

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Governance Committee**

399 Ridout Street, London  
MLHU Boardroom  
Thursday, November 15, 2018 6:00 p.m.

**1. DISCLOSURE OF CONFLICTS OF INTEREST**

**2. APPROVAL OF AGENDA**

**3. APPROVAL OF MINUTES – September 20, 2018**

**4. NEW BUSINESS**

**4.1** 2018 – 2020 Strategic Planning Update (Report No. 011-18GC)

**4.2** Accreditation and Continuous Quality Improvement (Report No. 012-18GC)

**4.3** Alignment of Programs with the Ontario Public Health Standards and MLHU Planning and Budgeting Processes (Report No. 013-18GC)

**4.4** Governance Policy Review (Report No. 014-18GC)

**5. CONFIDENTIAL**

The Governance Committee will move in camera to discuss matters regarding identifiable individuals and the security of the property of the Middlesex-London Board of Health.

**6. OTHER BUSINESS**

**6.1** The next Governance Committee meeting is tentatively scheduled for March 21, 2019.

**7. ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**

**Governance Committee**  
399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, September 20, 2018, 7:00 p.m.

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**Committee Members Present:** **Mr. Trevor Hunter (Chair)**  
Ms. Joanne Vanderheyden  
Ms. Trish Fulton  
Mr. Kurtis Smith

**Regrets:** Mr. Ian Peer

**Others Present:** Dr. Christopher Mackie, Secretary-Treasurer  
Dr. Alexander Summers, Associate Medical Officer of Health  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)  
Ms. Laura Di Cesare, Director, Healthy Organization  
Mr. Jordan Banninga, Manager, Program, Planning and Evaluation  
Ms. Kendra Ramer, Manager, Strategic Projects  
Ms. Nicole Gautier, Manager, Privacy, Risk and Governance  
Ms. Maureen Rowlands, Director, Healthy Living

At 6:56 p.m., Chair Hunter called the meeting to order.

**DISCLOSURE OF CONFLICT(S) OF INTEREST**

Chair Hunter inquired if there were any disclosures of conflicts of interest to be declared.

Mr. Hunter declared a conflict regarding item 4.2, and advised that Ms. Vanderheyden will take over as Chair when that agenda item is discussed and voted on.

**APPROVAL OF AGENDA**

It was moved by Ms. Vanderheyden, seconded by Mr. Smith, *that the **AGENDA** for the September 20, 2018 Governance Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Ms. Fulton, seconded by Mr. Smith, *that the **MINUTES** of the June 21, 2018 Governance Committee meeting be approved.*

Carried

**NEW BUSINESS**

Ms. Di Cesare introduced the Committee to Ms. Kendra Ramer, Manager, Strategic Projects, and Ms. Nicole Gautier, Manager, Policy, Risk and Governance, who will be taking over the Governance portfolio.

**4.1 Ad Hoc Committee – Location Project (**Report No. 010-18GC**)**

Mr. Hunter introduced the report and provided context. He also described how the ad hoc Relocation Committee would be helpful to guide the Location Project through to completion.

Ms. Di Cesare added that this had been brought forward at the Finance & Facilities Committee as a verbal item earlier in the month.

Discussion ensued on the following items:

- Why the rules applied to this ad hoc committee in regard to committee composition were the same as those outlined in the Terms of Reference, and whether persons may participate who are not Board of Health members, such as community members or specialists.
- That if persons outside the Board were invited to participate on this committee, they should be ex-officio, non-voting members.
- Concern over striking the ad hoc committee now, and then repopulating it with new appointees in the new year.
- The difference, in terms of committee composition, between ad hoc committees and standing committees.

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

- 1) *Receive Report No. 010-18GC re: “Ad Hoc Committee – Location Project”;* and
- 2) *Recommend that the Board of Health approve the creation of an Ad Hoc Committee and the Terms of Reference for this Committee (Appendix A).*

Carried

#### **4.2 Board Development Activities (Report No. 009-18GC)**

Ms. Vanderheyden took over as Chair at 7:10 p.m., as Chair Hunter had declared a conflict with regard to this item.

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

- 1) *Receive Report No. 009-18GC re: “Board Development Activities” for information; and*
- 2) *Recommend that the Board of Health approve the Leading Through Transition/Change Management session delivered by Your Latitude as a Board development opportunity.*

Carried

Mr. Hunter took over as Chair at 7:12 p.m.

#### **4.3 Governance Policy Review (Report No. 008-18GC)**

Chair Hunter introduced the report and walked the Committee through the following bylaws and policies. Ms. Ramer noted the key highlights of each policy, and discussion took place on some of them.

##### **GB30 – Bylaw #3 [Section 6.3]**

- Discussion ensued on electronic participation and voting in closed meetings under item 6.0 in the Board of Health bylaws.

##### **G-205 – Financial and Organizational Accountability**

- It was noted that a slight change in wording under “Procedure” was required.

##### **G-290 – Standing and Ad Hoc Committees**

- Discussion on the composition of the ad hoc committee and how long it will sit for (until the end of the Location Project). This is different from standing committees, which are re-elected at the start of each year.
- Whether the Finance & Facilities Committee Reporting Calendar has been approved or still needs go to FFC for approval.

##### **G-340 – Whistleblowing**

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

- 1) *Receive Report No. 008-18GC re: "Policy Review" for information; and*
- 2) *Recommend that the Board of Health approve the new and revised governance policies as outlined in Appendix A.*

Carried

**OTHER BUSINESS**

Next meeting: Thursday, November 15, 2018.

**ADJOURNMENT**

At 7:24 p.m., it was moved by Ms. Vanderheyden, seconded by Mr. Smith, *that the meeting be adjourned.*

Carried

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**TREVOR HUNTER**  
Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer

DRAFT



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 November 15

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## 2018–20 STRATEGIC PLANNING UPDATE

### **Recommendation**

*It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 011-18GC re: “2018–20 Strategic Planning Update” for information.*

### **Key Points**

- The 2018–20 Balanced Scorecard identified initiatives and tasks that the organization is pursuing in order to advance the strategic priorities identified in the 2015–20 Strategic Plan.
- The 2018–20 Balanced Scorecard Report highlights the progress that has been made to date on the strategic priorities.
- Detailed project status reports have been prepared for activities and tasks initiated in Q3 and Q4, 2018.

### **Background**

The Middlesex-London Health Unit’s 2015–20 Strategic Plan details the vision, mission, and values of the organization 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 the strategic priorities soon afterward. The 2018–20 Balanced Scorecard identifies the strategic priorities that are to be carried out over the 2.5-year horizon.

### **2018–20 Balanced Scorecard Reporting**

The Project Management Office (PMO) is accountable for monitoring and reporting project status to the Board of Health. Regular reporting helps to identify recent accomplishments, top issues, lessons learned, and variances from expected outcomes. The 2018–20 Balanced Scorecard and the 2018–20 Mid-Year Reporting are attached as [Appendix A](#) and [Appendix B](#), respectively. Detailed project status reports are included in [Appendix C](#) and relate specifically to activities and tasks initiated during Q3 and Q4, 2018.

### **Next Steps**

The PMO will continue to provide support to staff to enable implementation of activities on the Balanced Scorecard to advance MLHU’s strategic priorities. A comprehensive mid-cycle update will be provided to the Governance Committee in spring 2019. Evaluation of the current plan and consultation for the next strategic planning cycle will be targeted to commence in late 2019.

This report was 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

## 2018 -2020 MLHU Balanced Scorecard

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

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

## Client and Community Confidence

### Foster client satisfaction and community confidence

Objectives	Initiatives	Activities & Tasks	Measures
<b>(A) Seek and respond to community input</b>	1) Use community input and feedback to inform program planning and evaluation	<ul style="list-style-type: none"> <li>• <b>Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation</b> <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> <li>○ Included within the Program Evaluation Framework and being rolled-out to the organization.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❖ # of client / community feedback interactions</li> <li>❖ # of visits to healthunit.com website</li> <li>❖ % of people familiar with the health unit</li> <li>❖ Client / community partner experience</li> <li>❖ Status of Middlesex County Services Review</li> </ul>
	<b>(B) Ensure clients and the community know and value our work</b>	1) Increase the awareness of public health and the role of the Middlesex-London Health Unit	
<b>(C) Deliver client-centred service</b>		1) Use client input and feedback to inform service delivery and evaluation	
	2) Deliver appropriate outreach services where people live, work, learn and play	<ul style="list-style-type: none"> <li>• <b>Middlesex County Services Review</b> <i>(PRJT#003-2018)</i> <ul style="list-style-type: none"> <li>○ Assess the health needs of county residents, map current resources that are deployed and determine opportunities for enhancement</li> <li>○ Identify effective strategies and provide recommendations for implementation</li> </ul> </li> </ul>	




## Employee Engagement and Learning


*Engage and empower all staff*

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

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





Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

Appendix B to Report No. 011-18GC

<b>Program Excellence</b>		
<b>Activities &amp; Tasks</b>	<b>Status</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• <b>Ongoing implementation of the Planning and Evaluation Framework (PEF)</b> <i>(Initiated prior to 2018)</i> <ul style="list-style-type: none"> <li>○ Develop policy to assist with implementation of PEF.</li> <li>○ Conduct PEF training workshops and topic-specific workshops for key staff.</li> </ul> </li> </ul>		<p>A PEF policy was developed to outline how to access the framework and describe the support available for program planning, implementation and evaluation activities. In addition, the policy highlights specific roles and responsibilities as well as program requirements.</p> <p>PEF implementation strategies include: HUB content and quick links, quick reference guides, streamlined support request process, engagement at division leadership and team meetings, staff assessments and development of learning opportunities (workshops, in-services at team meetings, one on one meetings, and project specific training).</p>
<ul style="list-style-type: none"> <li>• <b>Implementation of the Modernized Standards</b> <i>(PRJT#011-2018)</i> <ul style="list-style-type: none"> <li>○ Development of more detailed assessment of program standard compliance.</li> <li>○ Recommendations based on assessment</li> <li>○ Implementation of recommendations.</li> </ul> </li> </ul>		<p>MLHU will conduct an assessment of program standard compliance through enhanced program and budget reporting through requirements of the Annual Service Plan. Capacity across a number of teams including Finance, Health Equity, Population Health Assessment and Program Planning and Evaluation supported the completion of the requirements to ensure MLHU is meeting the Modernized Public Health Standards. MLHU will also take into account the feedback provided by the Ministry to carry out continuous improvement activities.</p>
<ul style="list-style-type: none"> <li>• <b>Establishment of the Project Management Office (PMO)</b> <i>(PRJT#016-2018)</i> <ul style="list-style-type: none"> <li>○ Assessment of current practices.</li> <li>○ Determine appropriate methodology, tools, processes.</li> <li>○ Develop and implement recommendations.</li> </ul> </li> </ul>		<p>An assessment of current practices was completed and the PMO created the MLHU project management methodology to promote best practices, maintain project status and provide leadership with respect to managing projects. The PMO solidified a method for monitoring project status and enhancing reporting capabilities. PMO implementation strategies include: HUB content and reference guide, standard repository for project folders on the shared drive, staff consultations, engagement at division and team meetings, project management methodology training, and information sharing at staff forums.</p>
<ul style="list-style-type: none"> <li>• <b>Continuation of the Organizational Structure and Location Project</b> <i>(PRJT#001-2018)</i> <ul style="list-style-type: none"> <li>○ Establishment of OSL 2.0 and associated working groups.</li> <li>○ Space planning and clinic flow.</li> <li>○ Move Planning.</li> <li>○ Commissioning.</li> </ul> </li> </ul>		<p>MLHU began phase two of the project with the hiring of architectural and construction project management services. A formal project plan was submitted by the architect and budget estimates were provided for the fit-up of the new location. A consultation schedule was created and meetings with staff and managers are underway to begin looking at space planning and clinic flow. The project is currently on track and a finalized design plan is to completed by Q1 2019. Once the design plan is complete, MLHU will go to tender for construction of the new location.</p> <p>The OSL 2.0 committee was established in Q3 2018 with meetings held regularly for all 4 working groups. OSL members recently completed training to help staff identify the stages of change and transition and how to respond to these in an encouraging and supportive manner. Change management training for all staff will be offered in Q1 2019.</p>





Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

## Appendix B to Report No. 011-18GC

Activities & Tasks	Status	Comments
<ul style="list-style-type: none"> <li>• <b>Electronic Client Record</b> (PRJT#005-2018)               <ul style="list-style-type: none"> <li>○ Conduct needs assessment.</li> <li>○ Select the appropriate solution.</li> <li>○ Provide education and training.</li> <li>○ Implement new system.</li> </ul> </li> </ul>		<p>Intrahealth Canada was selected as the successful proponent of a Request for Proposal issued by Ottawa Public Health (OPH), that included the negotiation of a “piggyback clause” allowing other interested public agencies in Canada to join the contract. During initiation of the project MLHU opted to trigger the piggyback clause once a signed contract was in place. As of Q4 2018 contract negotiations are wrapping up between Intrahealth and OPH which has caused schedule delays. In the meantime, MLHU has been working diligently to advance the project forward and program areas targeted for phase 1 implementation have completed business and workflow analysis.</p>
<ul style="list-style-type: none"> <li>• <b>Staff Capacity Building</b> (Initiated prior to 2018)               <ul style="list-style-type: none"> <li>○ From Bystander to Ally Training.</li> </ul> </li> </ul>		<p>Implementation of staff capacity building plan has progressed well. Indigenous Public Health Practice domain: Over 90 staff have completed or are registered to complete the Bystander to Ally education; ~80 staff have attended workshops with cultural educator and traditional healer; ~60 staff attended the See Me Exhibit and blanket exercise at At’lohsa; ~25 leaders participated in the Roots of Tolerance Workshop. Public Health Sciences domain: Health Equity Primer and Health Equity Concept Guides developed and available on the HUB; Learning Management System (LMS) module for employees almost ready to launch. Planning for next prioritized domains beginning.</p>
<ul style="list-style-type: none"> <li>• <b>Health Equity Indicator Assessment and Recommendations</b> (PRJT#010-2018)               <ul style="list-style-type: none"> <li>○ Determination of how prioritized indicators can be adopted by MLHU, systematically collected and integrated into planning and evaluation.</li> </ul> </li> </ul>		<p>Board-approved prioritized indicators have been further refined to ensure they are ‘SMART’. Assessment of MLHU’s current state related to indicators, development of benchmarks and targets, and identification of recommended processes to monitor progress on indicators has been underway throughout the year, with a report and recommendations expected to go to the Senior Leadership Team in December. In addition to scanning the literature, program managers and key stakeholders have been engaged to support a more in-depth assessment and robust set of recommendations.</p>
<ul style="list-style-type: none"> <li>• <b>Community Health Status Report Updating</b> (PRJT#008-2018)               <ul style="list-style-type: none"> <li>○ Development of a plan to conduct data analysis and prepare reports.</li> </ul> </li> </ul>		<p>The project is designed to embed practices to support ongoing, routine updating of the Resource and ensure the information is up-to-date. The project will begin to align the indicator content with the modernized Standards including the assessment of inequities as feasible. MLHU is currently piloting the steps involved in web updating using birth outcome indicators. The main content update will be divided into four, seven-week cycles with the first cycle targeted for completion by the end of Q4 2018.</p>



Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

Appendix B to Report No. 011-18GC

<b>Activities &amp; Tasks</b>	<b>Status</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• <b>Policy Development: Advocacy Framework</b> (PRJT#015-2018)               <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ To ensure all employees who are engaged in systemic advocacy initiatives consistently use effective and efficient planning and implementation processes.</li> </ul> </li> </ul>		<p>As part of the Health Equity Staff Capacity Building Plan the new MLHU Advocacy: A Process Planning Guide was introduced. This followed the launch of the Learning Management System (LMS) module regarding the new MLHU Advocacy Policy 2-090, which will be added to all staff development plans in the near future. A workshop was offered to staff with the objectives to provide staff with an understanding of the role systemic advocacy plays in supporting health and how to use advocacy process planning guide. A second workshop focused on engaging and influencing decision-makers will be offered. Additional steps will be taken to ensure familiarity with the process guide and the advocacy policy, and the Health Equity and Program Planning and Evaluation teams will provide ongoing consultative support to teams, as needed.</p>
<ul style="list-style-type: none"> <li>• <b>Develop Divisional Balanced Scorecards</b> (PRJT#016-2018)               <ul style="list-style-type: none"> <li>○ Cascading from the Organizational Balanced Scorecard and incorporating the approved prioritized projects for the current strategic planning cycle.</li> <li>○ Collect and report on MOHLTC accountability agreement indicators.</li> </ul> </li> </ul>		<p>Division level balanced scorecards developed and monitored according to the 2018-2020 organizational balanced scorecard. MOHLTC accountability agreement indicators are collected and reported on by Program Planning and Evaluation team.</p>






Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

Appendix B to Report No. 011-18GC

Client and Community Confidence		
Activities & Tasks	Status	Comments
<ul style="list-style-type: none"> <li><b>Integrate community and client feedback mechanisms into strategic projects and program planning and evaluation</b> (Initiated prior to 2018)                             <ul style="list-style-type: none"> <li>Included within the Program Evaluation Framework and being rolled-out to the organization.</li> </ul> </li> </ul>		This activity is well underway with the implementation of PEF policy and resources in addition to the establishment of the PMO.
<ul style="list-style-type: none"> <li><b>Complete the review and revisions to MLHU graphic standards and branding</b> (PRJT#013-2018)                             <ul style="list-style-type: none"> <li>Adopt an ambassador strategy that will enable staff and teams to promote broader MLHU services.</li> </ul> </li> </ul>		Phase 1 of the project involved market analysis through the hiring of an external consultant to conduct research on a proposed new corporate identity. This includes feedback on options for a new name and logo in terms of clarity, fit with perceptions of the Health Unit, emotional impact, success in conveying the desired attributes, uniqueness and perceived positives and negatives relating to the choices. Focus groups are currently evaluating the options following market analysis. The next phase of the project will involve integration of the new brand and identity selected for Health Unit.
<ul style="list-style-type: none"> <li><b>Community Engagement Strategy – Client Experience Tool Development and Implementation</b> (PRJT#007-2018)                             <ul style="list-style-type: none"> <li>Utilize a tool that measures client experience and is implementation by teams and programs.</li> </ul> </li> </ul>		A client experience survey (CES) was selected and the development of an implementation plan for the health unit was targeted for the end of Q4 2018. Competing demands have interfered with the proposed implementation date of the CES by the teams with service-seeking clients and has been extended into Q1 2019. Initial preparation for the next phase – assessing experience of legislated clients – has begun.
<ul style="list-style-type: none"> <li><b>Intake Lines/Program Assistant Review</b> (PRJT#012-2018)                             <ul style="list-style-type: none"> <li>Consult with clients and staff re: proposed system.</li> <li>Conduct review of PA role.</li> <li>Procure systems and identify alternatives.</li> <li>Implementation and training.</li> </ul> </li> </ul>		Project charter is in development following the review of the proposed recommendations. A thorough review of the PA role needs to be in alignment with design considerations for the new location. The project will continue to move forward as the schedule for the relocation project continues to advance.
<ul style="list-style-type: none"> <li><b>Middlesex County Services Review</b> (PRJT#003-2018)                             <ul style="list-style-type: none"> <li>Assess the health needs of county residents, map current resources that are deployed and determine opportunities for enhancement.</li> <li>Identify effective strategies and provide recommendations for implementation.</li> </ul> </li> </ul>		The report was completed and presented to the Board of Health and County Council. Feedback consolidated and recommendations formalized to incorporate action planning for implementation.






Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

Appendix B to Report No. 011-18GC

<b>Employee Engagement and Learning</b>		
<b>Activities &amp; Tasks</b>	<b>Status</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• <b>Define annual opportunities</b> (Initiated prior to 2018)               <ul style="list-style-type: none"> <li>○ Ensure a minimum of 3 Town Halls per year</li> <li>○ Allow for consultation that will cultivate ideas at the front-line of the organization (PBMA, Location project, etc.)</li> </ul> </li> </ul>		Strategies that are currently underway include: 1) ongoing discussion and opportunities for information sharing available at Town Halls, 2) open sessions for PBMA investment/disinvestment proposals, 3) establishment of the OSL 2.0 Committee to cultivate ideas at the front-line in relation to the relocation project.
<ul style="list-style-type: none"> <li>• <b>Increase transparency throughout the organization</b> (Initiated prior to 2018)               <ul style="list-style-type: none"> <li>○ Regular communication to all MLHU staff through various channels regarding status of strategic projects</li> </ul> </li> </ul>		The establishment of the PMO has increased transparency across the organization by: 1) creating a centralized repository for project documentation located on the shared drive, 2) maintaining resources on the HUB to allow staff to access information on project status, 3) communicating staff through various channels (town halls, electronic newsletters, division/team meetings, etc) to keep them informed about strategic projects.
<ul style="list-style-type: none"> <li>• <b>Determine areas of focus for performance management</b> (PRJT#004-2018)               <ul style="list-style-type: none"> <li>○ Incorporate functions of a human resources information system (HRIS), that includes performance management capabilities into an Enterprise Resource Planning system</li> </ul> </li> </ul>		Project charter for the Enterprise Resource Planning project was completed and approved by SLT. HRIS procurement process to be completed and contract awarded by end of Q4 2018. Implementation to commence in Q1 2019.
<ul style="list-style-type: none"> <li>• <b>Deliver the Learning at MLHU Program</b> (PRJT#004-2018)               <ul style="list-style-type: none"> <li>○ Incorporate functions of a human resources information system (HRIS), that includes learning and development into an Enterprise Resource Planning system</li> </ul> </li> </ul>		Project charter for the Enterprise Resource Planning project was completed and approved by SLT. HRIS procurement process to be completed and contract awarded by end of Q4 2018. Implementation to commence in Q1 2019. In the meantime, MLHU learning programs are continuing to be offered in-person and through on-line courses available on the LMS.
<ul style="list-style-type: none"> <li>• <b>Champion the BeWell Program</b> (Initiated prior to 2018)               <ul style="list-style-type: none"> <li>○ Review ROI and determine future investment opportunities</li> </ul> </li> </ul>		Numerous events and unique challenges to boost engagement are offered to staff that are organized through the Be Well Committee throughout the year. In addition, there is continued promotion and participation in social enterprise community involvement (blood donor clinics, United Way events, Red Scarf projects, and physical activity challenges. An on-line resource is available for promoting events/challenges and helping staff track activities associated with health and well-being.





Complete 

On-Target / Ongoing 

Approaching Target / Behind Schedule 


Not Started / Major Obstacles 


Appendix B to Report No. 011-18GC

Activities & Tasks	Status	Comments
<ul style="list-style-type: none"> <li>• <b>Develop and implement alternative-based work (ABW) arrangements</b> (PRJT#006-2018)               <ul style="list-style-type: none"> <li>○ Provide management training</li> <li>○ Policy development</li> <li>○ Continual change management strategies</li> </ul> </li> </ul>		<p>A consultation process involving focus groups sessions is in progress with those teams that have been part of the ABW pilot. A plan will be developed to make ABW a permanent way of working at the Health Unit. The input and feedback gathered through the consultations will help shape how ABW can be rolled out to other teams, how the new office space at Citi Plaza will be designed and how the ABW Policy and Guidelines will be written.</p>
<ul style="list-style-type: none"> <li>• <b>Staff engagement in strategic projects</b> (PRJT#016-2018)               <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> </ul>		<p>The establishment of the PMO has increased staff engagement across the organization in strategic projects by: 1) creating a centralized repository for project documentation located on the shared drive, 2) maintaining resources on the HUB to allow staff to access information on project status, 3) communicating staff through various channels (town halls, electronic newsletters, division/team meetings, etc) to engage staff in strategic projects.</p>
<ul style="list-style-type: none"> <li>• <b>Diversity Assessment and Recommendations</b> (PRJT#009-2018)               <ul style="list-style-type: none"> <li>○ Initiate organizational assessment of diversity and inclusiveness, and identify recommendations</li> </ul> </li> </ul>		<p>Project charter has been initiated and an RFP has been created to select a vendor to assist with the organizational assessment. A staff advisory group has also been identified. The assessment has been deferred until 2019.</p>
<ul style="list-style-type: none"> <li>• <b>Complete review of Administrative Policy Manual</b> (PRJT#015-2018)               <ul style="list-style-type: none"> <li>○ Develop policies that help us to live our values (i.e. work-life balance, diversity)</li> </ul> </li> </ul>		<p>The review of the administrative policy manual is underway and a project charter has been initiated. One of key deliverables of the project includes the implementation of a policy management software solution to improve workflow, increase efficiency and to provide robust version control and records management. The project team is currently evaluating RFP submissions to select a proponent and begin implementation of the solution before the end of Q4 2018.</p>







Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

Appendix B to Report No. 011-18GC

Organizational Excellence		
Activities & Tasks	Status	Comments
<ul style="list-style-type: none"> <li>• <b>Annual Service Plan Alignment (ASP) and Implementation</b> (PRJT#002-2018)               <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Assessment and analysis of indicator needs across the organization in order to inform annual service plans.</li> </ul> </li> </ul>		Completed the process of revising enhanced reporting templates for the Annual Service Plan and MLHU budget. The process also included the development of comprehensive program descriptions and program indicator tools for each one of MLHU's public health programs.
<ul style="list-style-type: none"> <li>• <b>Conduct training for staff who write board reports or present to the board</b> (Initiated prior to 2018)               <ul style="list-style-type: none"> <li>○ Focus on establishing clear expectations, development approach and timelines, integrating evidence to recommendations and presenting material in an impactful way.</li> </ul> </li> </ul>		Staff receive feedback from management and the senior leadership team in preparation for presentations to the Board. This occurs when staff are invited to attend Director/SLT meetings and present items for discussion before bringing that items forward to the Board.
<ul style="list-style-type: none"> <li>• <b>Enterprise Resource Planning System - Upgrade the financial reporting system</b> (PRJT#004-2018)               <ul style="list-style-type: none"> <li>○ Upgrade to include dashboard that provides easily accessible information</li> </ul> </li> </ul>		Project charter initiated and approved by SLT. Successful completion of the RFP process with the selection of a vendor to complete the upgrade of the financial reporting system, including an encumbrance solution. Project implementation is now in progress and on track to be completed on time to meet year end reporting needs.
<ul style="list-style-type: none"> <li>• <b>Alignment of budget and performance reporting</b> (PRJT#002-2018)               <ul style="list-style-type: none"> <li>○ Modify Program Budget Templates to align with Annual Service Plan requirements</li> </ul> </li> </ul>		Staff are currently completing the revised reporting template for the Annual Service Plan and MLHU budget.






Complete 



On-Target / Ongoing 





Approaching Target / Behind Schedule 

Not Started / Major Obstacles 




Appendix B to Report No. 011-18GC

Activities & Tasks	Status	Comments
<ul style="list-style-type: none"> <li>• <b>Performance Management Framework – Phase 1 (Planning)</b> (PRJT#014-2018)               <ul style="list-style-type: none"> <li>○ Provide the overall direction for MLHU performance management using the Balanced Scorecard method and articulate the strategy for roll-out.</li> </ul> </li> </ul>		<p>Divisions are currently utilizing the Balanced Scorecard to monitor progress. Further developments will be underway with the implementation of HRIS that includes performance management capabilities within the Enterprise Resource Planning system.</p>
<ul style="list-style-type: none"> <li>• <b>Continued development of MLHU Risk Management Framework</b> (PRJT#017-2018)               <ul style="list-style-type: none"> <li>○ Develop an organizational risk register and embed risk management within existing MLHU processes (PBMA, Planning and Evaluation, Project Management)</li> </ul> </li> </ul>		<p>A risk assessment was conducted that identified high, medium and low organizational risks resulting in an organizational risk register. Opportunities to enhance risk management practices within existing MLHU processes were assessed through the identification of risk mitigation strategies. MLHU met the requirement under the Public Health Accountability Framework and submitted the new Risk Management Report to the Ministry.</p>
<ul style="list-style-type: none"> <li>• <b>Review of Learning Assessments</b> (Initiated prior to 2018)               <ul style="list-style-type: none"> <li>○ Monitored annually through external audit and periodic financial review of employee activity.</li> </ul> </li> </ul>		<p>This will be deferred until the HRIS implementation has been completed.</p>
<ul style="list-style-type: none"> <li>• <b>Enhance procurement operations by introducing a technological solution to manage contracts</b> (PRJT#004-2018)               <ul style="list-style-type: none"> <li>○ Assess, implement, evaluate components of procurement functions within the Enterprise Resource Planning system.</li> </ul> </li> </ul>		<p>The Enterprise Resource Planning project that addresses the upgrade of the financial reporting system includes the implementation of a purchasing module. This project is on track with introduction of the purchasing module to occur in Q1 2019.</p>
<ul style="list-style-type: none"> <li>• <b>Support budget process education</b> <ul style="list-style-type: none"> <li>○ Develop and implement budget process training.</li> </ul> </li> </ul>		<p>Staff have received training on the completion of the revised enhanced ASP reporting templates. Support is made available through the Finance Team and the Program Planning and Evaluation Team. Further training will be provided through the new ERP – Finance System implementation.</p>



<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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

<b>Project:</b>	Community Health Status Update: Developing a process for ongoing sustainability and updating			
<b>Project Sponsor:</b>	Associate Medical Officer of Health		<b>Project Manager:</b> Ruth Sanderson	
<b>Project Phase</b>	Execution		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>• Presentation of the project to the Board of Health (Sep 20)</li> <li>• Sign-off by SLT of Project Charter (Sep 25).</li> <li>• Project Update #1 circulated to Non-Union Leadership Team (Oct 9).</li> <li>• Communication and engagement of staff (e.g., Town Hall Meeting, October 24).</li> <li>• Assignment of Topics/ Indicators to first Cycle.</li> <li>• Initiated pilot to edit content on website. Completed analysis of pilot indicator, “birth outcomes”.</li> <li>• Completed initial software updates to web management system to enable web editing.</li> <li>• Developed approach to assess urban/rural residents in administrative data (e.g., hospitalizations) to enhance equity analysis.</li> <li>• Secured permission to incorporate Southwest Ontario Aboriginal Health Access Centre’s “Our Health Counts London” results as a link to our website.</li> <li>• Initiated Cycle 1 analysis (including Demographics, Substance Use, Injury, Pregnancy &amp; Birth).</li> </ul>	<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Analysis may take longer than allotted.</b> Time to complete analysis of the pilot took longer than expected. May be due to need to make global analysis decisions to initiate. May need to closely monitor if analysts are able to complete the analysis within the time frame planned.</li> <li>• <b>Initial pilot uploading delayed.</b> Pilot is clarifying work needed to prepare materials for posting and ensuring website editing/architecture changes can be executed.</li> <li>• <b>Required administrative support</b> to create web page back-up and assist with new content posting. Secured “in-kind” support from Healthy Living Administrative Assistant to save “current state” of CHSR as a back-up prior to changing. Recruitment for Executive Assistant underway, this person will help to post web content so that it can be posted to the website in a timely fashion (as identified in project charter).</li> <li>• <b>Will required external vendor (Echidna) to modify some website components.</b> For example, the text and number of topic boxes on the home page (i.e. this cannot be done ourselves, while other pages can be modified without outside assistance). This will also affect our ability to meet our commitment on the agreed upon approach by SOAHAC to incorporate an urban indigenous health topic. Requested funds to pay for ad hoc assistance.</li> <li>• <b>Small cell and de-identification guidance needed for reporting</b> - particularly as we anticipate drilling down to smaller sub-groups to assess health equity. Directional guidance decisions made and we will continue to meet with Manager, Privacy, Risk and Governance to develop guidelines in the future.</li> <li>• <b>Development of templates, tools and process maps key for standardization with multiple analysts and epidemiologists involved in content development.</b> While some internal templates and guidelines exist to help with the content develop process, improvements can be made to make the process more efficient and standardized.</li> </ul>
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<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
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				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>• Analysis/epidemiology staff may be unable to complete pilot and Cycle 1 in time allotted- monitoring the situation closely and we will consider timeline.</li> <li>• Executive Assistant may not be in place for Cycle 1 uploading. Work effort will be redistributed and primarily affect the Online Communications Co-ordinator.</li> <li>• Website editing may be more complicated than anticipating. We have re-established the relationship with Echidna through an assigned Account Manager and exploring required work and have requested funding. Pilot loading of content will help to clarify any additional issues to post that have not yet been troubleshooted.</li> </ul>
<b>Upcoming Key Milestones</b>	<b>Targeted Completion Date</b>	<b>On Track (√)</b>	<b>Delayed (X)</b>	<p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>• Complete web-loading of pilot indicator and ensure in-house resources and skills for web-editing are in place.</li> <li>• Complete Cycle 1 including interpretation, writing, sign-off web loading and soft launch activities.</li> <li>• Initiate Cycle 2 Analysis.</li> </ul>
1. Pilot content Uploaded to web	October 12, 2018		x	
2. Cycle 1 Content Sign-Off	Nov. 23, 2018	√		
3. Cycle 1 Upload to web	Nov. 30, 2018	√		
4. Cycle 1 Soft Launch	Dec. 7, 2018	√		
5. Cycle 2 Analysis Plan Completed	Nov. 30, 2018	√		
<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>• Initial pilot web uploading is slightly delayed and should occur in the next few weeks.</li> </ul>				

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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<b>Project:</b>	Client and Community Partner Experience			
<b>Project Sponsor:</b>	Chief Nursing Officer		<b>Project Manager: Brenda Marchuk</b>	
<b>Project Phase</b>	Client Experience Survey: Phase One - Execution		<b>Date: October, 2018</b>	
Status Last Period: N/A	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Initiation of a Management Advisory Committee (MAC) (October 2017-September 2018).</li> <li>Selection of a client experience survey (CES) adapted from Algoma Client Centred Care Tool (Approved by SLT in December 2017).</li> <li>Development of an implementation plan for the agency beginning November 2018 for Teams with service-seeking clients only (Completed August 2018).</li> <li>Submission and revision of plans to the agency Research Advisory Consultation (RAC) lead (July-August 2018); approved August 2018.</li> <li>Development of a process document for staff and managers (August 2018).</li> <li>Completion of Transition to Operations plan and approvals (Sept 2018).</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Delay in the addition of CES Team Plans has delayed the implementation date from November 2018 to January 2019. Revised Collection period: January to December 2019.</li> <li>Addition of <b>Phase Two: Mandated Client Experience Survey</b> will delay the identification of a Community Partner Experience Survey (Phase Three).</li> </ul>																			
<p><b>Upcoming Key Milestones</b></p> <table border="1"> <thead> <tr> <th></th> <th>Targeted Completion Date</th> <th>On Track (√)</th> <th>Delayed (X)</th> </tr> </thead> <tbody> <tr> <td>1. Completion of Phase One planning</td> <td>August 31, 2018</td> <td>√</td> <td></td> </tr> <tr> <td>2. Transition to Operations plan</td> <td>September 2018</td> <td>√</td> <td></td> </tr> <tr> <td>3. Submission and completion of CES Team Plans</td> <td>October 5, 2018</td> <td></td> <td>x</td> </tr> </tbody> </table>					Targeted Completion Date	On Track (√)	Delayed (X)	1. Completion of Phase One planning	August 31, 2018	√		2. Transition to Operations plan	September 2018	√		3. Submission and completion of CES Team Plans	October 5, 2018		x	<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Competing demands may interfere with the proposed January 2019 implementation start date of the CES by Teams with service-seeking clients.</li> <li>Teams may experience challenges collecting the required data quota before the end of the collection period (December 31, 2019).</li> </ul>			
	Targeted Completion Date	On Track (√)	Delayed (X)																				
1. Completion of Phase One planning	August 31, 2018	√																					
2. Transition to Operations plan	September 2018	√																					
3. Submission and completion of CES Team Plans	October 5, 2018		x																				
<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>Need for separate survey tools for service-seeking and mandated clients resulting in the addition of a new project phase (i.e. <b>Phase Two</b>).</li> <li>CES launch in January 2019 to provide more planning time for Teams.</li> <li>Addition of incentives for participants to support community uptake.</li> </ul>				<p><b>Key Activities for Next Period (January-December 2019):</b></p> <ul style="list-style-type: none"> <li>Completion of Project Charter for <b>Phase Two: Mandated Client Experience Survey</b> (January 2019).</li> <li>Additional <b>Phase Two</b> Key Activities in 2019:                             <ul style="list-style-type: none"> <li>Completion of Focused Practice Question</li> <li>Establishment of an Advisory Committee with key stakeholders</li> <li>Survey selection or development</li> <li>Survey pilot (if non validated and reliable tool selected)</li> <li>Development of an implementation plan</li> <li>Submission to The Research Advisory Consultation (RAC) Lead for approval</li> <li>Development of a process document for staff and managers</li> <li>Completion of Transition to Operations plan and approval</li> </ul> </li> </ul>																			

## Project Status Report

<b>Status Legend</b>	Proceeding as planned	Problems have surfaced, considered manageable	Major obstacles; requires intervention
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<b>Project:</b>	Electronic Client Record (ECR)			
<b>Project Sponsor:</b>	Director, Healthy Organization		<b>Project Manager:</b> Kendra Ramer	
<b>Project Phase</b>	Planning		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status:	Scope:	Schedule:	Cost:

<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Project charter approved and initiated.</li> <li>Project workbook created.</li> <li>Communication plan developed</li> <li>Town Hall display table for ECR – information sharing and project updates with all staff.</li> <li>Business Process Workflow Analysis completed for phase 1 implementation teams.</li> </ul>	<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>Ottawa Public Health (OPH) remains in contract negotiations with Intrahealth Canada.</li> <li>In the absence of a signed agreement between OPH and Intrahealth, a piggyback clause with MLHU cannot be triggered until a finalized contract is in place.</li> </ul> <p><b><u>Top Risks:</u></b></p> <ul style="list-style-type: none"> <li>Pricing increases as licensing and maintenance fees are subject to change over time in the absence of a signed agreement.</li> <li>Project implementation for Phase 2 will overlap with the move according to the relocation project schedule resulting in competing priorities.</li> </ul>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Upcoming Key Milestones</th> <th style="width: 15%;">Targeted Completion Date</th> <th style="width: 10%;">On Track (√)</th> <th style="width: 10%;">Delayed (X)</th> </tr> </thead> <tbody> <tr> <td>1. Finalize contract</td> <td>October 2018</td> <td></td> <td style="text-align: center;">x</td> </tr> <tr> <td>2. Business Process Mapping – Phase 1</td> <td>October 2018</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>3. Vendor Configuration</td> <td>November 2018</td> <td></td> <td style="text-align: center;">x</td> </tr> <tr> <td>4. Policy &amp; Procedure Development/Revision</td> <td>December 2018</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>5. Business Process Mapping – Phase 2</td> <td>April 2019</td> <td style="text-align: center;">√</td> <td></td> </tr> </tbody> </table>	Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)	1. Finalize contract	October 2018		x	2. Business Process Mapping – Phase 1	October 2018	√		3. Vendor Configuration	November 2018		x	4. Policy & Procedure Development/Revision	December 2018	√		5. Business Process Mapping – Phase 2	April 2019	√		<p><b><u>Key Activities for Next Period:</u></b></p> <ul style="list-style-type: none"> <li>Finalize contract with Intrahealth.</li> <li>Begin project execution with the onboarding of the project implementation team from Intrahealth.</li> <li>Assessment of privacy practices across MLHU.</li> <li>Begin planning for Business Process Mapping – Phase 2</li> </ul>
Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)																						
1. Finalize contract	October 2018		x																						
2. Business Process Mapping – Phase 1	October 2018	√																							
3. Vendor Configuration	November 2018		x																						
4. Policy & Procedure Development/Revision	December 2018	√																							
5. Business Process Mapping – Phase 2	April 2019	√																							
<p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"> <li>Schedule delays due to the length of time required for contract negotiations between OPH and Intrahealth.</li> </ul>																									

## Project Status Report

<b>Status Legend</b>	Proceeding as planned	Problems have surfaced, considered manageable	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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<b>Project:</b>	Enterprise Resource Planning (ERP)			
<b>Project Sponsor:</b>	Director, Healthy Organization		<b>Project Manager:</b> Kendra Ramer	
<b>Project Phase</b>	Execution		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status:	Scope:	Schedule:	Cost:

<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Project charter initiated and approved.</li> <li>Project workbook initiated – work plan developed and formalized.</li> <li>Completed RFP process for Financial Reporting System Upgrade.</li> <li>Financial Reporting System Upgrade has commenced with the selected vendor.</li> <li>Issued RFP for HRIS procurement.</li> <li>Assessed the top 2 vendors for HRIS.</li> </ul>				<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>Finance team required to be available during upgrade period and year end reporting – November through to February 2019.</li> </ul>																					
<p><b><u>Upcoming Key Milestones</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Targeted Completion Date</th> <th style="width: 25%;">On Track (√)</th> <th style="width: 25%;">Delayed (X)</th> </tr> </thead> <tbody> <tr> <td>1. Select vendor for HRIS</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>2. Process Mapping for Payroll Functions</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>3. Financial Data Migration</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>4. Training: Financial System</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>5. Year End Reporting: New Financial Reporting System</td> <td style="text-align: center;">√</td> <td></td> </tr> </tbody> </table>				Targeted Completion Date	On Track (√)	Delayed (X)	1. Select vendor for HRIS	√		2. Process Mapping for Payroll Functions	√		3. Financial Data Migration	√		4. Training: Financial System	√		5. Year End Reporting: New Financial Reporting System	√		<p><b><u>Top Risks:</u></b></p> <ul style="list-style-type: none"> <li>Potential for data loss to occur during migration will require that appropriate back-up controls are in place.</li> </ul>			
Targeted Completion Date	On Track (√)	Delayed (X)																							
1. Select vendor for HRIS	√																								
2. Process Mapping for Payroll Functions	√																								
3. Financial Data Migration	√																								
4. Training: Financial System	√																								
5. Year End Reporting: New Financial Reporting System	√																								
<p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"> <li>Financial Reporting System and HRIS have been divided into 2 separate phases of the overall ERP project.</li> </ul>				<p><b><u>Key Activities for Next Period:</u></b></p> <ul style="list-style-type: none"> <li>Completed upgrade of the Financial Reporting System.</li> <li>Develop workflows for payroll functions and HR processes.</li> <li>Alignment of finance and procurement requirements for activation of purchasing module in the upgraded version of Great Plains.</li> <li>Inform and train key stakeholders on the new financial reporting system in preparation for Q1 2019 reporting period.</li> </ul>																					

## Project Status Report

<b>Status Legend</b>	Proceeding as planned	Problems have surfaced, considered manageable	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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<b>Project:</b>	Project Management Office (PMO)			
<b>Project Sponsor:</b>	Director, Healthy Organization		<b>Project Manager:</b> Kendra Ramer	
<b>Project Phase</b>	Monitoring & Control		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status:	Scope:	Schedule:	Cost:

<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Project charter initiated and approved.</li> <li>Enhancement of project status reporting.</li> <li>Created standardized set of tools for project management methodology.</li> <li>Communication with staff about PMO through various channels.</li> </ul>	<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>Staff not understanding the difference between program management and project management – e.g. when to use the Program Evaluation Framework (PEF) and when to use project management methodology.</li> </ul> <p><b><u>Top Risks:</u></b></p> <ul style="list-style-type: none"> <li>Staff reverting back to using historical project templates, which will require PMO to enhance communication about approved methodology.</li> </ul>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Upcoming Key Milestones</th> <th style="width: 15%;">Targeted Completion Date</th> <th style="width: 10%;">On Track (√)</th> <th style="width: 10%;">Delayed (X)</th> </tr> </thead> <tbody> <tr> <td>1. Transition to Operational Work</td> <td>March 2019</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>2. Modify templates (as required)</td> <td>Ongoing</td> <td style="text-align: center;">√</td> <td></td> </tr> <tr> <td>3. Evaluation of PMO</td> <td>March 2019</td> <td style="text-align: center;">√</td> <td></td> </tr> </tbody> </table> <p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"> <li>None to report.</li> </ul>	Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)	1. Transition to Operational Work	March 2019	√		2. Modify templates (as required)	Ongoing	√		3. Evaluation of PMO	March 2019	√		<p><b><u>Key Activities for Next Period:</u></b></p> <ul style="list-style-type: none"> <li>Continue staff consultations and engagement opportunities at team/division meetings.</li> <li>Information sharing at staff forums.</li> <li>Completion of Project Management Institute (PMI) education and promotion of up to date tools and resources for project management on the HUB.</li> <li>Update PMO page on the HUB</li> </ul>
Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)														
1. Transition to Operational Work	March 2019	√															
2. Modify templates (as required)	Ongoing	√															
3. Evaluation of PMO	March 2019	√															



## Project Status Report

<b>Status Legend</b>	Proceeding as planned	Problems have surfaced, considered manageable	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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<b>Project:</b>	Administrative Policy Manual Review			
<b>Project Sponsor:</b>	Director, Healthy Organization		<b>Project Manager:</b> Kendra Ramer	
<b>Project Phase</b>	Planning		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status:	Scope:	Schedule:	Cost:



<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Project charter initiated.</li> <li>Developed RFP documents.</li> <li>RFP issued for Policy Management Software Solution.</li> <li>Prioritization of policies for immediate review.</li> <li>Updated policy tracking sheet.</li> </ul>				<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>Limited number of vendors in the market to provide a robust policy management software solution in response to the RFP.</li> </ul>																																					
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Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)																																						
1. Evaluate RFP proposals	November 2018	√																																							
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<p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"> <li>None to report.</li> </ul>				<p><b><u>Key Activities for Next Period:</u></b></p> <ul style="list-style-type: none"> <li>Project execution will commence following the successful awarding of a contract.</li> <li>Continued review of existing policies to identify documents for revision/consolidation/decommission.</li> </ul>																																					

## Project Status Report

<b>Status Legend</b>	Proceeding as planned	Problems have surfaced, considered manageable	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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<b>Project:</b>	Relocation Project			
<b>Project Sponsor:</b>	Director, Healthy Organization		<b>Project Manager:</b> Joe Belancic	
<b>Project Phase</b>	Execution		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status:	Scope:	Schedule:	Cost:

<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Formation of the Relocation Advisory Committee (ad hoc committee of the Board)</li> <li>Hired Endri Polleti Architect Inc. (EPA) for architectural services.</li> <li>Hired Bes Consulting for project management services.</li> <li>Formal Project Plan received from EPA.</li> <li>Budget Estimates for Fit-Up received from Bes Consulting.</li> <li>Scheduled design consultation meetings with teams.</li> <li>Prepared needs assessment questionnaire for staff.</li> </ul>	<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>Waiting to receive landlord's project plan documents to validate that project schedules are aligned.</li> </ul> <p><b><u>Top Risks:</u></b></p> <ul style="list-style-type: none"> <li>Cost increases for construction labour and materials impacting the overall project budget.</li> <li>Termination of lease at current locations may result in having to expedite the project schedule and increase cost.</li> </ul>																
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Upcoming Key Milestones	Targeted Completion Date	On Track (√)	Delayed (X)														
1. Design consultations with teams	November – January 2019	√															
2. Detailed design development	February 2019	√															
3. Presentation to SLT	March 2019	√															

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention <input checked="" type="checkbox"/>
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<b>Project:</b>	Health Equity Indicators			
<b>Project Sponsor:</b>	Heather Lokko		<b>Project Manager:</b> Melanie Elms	
<b>Project Phase</b>	Execution		<b>Date:</b> October 2018	
Status Last Period: N/A	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Connected with most of the key stakeholders to gather information in order to establish current state related to prioritized health equity indicators.</li> <li>Developing recommendations regarding realistic targets and benchmarks for moving prioritized indicators forward.</li> <li>Developing recommendations regarding indicator monitoring systems and processes.</li> <li>Prioritized next set of indicators for assessment in 2019 and 2020.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>The need to identify benchmarks and targets was realized once project was underway. This work will significantly strengthen the project, however, has resulted in extra work.</li> <li>Significant change to HE Indicator work group membership has complicated forward movement towards goals.</li> </ul>	
				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>The assessment for Diversity and Inclusion, a prioritized indicator for 2018, is unlikely to be included in the SLT report provided in December. The related MLHU committee has not yet formed and chosen an external organization to perform a “current state” assessment of diversity within the MLHU workforce and provide expertise regarding realistic targets, benchmarks and process/capacity.</li> </ul>	
<b>Upcoming Key Milestones</b>	<b>Targeted Completion Date</b>	<b>On Track (√)</b>	<b>Delayed (X)</b>	<p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>Complete work of developing recommendations re: indicator monitoring.</li> <li>Prepare report and share with the Senior Leadership Team.</li> <li>Prepare for Phase 3.</li> </ul>	
1. Completion of key stakeholder consultations (through PPE survey)	Nov 30, 2018	√			
2. Update and seek input from NLT on project.	Dec 11, 2018	√			
3. Submit report to SLT for review, feedback and support for proposed recommendations.	Dec14, 2018	√			
4. Obtain approval for prioritized health equity indicators for 2019.	Dec 15, 2018	√			

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
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<p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"><li>• It has become apparent that it will be difficult for this committee to accurately estimate all resources required for implementation of recommendations, particularly as it relates to staff time, therefore this information will not necessarily be included in the recommendations.</li></ul>	
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TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 November 15

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## ACCREDITATION AND CONTINUOUS QUALITY IMPROVEMENT

### Recommendation

*It is recommended that the Governance Committee:*

- 1) *Receive Report No. 012-18GC re: “Accreditation and Continuous Quality Improvement” for information;*
- 2) *Recommend that the Board of Health not pursue accreditation at this time; and*
- 3) *Recommend that the Board of Health request an additional report in 2020 to reconsider the costs and benefits of pursuing accreditation with an external body.*

### Key Points

- In accordance with the Ontario Public Health Standards (OPHS), the Board of Health is responsible for ensuring a culture of quality and continuous organizational self-improvement.
- Accreditation is not mandated for public health units. Accreditation is one option/strategy for assessing and ensuring compliance with organizational and governance best practices and for promoting a culture of continuous quality improvement (CQI).
- The Middlesex-London Health Unit is not currently accredited. For fifteen years, MLHU was accredited under the Ontario Council on Community Health Accreditation (OCCHA), until OCCHA ceased operations in 2013.

### Background

Accreditation is an external review process that evaluates a public health unit against a set of standards. The Middlesex-London Health Unit had been accredited previously under the Ontario Council on Community Health Accreditation (OCCHA). In March 2013, the Ministry of Health and Long-Term Care (MOHLTC) ended a funding arrangement with OCCHA, and OCCHA ceased operations. Since 2013, the Ministry has undertaken initiatives to build and implement its support for quality improvement. The Ministry maintains support for voluntary accreditation under one of the two national accreditation bodies, Accreditation Canada and Excellence Canada, recognizing the potential benefits for local public health units.

### Board of Health Accountability for Quality

In accordance with the Ontario Public Health Standards (OPHS) for Effective Public Health Practice, the Board of Health is responsible for ensuring a culture of quality and continuous organizational self-improvement that encompasses programs, services, and public health practice. This *may include*:

- a) Identification and use of tools, structures, processes, and priorities to measure and improve the quality of programs and services;
- b) Measurement of client, community, community partner, and stakeholder experience;
- c) Routine review of outcome data; and
- d) Use of external peer reviews, such as accreditation.

Currently, MLHU has several processes in place to satisfy the requirements of this standard, including the Balanced Scorecard, the MOHLTC Annual Service Plan, MLHU annual budget reporting, the Planning and Evaluation Framework, the Client and Community Partner Experience Project, and the Community Health Status Resource.

### **Update on Accreditation**

In October 2018, MLHU staff conducted an environmental scan to determine the level of accreditation involvement across other Ontario public health units, the perceived value of accreditation, and key considerations. Responses were received from nearly half of the thirty-six public health units. Of those who responded, less than half rated the accreditation process as extremely valuable in advancing quality at their organization, and only a quarter of respondents indicated that their organization was extremely likely to participate in an accreditation program in the future.

Key considerations were consistent with the literature, and included:

- a) Availability of dedicated staff resources – Public health units that experienced benefits had dedicated staff resources to support accreditation on an ongoing basis; “It is not a ‘side of desk’ exercise.”
- b) Financial cost – Accreditation programs are costly; many respondents spoke to the cost being prohibitive given current funding challenges and the number of competing priorities.
- c) Value compared to alternative frameworks and approaches – Public health units that rated the value of accreditation highly spoke to how accreditation had informed the development of their organization’s quality program and provided a common continuous quality improvement (CQI) language. They also noted that external peer reviewers are able to share their knowledge from other organizations about improvement opportunities. Public health units that opted not to participate in an accreditation program spoke to their commitment to and success in engaging alternative frameworks and approaches to support CQI within their organizations.
- d) Organizational readiness – Some respondents indicated that the benefits of accreditation may vary, depending on the organization’s readiness to engage in an accreditation program from resource capacity and cultural standpoints.

### **Next Steps**

MLHU is committed to comprehensive use of the Planning and Evaluation Framework (PEF), Balanced Scorecard, and other quality improvement strategies and practices. MLHU is also undergoing significant change with intensive financial and human resources requirements: the Location Project, electronic client record (ECR) implementation, and implementation of an enterprise resource planning (ERP) solution.

Accreditation remains as an option for the Board of Health to advance quality improvement, and should be reconsidered periodically for its potential benefits and costs to the organization.

This report was 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 November 15

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## **ALIGNMENT OF PROGRAMS WITH THE ONTARIO PUBLIC HEALTH STANDARDS AND MLHU PLANNING AND BUDGETING PROCESSES**

### ***Recommendation***

*It is recommended that the Governance Committee Receive Report No. 013-18GC re: “Alignment of Programs with the Ontario Public Health Standards and MLHU Planning and Budgeting Processes” for information.*

### **Key Points**

- The Ministry of Health and Long-Term Care (MOHLTC) released the new Ontario Public Health Standards, which came into effect January 1, 2018.
- These Standards included enhanced reporting requirements for budget submissions beginning in 2018.
- Feedback on MLHU’s 2018 submission was provided by the MOHLTC.
- With the MOHLTC feedback, MLHU has aligned its planning and budgeting processes to provide program reporting relevant to MOHLTC categorization and to eliminate duplication of planning and budgeting work already happening within MLHU processes.

### **Background**

On January 1, 2018, the Ministry of Health and Long-Term Care’s (MOHLTC) new [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) came into effect. The introduction of the new standards brought with it enhanced reporting requirements vis-à-vis the Annual Service Plan (ASP). The Middlesex-London Health Unit submitted its ASP in March 2018 as part of both its base and one-time funding requests. The ASP required that boards of health submit details for each program, including:

- |                                  |                                    |
|----------------------------------|------------------------------------|
| - Community Needs and Priorities | - Program Objectives               |
| - Key Partners and Stakeholders  | - Indicators of Success            |
| - Program Description            | - List of Associated Interventions |

### **Feedback from MOHLTC on 2018 Submission**

MOHLTC conducted a detailed review of the Annual Service Plans to assess alignment with the Ontario Public Health Standards in order to inform the 2019 reporting process and to provide feedback to boards of health.

Overall, Ontario boards of health had substantial variation in the content that was submitted, including the detail of programs and services, naming conventions for programs and interventions, alignment of programs and standards, and funding sources for each standard.

MOHLTC communicated that overall, MLHU's submission was quite strong. They also provided specific feedback across the various program areas. Common themes included the need for programs to detail community partners and stakeholders, as well as target and priority populations, and to expand on the descriptions of some programs. This feedback is attached in [Appendix A](#).

### **MLHU Program List**

The introduction of the new Standards and the ASP reporting requirements have provided an opportunity for MLHU to consider how best to align program planning and budgeting processes. The ASP requires that boards submit budget allocations based on the programs that align with the Standards. The ASP contrasts with the Board of Health Planning and Budget Template (PBT), which reports at the team level and may include many different programs and funding sources. Often teams deliver multiple programs spanning multiple standards in collaboration with multiple teams. To navigate this inconsistency, MLHU has developed a taxonomy for its program delivery, which includes definitions for program, intervention, activity, and task (attached as [Appendix B](#)). This taxonomy aims to focus programs around intended population health outcomes.

Further, using the feedback provided by MOHLTC, and via a review of the PBTs against the new Standards, the Management Team created a draft program list for building the 2019 ASP and MLHU budget. The draft program list can be found in [Appendix C](#), with a visual representation of the programs by Standard in [Appendix D](#), and the programs delivered by team in [Appendix E](#).

### **Alignment of ASP and PBT with the Planning and Evaluation Framework**

Rather than conduct two separate planning and budgeting exercises (for both the ASP and the PBT), MLHU staff will use the program list, as well as tools from the MLHU Planning and Evaluation Framework, to prepare sixty-nine program description, program indicator, and program budget templates, highlighting:

- Program Mandate
- MHLU Teams Delivering Program
- Community Need and Priorities
- Target and Priority Populations
- Key Partners and Stakeholders
- Intended Program Outcomes
- Interventions
- Key Assumptions
- Highlights and Initiatives
- Program Challenges and Risks
- Program Indicators
- Financial Allocation (FTE and funding sources)

### **Next Steps**

MLHU staff are in the process of completing the aligned program reporting templates for collation by the Program Planning and Evaluation Team and the Finance Team by the end of 2018. It is intended that MLHU's budget will be available for review by the Finance & Facilities Committee and the Board of Health in January 2019. The budget will include a breakdown by team and by program. The MOHLTC submission deadline is March 1, 2019.

This report was prepared by the Healthy Organization Division.



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



## 2018 Annual Service Plan and Budget Submission MOHLTC Feedback

Appendix A to Report No. 013-18GC

### Board of Health for the Middlesex-London Health Unit

Topic Areas / Themes	Strengths	Areas of Improvement for 2019	Other Feedback/Comments
Community Assessment	<p>Overall, well written community assessment. Provided a good overview of the local communities in the public health unit region, including demographics, overall unique priorities, opportunities and challenges, and comparisons with Ontario averages.</p> <p>Effectively identifies key local disease priorities and accurately addresses disease trends. Also, outlines specific interventions to respond to certain disease trends.</p> <p>Provides an effective summary of key partners.</p> <p>Excellent Indigenous population profile.</p>	<p>Provide more details on the following: Specify which programs you are collaborating with your key partners on; how public health programs and interventions are responding to disease trends; type of injuries and causal factor (e.g., substance use related falls, self-harm, environmental exposures, etc.) and linking risk factors to the leading causes of morbidity and mortality would be helpful, if known; and, demonstrate linkage to programs and services the public health unit plans to deliver (i.e. immunization was not included in the community assessment).</p>	No comments.
Population Health Assessment	<p>Well written description of the activities the public health unit plans to undertake to access, develop and interpret data and prepare reports.</p>	No comments.	No comments.
Health Equity	<p>Thorough analysis and integration of health equity into program and service delivery.</p> <p>Inclusion of a capacity building plan for staff.</p> <p>Good integration of newcomer cultural differences into cultural sensitivity training.</p> <p>Priority populations are identified sufficiently under multiple Program Standards.</p> <p>Description includes activities to engage with Indigenous organizations and First Nations in the catchment area in a way that is meaningful to them.</p>	<p>Provide more details on LHIN collaboration with respect to health equity (e.g., joint planning committee/tables).</p> <p>Expand on list of key partners - municipalities, provincial agencies, LHIN partners and any other partners that represent the interests of the priority population of the health unit.</p>	No comments.
Effective Public Health Practice	<p>Well written description of the activities the public health unit plans to undertake related to program planning, evaluation, and evidence-informed decision-making; research knowledge exchange, and communication; and, quality and transparency.</p>	No comments.	No comments.

## 2018 Annual Service Plan and Budget Submission MOHLTC Feedback

### Board of Health for the Middlesex-London Health Unit

Topic Areas / Themes	Strengths	Areas of Improvement for 2019	Other Feedback/Comments
Emergency Management	The public health unit provided sufficient information on key internal and external stakeholders.	More details are needed in regards to how and what actions the unit will be taking to ensure the achievement of its stated goals, including “identifying and assessing the relevant hazards and risks to the public’s health”; “develop, implement, and document 24/7 notification protocols”; “ensure the provision of emergency preparedness and response education and training for board of health staff” etc. Should the unit have already conducted some initial activities to achieve the goals above, a status update on those actions would be beneficial.	No comments.
Chronic Disease Prevention and Well-Being	<p>Provided detail on key partners involved.</p> <p>Provided data on regional risk factors aligned with needs and priorities. These risk factors included some topics of consideration under the Program Standard.</p> <p>Demonstrated a comprehensive health promotion approach.</p>	Need to ensure programming is implemented according to the requirements of the Standards (e.g., enforcement of the Healthy Menu Choices Act, 2015) (as mentioned in the MOHLTC Overview and Feedback Slide Deck).	No comments.
Food Safety	<p>Demonstrated alignment of programs with the Standards. The relevant information has been provided in the community needs section and aligned with the program plans.</p> <p>Detailed stakeholder list aligned with program descriptions, including the role of key partners in the food safety program.</p> <p>Interventions are well described.</p>	No comments.	No comments.
Healthy Environments	Demonstrated alignment with the Standard. The relevant information has been provided in the community needs section and aligned with the program plan.	No comments.	No comments.

## 2018 Annual Service Plan and Budget Submission MOHLTC Feedback

### Board of Health for the Middlesex-London Health Unit

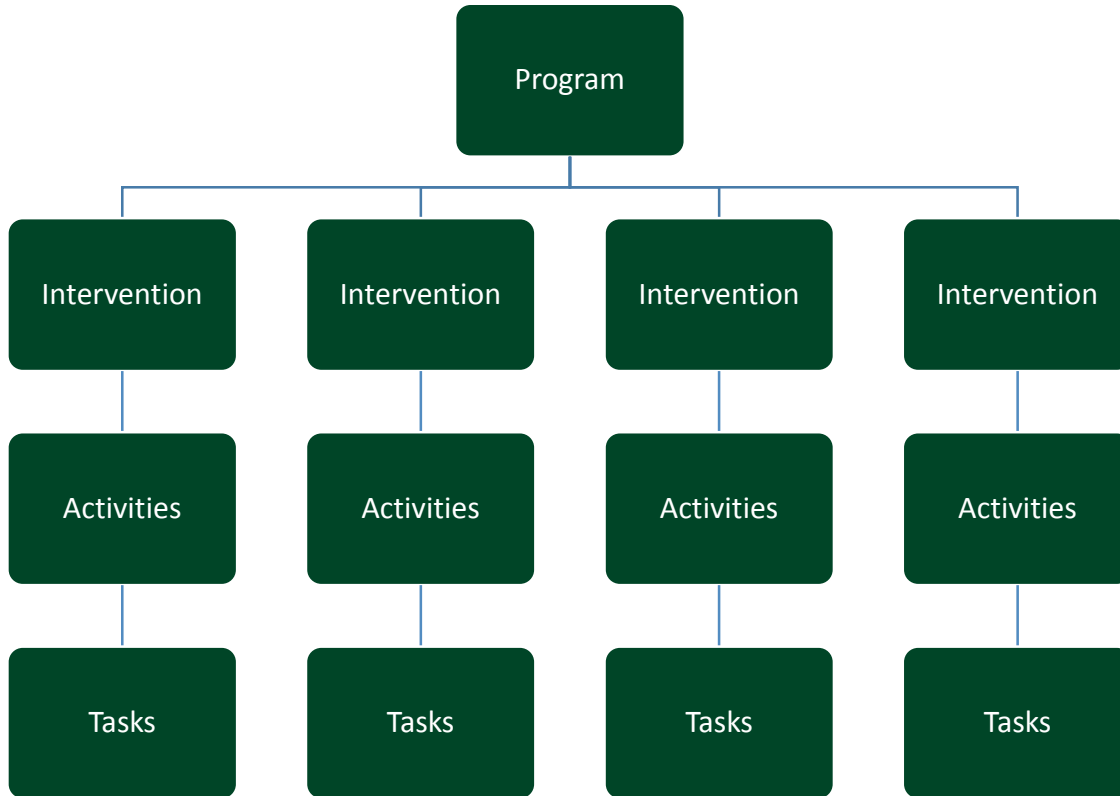
Topic Areas / Themes	Strengths	Areas of Improvement for 2019	Other Feedback/Comments
Healthy Growth and Development	<p>Excellent use of data to assess community needs and support prioritization, including identification of priority populations. Programming priorities clearly outlined.</p> <p>Comprehensive list of key partners, with strong systems-focused cross-sectoral partnerships.</p> <p>Program descriptions are detailed and evidence-based, and highlight the role of partnerships in achieving program outcomes.</p> <p>Robust, measurable indicators provided for the Nurse Family Partnership Program, with program evaluation underway.</p> <p>Key concepts and required approaches as listed in the Healthy Growth and Development Guideline, 2018 are well integrated.</p> <p>Most programs include an aspect of mental health promotion.</p> <p>Indigenous-led organizations and First Nations identified as a partner in prenatal, child development and youth health initiatives.</p>	No comments.	No comments.
Immunization	Provided some details to understand the programs being delivered under this program standard.	Provide more details on the following: Expand on program descriptions (some repetition across programs); adverse Events Following Immunizations and education to the public/health care providers; Provide specific titles of key partners/stakeholders (general list was provided); and, expand on program successes with measurable outcomes.	No comments.

## 2018 Annual Service Plan and Budget Submission MOHLTC Feedback

### Board of Health for the Middlesex-London Health Unit

Topic Areas / Themes	Strengths	Areas of Improvement for 2019	Other Feedback/Comments
Infectious and Communicable Diseases Prevention and Control	<p>Infection Prevention and Control Investigations: Good descriptions of the program, interventions, and indicators are provided.</p> <p>Sexual Health Clinic Services: Priority populations are clearly defined and the focus of activities demonstrates alignment with the Standards.</p>	<p>Reportable Disease Follow up and Case Management: Please refer to 'reportable disease' as 'diseases of public health significance'.</p> <p>HIV Leadership, Sexual Health Clinic Services, and Sexually Transmitted Infection follow-up: Provide more detail on how priority populations are identified.</p> <p>Programming related to food premise inspections should be reported under the Food Safety Program Standard.</p> <p>Vector-Borne Disease: Provide more information on public health interventions with respect to public and health care provider education and awareness.</p>	No comments.
Safe Water	Demonstrates alignment with the Standards.	Provide more details on key partners/stakeholders.	No comments.
School Health	<p>Provided some details to understand the programs being delivered under this program standard.</p> <p>School Health - Oral Health: Strong case presented in Community Need and Priorities. Statistics provided on school screening findings, client enrolment, client utilization, prevalence of dental insurance, and oral pain. Program descriptions are well detailed with strong indicators defined.</p>	<p>School Health - Immunization: Ensure all program plans are completed (i.e. education and consultation program plan not completed in the Annual Service Plan but with a budget allocated).</p>	<p>School Health - Vision: No program plan included in the Annual Service Plan. Programming is required to be implemented in 2018-19 as per the requirements of the Program Standard and Protocol.</p>
Substance Use and Injury Prevention	<p>Interventions demonstrate alignment with Substance Use Prevention and Harm Reduction Guideline.</p> <p>Injury Prevention: Sufficient data provided to demonstrate priority areas, aligning with topics for consideration under the Substance Use and Injury Prevention Program Standard.</p> <p>Programs reflected priority areas and sufficient detail about interventions is provided.</p>	<p>Provide more clarification/information on the following: Harm reduction programs and interventions need to be better aligned with Substance Use Prevention and Harm Reduction Guideline; Tobacco Vendor Education referencing SFOA-Training.com and ECA-Training.com that will be decommissioned effective July 1, 2018 when the SFOA 2017 comes into effect; Smoke-Free Movies (clarification is required to ensure activities do not include call for action for provincial policy change (e.g., 18A adult rating)); advocacy work (clarification is required to ensure activities are admissible for the Annual Service Plan); expand on key partners, including Indigenous organizations and immigrant service organizations; and, expand on details related to the harm reduction initiatives.</p>	<p>Note that mental health issues may arise from cannabis use, but does not include tactics to address mental health.</p>

## Taxonomy of MLHU program delivery



### **Program**

A logical grouping of public health interventions related to a disease, topic, population/age, or other. This set of interventions helps to achieve the desired short, intermediate and long term outcomes.

### **Intervention**

A series of activities performed to assess, improve, maintain, promote or modify health or health status for individuals, target population, or an entire population. Interventions can be implemented in multiple settings and using multiple strategies. Examples include surveillance, disease and other health event investigation, outreach, screening, case management, direct service delivery, health teaching, inspections, counselling, advocacy, policy development, etc.

### **Activity**

Specific services and actions delivered to achieve a desired outcome. Example of activities include distributing campaign posters, demonstrating breastfeeding technique, reading TB skin tests, etc.

### **Task**

The individual actions that are required to complete an activity.

<i>Program</i>	<i>Aligned Standard</i>	<i>Type of Standard</i>
Emergency Management	Emergency Management	Foundational
Communications	Effective Public Health Practice	Foundational
Program Planning and Evaluation	Effective Public Health Practice	Foundational
Research and Knowledge Exchange	Effective Public Health Practice	Foundational
Quality and Transparency	Effective Public Health Practice	Foundational
Shared Library Services Partnership	Effective Public Health Practice	Foundational
Health Equity	Health Equity	Foundational
Indigenous Public Health Practice	Health Equity	Foundational
Population Health Assessment and Surveillance	Population Health Assessment	Foundational
Healthy Babies, Healthy Children	Ministry of Children, Community and Social Services (MCCSS)	MCCSS
Screening, Assessment and Intervention	Ministry of Children, Community and Social Services (MCCSS)	MCCSS
Healthy Eating Behaviour	Chronic Disease Prevention and Well-Being	Program
Physical Activity and Sedentary Behaviours	Chronic Disease Prevention and Well-Being	Program
Ultraviolet Radiation and Sun Safety	Chronic Disease Prevention and Well-Being	Program
Oral Health	Chronic Disease Prevention and Well-Being	Program
Food Safety	Food Safety	Program
Healthy Built and Natural Environments	Healthy Environments	Program
Exposure to Other Health Hazards	Healthy Environments	Program
Extreme Weather and Climate Change	Healthy Environments	Program
Facilities and Housing	Healthy Environments	Program
Growth and Development	Healthy Growth and Development	Program
Mental Health Promotion - HGD	Healthy Growth and Development	Program
Breastfeeding and Infant Feeding	Healthy Growth and Development	Program
Healthy Pregnancies	Healthy Growth and Development	Program
Preconception Health	Healthy Growth and Development	Program
Healthy Sexuality	Healthy Growth and Development	Program
Infection Prevention and Control	Infectious and Communicable Disease Prevention and Control	Program
Respiratory, Enteric, and Other Infectious Disease	Infectious and Communicable Disease Prevention and Control	Program
Tuberculosis	Infectious and Communicable Disease Prevention and Control	Program
Sexually Transmitted and Blood-Borne Disease	Infectious and Communicable Disease Prevention and Control	Program

## Draft 2019 MLHU Program List

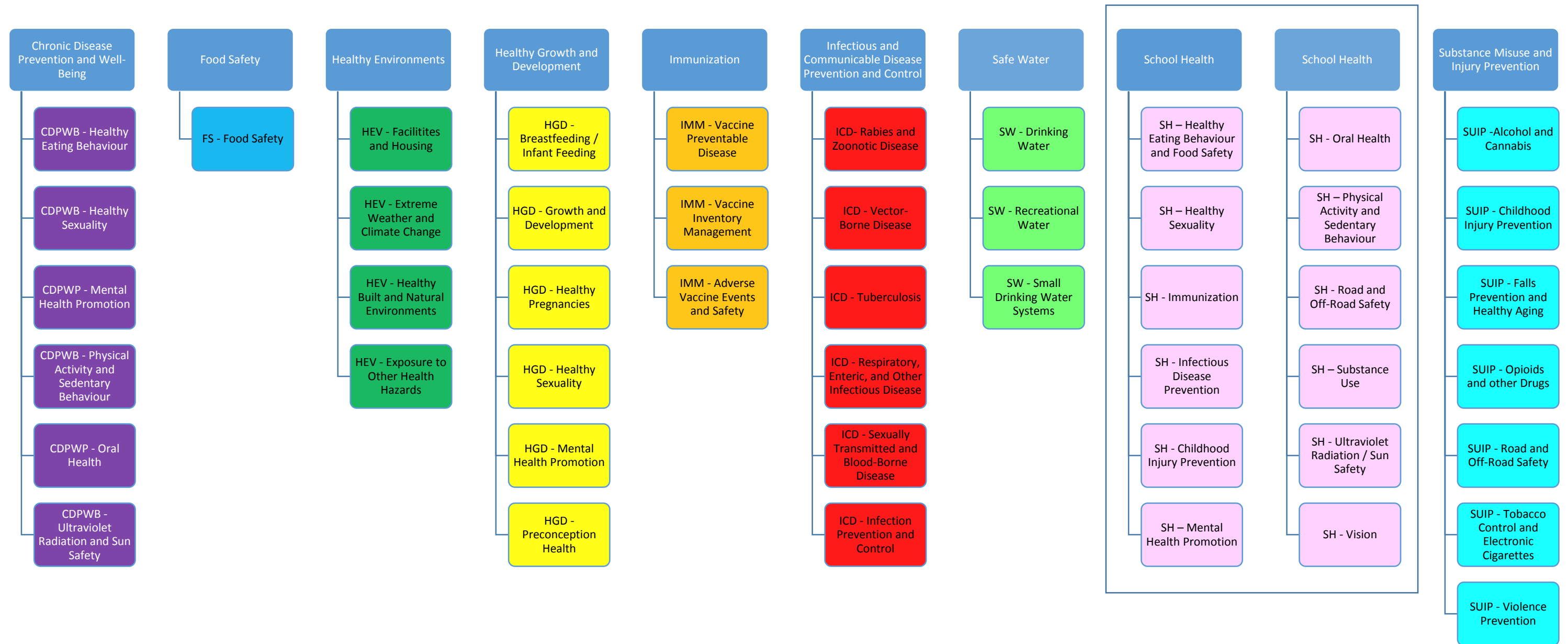
<i>Program</i>	<i>Aligned Standard</i>	<i>Type of Standard</i>
Vector-Borne Disease	Infectious and Communicable Disease Prevention and Control	Program
Rabies and Zoonotic Disease	Infectious and Communicable Disease Prevention and Control	Program
Vaccine Inventory Management	Immunization	Program
Vaccine Preventable Disease	Immunization	Program
Adverse Vaccine Events and Safety	Immunization	Program
Immunization - SH	School Health - Immunization	Program
Childhood Injury Prevention - SH	School Health	Program
Healthy Eating Behaviour and Food Safety - SH	School Health	Program
Infectious Disease Prevention - SH	School Health	Program
Mental Health Promotion - SH	School Health	Program
Physical Activity and Sedentary Behaviours - SH	School Health	Program
Road and Off-Road Safety - SH	School Health	Program
Substance Use - SH	School Health	Program
Ultraviolet Radiation and Sun Safety - SH	School Health	Program
Healthy Sexuality - SH	School Health	Program
Oral Health - SH	School Health – Oral Health	Program
Vision – School Health	School Health – Vision	Program
Tobacco Control and Electronic Cigarettes	Substance Use and Injury Prevention	Program
Alcohol and Cannabis	Substance Use and Injury Prevention	Program
Childhood Injury Prevention	Substance Use and Injury Prevention	Program
Falls Prevention and Healthy Aging	Substance Use and Injury Prevention	Program
Mental Health Promotion - SUIP	Substance Use and Injury Prevention	Program
Road and Off-Road Safety	Substance Use and Injury Prevention	Program
Violence Prevention	Substance Use and Injury Prevention	Program
Opioids and Other Drugs	Substance Use and Injury Prevention	Program
Southwest Tobacco Control Area Network	Substance Use and Injury Prevention	Program
Drinking Water	Safe Water	Program
Recreational Water	Safe Water	Program
Small Drinking Water Systems	Safe Water	Program
Strategic Projects	Delivery of Programs and Services	Requirement
Finance	Fiduciary Requirements	Requirement
Procurement	Fiduciary Requirements	Requirement

## Draft 2019 MLHU Program List

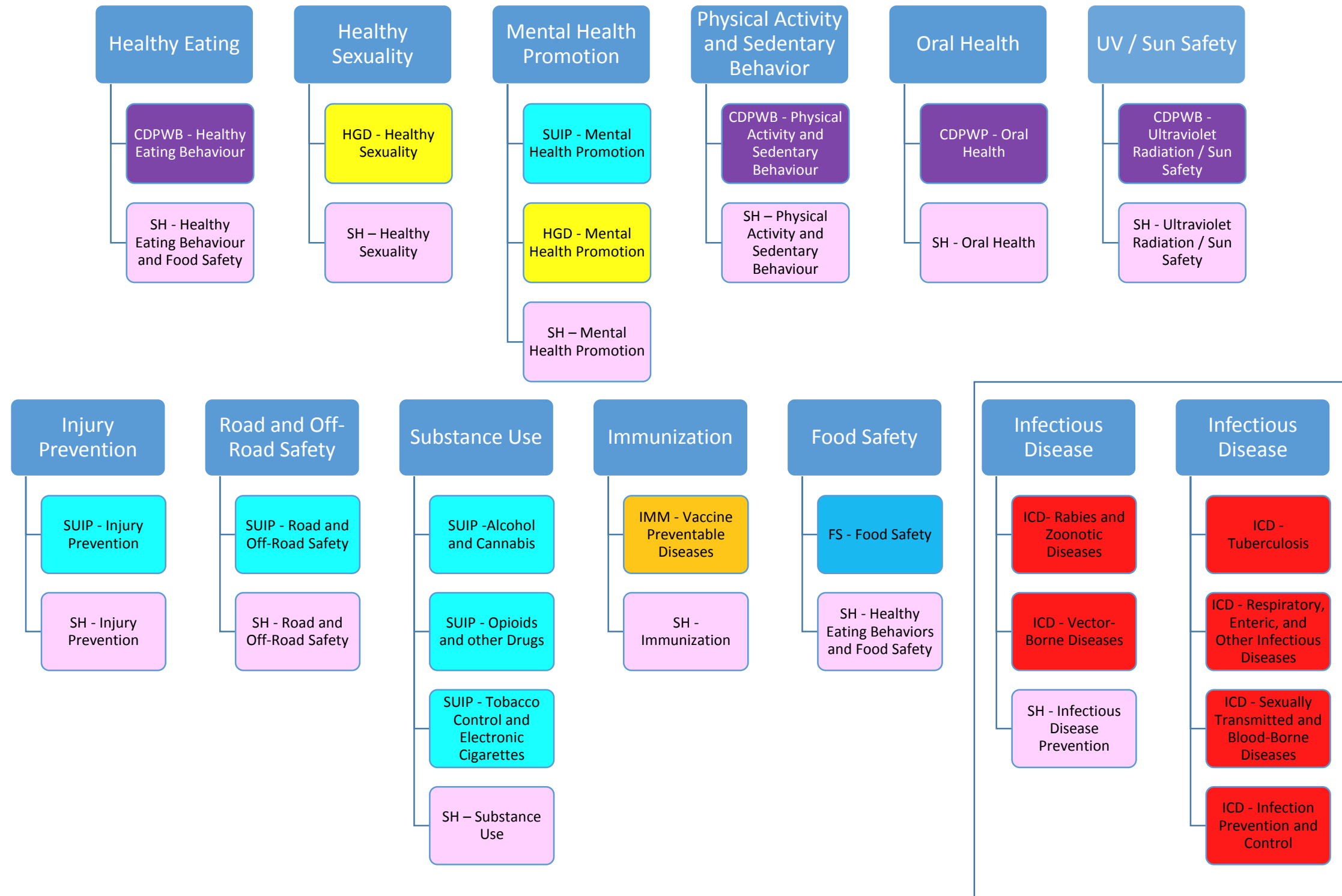
<i>Program</i>	<i>Aligned Standard</i>	<i>Type of Standard</i>
Human Resources	Good Governance and Management Practices	Requirement
Information Technology	Good Governance and Management Practices	Requirement
Operations	Good Governance and Management Practices	Requirement
Privacy and Records	Good Governance and Management Practices	Requirement
Governance	Good Governance and Management Practices	Requirement
Risk Management	Good Governance and Management Practices	Requirement
Chief Nursing Officer	Public Health Practice	Requirement



# MLHU Programs by Program Standard



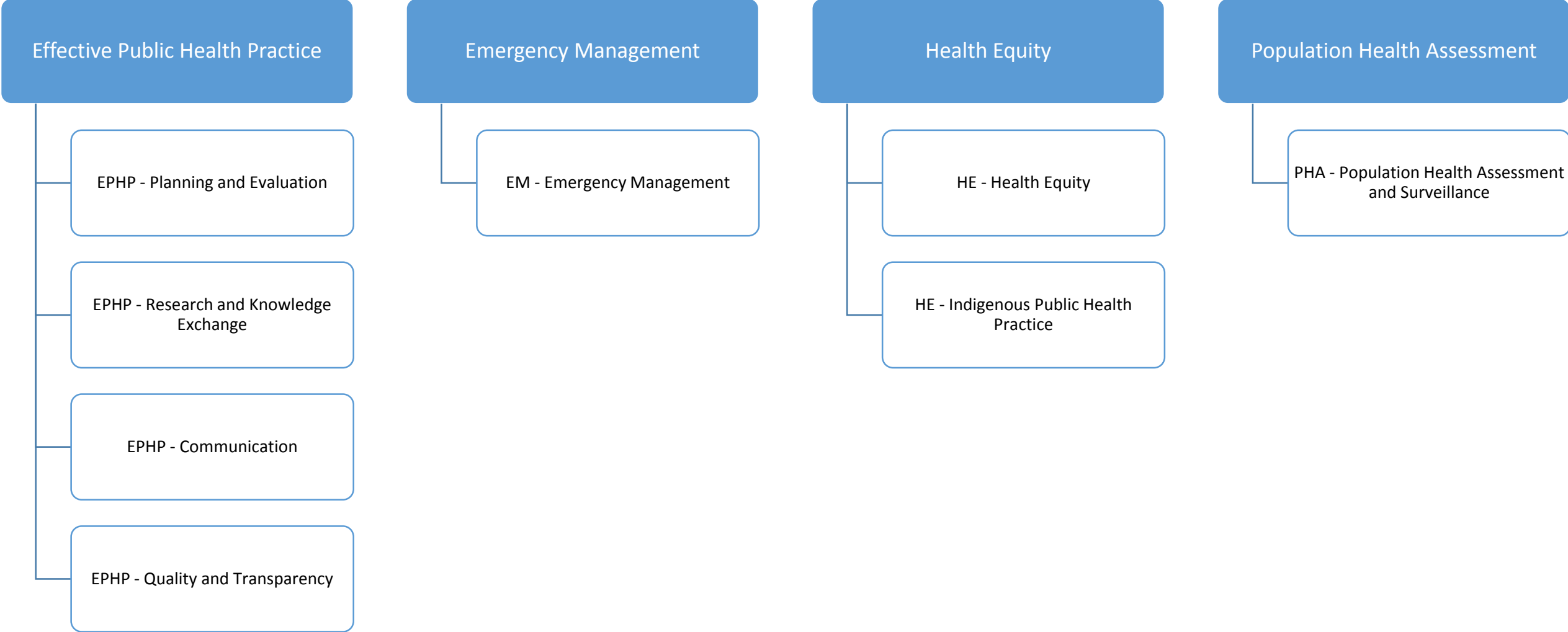
# Cross-Cutting Programs and Associated Standards



## Ontario Public Health Standards

- Chronic Disease Prevention and Well-Being (CDPWB)
- Food Safety (FS)
- Healthy Environments (HEV)
- Healthy Growth and Development (HGD)
- Immunization (IMM)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Safe Water (SW)
- School Health (SCH)
- Substance Use and Injury Prevention (SUIP)

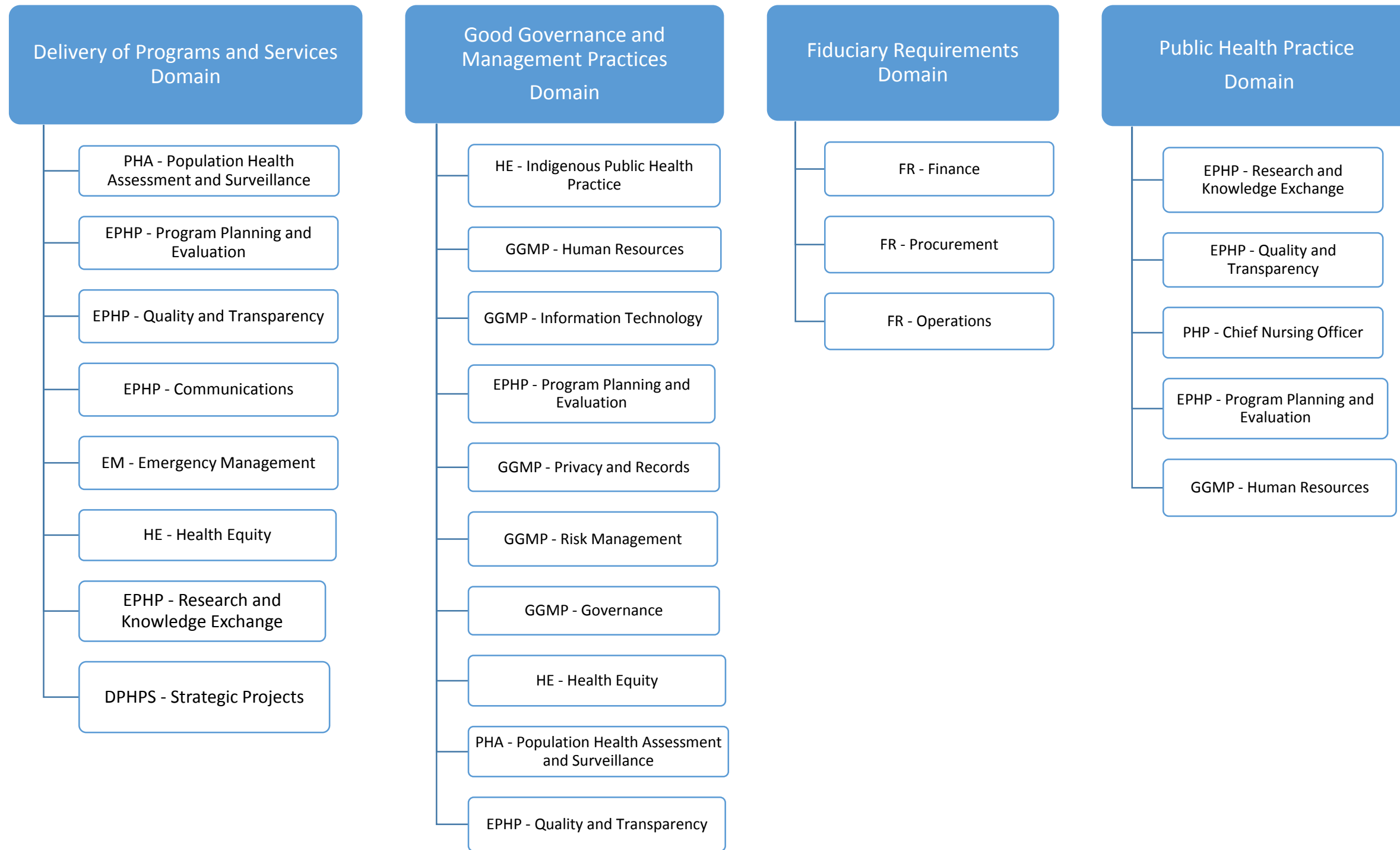
# MLHU Programs by Foundational Standards



**Ontario Public Health Standards**

- Chronic Disease Prevention and Well-Being (CDPWB)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Food Safety (FS)
- Safe Water (SW)
- Healthy Environments (HEV)
- School Health (SCH)
- Healthy Growth and Development (HGD)
- Substance Use and Injury Prevention (SUIP)
- Immunization (IMM)

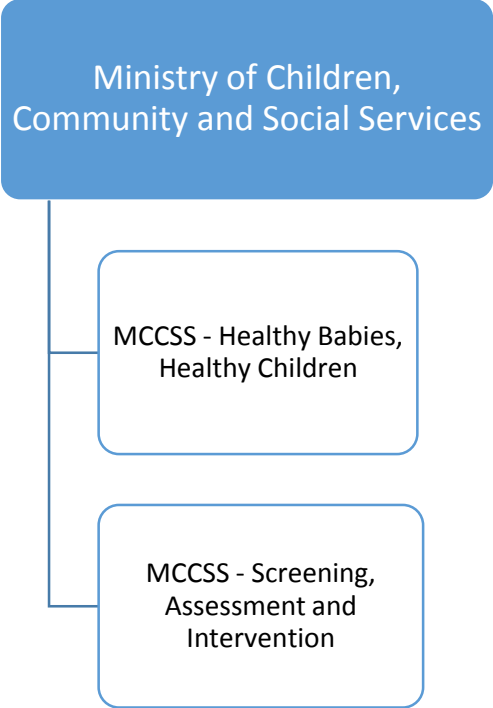
# MLHU Programs by Organizational Requirements



## Ontario Public Health Standards

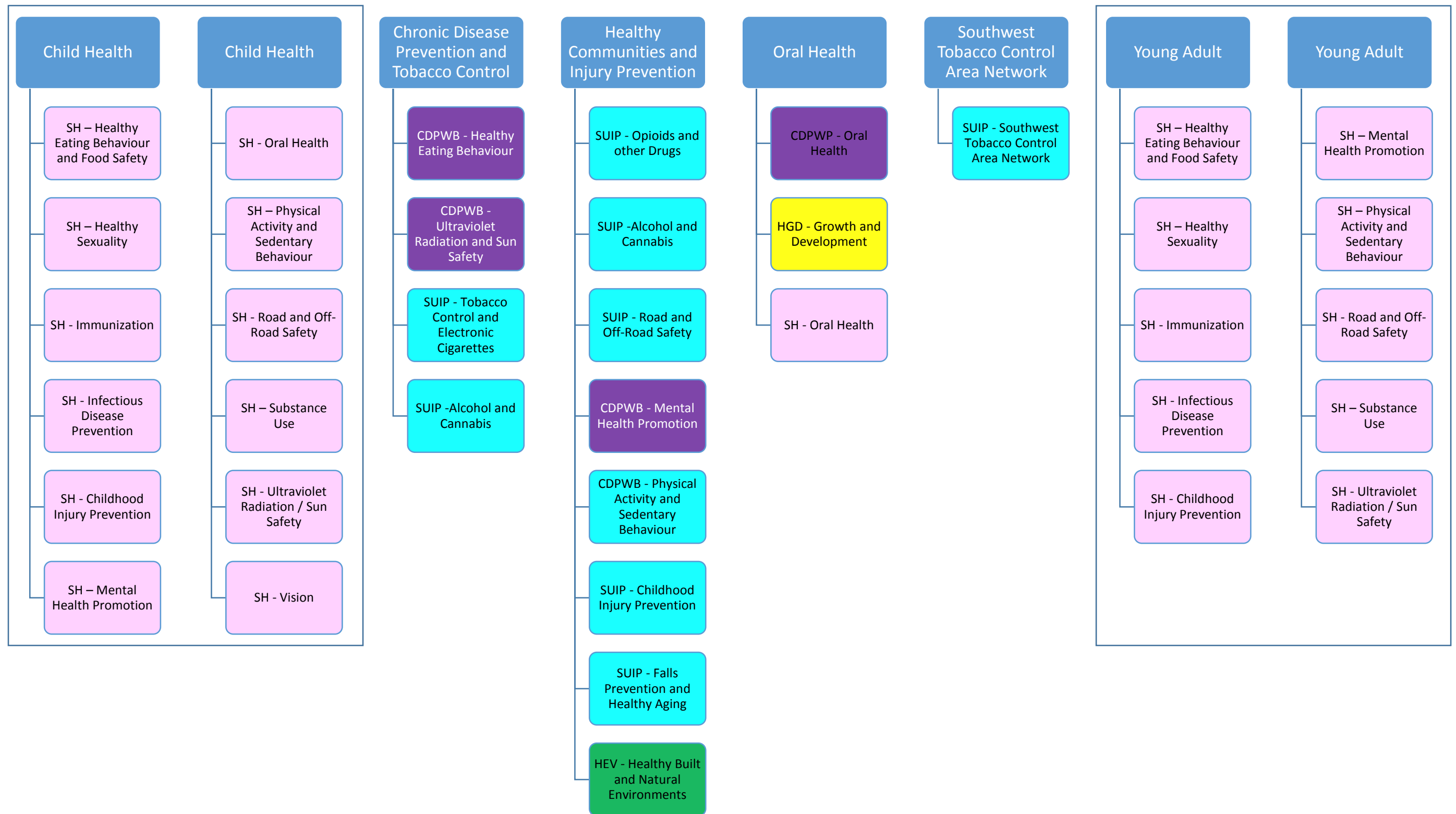
- Chronic Disease Prevention and Well-Being (CDPWB)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Food Safety (FS)
- Safe Water (SW)
- Healthy Environments (HEV)
- School Health (SCH)
- Healthy Growth and Development (HGD)
- Substance Use and Injury Prevention (SUIP)
- Immunization (IMM)

# MLHU Programs by Ministry of Children, Community and Social Services Programs



- Ontario Public Health Standards**
- Chronic Disease Prevention and Well-Being (CDPWB)
  - Food Safety (FS)
  - Healthy Environments (HEV)
  - Healthy Growth and Development (HGD)
  - Immunization (IMM)
  - Infectious and Communicable Diseases Prevention and Control (ICD)
  - Safe Water (SW)
  - School Health (SCH)
  - Substance Use and Injury Prevention (SUIP)

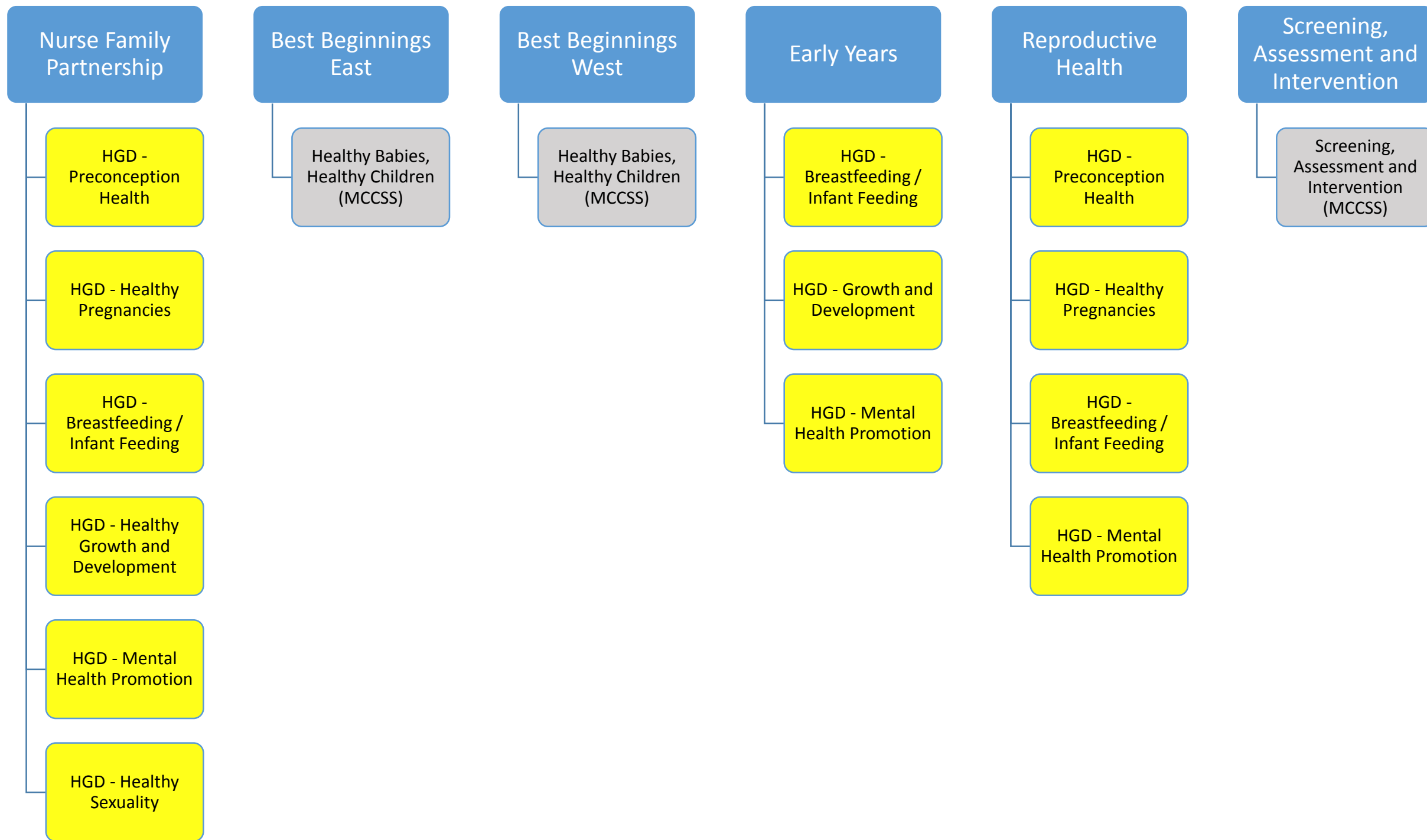
# Healthy Living – Programs Delivered by Teams



## Ontario Public Health Standards

- Chronic Disease Prevention and Well-Being (CDPWB)
- Food Safety (FS)
- Healthy Environments (HEV)
- Healthy Growth and Development (HGD)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Safe Water (SW)
- School Health (SH)
- Immunization (IMM)
- Substance Use and Injury Prevention (SUIP)

# Healthy Start –Programs Delivered by Teams



## Ontario Public Health Standards

- Chronic Disease Prevention and Well-Being (CDPWB)
- Food Safety (FS)
- Healthy Environments (HEV)
- Healthy Growth and Development (HGD)
- Immunization (IMM)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Safe Water (SW)
- School Health (SH)
- Substance Use and Injury Prevention (SUIP)

# Environmental Health and Infectious Diseases – Programs Delivered by Teams

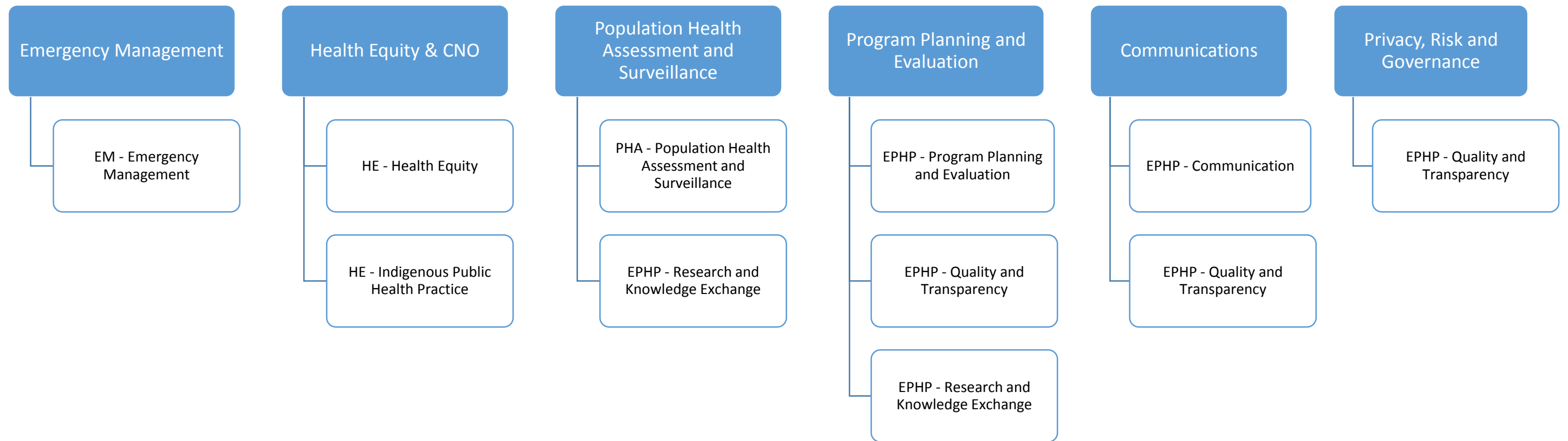


## Ontario Public Health Standards

- Chronic Disease Prevention and Well-Being (CDPWB)
- Food Safety (FS)
- Healthy Environments (HEV)
- Healthy Growth and Development (HGD)
- Immunization (IMM)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Safe Water (SW)
- School Health (SH)
- Substance Use and Injury Prevention (SUIP)



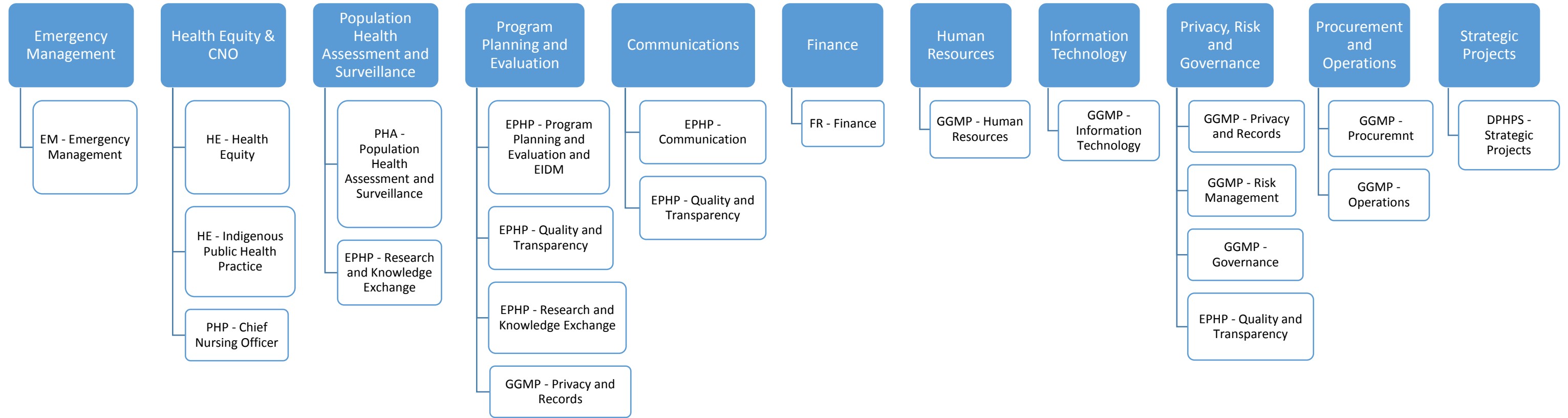
# Foundational Standards – Programs Delivered by Teams



## Ontario Public Health Standards

- |   |  |  |   |   |
|---|--|--|---|---|
| <span style="display: inline-block; width: 15px; height: 15px; background-color: purple; border: 1px solid black;"></span> Chronic Disease Prevention and Well-Being (CDPWB)              | <span style="display: inline-block; width: 15px; height: 15px; background-color: blue; border: 1px solid black;"></span> Food Safety (FS)      | <span style="display: inline-block; width: 15px; height: 15px; background-color: green; border: 1px solid black;"></span> Healthy Environments (HEV) | <span style="display: inline-block; width: 15px; height: 15px; background-color: yellow; border: 1px solid black;"></span> Healthy Growth and Development (HGD)     | <span style="display: inline-block; width: 15px; height: 15px; background-color: orange; border: 1px solid black;"></span> Immunization (IMM) |
| <span style="display: inline-block; width: 15px; height: 15px; background-color: red; border: 1px solid black;"></span> Infectious and Communicable Diseases Prevention and Control (ICD) | <span style="display: inline-block; width: 15px; height: 15px; background-color: lightgreen; border: 1px solid black;"></span> Safe Water (SW) | <span style="display: inline-block; width: 15px; height: 15px; background-color: pink; border: 1px solid black;"></span> School Health (SH)          | <span style="display: inline-block; width: 15px; height: 15px; background-color: cyan; border: 1px solid black;"></span> Substance Use and Injury Prevention (SUIP) |   |

# Organizational Requirements – Programs Delivered by Teams



## Ontario Public Health Standards

- Chronic Disease Prevention and Well-Being (CDPWB)
- Food Safety (FS)
- Healthy Environments (HEV)
- Healthy Growth and Development (HGD)
- Immunization (IMM)
- Infectious and Communicable Diseases Prevention and Control (ICD)
- Safe Water (SW)
- School Health (SH)
- Substance Use and Injury Prevention (SUIP)



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2018 November 15

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## GOVERNANCE POLICY REVIEW

### Recommendation

*It is recommended that the Governance Committee:*

- 1) *Receive Report No. 014-18GC re: “Governance Policy Review” for information;*
- 2) *Recommend that the Board of Health approve renewal of the governance policies outlined in this report; and*
- 3) *Recommend that the Board of Health approve the new governance policy on Occupational Health and Safety ([Appendix B](#)).*

### Key Points

- Governance by-laws and policies must be reviewed at least every two years. Policy development, review, and revision may be initiated at any time, as necessary.
- The policies brought forward to the Governance Committee include six policies for renewal, with no revisions recommended, and a new policy for approval.
- One of the strategic initiatives identified on the 2018–20 Balanced Scorecard is the Administrative Policy Manual review, currently underway. Implementation of a policy management software solution as part of this initiative will enable improvements to governance policy manual oversight.

### Background

In 2016, the Board of Health approved a plan for developing and revising by-laws and policies based on a 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

The set of policies brought forward for review by the Governance Committee is in accordance with the two-year policy review cycle and identified policy development priorities. (Refer to [Appendix A](#) for a complete list of governance by-laws and policies, including status and recommendations.)

The following policies were reviewed by staff, and no revisions are recommended at this time:

- [G-000 – By-law, Policy, and Procedures](#)
- [G-010 – Strategic Planning](#)
- [G-020 – MOH/CEO Direction](#)
- [G-030 – MOH/CEO Position Description](#)
- [G-050 – MOH/CEO Performance Appraisal](#)
- [G-160 – Jordan’s Principle](#)

A new policy on occupational health and safety has been prepared for Governance Committee review (see [Appendix B](#)). This policy outlines governance and accountability requirements under the *Occupational Health and Safety Act* (OHSA) and the applicable regulations with respect to the duties of the employer.

### **Alignment with Strategic Initiatives**

The Administrative Policy Manual Review is identified as a strategic initiative on MLHU's 2018–20 Balanced Scorecard.

A key component of this initiative is implementing a policy management software solution to improve workflow, increase efficiency, and provide more robust version control and records management. Administrative and governance policies fall within the scope of this implementation, and the benefits will be realized in both manuals.

The project team is currently evaluating RFP submissions to select a proponent. Implementation is planned to begin in Q4, 2018.

### **Next Steps**

The Governance Committee has the opportunity to review the policies outlined in this report. Once the Governance Committee is satisfied with its review, the policies will be forwarded to the Board of Health for approval.

Recommendations with respect to remaining policies under consideration for development will be brought forward to the Governance Committee in February 2018, with expected completion of the Governance Policy Manual in Q1, 2019.

This report was prepared by the Healthy Organization Division.



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

**FOR REVIEW**

**Governance Manual By-laws and Policies**

*November 15, 2018*

Policy #	Section	Title	Date Implemented	Last Reviewed	Status	Notes
G-000	Board of Health	By-laws, Policy and Procedures	1992-11-19	2016-11-19	<b>REVIEWED For Approval</b>	<ul style="list-style-type: none"> <li>• Policy up for review - to be reviewed by GC November 2018</li> <li>• No revisions recommended at this time</li> </ul>
G-B10	By-Laws	By-law #1 - Management of Property	2016-12-08		<b>REVIEW PENDING</b>	<ul style="list-style-type: none"> <li>• By-law up for review - to be reviewed by FFC December 2018</li> </ul>
G-B20	By-Laws	By-law #2 - Banking and Finance	2016-12-08		<b>REVIEW PENDING</b>	<ul style="list-style-type: none"> <li>• By-law up for review - to be reviewed by FFC December 2018</li> </ul>
G-B30	By-Laws	By-law #3 - Proceedings of the Board of Health	2016-12-08	2018-09-20	Approved	<ul style="list-style-type: none"> <li>• By-law up for review in September 2020</li> </ul>
G-B40	By-Laws	By-law #4 - Duties of the Auditor	2016-12-08		<b>REVIEW PENDING</b>	<ul style="list-style-type: none"> <li>• By-law up for review - to be reviewed by FFC December 2018</li> </ul>
G-010	Strategic Direction	Strategic Planning	1992-09-09	2016-12-08	<b>REVIEWED For Approval</b>	<ul style="list-style-type: none"> <li>• Policy up for review - to be reviewed by GC November 2018</li> <li>• No revisions recommended at this time</li> </ul>
G-020	Leadership and Board Management	MOH/CEO Direction	2016-12-08		<b>REVIEWED For Approval</b>	<ul style="list-style-type: none"> <li>• Policy up for review - to be reviewed by GC November 2018</li> <li>• No revisions recommended at this time</li> </ul>
G-030	Leadership and Board Management	MOH/CEO Position Description	2016-12-08		<b>REVIEWED For Approval</b>	<ul style="list-style-type: none"> <li>• Policy up for review - to be reviewed by GC November 2018</li> <li>• No revisions recommended at this time</li> </ul>
G-040	Leadership and Board Management	MOH/CEO Selection and Succession Planning	2017-10-19		Approved	<ul style="list-style-type: none"> <li>• Policy up for review in October 2019</li> </ul>
G-050	Leadership and Board Management	MOH/CEO Performance Appraisal	2016-12-08		<b>REVIEWED For Approval</b>	<ul style="list-style-type: none"> <li>• Policy up for review - to be reviewed by GC November 2018</li> <li>• No revisions recommended at this time</li> </ul>
G-060	Leadership and Board Management	MOH/CEO Compensation			Consideration for Development	
G-080	Program Quality and Effectiveness	Occupational Health and Safety			<b>NEW For Approval</b>	<ul style="list-style-type: none"> <li>• New policy for approval - to be reviewed by GC November 2018</li> </ul>
G-090	Program Quality and Effectiveness	Quality Improvement - Framework			Consideration for Development	

Policy #	Section	Title	Date Implemented	Last Reviewed	Status	Notes
G-100	Program Quality and Effectiveness	Information Privacy and Confidentiality	2017-06-15		Approved	• Policy up for review in June 2019
G-110	Program Quality and Effectiveness	Performance Monitoring			Consideration for Development	
G-120	Program Quality and Effectiveness	Risk Management	2017-04-21		Approved	• Policy up for review in April 2019
G-130	Program Quality and Effectiveness	Ethics			Consideration for Development	
G-140	Program Quality and Effectiveness	Respect for Diversity			Consideration for Development	
G-150	Program Quality and Effectiveness	Complaints	2018-07-01		Approved	• Policy up for review in July 2020
G-160	Program Quality and Effectiveness	Jordan's Principle	2016-12-08		<b>REVIEWED For Approval</b>	• Policy up for review - to be reviewed by GC November 2018 • No revisions recommended at this time
G-180	Financial and Organizational Accountability	Financial Planning and Performance	2017-06-15		Approved	• Policy up for review in June 2019
G-190	Financial and Organizational Accountability	Asset Protection	2017-06-15		Approved	• Policy up for review in June 2019
G-200	Financial and Organizational Accountability	Approval and Signing Authority	2000-07-20	2016-12-08	<b>REVIEW PENDING</b>	• Policy up for review - to be reviewed by FFC December 2018
G-205	Financial and Organizational Accountability	Borrowing	2018-09-20		Approved	• Policy up for review in September 2020
G-210	Financial and Organizational Accountability	Investing	2017-06-15		Approved	• Policy up for review in June 2019

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G-220	Financial and Organizational Accountability	Contractual Services	2000-08-30	2016-12-08	<b>REVIEW PENDING</b>	• Policy up for review - to be reviewed by FFC December 2018
G-230	Financial and Organizational Accountability	Procurement	2008-02-21	2016-12-08	<b>REVIEW PENDING</b>	• Policy up for review - to be reviewed by FFC December 2018
G-240	Financial and Organizational Accountability	Tangible Capital Assets	2017-06-15		Approved	• Policy up for review in June 2019
G-250	Financial and Organizational Accountability	Reserve and Reserve Funds	2017-06-15		Approved	• Policy up for review in June 2019
G-310	Financial and Organizational Accountability	Corporate Sponsorship	1997-09-25	2017-06-15	Approved	• Policy up for review in June 2019
G-320	Financial and Organizational Accountability	Donations	2014-03-31	2017-06-15	Approved	• Policy up for review in June 2019
G-330	Financial and Organizational Accountability	Gifts and Honorariums	1992-09-30	2017-06-15	Approved	• Policy up for review in June 2019
G-410	Financial and Organizational Accountability	Board Member Remuneration	2017-06-15		Approved	• Policy up for review in June 2019
G-420	Financial and Organizational Accountability	Travel Reimbursement	2013-10-17	2017-06-15	Approved	• Policy up for review in June 2019
G-430	Financial and Organizational Accountability	Informing of Financial Obligations	2018-07-01		Approved	• Policy up for review in July 2020
G-260	Board Effectiveness	Governance Principles and Board Accountability	2018-07-01		Approved	• Policy up for review in July 2020
G-270	Board Effectiveness	Roles and Responsibilities of Individual Board Members	2017-03-16	2018-06-21	Approved	• Policy up for review in June 2020
G-280	Board Effectiveness	Board Size and Composition	2017-03-16		Approved	• Policy up for review in March 2019



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G-290	Board Effectiveness	Standing and Ad Hoc Committees	2017-03-16	2018-09-20	Approved	• Policy up for review in September 2020
G-300	Board Effectiveness	Board of Health Self-Assessment	2017-03-16		Approved	• Policy up for review in March 2019
G-340	Board Effectiveness	Whistleblowing	2018-09-20		Approved	• Policy up for review in September 2020
G-350	Board Effectiveness	Nominations and Appointments to the Board of Health	2017-03-16		Approved	• Policy up for review in March 2019
G-360	Board Effectiveness	Resignation and Removal of Board Members	2018-07-01		Approved	• Policy up for review in July 2020
G-370	Board Effectiveness	Board of Health Orientation and Development	2017-03-16		Approved	• Policy up for review in March 2019
G-380	Board Effectiveness	Conflicts of Interest and Declaration	2017-10-19	2018-06-21	Approved	• Policy up for review in June 2020
G-390	Board Effectiveness	Code of Conduct			Consideration for Development	
G-395	Board Effectiveness	Local Health Integration Network Relationships	2018-09-20		Approved	• Policy up for review in September 2020
G-400	Board Effectiveness	Political Activities	2018-07-01		Approved	• Policy up for review in July 2020
G-440	Communications and External Relations	Community Engagement			Consideration for Development	
G-450	Communications and External Relations	Relationship with the Ministry of Health and Long-Term Care			Consideration for Development	
G-460	Communications and External Relations	Relationships with Other Health Service Providers and Key Stakeholders			Consideration for Development	
G-470	Communications and External Relations	Annual Report	1992-09-23	2017-03-16	Approved	• Policy up for review in March 2019
G-480	Communications and External Relations	Media Relations	1992-09-23	2017-03-16	Approved	• Policy up for review in March 2019
G-490	Communications and External Relations	Board of Health Reports	1994-06-15	2017-03-16	Approved	• Policy up for review in March 2019

<b>Policy #</b>	<b>Section</b>	<b>Title</b>	<b>Date Implemented</b>	<b>Last Reviewed</b>	<b>Status</b>	<b>Notes</b>
G-500	Communications and External Relations	Advocacy			Consideration for Development	

## GOVERNANCE MANUAL

**SUBJECT:** Occupational Health and Safety  
**SECTION:** Program Quality and Effectiveness

**POLICY NUMBER:** G-080  
**PAGE:** 1 of 3

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

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:**

## PURPOSE

To facilitate the Board of Health's compliance with applicable governance and accountability requirements outlined within the *Occupational Health and Safety Act (OHSA)* and the applicable regulations with respect to the duties of the employer.

## POLICY

Through the publication of this policy, the Board of Health:

- (1) recognizes health and safety and the prevention of injuries, incidents and illnesses as an organizational priority; and
- (2) formalizes its commitment to prevention and ensuring the Health and Safety of the workers of the Health Unit through the implementation and maintenance of a health and safety program.

All workplace parties are accountable for the prevention of incidents, injuries and illness by maintaining an Internal Responsibility System (IRS) and by taking every precaution reasonable to keep Health Unit employees safe.

Board Members are accountable for taking all reasonable care to ensure that the Health Unit is in compliance with the Occupational Health and Safety Act as its applicable regulations.

The Board shall be informed of all significant health and safety risks.

The Board shall be informed of all significant health and safety activities including employee incidents and investigations through an annual report summarizing the health and safety program.

## PROCEDURES

### 1.0 Board of Health Accountabilities Under OHSA

#### 1.1 Designation of the Employer OHSA, 25 (1)

Through the approval and publication of this policy, the Board of Health confirms, in writing, that it designates from among its members, the Board Chair to serve as the employer of the institution for the purposes of OHSA; and further

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

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Effectiveness

1.2 The Board Chair delegates the duties and responsibilities of the employer outlined in the OHSA to the Medical Officer of Health and Chief Executive Officer (MOH/CEO). The day-to-day administration and management of the Health Unit's Occupational Health and Safety Program is facilitated by the Health Unit's Human Resources Manager, who reports to the Director, Healthy Organization.

- 1.3 The Human Resources Coordinator, Health and Safety serves as an Agent of the employer to:
- (a) Facilitate the Health Unit's compliance with OHSA;
  - (b) Ensure that all workplace parties are appropriately informed of their duties, rights and responsibilities under OHSA;
  - (c) Assist managers in responding to health and safety concerns and hazard control;
  - (d) Support and consult with the Joint Occupational Health and Safety Committee and serve as management co-chair of the committee; and,
  - (e) Facilitate appropriate health and safety training to workplace parties (S. 25 (2)(a)).

### 2.0 Board Member Health and Safety Awareness

- 2.1 Board Members will be provided with a copy of this policy upon orientation to the Board of Health to ensure awareness of their health and safety obligations under applicable legislation.

## APPLICABLE LEGISLATION

Occupational Health and Safety Act

## RELATED POLICIES

In addition to this governance policy, the Health Unit's Health and Safety program is comprised of the following administrative policies:

Policy 8-010 Occupational Health and Safety  
Policy 8-020 Employee Injury-Incident  
Policy 8-030 Non-Employee Injury-Incident  
Policy 8-040 Critical Injury/ Fatality  
Policy 8-050 First Aid Requirements  
Policy 8-060 Workplace Violence Prevention  
Policy 8-070 Ergonomics  
Policy 8-080 Workplace Hazardous Materials Information System (WHMIS)  
Policy 8-090 Scent-Free Organization  
Policy 8-100 Infection Prevention and Control  
Policy 8-120 Immunization and TB Skin Testing Recommendations  
Policy 8-130 Personal Safety  
Policy 8-170 Fire Safety Plan

**MIDDLESEX-LONDON HEALTH UNIT**

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**REVISION DATES** (\* = major revision):