accountability	Informing of Financial Obligations	NEW To GC for Approval	• Advised by Legal to make separate from G-270 as a stand alone policy.
G-260	Board Effectiveness	Governance Principles and Board Accountability	REVISED To GC for Approval	• Revised by Legal in April 2018.
G-270	Board Effectiveness	Roles and Responsibilities of Individual Board Members ➤ Appendix A- Board of Health Members ➤ Appendix B- Board of Health Chair & Vice Chair ➤ Appendix C- Board of Health Secretary-Treasurer	REVISED To GC for Approval	• Reviewed by Legal in April 2018. Included elements of the previous version of G-260.
G-280	Board Effectiveness	Board Size and Composition	Approved	• To be reviewed before March 2019
G-290	Board Effectiveness	Standing and Ad Hoc Committees ➤ Appendix A - Governance Committee Terms of Reference ➤ Appendix B - Governance Committee Reporting Calendar ➤ Appendix C – Finance and Facilities Committee Terms of Reference ➤ Appendix D – Finance and Facilities Committee Reporting Calendar	Approved	• To be reviewed before March 2019
G-300	Board Effectiveness	Board of Health Self- Assessment ➤ Appendix A – Board of Health Self-Assessment Tool	Approved	• To be reviewed before March 2019
G-340	Board Effectiveness	Whistleblowing	NEW To GC for Approval	• Drafted by Legal in April 2018.
G-350	Board Effectiveness	Nominations and Appointments to the Board of Health	Approved	• To be reviewed before March 2019
G-360	Board Effectiveness	Resignation and Removal of Board Members	REVISED To GC for Approval	• Reviewed by Legal in April 2018. Content removed and included in G-270.

Policy #	Section	Policy & Appendices	Status	Summary of Changes / Next Steps
G-370	Board Effectiveness	Board of Health Orientation and Development	Approved	<ul style="list-style-type: none"> To be reviewed before March 2019
G-380	Board Effectiveness	Conflicts of Interest & Declaration <ul style="list-style-type: none"> ➤ Declaration Form 	REVISED To GC for Approval	<ul style="list-style-type: none"> Revised by Legal in April 2018.
G-390	Board Effectiveness	Code of Conduct <ul style="list-style-type: none"> ➤ Appendix A – Corporate Code of Conduct ➤ Appendix B – BOH Code of Conduct 	-	<ul style="list-style-type: none"> This policy material was incorporated into G-260, G-270 and G-380 No specific need to have a separate code of conduct policy
G-430	Communications and External Relations	Advocacy	Deferred	<ul style="list-style-type: none"> Administrative Policy was developed and approved in Q1 2018 by SLT Corresponding Governance Policy to be developed
G-440	Communications and External Relations	Community Engagement	Deferred	<ul style="list-style-type: none"> Dependent on strategic projects currently underway
G-450	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care and Local Health Integration Network	Deferred	<ul style="list-style-type: none"> In consultation with legal
G-460	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders	Deferred	<ul style="list-style-type: none"> In consultation with legal
G-470	Communications and External Relations	Annual Report	Approved	<ul style="list-style-type: none">
G-480	Communications and External Relations	Media Relations	Approved	<ul style="list-style-type: none">
G-490	Communications and External Relations	Board of Health Reports <ul style="list-style-type: none"> ➤ Appendix A – Board of Health Report Template ➤ Appendix B – Governance Report Template ➤ Appendix C – Finance and Facility Report Template 	Approved	<ul style="list-style-type: none">



Board of Health: **By-law No. 3**

Pursuant to Section 56(1) (c) of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, the Board of Health for the Middlesex-London Health Unit enacts By-law No.3 to regulate **the proceedings of the Board of Health.**

1. In this by-law:

- (a) "Act" means the *Health Protection and Promotion Act*;
- (b) "Board" means the Board of Health for the Middlesex-London Health Unit;
- (c) "Chair" means the person presiding at the meeting of the Board;
- (d) "Chair of the Board" means the Chairperson elected under Section 57(2) of the Act;
- (e) "City" means the Corporation of the City of London;
- (f) "County" means the Corporation of the County of Middlesex;
- (g) "Committee" means a committee of the Board, but does not include the Committee of the Whole;
- (h) "Committee of the Whole" means all the members present at a meeting of the Board sitting in Committee;
- (i) "Council" means the Council of the City of London and/or the Council of the County of Middlesex;
- (j) "Majority" means a simple majority of members present;
- (k) "Meeting" means a meeting of the Board;
- (l) "Member" means a member of the Board;
- (m) "Quorum" means a majority of the members of the Board;
- (n) "Secretary-Treasurer" means the Secretary-Treasurer as defined in Policy G-270 as may be amended, from time to time.
- (o) "In-camera" means deliberations of the Board are closed to the public and the media.

1.0 General

- 1.1 In all the proceedings at or taken by this Board the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committees thereof.
- 1.2 Except as herein provided, Robert's Rules of Order shall be followed for governing the proceedings of the Board and the conduct of its members.
- 1.3 A person who is not a member of the Board shall not be allowed to address the Board except upon invitation of the Chair or the members.

2.0 Convening Meeting

- 2.1 The regular meetings shall be held at a date and time as determined by the Board at its first regular meeting of the year.
- 2.2 The Board may, by resolution, alter the time, day or place of any meeting.

3.0 Special Meetings

- 3.1 A special meeting may be called by the Chair of the Board of Health.
- 3.2 Any three Board members by written communication to the Secretary-Treasurer may initiate a special meeting.
- 3.3 A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called of the Council(s) of the City of London and/or the County of Middlesex.

4.0 Notifying Board Members of Meetings

- 4.1 The Secretary-Treasurer shall give notice of each regular and special meeting of the Board and of each Committee to the members thereof.
- 4.2 The notice shall be accompanied by the "Agenda" and any other matter, so far as known, to be brought before such meeting.
- 4.3 The notice shall be delivered by electronic mail to each member so as to be received no later than five days prior to the scheduled Board meeting.
- 4.4 Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.
- 4.5 The notice calling a special meeting of the Board shall state the business to be considered at the special meeting and no business other than that stated in the notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

5.0 Notifying the Public of Board Meetings

- 5.1 The Board shall give reasonable notice to the public of every of its meetings by posting in a publicly accessible location and by publishing on its website or any other print or electronic medium of mass communication:
- (a) the date, time and location of the meeting;
 - (b) a clear, comprehensive agenda of the items to be discussed at the meeting.

6.0 Meetings Open to the Public

- 6.1 The Board shall ensure that its meetings are open to the public except where a closed meeting is permitted by law. See Item 7.0 re Convening In-Camera (Closed) Meeting(s).
- 6.2 In accordance with Section 238 (3.1) of the *Municipal Act*, R.S.O., the Board shall ensure that members can participate electronically in a meeting which is open to the public. Any such member shall not be counted in determining whether or not a quorum of members is present at any point in time. Board members shall not be permitted to participate electronically in a meeting which is closed to the public. See Item 7.0 re Convening In-Camera (Closed) Meeting(s).

7.0 Convening In-Camera (Closed) Meeting(s)

- 7.1 Pre-requirements for in-camera sessions

Before holding a meeting or part of a meeting that is closed to the public, the Board shall state by resolution,

- (a) the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting; or
- (b) in the case of a meeting for education or training, the fact of the holding of the closed meeting, the general nature of its subject-matter and that it is to be closed under that subsection.

- 7.2 Criteria for in-camera meetings

In accordance with Section 239 (2) of the *Municipal Act*, R.S.O, as amended, a meeting or part of a meeting may be closed to the public if the subject matter being considered is:

- (a) the security of the property held by the Middlesex-London Board of Health;
- (b) personal matters about an identifiable individual, including Board employees;

- (c) a proposed or pending acquisition of land by the Middlesex-London Board of Health;
- (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the Middlesex-London Health Unit;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, Board, committee or other body may hold a closed meeting under another Act.
- (h) Information explicitly supplied in confidence to the Middlesex-London Health Unit by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Middlesex-London Health Unit, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial, or financial information that belongs to the Middlesex-London Health Unit and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on or by or on behalf of the Middlesex-London Health Unit.

7.3 Criteria for in-camera voting

A meeting shall not be closed to the public during the taking of a vote, except:

- (a) When item 7.2 permits or requires the meeting to be closed to the public; and/or
- (b) The vote is for a procedural matter or for giving directions or instructions to officers, employees or agents or persons retained under contract of/with the Board.

7.4 In-camera record keeping requirements

The Board shall record without note or comment all resolutions, decisions and other proceedings at a meeting, whether it is closed to the public or not.

8.0 Preparation of the "Agenda"

- 8.1 The Secretary-Treasurer shall prepare for the use of members at the regular meetings the "Agenda" as follows:
- (a) Call to Order and Declarations of Interest;
 - (b) Minutes of Previous Meeting;
 - (c) List of Items to be dealt with in open session including delegations;
 - (d) List of Items to be dealt with in-camera;
 - (e) Other Business from the Floor;
 - (f) Date of Next Meeting;
 - (g) Adjournment
- 8.2 For special meetings, the "Agenda" shall be prepared when and as the Chair may direct or, in default of such direction, as provided in the last preceding section so far as applicable.
- 8.3 The business of each meeting shall be taken up in the order in which it stands on the "Agenda", unless otherwise described by the Board.

9.0 Commencement of Meetings

- 9.1 As soon as there is a quorum after the hour fixed for the meeting, the Chair or Vice-Chair, or person appointed to act in their place and stead, shall take the chair and call the members to order.
- 9.2 If the person who ought to preside at any meeting does not attend by the time a quorum is present, the Secretary-Treasurer shall call the members to order and a presiding officer shall be appointed by the members present, to preside during the meeting or until the arrival of the person who ought to preside.
- 9.3 If there is no quorum within thirty minutes after the time appointed for the meeting, the meeting shall then adjourn until the next day of meeting unless the Board otherwise decides.
- 9.4 Upon any member directing the attention of the Chair, to the fact that a quorum is not present, the Secretary-Treasurer, at the request of the Chair, shall record the names of those members present and advise the Chair if a quorum is, or is not, present.

10.0 Rules of Debate and Conduct of Members of the Board

- 10.1 The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding

all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.

- 10.2 Each delegation will be allowed a maximum of 10 minutes, but a member of the Board may introduce a delegation in addition to the speaker or speakers. Normally, a delegation will not be heard on an item unless there is a report from staff on the item.
- 10.4 When a member finds it impossible to attend any meeting, the onus is upon the member to advise the Secretary-Treasurer prior to the holding of such meeting, and to advise of their wishes with respect to having an agenda item tabled.
- 10.5 If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on the Vice-Chair or another member in their absence, or refusal to fill their place until they resume the chair.
- 10.6 Every member, previous to speaking to any question or motion, shall respectfully address the Chair.
- 10.7 When two or more members ask to speak, the Chair shall name the member who, in their opinion, first asked to speak.
- 10.8 A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.
- 10.9 No member shall speak to the same question at any one time for longer than five minutes except upon motion that the Board therefore may grant an extensions of time for speaking of up to five minutes for each time extended.
- 10.10 Any member may request the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.
- 10.11 When a member desires to address the Board upon a matter that concerns the rights or privileges of the Board collectively or of themselves as a member thereof, they shall be permitted to raise such matter of privilege, and a matter of privilege shall take precedence over other matters.
- 10.12 When a member desires to call attention to a violation of the rules of procedure, they shall ask leave of the Chair to raise a point of order and after leave is granted, they shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.
- 10.13 Unless a member immediately appeals to the Board the decision of the Chair shall be final.
- 10.14 If the decision is appealed, the Board shall decide the question without debate and its decision shall be final.
- 10.15 When the Chair calls a member to order, they shall immediately cease speaking until the point of order is dealt with and they shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

11.0 Motions and Order of Putting Questions

- 11.1 Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, and seconded, but may, with permission of the Board, be withdrawn at any time before amendment or decision.
- 11.2 When a matter is under debate, no motion shall be received other than a motion:
- (a) to accept;
 - (b) to recommend for approval;
 - (c) to approve in principle;
 - (d) to approve;
 - (e) to ratify;
 - (f) to adopt;
 - (g) to amend;
 - (h) * to table;
 - (i) to refer;
 - (j) to receive;
 - (k) * to adjourn the meeting; or
 - (l) * that the vote be now taken.

* these items are to be voted on without debate.

- 11.3 A motion to refer or table shall take precedence over any other amendment.
- 11.4 When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and, if carried by a majority vote of the members present, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.
- 11.5 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

12.0 Voting

- 12.1 Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.

- 12.2 The amendment to the amendment, if any, shall be voted on first, then if no other amendment to the amendment is presented, the amendment shall be voted on next, then if no other amendment is introduced, the main motion, or if any amendment has carried, the main motion as amended, shall be put to a vote.
- 12.3 Nothing in this section shall prevent other proposed amendments being read for the information of the members.
- 12.4 When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.
- 12.5 After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or subamendment.
- 12.6 Every member present at a meeting of the Board when a vote is taken on a matter shall vote thereon unless prohibited by statute; and, if any member present persists in refusing to vote, they shall be deemed as voting in the negative.
- 12.7 If a member disagrees with the announcement by the Chair of the result of any vote, they may object immediately to the Chair's declaration and require that the vote be retaken.
- 12.8 After any matter has been decided, any member may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same calendar year.

13.0 Minutes

- 13.1 Minutes shall be taken at all regular and special meetings by the Secretary-Treasurer or Designate.
- 13.2 The names of all Board members and Health Unit employees who attend the meeting shall be recorded.
- 13.3 All Board motions shall become effective immediately upon approval, unless otherwise stated. All approved and defeated motions shall be recorded.
- 13.4 There shall be a motion to approve the minutes or amended minutes of each Board meeting.
- 13.5 All Board of Health minutes shall be ratified by signature of the Board Chair and Secretary-Treasurer.

14.0 Adjournment

- 14.1 A motion to adjourn the Board Meeting or adjourn the debate shall be in order, except:
- (a) when a member is in possession of the floor;
 - (b) when it has been decided that the vote be now taken;
 - (c) during the taking of the vote; no second motion to the same effect shall be made until after some intermediate proceedings shall have taken place.

15.0 Communications

- 15.1 Every communication intended to be presented to the Board must be written dated and signed.
- 15.2 Every such communication shall be delivered to the Secretary-Treasurer before the commencement of the meeting of the Board.

16.0 Proceedings on By-laws

- 16.1 Every by-law shall be introduced by a member upon motion for leave specifying the title of the by-law, and a by-law shall not be in form blank or incomplete.
- 16.2 Every by-law shall receive three readings at the Board of Health before being passed. The Board may by a majority vote provide for two or more readings at one meeting.
- 16.3 The procedure for approving a by-law or amendments to the by-laws is as follows:
- (a) The motion "this by-law be now read for a first time" shall be decided without amendment or debate;
 - (b) The motion "this by-law be now read for a second time" with debate and decision that the adoption of the by-law follow thereafter;
 - (d) The motion "the by-law be now read for a third time" with resolution that the adoption of the by-law follow thereafter.
- 16.4 All amendments made at the Board of Health shall be reported by the Chair thereof to the Board which shall receive the same forthwith without debate.
- 16.5 The Secretary-Treasurer shall endorse on all by-laws read at the Board the dates of the several readings and of the passing thereof and shall be responsible for the correctness of such bills should they be amended.
- 16.6 Every by-law which has been passed by the Board shall be sealed with the seal of the Board, signed by the Chair of the Board or by the Chair of the meeting at which the by-law was passed and by the Secretary-Treasurer and deposited with the Secretary-Treasurer for custody.

16.7 All by-laws adopted by the Board shall be kept in a separate volume.

17.0 Secretary-Treasurer

17.1 It shall be the duty of the Secretary-Treasurer:

- (a) to attend or cause an assistant to attend all meetings of the Board;
- (b) to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of By-laws and Resolutions passed by it;
- (d) to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same; and
- (e) to forward all reports of the Board requiring City/County Council approval to the appropriate official so that the same may be considered by the Council at the next regular meeting.

18.0 Elections and Appointment of Committees

18.1 At the first meeting of each calendar year the Board shall elect by a majority vote a Chair, Vice- Chair, and Secretary-Treasurer for that year.

18.2 The Chair of the Board shall be selected for one year with a possible renewal of an additional year. The Chair shall rotate among the City, County and Provincial appointees.

18.3 The Vice-Chair and Secretary-Treasurer shall be elected for a one year term.

18.4 The Secretary-Treasurer function is customarily performed by the Medical Officer of Health / Chief Executive Officer.

18.5 At the first meeting of each calendar year, the Board shall appoint the representative or representatives required to be appointed annually at the first meeting by the Board to other Boards, bodies, or commissions where appropriate.

18.6 The Board may appoint committees from time to time to consider such matters as specified by the Board (e.g., Finance and Facilities, Governance, etc.).

19.0 Conduct of Business in Committees

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

19.2 It shall be the duty of the Committee:

- (a) to report to the Board on all matters referred to them and to recommend such action as they deem necessary;

- (b) to forward to the Board the minutes of meetings;
- (c) to forward to the incoming Committee for the following year any matter indisposed of.

20.0 Corporate Seal

- 20.1 The corporate seal of the Board shall be in the form impressed hereon and shall be kept by the Medical Officer of Health / Chief Executive Officer or the Secretary-Treasurer of the Board.

21.0 Execution of Documents

- 21.1 The Board may at any time and from time to time direct the manner in which and the person or persons who may sign on behalf of the Board and affix the corporate seal to any particular contract, arrangements, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, by-law, conveyances, mortgages, obligations or documents.

22.0 Duties of Officers

- 22.1 The Chair of the Board shall:
- (a) preside at all meetings of the Board;
 - (b) represent the Board at public or official functions or designate another Board member to do so;
 - (c) be ex-officio a member of all Committees to which they have not been named a member;
 - (d) perform such other duties as may from time to time be determined by the Board.
- 22.2 The Vice-Chair shall have all the powers and perform all the duties of the Chair in the absence or disability of the Chair, together with such powers and duties, if any, as may be from time to time assigned by the Board.

23.0 Remuneration

- 23.1 Board of Health members shall receive equal, daily remuneration, as well as payment for any reasonable and actual expense incurred as a Member of the Board. However, the rate of the remuneration paid shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit. 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.

- 23.2 However, Board of Health members, other than the chair, who are a member of the council of a municipality and are paid annual remuneration or expenses, by the municipality will not receive any remuneration of expenses.

24.0 Board of Health Performance Assessment

- 24.1 Board of Health members shall conduct self-evaluations of the Board's governance practices and outcomes at least biannually.
- 24.2 The results of the self-evaluations shall be summarized by Health Unit staff and will translate into recommendations for improvements in the Board's effectiveness and engagement. This may be supplemented by evaluation(s) from key partners and/or stakeholders.
- 24.3 The self-evaluation process shall include a record of Board member attendance and consideration of whether:
- (a) Decision-making is based on access to appropriate information with sufficient time for deliberations;
 - (b) Compliance with all federal and provincial regulatory requirements is achieved;
 - (c) Any material notice of wrongdoing or irregularities is responded to in a timely manner;
 - (d) Reporting systems provide the Board with information that is timely and complete;
 - (e) Members remain abreast of major developments in governance and public health best practices, including emerging practices among peers; and
 - (f) The Board as a governing body is achieving its strategic outcomes.

25.0 Amendments

- 25.1 Any provision contained therein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote.



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Complaints
SECTION: Program Quality and Effectiveness

POLICY NUMBER:
PAGE:

G-150
 1 of 1

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

APPROVAL: Board of Health
SIGNATURE:
DATE:

POLICY

It is important to the community at large that all public complaints to the Board of Health are dealt with in a timely, impartial and confidential manner. The Board of Health oversees and monitors the Health Unit in its management of complaints to ensure the facilitation, mediation and resolution of complaints concerning the services provided by the Health Unit.

The Board of Health is accountable for ensuring that the Health Unit has a complaints management process in place. Trends are reported to the Board of Health by the Medical Officer of Health/Chief Executive Officer (MOH/CEO) at least twice yearly.

If a written or verbal complaint is received by a member of the Board, the member of the Board shall forward the complaint to the MOH/CEO or the designated employee.

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-260 – Governance Principles and Board Accountability
 G-340 - Whistleblowing

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SECTION: Borrowing
Financial and Organizational
Accountability

POLICY NUMBER: G-205
PAGE: 1 of 2

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

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The purpose of this policy is to establish objectives for debt financing activities to meet infrastructure and operating requirements while meeting the objectives of the Board of Health and related statutory and contractual requirements.

POLICY

The Middlesex-London Health Unit (MLHU), pursuant to Section 56 (1) of the Health Promotion and Protection Act may enact by-laws and policies respecting banking and finance. In regards to borrowing, the Board of Health, after consultation with municipal councils, may borrow funds to meet infrastructure and operating requirements of the Health Unit.

The primary objectives of this policy are as follows:

1. Adherence to statutory requirements

The Board shall secure temporary or long-term borrowing for health unit purposes as described by the Health Protection & Promotion Act, and the Municipal Act, specifically Part XIII Debt and Investment and the applicable regulations thereunder.

2. Minimize long-term cost of financing

The Board shall ensure that the debt program uses a systematic approach that minimizes the impact of debt servicing costs on the operating budget.

- a. The Board shall strive to maintain a strong credit rating to assist in securing a favourable cost of borrowing.
- b. Municipal councils should be consulted and considered for access to their capital markets.
- c. The term of long-term financing shall not extend beyond the lifetime of the capital work for which the debt was incurred and shall not exceed 40 years in accordance to Section 408 (3) of the Municipal Act.
- d. The Health Unit shall monitor debt servicing costs and annual repayment limits and shall utilize benchmarks, measures, indicators, ratios and limits as determined relevant and appropriate by the Secretary-Treasurer or designate to monitor debt levels and servicing costs.

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Borrowing
SECTION: Financial and Organizational
Accountability

POLICY NUMBER: G-205
PAGE: 2 of 2

PROCEDURE

The Board Chair of the Board of Health and Secretary-Treasurer, following a majority vote of the Board of Health, are authorized on behalf of the Board to borrow, from time to time, by way of promissory note, or other suitable debt instrument from a registered chartered bank, trust company or credit union to meet Health Unit expenditures. The Board may delegate the Secretary-Treasurer to exercise this power on the behalf of the Board in such manner as the Board may determine by Board resolution. The Secretary-Treasurer or designate shall have the authority to implement the debt program and establish procedures consistent with this policy.

While the Board of Health has the authority to borrow, approval either through lease or purchase to acquire and hold real property for the purpose of carrying out the functions of the Health Unit, approval must first be obtained by the consent of councils of a majority of the municipalities served by the Board.

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-B20 By-law #2 Banking and Finance



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Informing of Financial Obligations

POLICY NUMBER:

G-430

SECTION: Financial and Organizational Accountability

PAGE:

1 of 1

IMPLEMENTATION:

SPONSOR: MOH / CEO

REVIEWED BY: Governance Committee

APPROVAL: Board of Health

SIGNATURE:

DATE:

PURPOSE

The following is a statement of financial obligations of the Board of Health. This Policy is subject to all legislation and By-laws governing the Board of Health.

POLICY

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

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

APPLICABLE LEGISLATION

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

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

RELATED POLICIES

G-B20 By-Law #2 Banking and Finance

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Governance Principles and Board Accountability

POLICY NUMBER:

G-260

SECTION: Board Effectiveness

PAGE:

1 of 3

IMPLEMENTATION:

APPROVAL: Board of Health

SPONSOR: MOH / CEO

SIGNATURE:

REVIEWED BY: Governance Committee

DATE:

PURPOSE

To outline the governance principles and accountabilities of the Board of Health as an entity as defined by the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. This policy seeks to articulate the overarching philosophy and approach to its governance responsibilities, including its governance principles and accountabilities.

The Board governs the Health Unit through the direction and supervision of the business and affairs of the Health Unit in accordance with its By-Laws, vision, mission and core values, governance policies and other applicable laws and regulations.

POLICY

Guiding Principles

The Board of Health acts in the best interests of the Health Unit, having regard for its accountabilities to its clients, the community served, other health care providers, and to the Government of Ontario.

The Health Unit maintains a culture based on the values as approved by the Board of Health and strives for a collaborative approach to decision-making, based on evidence, best practice, open debate and a forthright examination of all issues, while respecting and valuing dissenting views.

The Board of Health maintains a clear distinction between the governance and operation of the Health Unit, while recognizing the interdependencies between them.

The Middlesex-London Health Unit (MLHU) Board of Health is committed to the following principles:

- Acting in a fiduciary duty to the MLHU and in the best interest of the Corporation;
- Being accountable to the individuals and communities which it serves, and to the Government of Ontario and local municipalities for the efficient and effective delivery of public health programs and services;
- Providing a focus on strategic leadership and direction;
- Making decisions in a rigorous and transparent manner;
- Creating a clear differentiation between governance and management while recognizing their interdependencies;

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SUBJECT: Governance Principles and
Board Accountability

POLICY NUMBER:

G-260

SECTION: Board Effectiveness

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- Establishing policies, making decisions and monitoring performance relating to the key dimensions of the business of the MLHU and to the Board of Health's own effectiveness; and
- Holding management accountable for providing policy options, appropriate reports to support decisions, and the monitoring and reporting of management and operations of MLHU to ensure consistency with Board of Health policies.

ACCOUNTABILITY

The Board of Health is accountable to;

1. The Board of Health's clients and communities served for:
 - the quality of the services; clinical, health promotion, education and safety of clients;
 - engaging the communities served when developing plans and setting priorities for the delivery of public health services;
 - considering the diversity of needs and interests served in its policy formulation and decision-making;
 - operating in a fiscally sustainable manner within its resource envelope and utilizing its resources efficiently and effectively across the spectrum of services to fulfill the Board of Health mission and mandate;
 - advocating for and seeking resources to provide appropriate public health services; and
 - the appropriate use of community contributions and resources.
2. The Government of Ontario for:
 - compliance with Health Protection and Promotion Act R.S.O. 1990, c. H.7;
 - the Broader Public Sector Accountability Act, 2010, S.O. 2010, c. 25; and
 - other applicable laws, regulations, policies and directions and implementation of approved capital projects.
3. The Municipalities served for:
 - effective and efficient service to the communities served.

The Board of Health governance principles and accountabilities align with the Ontario Public Health Organizational Standards and are based on best practices in public sector governance. The critical elements of governance and accountability also take into consideration the unique context of public health units.

APPLICABLE LEGISLATION

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

Ontario Public Health Organizational Standards



MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Governance Principles and
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RELATED POLICIES

G-270 – Roles and Responsibilities of Individual Board Members

REVISION DATES (* = major revision):

MIDDLESEX-LONDON HEALTH UNIT**GOVERNANCE MANUAL**

SUBJECT:	Roles and Responsibilities of Individual Board Members	POLICY NUMBER:	G-270
SECTION:	Board Effectiveness	PAGE:	1 of 4
IMPLEMENTATION:	March 16, 2017	APPROVAL:	Board of Health
SPONSOR:	MOH / CEO	SIGNATURE:	
REVIEWED BY:	Governance Committee	DATE:	March 16, 2017

PURPOSE

The following is a statement of responsibilities for individual Board of Health Members, which should also be understood as the Code of Conduct for members of the Board of Health. This Policy is subject to all legislation and By-laws governing the Board of Health.

POLICY**GUIDING PRINCIPLES****1. Fiduciary Duty and Duty of Care**

As a fiduciary of Middlesex-London Health Unit (MLHU) Board of Health a Board Member acts ethically, honestly, and in good faith with a view to the best interests of the Board of Health and in so doing, supports the Board of Health in fulfilling its mission and discharging its accountabilities. A Board Member exercises the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances. Board Members are committed to the roles and responsibilities of the Board of Health contained in this policy and in Policy G-260 Governance Principles and Board Accountability.

Board Members with special skill and knowledge are expected to apply that skill and knowledge to matters that come before the Board.

A Board Member does not represent the specific interests of any constituency or group. A Board Member acts and makes decisions that are in the best interest of the Board of Health as a whole. A Board Member commits to the vision, mission and core values of the Board of Health and complies with the Health Protection and Promotion Act, in addition to other applicable laws and regulations, the Board of Health's by-laws, and Governance policies.

2. Exercise of Authority

A Board Member carries out the powers of office only when acting as a member during a duly constituted meeting of the Board of Health or one of its committees. A Board Member respects the responsibilities delegated by the Board of Health to the Medical Officer of Health (MOH)/Chief Executive Officer (CEO), avoiding interference with delegated responsibilities but insisting upon accountability to the Board and reporting mechanisms for assessing organizational performance.

3. Conflict of Interest

A Board Member does not place him/herself in a position where his/her personal interests conflict with those of the Board of Health. A Board Member complies with the Conflict of Interest

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Individual Board Members**POLICY NUMBER:****G-270****SECTION:** Board Effectiveness**PAGE:**

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provisions in Section 5.1 of the Municipal Conflict of Interest Act, the Board of Health By-laws and this policy.

4. Team Work

A Board Member maintains effective relationships with other Board Members, management and its communities by working positively, cooperatively and respectfully with others in the performance of his/her duties while exercising independence in decision-making.

5. Participation

A Board Member expects to receive relevant information in advance of the meetings and reviews pre-circulated material and comes prepared to Board and committee meetings and educational events, asks informed questions, and makes a constructive contribution to discussions. A Board Member fully participates in Board performance appraisals, evaluations and self-evaluation in accordance with the requirements of the Board Policy Manual. A Board Member considers the need for independent advice to the Board on major Board of Health actions.

6. Formal Dissent

A Board Member reviews the minutes of the previous meeting on receipt and insists that they record any Board Member's disclosure, abstinence or dissent. A Board Member who is absent from a Board meeting is deemed to have supported the decisions and policies of the Board taken in his/her absence unless he or she formally records a dissenting view with the Board secretary. While an absent Board Member may formally record a dissenting view at the next meeting at which the Board Member is in attendance, this does not change the decision reached by the Board.

7. Board Solidarity

The official spokesperson for the Board is the Chair or the Chair's designate. A Board Member supports the decisions and policies of the Board in discussions with outsiders, even if the Board Member holds another view or voiced another view during a Board discussion or was absent from the Board meeting. A Board Member refers media and other requests for statements on Board of Health related topics to the Board Chair or the Board Chair's designate.

8. Interactions with Staff

Any contact with the staff of the Health Unit shall be made through the MOH/CEO. All interactions and communications should be respectful and constructive and not interfere in any way with the operations of the Health Unit.

9. Confidentiality

Every Board Member shall respect the confidentiality of the information of the Board of Health, including matters brought before the Board and all committees, keeping in mind that unauthorized disclosure of information could adversely affect the interests of the Board of Health.

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10. Time and Commitment

A Board Member is generally expected to commit the necessary time required to fulfill Board and committee responsibilities including preparation for and attendance at Board meetings, assigned committee meetings and events.

A Board Member is expected to attend a minimum of 80% of the meetings of the Board of Health and 80% of committee meetings of which he/she is a member in person. Board Members who fail to meet the attendance requirements are subject to review by the Chair and may be asked to step down from the Board. All Board Members are expected to serve on at least one Board committee and to represent the Board and the Board of Health in the community when requested by the Chair.

11. Skills, Expertise and Essential Competencies

A Board Member actively contributes specific skills and expertise and possesses the following essential competencies and qualities which are necessary for all Board Members to fulfill their responsibilities:

- personal and professional integrity, wisdom and judgment;
- a commitment to ethical standards and behaviour;
- experience in and understanding of governance including the roles and responsibilities of the Board and individual Board Members and the difference between governance and management;
- ability to participate assertively and communicate effectively as a member of the team with other members of the Board and senior management; and
- ability to think critically and ask relevant questions at a strategic level.

12. Education

A Board Member seeks opportunities to be educated and informed about the Board and the key issues in the Board of Health and broader health care system through the Board Orientation Manual, participation in Board orientation and ongoing Board education as outlined in Policy G-370 Board of Health Orientation and Development.

13. Evaluation and Continuous Improvement

A Board Member is committed to a process of continuous self-improvement as a Board Member. All Board Members participate in evaluation of the Board and act upon results in a positive and constructive manner.

Accountability

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

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Duties of Board of Health Members

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

Recognition and Access to Collective Agreements

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

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

Ratification of Collective Agreements

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

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

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

Provision of Services on Aboriginal Reserves

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

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

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-260 – Governance Principles and Board Accountability
G-360 – Removal and Resignation of Board Members
G-370 Board of Health Orientation and Development
G-380 – Conflicts of Interest and Declaration

REVISION DATES (* = major revision):

Board Member Role Description

Board Member Responsibilities and Expectations:

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

Responsibilities of Members include:

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

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

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

Chair and Vice-Chair Role Description

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

Responsibilities of the Chair include:

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

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

Secretary-Treasurer Role Description

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

Responsibilities of the Secretary-Treasurer include:

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

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SUBJECT: Whistleblowing
SECTION: Board Effectiveness

POLICY NUMBER: **G-340**
PAGE: 1 of 5

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

APPROVAL: Board of Health
SIGNATURE:
DATE:

PURPOSE

The purpose of this policy is to encourage and enable the reporting of alleged or potential wrongdoing and violations of Middlesex-London Health Unit (MLHU) Board of Health policies related to ethical behaviour or business conduct, without fear of reprisal.

Alleged or potential wrongdoing related to ethical behaviour or business conduct may include:

- Questionable financial, accounting controls, audit practices or potential violations of law.
- Quality of care, including abuse of clients/patients.
- Environmental issues, including failure to comply with legislation or policies concerning dangerous goods or hazardous substances.
- Violations of behavior and conduct policies, conflicts of interest or other human resources policies and legislation.
- Breach of contract and negligence or failure to comply with legislation including criminal offences.

The policy provides principles, rules and ethical standards to guide the conduct of business and supports the policies of the Board of Health for the employees, professional staff, volunteers and students/learners and independent and external contractors across all sites of the Board of Health.

Employees, professional staff, volunteers and students/learners and contractors may report violations of this policy on a confidential basis in accordance with the processes below.

This policy is in effect during working hours and at work-related functions, on or off the Board of Health's premises.

Application

All Board of Health members, employees, professional staff, volunteers, students/learners, independent and external contract workers, and all Individuals who represent the Board of Health are bound by this policy. For the purposes of this policy, everyone included in the scope of this policy will be referred to as "Individuals".

POLICY

Implementation of this policy will be guided by the following principles and policy statements:

- The Board of Health complies with all relevant laws and regulations.
- All policies support and embody the Board of Health's core values.



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- The Board of Health maintains high standards of business and ethical conduct and applies these standards to all matters of business.
- All complaints will be dealt with promptly, be fully reviewed and/or investigated as appropriate, in a fair and equitable manner, ensuring a respectful process is followed for those involved.
- There will be no reprisals against anyone reporting in good faith under this policy.
- Confidentiality will be protected to the maximum extent possible.

Reporting Responsibility

Any Individual who is aware of or suspects a breach/violation of Board of Health policies related to ethical behaviour or business conduct, including a violation of the behavior and standards of conduct or potential violations of law, or has concerns relating to business, financial, accounting or auditing practices, is responsible for reporting the concern as soon as possible.

No Reprisals

Individuals reporting in good faith under this policy will not suffer harassment, retaliation or adverse employment consequences (for example, demotion, denial of promotion or compensation) even if after the investigation has been completed, and the allegations are not substantiated.

Individuals who experience any form of retaliation before or after submitting a report should immediately inform their manager, a member of Human Resources Management team or the Board of Health.

An Individual who retaliates against another Individual for reporting in good faith will be subject to discipline, which may include termination or removal.

Failure to report a violation may lead to disciplinary action.

Acting in Good Faith

In making a report, an Individual must be acting in good faith with reasonable grounds for believing there is alleged or potential wrongdoing, a breach of the standards of behavior or questionable financial or business practices. An Individual who makes an unsubstantiated report, which is knowingly false or made with malicious intent, will be subject to discipline, up to and including termination or removal.

Confidentiality

Anyone involved in a complaint process will keep reports confidential to the maximum extent possible, consistent with the Board of Health's legal and ethical responsibilities, including the need to conduct an effective investigation.

The Board of Health will accept reports under this policy on an anonymous basis. It is important to note that anonymity cannot be guaranteed in all cases.



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The Board of Health will not tolerate any attempt by another Individual or group to identify an Individual who reports in good faith on a confidential or anonymous basis.

PROCEDURE

REPORTING COMPLAINTS

The Board of Health recognizes the importance of providing Individuals with multiple channels through which to report issues of alleged or potential wrongdoing. The more channels offered to Individuals, the more comfortable they will feel in the reporting process.

Individuals may file a complaint with their immediate manager/leader, with the Human Resources department or with the Board of Health.

Filing a Complaint

- 1.1. Any Individual who is aware of, or suspects a breach of the standards of behaviour or of alleged or potential wrongdoing under this policy, will report the concern directly to his/her immediate manager/leader or Human Resources department who will forward the complaint to the Chair of the Board of Health for review and/or investigation.
- 1.2. The Board Chair, subject to the limitation in 1.6, will consult the Medical Officer of Health/Chief Executive Officer (MOH/CEO) and the Board of Health when a complaint is reported. The Board and the MOH/CEO are accountable for ensuring the matter is investigated and appropriate action is taken.
- 1.3. The Board Chair, subject to the limitation in 1.7, will notify the sender and acknowledge receipt of the reported violation or suspected violation within fifteen (15) business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by an investigation.
- 1.4. The respondent will be advised of the complaint against them and be given an opportunity to respond.
- 1.5. The actions that may be taken to address a violation will depend on the particular circumstances, and consequences may include, but are not limited to, discipline up to and including termination or the withdrawal of professional privileges.
- 1.6. If an Individual has a complaint pertaining to the MOH/CEO or a Board Member, the complaint will be sent to the Board Chair who shall consult with the other Members of the Board of Health on investigation and appropriate action.
- 1.7. If an Individual has a complaint pertaining to the Board Chair, it will be sent to the Vice-Chair for the Board of Health for external review and investigation.

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- 1.8. External investigations are required for complaints involving the MOH/CEO or the Board Chair to avoid potential conflicts.

INVESTIGATION OF COMPLAINTS

Principles for Investigating Complaints

The Board of Health will conduct investigations based on the following principles:

- The investigation will be carried out fairly and without bias.
- Those involved in the investigation will be independent of both the person who made the report and any persons under investigation. This means they should not either be reporting to, or supervising, any such persons.
- Disclosure of information will be limited to those who need to be involved in order to carry out the investigation.
- The person who is the subject of the report is entitled to know the substance of the allegation(s) and have an opportunity to respond.
- Investigations will be conducted in a timely manner.
- The Board of Health expects Individuals to cooperate during any investigation.

Responsibility for Investigating Complaints

The Board of Health and the MOH/CEO are accountable for ensuring that complaints are appropriately investigated, resolved and reported under this policy. Managers/leaders and the Human Relations department must forward any Whistleblowing complaints they receive to the Board of Health.

Complaints relating to the MOH/CEO and/or a Board Member will be directed to the Board Chair.

For Individuals below the MOH/CEO, the MOH/CEO will evaluate the nature of the complaint and determine the appropriate level of response.

The Board of Health and the MOH/CEO may delegate responsibility for overseeing or investigating specific matters to other external counsel. Complaints may also be referred to the appropriate law enforcement or regulatory authorities as appropriate.

If the Board Chair receives a complaint about a Board Member, the investigation will be coordinated with the Board of Health.

If a complaint is received concerning the Board Chair the investigation will be directed by the Vice-Chair of the Board of Health who shall evaluate the nature of the complaint and determine the appropriate level of response.



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If the MOH/CEO has an actual or perceived conflict, the complaint must be sent to the Board Chair. The Board Chair will evaluate the nature of the complaint and determine the appropriate level of response.

WHISTLEBLOWING FILES

Complaint and investigation files must be kept separate from employee files and stored in a secure location with access limited to those responsible for conducting the investigation. No record of a complaint will be kept in any employee file unless improper conduct is found that results in disciplinary action. In that case, the outcome of the investigation will be reflected in the file of the disciplined employee.

REPORTING TO THE BOARD

Annual Reports to the Board

The Board will receive annual reports from the MOH/CEO on Whistleblowing. The report will provide an overview of the number of complaints received, the nature of the complaints, the number of complaints substantiated or resolved and a general description of how they were resolved. It will also identify any trends or risk issues to be addressed by the Board of Health and/or the Health Unit. These reports will not contain information that could identify the Individuals involved.

Specific Whistleblowing Complaints

The MOH/CEO will report to the Board on specific Whistleblowing incidents as required. The following criteria provide guidance to the MOH/CEO as to whether the Board should be advised of a specific Whistleblowing incident:

- Poses a reputational risk to the organization.
- It is likely to be made public.
- Outside authorities need to be advised.
- Law suit is likely.
- Significant breach of organizational values.
- At the MOH/CEO's discretion based on the severity or nature of the complaint.

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-260 – Governance Principles and Board Accountability

REVISION DATES (* = major revision):



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GOVERNANCE MANUAL

SUBJECT:	Resignation and Removal of Board Members	POLICY NUMBER:	G-360
SECTION:	Board Effectiveness	PAGE:	1 of 3
IMPLEMENTATION:		APPROVAL:	Board of Health
SPONSOR:	MOH / CEO	SIGNATURE:	
REVIEWED BY:	Governance Committee	DATE:	

PURPOSE

The purpose of this policy is to outline the process for Board Member resignation, death or for the removal of Members from the Board of Health due to improper conduct, failure to attend Board of Health meetings or other reasons as prescribed by Board of Health policies.

POLICY

The Middlesex-London Health Unit (MLHU) Board of Health may, in circumstances where a Board of Health Member is failing to uphold their duties as outlined in the Governance Manual, or where harm has been caused to the MLHU, act to remove a Board of Health Member.

Where a Board of Health Member has been removed, or where a Board Member wishes to resign from their duties as a Board Member, the Board may act, with appropriate consultation with the City of London, Middlesex County and the Ministry of Health and Long-Term Care, to have a new Member appointed.

PROCEDURE

Board Member Resignation

Board of Health Member may resign his/her office by delivering a written resignation to the Chair of the Board of the Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO). The resignation shall take effect at the time it is received or the time specified in the letter whichever is later. The Chair of the Board of Health and MOH/CEO shall acknowledge and confirm the resignation, by mail, within five (5) business days of receipt.

Board Member Death

On official confirmation of the death of the Member, the office shall be deemed vacated.

Board of Health Member Removal

Any Member of the Board of Health may initiate the procedure for the removal of another Board of Health Member upon a motion made in-camera at a regular meeting of the Board of Health and passed by a two-third majority vote of the Board of Health.

Following such as motion, the Board of Health shall determine whether an investigation is required to assure that there is just cause. Just cause is defined as follows:



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- A Board of Health Member breaches any material duty or obligation under the MLHU Governance Bylaws, policies, or other applicable legislation;
- A Board of Health Member willfully or recklessly engages in conduct that causes or will cause material harm to the MLHU, including to the reputation or mission of the Health Unit;
- A Board of Health Member is convicted or pleads guilty to any offence that would have a real effect on the Member's ability to perform their role; and
- Failure to comply with attendance requirements.

If an investigation is not required, the Chair of the Board of Health shall make a motion for the removal of the Board of Health Member. A Board of Health Member shall cease to hold office if a motion calling for the removal of the Board Member is passed by a two-thirds majority of the Members of the Board of Health.

If an investigation is required, the Board of Health shall strike an Investigation Committee comprised of at least the Board Chair and two Members of the Governance Committee, two Members of the Finance and Facilities Committee and one other at-large Member. In the event that allegations of wrong-doing are brought by another Member of the Board, the Member bringing forward the allegation may not sit on the Investigation Committee. It shall be the responsibility of this committee to:

- Review the provisions of the Health Protection and Promotion Act and the MLHU Governance By-laws and policies;
- Consult with legal counsel, the City of London, Middlesex County and the Ministry of Health and Long-Term Care;
- Conduct an investigation concerning the allegations made by the Member who moved the motion; and
- Report back to the Board of Health with the findings of the investigation within ninety (90) days.

A Board Member who is being investigated shall not be entitled to vote on matters submitted for a vote to the Board or to any committee thereof or to attend meetings of the Board of Health or any committee thereof during the investigation.

Within sixty (60) days of the findings of the investigation being reported to the Board of Health, the Investigated Member shall have the opportunity to submit a rebuttal. This rebuttal may be submitted to the Board of Health in the form of written documentation and/or oral presentation.

Following the investigation and opportunity for rebuttal, the Chair of the Board of Health shall bring a motion for the removal of the Board of Health Member. A Board of Health Member shall cease to hold office if a motion calling for the removal of the Board Member is passed by a two-thirds majority of the Members of the Board of Health.

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Board Members**POLICY NUMBER:****G-360****SECTION:** Board Effectiveness**PAGE:**

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Board Member Appointment

Where a Board Member has been removed and a vacancy exists on the Board, the Board of Health, in accordance with Policy G-280 Board Size and Composition and Policy G-350 Nominations and Appointments to the Board of Health shall act immediately to have a new Member appointed to the Board of Health.

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-350 – Nominations and Appointments to the Board of Health
G-280 – Board Size and Composition

REVISION DATES (* = major revision):



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GOVERNANCE MANUAL

SUBJECT:	Conflict of Interest and Declaration	POLICY NUMBER:	G-380
SECTION:	Board Effectiveness	PAGE:	Page 1 of 4
IMPLEMENTATION:	October 19, 2017	APPROVAL:	Board of Health
SPONSOR:	MOH / CEO	SIGNATURE:	
REVIEWED BY:	Governance Committee	DATE:	October 19, 2017

PURPOSE

This policy is intended to ensure the highest business and ethical standards and the protection of the integrity of the Board of Health. The policies contained herein are subject to the requirements of the Health Protection and Promotion Act and the Municipal Conflict of Interest Act. The Municipal Conflict of Interest Act S. 5(1) and S. 5(2) imposes Disclosure requirements on all Board of Health members.

This policy guides Board of Health members, with a real, potential or perceived conflict of interest, on how to declare their conflict and the process for dealing with conflict situations.

POLICY

Board members owe a fiduciary duty to the Board of Health. Included in that duty is the requirement to avoid conflicts of interest. The term “conflict of interest” refers to situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member’s judgment in carrying out his/her fiduciary duties as a Board of Health member.

Board members have the responsibility to determine whether a conflict of interest exists. Board members are expected to consult Ontario’s Municipal conflict of Interest Act – A Handbook 2017 and consult independent legal counsel if necessary.

All Board members must understand their duties (see Policy G-270 Roles and Responsibilities of Individual Board Members) when a conflict of interest arises. The principles set out in this policy are to be regarded as illustrative. Board members are required to meet both the letter and spirit of this policy.

Examples of Conflict of Interest

Situations where a conflict of interest might arise cannot be set out exhaustively. Conflicts of interest generally arise in the following circumstances:

1. When a Board member is directly or indirectly interested in a contract or proposed contract with the Board of Health. For example: Board members are bidding on or doing contract work for the Board of Health.

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2. When a Board member acts in self-interest or for a collateral purpose. When a Board member diverts to his/her own personal benefit an opportunity in which the Board of Health has an interest.
3. When a Board member has a conflict of “duty and duty”. This might arise when:
 - the Board member serves as a board member or officer of another corporation that is related to; has a contractual relationship with; has the ability to influence the Board of Health policy; or has any dealings whatsoever with the Board of Health; or
 - the Board member is also a Board member or officer of another corporation related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other boardroom. The Board member cannot discharge the duty to maintain such information in confidence as a Board member of one corporation while at the same time discharging the duty to make disclosure as a Board member of the other.
4. When a Board member uses for personal gain information (for example related to human resources, financial aspects of the Board of Health, or related to services provided) received in confidence only for the Board of Health’s purposes.
5. When a Board member or a member of the Board member’s immediate family accepts gifts, payments, services or anything else of more than token or nominal value from a party that hopes to transact business with the Board of Health (including a supplier of goods and services) for the purposes or perceived purpose of influencing an act or decision of the Board.
6. When a Board member and his/her family will gain or be affected by the decision of the Board. For example, a Board member or member of the Board member’s family may benefit from a specific health care service or program that the Board of Health is considering.

Special Considerations for the Board of Health

The Board of Health’s unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board’s deliberations. In these circumstances, the Board members are aware of the potential for conflict of interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflict might not be obvious, the potential conflict of interest should be declared and recorded in the minutes so that all Board members are aware of the situation. This places an extra burden on Board members to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the Board of Health.

PROCEDURE

MIDDLESEX-LONDON HEALTH UNIT

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Conflict of Interest Process

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

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

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

Public Meeting

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

In Camera Meeting

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

Disclosure to Be Recorded in Minutes

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

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

When Absent from Meeting at Which Matter Considered

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

Financial Endorsements

MIDDLESEX-LONDON HEALTH UNIT

GOVERNANCE MANUAL

SUBJECT: Conflict of Interest and Declaration
SECTION: Board Effectiveness

POLICY NUMBER: G-380
PAGE: Page 4 of 4

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

Annual Responsibilities

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

APPLICABLE LEGISLATION

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

RELATED POLICIES

G-270 Roles and Responsibilities of Individual Board Members

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

SUBJECT: Political Activities
SECTION: Governance

POLICY NUMBER: 1-120
 Page 1 of 3

IMPLEMENTATION: March 1, 2018
SPONSOR: Director, Healthy
 Organization

APPROVAL: Board of Health
SIGNATURE:

PURPOSE

To ensure public trust in the Middlesex London Health Unit (MLHU), employees must be, and be seen to be impartial and free of undue political influence in the exercise of their duties and responsibilities. Employees must ensure that their political activity does not interfere with their duties and responsibilities to MLHU, including negatively impacting MLHU's reputational and other legitimate interests. As such, while employees may be politically active, certain limited restrictions may apply as are set out in this Policy.

POLICY

In all cases, an employee's right to participate in the political system will be balanced with their duty to act in a manner that is not prejudicial or likely prejudicial to the reputation of MLHU or incompatible with the due and faithful discharge of the employee's duties and responsibilities to MLHU.

PROCEDURE

In general, unless otherwise limited by this Policy or applicable legislation, MLHU employees, while off duty, may:

1. Vote in federal, provincial, municipal and school board elections;
2. Privately discuss and express views as citizens;
3. Make a personal contribution to a candidate's campaign;
4. Belong to a political party;
5. Support or oppose candidates for elected office or political party;
6. Canvass on behalf of a candidate;
7. Wear campaign buttons or other promotional apparel;
8. Place campaign signs at their personal residence;
9. Engage in social media political discussions, provided they do not identify themselves as employees of MLHU, subject to this Policy and MLHU's Social Media Policy;
10. Attend candidates' debates or meetings;
11. Attend riding association meetings;
12. Run for elected office, subject to specific limitations as set out in legislation and this Policy; and,
13. Serve in elected office, subject to specific limitations as set out in legislation and this Policy.

The time devoted to any political involvement must not interfere with the employee's ability to perform their duties and responsibilities to MLHU.

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

SUBJECT: Political Activities
SECTION: Governance

POLICY NUMBER: 1-120
 Page 2 of 3

Employees shall not engage in any political activity during working hours, understanding that there are scheduled breaks during the day. Employees shall not utilize MLHU property for election purposes during or outside business hours. They shall not identify themselves as employees of MLHU when engaged in political activity (e.g. including in campaign literature, social media posts, shall not wear clothing with MLHU logo while canvassing for themselves or a candidate).

Employees must not undertake political activities that are prejudicial or are likely to be prejudicial to the reputation or other legitimate interests of MLHU. Employees will be held accountable for any statements, including postings of information and opinions in personal social media accounts or other public forums such as political debates, if the information or opinions could be reasonably interpreted by members of the public as representing the Health Unit, or contravenes professional standards and/or conduct guidelines, or if the viewpoints expressed disparage or undermine the work of MLHU.

Candidacy for Elected Office

All employees are required to discuss their intentions to run with their direct manager and advise the Director. Employees may be eligible for an unpaid leave of absence to seek nomination as a candidate, and to campaign for public office where the candidacy does not conflict with the interests of MLHU. Employees are encouraged to request a leave of absence in such cases, however, MLHU reserves the right to deny such request where the leave would conflict with operational requirements.

Leave to campaign for public office may not begin prior to the date a federal or provincial/territorial election writ is issued (or, in the case of municipal elections, the date nomination papers may be filed) and must end no later than the polling day or the day that the writ is withdrawn or deemed to be withdrawn by the appropriate elections office and/or legislation (or, in the case of municipal elections, the date of the election).

Employees desiring a leave to campaign for public office are required to submit their request in writing to the Director of Corporate Services.

Employees elected to public office requiring a full-time commitment will generally be expected to resign from their employment with MLHU.

Election to public office requiring a part-time commitment shall not result in the need for resignation where:

- a. the service does not interfere with the performance of the employee's duties; and
- b. the service does not create a real or perceived conflict with the interests of MLHU.

Any questions regarding the scope or application of this Policy must be raised with Human Resources prior to an employee's participation in political activity.

REVISION DATES (* = major revision):



MIDDLESEX-LONDON HEALTH UNIT

ADMINISTRATION MANUAL

SUBJECT: Political Activities
SECTION: Governance

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Enforcement

Any complaints of breach of this Policy will be investigated and resolved in accordance with the process set out in the Corporate Code of Conduct.

REVISION DATES (* = major revision):