

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

399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, March 21, 2019 6:00 p.m.

**1. ELECTION OF CHAIR, GOVERNANCE COMMITTEE**

**2. DISCLOSURE OF CONFLICTS OF INTEREST**

**3. APPROVAL OF AGENDA**

**4. APPROVAL OF MINUTES – November 15, 2018**

**5. NEW BUSINESS**

- 5.1 Q1 2019 Activity Report – Strategic Projects (Report No. 001-19GC)
- 5.2 2017 Year-end Performance on Accountability Indicators (Report No. 002-19GC)
- 5.3 Governance Policy Review and Development (Report No. 003-19GC)
- 5.4 Governance Committee Reporting Calendar (Report No. 004-19GC)
- 5.5 2019 Board Development (Report No. 005-19GC)
- 5.6 Board of Health Self-Assessment (Report No. 006-19GC)

**6. OTHER BUSINESS**

Next meeting Thursday, June 20, 2019

**7. CONFIDENTIAL**

The Governance Committee will move in-camera to consider matters regarding identifiable individuals.

**8. ADJOURNMENT**



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

**Governance Committee**  
399 Ridout Street, London  
Middlesex-London Board of Health Boardroom  
Thursday, November 15, 2018, 6:00 p.m.

---

**Committee Members Present:** Mr. Trevor Hunter (Chair)  
Ms. Trish Fulton  
Mr. Ian Peer

**Regrets:** Mr. Kurtis Smith  
Ms. Joanne Vanderheyden

**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 Coordinator (Recorder)  
Mr. Jordan Banninga, Manager, Program, Planning and Evaluation  
Mr. Joe Belancic, Manager, Procurement and Operations  
Ms. Cynthia Bos, HR Manager  
Ms. Laura Di Cesare, Director, Healthy Organization  
Mr. Brian Glasspoole, Manager, Finance  
Ms. Kendra Ramer, Manager, Strategic Projects  
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance

At 6:01 p.m., Chair Hunter called the meeting to order.

**DISCLOSURE OF CONFLICT OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the **AGENDA** for the November 15, 2018 Governance Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the **MINUTES** of the September 20, 2018 Governance Committee meeting be approved as amended*

Carried

**NEW BUSINESS**

**2018–20 Strategic Planning Update (**Report No. 011-18GC**)**

Discussion ensued on the following items:

- The number of items on track to move forward.
- Connections between items encountered in the strategic planning implementation and what is brought forward to the Finance & Facilities Committee.
- Listing the project status number in the project status report the better to align with the Balanced Scorecard and link documents together cohesively.

- Risks outlined in the Balanced Scorecard, as well as contingency plans and mitigation strategies for each item.

It was moved by Ms. Fulton, seconded by Mr. Peer, *that Governance Committee receive Report No. 011-18GC re: "2018–20 Strategic Planning Update" for information.*

Carried

Dr. Mackie acknowledged the staff in attendance who worked to bring these reports forward this evening, namely Ms. Di Cesare, Mr. Banninga, Ms. Ramer, and Ms. Gauthier.

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

Committee members indicated their support for this report and its recommendations.

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

Carried

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

Committee members commended staff for undertaking the work required to complete this project.

Discussion ensued on why this report was brought forward to the Governance Committee instead of the Finance & Facilities Committee.

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

Carried

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

It was moved by Mr. Peer, seconded by Ms. Fulton, *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 (see Appendix B).*

Carried

### **OTHER BUSINESS**

Next meeting: March 21, 2019.

### **CONFIDENTIAL**

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Governance Committee move in-camera to consider matters regarding identifiable individuals and the security of the property of the Middlesex-London Board of Health.*

Carried

At 6:47 p.m., it was moved by Ms. Peer, seconded by Ms. Fulton, *that the Governance Committee rise and return to public session.*

Carried

At 6:47 p.m., the Governance Committee returned to public session.

**ADJOURNMENT**

At 6:48 p.m., it was moved by Mr. Peer, seconded by Ms. Fulton, *that the meeting be adjourned.*

Carried

---

**TREVOR HUNTER**  
Chair

---

**CHRISTOPHER MACKIE**  
Secretary-Treasurer



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 March 21

---

## Q1 2019 ACTIVITY REPORT – STRATEGIC PROJECTS

### **Recommendation**

*It is recommended that the Governance Committee recommend that the Board of Health receive Report No. 001-19GC re: “Q1 2019 Activity Report – Strategic Projects” for information.*

### **Key Points**

- The 2018–20 Balanced Scorecard identifies initiatives and tasks that the organization is pursuing in order to advance the strategic priorities identified in the 2015–20 Strategic Plan.
- The Q1 Balanced Scorecard Report ([Appendix B](#)) highlights the progress that has been made to date on strategic priorities, while detailed project status reports ([Appendix C](#)) have been prepared in relation to activities and tasks undertaken in Q1 2019.
- In summary, three projects moved from the planning phase in 2018, to the execution phase in Q1 2019; five projects in execution phase remained on track; four fell slightly behind schedule during Q1; and one remains deferred from 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 this five-year plan at its September 17, 2015 meeting, and staff began to work on many of its strategic priorities soon afterward. The 2018–20 Balanced Scorecard identifies the strategic priorities that are to be carried out over the remaining 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 variance from expected outcomes. The 2018–20 Balanced Scorecard and the Q1 2019 Balanced Scorecard Report 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 undertaken during Q1 2019.

### **Q1 2019 Activity**

Three strategic projects were in the planning phase during 2018 and moved into execution in early 2019. Given the complexity of these projects, they represent significant endeavours in advancing technology across the organization. Projects that moved into execution phase and reached milestones through implementation kick-off include:

- Electronic Client Record Solution (PRJT#2018-005)
- Enterprise Resource Planning (ERP) – Human Capital Management Solution (PRJT#2018-004)

- Administrative Policy Manual – Policy Management Software Solution (PRJT#2018-015)

In Q1, five strategic projects that were in execution phase continued as planned and remained on track, according to project schedules. These include:

- Project Management Office (PRJT#2018-016)
- Health Equity Indicator Assessment and Recommendations (PRJT#2018-010)
- Community Health Status Reporting (PRJT#2018-008)
- MLHU Rebranding and Graphic Standards (PRJT#2018-013)
- Annual Service Plan Alignment and Implementation (PRJT#2018-002)

Strategic projects that were identified as being behind schedule due to issues that arose requiring significant changes include:

- Relocation Project (PRJT#2018-001)
- Community Engagement Strategy – Client Experience Tool (PRJT#2018-007)
- Enterprise Resource Planning (PRJT#2018-004)
- Diversity and Inclusion (PRJT#2018-009)

Currently there is one strategic initiative planned prior to 2018 on which work has not yet begun: the Review of Learning Assessments project. It has been deferred until ERP is fully implemented.

For detailed information regarding each project listed above, refer to [Appendix C](#).

### **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 evaluation of the current strategic plan will be provided to the Governance Committee in 2019. Consultation for the next strategic planning cycle is planned to commence in Q3 2019.

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



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#2018-011)</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#2018-016)</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#2018-001)</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#2018-005)</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#2018-010) <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#2018-015) <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#2018-016) <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> (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>	<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	<ul style="list-style-type: none"> <li>• <b>Complete the review and revisions to MLHU graphic standards and branding</b> (PRJT#2018-013)               <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>	
<b>(C) Deliver client-centred service</b>	1) Use client input and feedback to inform service delivery and evaluation	<ul style="list-style-type: none"> <li>• <b>Community Engagement Strategy – Client Experience Tool Development and Implementation</b> (PRJT#2018-007)               <ul style="list-style-type: none"> <li>○ Utilize a tool that measures client experience and is implementation by teams and programs</li> </ul> </li> <li>• <b>Intake Lines/Program Assistant Review</b> (PRJT#2018-012)               <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>	
	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> (PRJT#2018-003)               <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 to enhance engagement</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#2018-004)               <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#2018-004)               <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#2018-006)               <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#2018-016)               <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#2018-009)               <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#2018-015)</li> </ul>	

		<ul style="list-style-type: none"> <li>o Develop policies that help us to live our values (i.e. work-life balance, diversity)</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#2018-002)                             <ul style="list-style-type: none"> <li>o 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>o 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>o 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#2018-004)                             <ul style="list-style-type: none"> <li>o Upgrade to include dashboard that provides easily accessible information</li> </ul> </li> <li>• <b>Alignment of budget and performance reporting</b> (PRJT#2018-002)                             <ul style="list-style-type: none"> <li>o 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#2018-014)                             <ul style="list-style-type: none"> <li>o 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#2018-017)                             <ul style="list-style-type: none"> <li>o 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</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>o Monitored annually through external audit and periodic financial review of employee activity</li> </ul> </li> </ul>	



<b><i>governance and controls</i></b>	2) Ensure third parties are accountable to MLHU financial standards through agreements/reporting	<ul style="list-style-type: none"> <li>• <b><i>Enhance procurement operations by introducing a technological solution to manage contracts (PRJT#2018-004)</i></b> Assess, implement, evaluate components of procurement functions within the Enterprise Resource Planning system.</li> </ul>	
	3) Increase staff understanding of budgets, processes, and policies	<ul style="list-style-type: none"> <li>• <b><i>Support budget process education (PRJT#2018-002)</i></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




Program Excellence			
Activities & Tasks	Overall Status	Comments	Q1 Status Report (Y/N)
<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>	<input checked="" type="checkbox"/>	<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>	<b>N</b>
<ul style="list-style-type: none"> <li>• <b>Implementation of the Modernized Standards</b> <i>(PRJT#2018-011)</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>	<b>N</b>
<ul style="list-style-type: none"> <li>• <b>Establishment of the Project Management Office (PMO)</b> <i>(PRJT#2018-016)</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 accountabilities will be further embedded into the strategic planning process for the 2020-2025 cycle.</p>	<b>Y</b>

Complete 


On-Target / Ongoing 


Approaching Target / Behind Schedule 

Not Started / Major Obstacles 




Activities & Tasks	Status	Comments	Q1 Status Report (Y/N)
<ul style="list-style-type: none"> <li>• <b>Continuation of the Organizational Structure and Location Project</b> (PRJT#2018-001)                             <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>Finalized design plans were completed by the architectural team and presented in Q1 2019 following a space needs assessment and extensive consultation with MLHU staff and leadership. A clinical flow analysis was completed by Leading Edge Group to aid in finalizing the design plans for the clinic space. Infection Prevention and Control (IPAC) Consulting was hired to examine the design layout and provide recommendation that will ensure all IPAC standards are met within the clinical spaces. The project is currently behind schedule due to the time required to obtain budget estimates for fit up in order to finalize the design plans. Pre-qualification of General Contractor and sub trades is underway and preparation of contract documents for tender will occur in Q2 2019.</p> <p>The OSL 2.0 committee and working groups continue to address the needs identified during the design consultations and presentation of the finalized floor plans. Change management training to help staff identify the stages of change and transition and how to respond to these in an encouraging and supportive manner was rolled out in Q1 2019.</p>	Y
<ul style="list-style-type: none"> <li>• <b>Electronic Client Record</b> (PRJT#2018-015)                             <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>MLHU signed a five-year contract with Intrahealth Canada in December 2018. Phase 1 implementation kicked-off was in February 2019 and a go-live date targeted for July/August 2019. The project team will hit the first major milestone on the project plan with completion of the Essentials Training in March 2019. This will be followed by a discovery period for workflows and business requirements as well as the build/configuration stage occurring Q2 of 2019.</p>	Y
<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'lohosa; ~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>	N

Complete


On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles






Activities & Tasks	Status	Comments	Q1 Status Report (Y/N)
<ul style="list-style-type: none"> <li>• <b>Health Equity Indicator Assessment and Recommendations</b> (PRJT#2018-010)                             <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>		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. A full report and recommendations went to Senior Leadership Team regarding realistic targets and benchmarks. Processes and target/benchmarks were adapted based on SLT recommendations. Approval received from SLT for prioritized indicators for assessment in 2019 with consultation to begin in Q2.	Y
<ul style="list-style-type: none"> <li>• <b>Community Health Status Report Updating</b> (PRJT#2018-008)                             <ul style="list-style-type: none"> <li>○ Development of a plan to conduct data analysis and prepare reports.</li> </ul> </li> </ul>		The project is designed to embed practices to support ongoing, routine updating of the Community Health Status Resource (CHSR) and ensure the information is up-to-date. The project is intended to align the indicator content with the modernized Standards including the assessment of inequities as feasible. The main content update will be divided into four, seven-week cycles. Cycle 1 was completed in January 2019 and topics included: Birth Outcomes, Demographics, Healthy Pregnancy, and Urban Indigenous Health. Cycle 2 and 3 are scheduled for completion in Q2 2019.	Y
<ul style="list-style-type: none"> <li>• <b>Policy Development: Advocacy Framework</b> (PRJT#2018-015)                             <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>	<input checked="" type="checkbox"/>	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.	N
<ul style="list-style-type: none"> <li>• <b>Develop Divisional Balanced Scorecards</b> (PRJT#2018-016)                             <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> </ul> </li> </ul>		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.	N

Complete 

On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles 

Client and Community Confidence			
Activities & Tasks	Status	Comments	Q1 Status Report (Y/N)
<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.	<b>N</b>
<ul style="list-style-type: none"> <li><b>Complete the review and revisions to MLHU graphic standards and branding</b> (PRJT#2018-013)                             <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 included 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. Logos were designed based on feedback from focus groups. Final logo design has been approved and conceptual designs are being produced. Roll-out of the logo is expected in Q2 2019 with the printing of new materials to align with the relocation to Citi Plaza.	<b>Y</b>
<ul style="list-style-type: none"> <li><b>Community Engagement Strategy – Client Experience Tool Development and Implementation</b> (PRJT#2018-007)                             <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 interfered with the proposed implementation date of the CES by the teams with service-seeking clients and the survey was launched in Q1 2019. Initiation of the project charter for phase 2 – mandated client experience survey will commence in Q2 2019.	<b>Y</b>
<ul style="list-style-type: none"> <li><b>Intake Lines</b> (PRJT#2018-012)                             <ul style="list-style-type: none"> <li>Consult with clients and staff re: proposed system. 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.	<b>N</b>
<ul style="list-style-type: none"> <li><b>Middlesex County Services Review</b> (PRJT#2018-003)</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.	<b>N</b>







Complete


On-Target / Ongoing 


Approaching Target / Behind Schedule 

Not Started / Major Obstacles





<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> </ul>			
<b>Employee Engagement and Learning</b>			
<b>Activities &amp; Tasks</b>	<b>Status</b>	<b>Comments</b>	<b>Q1 Status Report (Y/N)</b>
<ul style="list-style-type: none"> <li>● <b>Define annual opportunities to enhance engagement (Initiated prior to 2018)</b> <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.	N
<ul style="list-style-type: none"> <li>● <b>Increase transparency throughout the organization (Initiated prior to 2018)</b> <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 with staff through various channels (town halls, electronic newsletters, division/team meetings, etc.) to keep them informed about strategic projects.	N
<ul style="list-style-type: none"> <li>● <b>Determine areas of focus for performance management (PRJT#2018-004)</b> <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>		Human Resources Information System (HRIS) procurement process was completed and contract awarded to Ceridian at the end of Q4 2018. MLHU project team was assembled and data extraction initiated for Ceridian implementation. Official project kick-off was delayed in order to address MLHU's request for a new project manager from Ceridian assigned to the project.	Y
<ul style="list-style-type: none"> <li>● <b>Deliver the Learning at MLHU Program (PRJT#2018-004)</b> <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>		Human Resources Information System (HRIS) procurement process was completed and contract awarded to Ceridian at the end of Q4 2018. MLHU project team was assembled and data extraction initiated for Ceridian implementation. Official project kick-off was delayed in order to address MLHU's request for a new project manager from Ceridian assigned to the project. In the meantime, MLHU learning programs are continuing to be offered in-person and through on-line courses available on the LMS.	Y

Complete


On-Target / Ongoing 


Approaching Target / Behind Schedule 


Not Started / Major Obstacles





Activities & Tasks	Status	Comments	Q1 Status Report (Y/N)
<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>	<input checked="" type="checkbox"/>	In Q1 2019 a new partnership with Employee Wellness Solutions Network (EWSNetwork) was announced to enhance Be Well programming and provide a variety of wellness initiatives ranging from onsite exercise classes to awareness information based on nutrition, exercise, sleep, stress and more. Staff information sessions were offered to allow the Be Well Committee to share program changes.	<b>N</b>
<ul style="list-style-type: none"> <li><b>Develop and implement Activity-Based Work (ABW) arrangements</b> (PRJT#2018-006)                             <ul style="list-style-type: none"> <li>Provide management training</li> <li>Policy development</li> <li>Continual change management strategies</li> </ul> </li> </ul>		A consultation process involving focus groups sessions was completed with those teams that had been part of the ABW pilot. Criteria was established to make ABW a permanent way of working at the Health Unit. The input and feedback gathered through the design consultations for the relocation project helped shape how ABW will be rolled out to the other teams that will be moving into ABW at the new office space in Citi Plaza. An ABW Policy and Guidelines have been drafted and will be rolled-out in alignment with the relocation project.	<b>N</b>
<ul style="list-style-type: none"> <li><b>Staff engagement in strategic projects</b> (PRJT#2018-016)                             <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>		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.	<b>N</b>
<ul style="list-style-type: none"> <li><b>Diversity Assessment and Recommendations</b> (PRJT#2018-009)                             <ul style="list-style-type: none"> <li>Initiate organizational assessment of diversity and inclusiveness, and identify recommendations</li> </ul> </li> </ul>		Project charter was initiated and an RFP was issued in Q4 2018 to select a vendor to assist with the organizational assessment. A successful proponent was identified and Board approval was obtained for increased funding required to award the contract. As a result, signing the agreement with the vendor was delayed. The assessment is now targeted for Q2 2019.	<b>Y</b>
<ul style="list-style-type: none"> <li><b>Complete review of Administrative Policy Manual</b> (PRJT#2018-015)                             <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>		MLHU signed a four-year contract with Policy Medical for the implementation of the policy management software solution. Project kick-off took place in early Q1 2019 and system administrator training was completed. The migration of policies into Policy Manager (“the solution”) is targeted for completion before the end of Q2 2019. Continued review of existing policies to identify documents for revision/consolidation/decommission is well underway.	<b>Y</b>


Complete 






On-Target / Ongoing 

Approaching Target / Behind Schedule 




Not Started / Major Obstacles 






<b>Organizational Excellence</b>			
<i>Activities &amp; Tasks</i>	<i>Status</i>	<i>Comments</i>	<i>Q1 Status Report (Y/N)</i>
<ul style="list-style-type: none"> <li>• <b>Annual Service Plan Alignment (ASP) and Implementation</b> (PRJT#2018-002)                             <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. Templates were completed by program managers and the financial model for allocation of FTE and program revenues and expenditures was built. The MLHU budget with the associated annual service plans for each program was approved. MLHU will proceed with submission of the Ministry of Health and Long-Term Care (MOHLTC) Annual Service Plan in addition to uploading approved budgets into the new financial system (Management Reporter).	<b>Y</b>
<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.	<b>N</b>
<ul style="list-style-type: none"> <li>• <b>Enterprise Resource Planning System - Upgrade the financial reporting system</b> (PRJT#2018-004)                             <ul style="list-style-type: none"> <li>○ Upgrade to include dashboard that provides easily accessible information</li> </ul> </li> </ul>		Successful upgrade to Great Plains (GP) 2018 and migration from FRX to Management Reporter. Q4 variance reporting was completed using Management Reporter. The next phase of the financial system upgrade will be the roll out of the procurement and fixed asset administration modules to be integrated with the GP Financial Accounting system. This phase of the project is slightly behind schedule due to activities requiring attention by the Finance team related to year-end reporting.	<b>Y</b>
<ul style="list-style-type: none"> <li>• <b>Alignment of budget and performance reporting</b> (PRJT#2018-002)                             <ul style="list-style-type: none"> <li>○ Modify Program Budget Templates to align with Annual Service Plan requirements</li> </ul> </li> </ul>		Staff completed the revised reporting template for the Annual Service Plan and MLHU budget.	<b>Y</b>

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

Activities & Tasks	Status	Comments	Q1 Status Report (Y/N)
<ul style="list-style-type: none"> <li>• <b>Performance Management Framework – Phase 1 (Planning)</b> (PRJT#2018-014) <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>		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.	N
<ul style="list-style-type: none"> <li>• <b>Continued development of MLHU Risk Management Framework</b> (PRJT#2018-017) <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>		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.	N
<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>		This will be deferred until the HRIS implementation has been completed.	N
<ul style="list-style-type: none"> <li>• <b>Enhance procurement operations by introducing a technological solution to manage contracts</b> (PRJT#2018-004) <ul style="list-style-type: none"> <li>○ Assess, implement, evaluate components of procurement functions within the Enterprise Resource Planning system.</li> </ul> </li> </ul>		The Enterprise Resource Planning project that addresses the upgrade of the financial reporting system includes the implementation of a purchasing module to be integrated with the GP Financial Accounting system. The introduction of the purchasing module is to occur in Q2 2019.	Y
<ul style="list-style-type: none"> <li>• <b>Support budget process education</b> (PRJT#2018-002) <ul style="list-style-type: none"> <li>○ Develop and implement budget process training.</li> </ul> </li> </ul>		Staff received training on the completion of the revised enhanced ASP reporting templates. Support was 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. Reports will be developed using Management Reporter to monitor spending by program throughout 2019.	Y



Project Status Report






<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
----------------------	---	---	--

<b>Project:</b>	Relocation Project		<b>Project #:</b> 2018 - 001	
<b>Project Sponsor:</b>	Laura Di Cesare, Director, Healthy Organization		<b>Project Manager:</b> Joe Belancic Manager, Procurement and Operations,	
<b>Project Phase:</b>	Execution		<b>Date:</b> March 2019	
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Updated Project Plan received from EPA.</li> <li>Completion of Space Needs Assessment.</li> <li>Completion of 1<sup>st</sup> Round of Purge Activities.</li> <li>Designs finalized for 1<sup>st</sup> floor – clinic space and teaching/meeting rooms.</li> <li>Designs finalized for 2<sup>nd</sup> floor – office/administrative space.</li> <li>Completion of clinical flow analysis by Leading Edge group.</li> <li>Retained services of IPAC consulting for Lab and Clinic Spaces.</li> <li>Approval of additional costs at BOH.</li> <li>Budget Estimates for Fit-Up and move provided to BOH.</li> <li>Change management training rolled out to the organization.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Landlord’s project plan received but there may be variability on completion date depending on whether any obstacles are identified.</li> <li>Design finalization was delayed in order to obtain budget estimates for fit-up and board approval.</li> </ul>	
				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Cost increases for construction materials and labour, 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>	
<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>Prepare for Prequalification of General Contractor and Sub trades.</li> <li>Lab area design to be finalized.</li> <li>Confirm budget for non-fit up expenses.</li> <li>Class “B” Cost Estimate at 60% document completion.</li> <li>Prepare contract documents for tender based on approved detailed design.</li> <li>Schedule next round of purge activities.</li> </ul>	
1. Design Finalization	January 2019		X		
2. Lab Design Finalization	February 2019		X		
3. Prepare Prequalification for Construction	March 2019	✓			
4. Contract Document Phase	April 2019	✓			
5. Tender	May 2019	✓			
<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>None to report.</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"/>
----------------------	---	---	--






<b>Project:</b>	Annual Service Plan / Planning and Budget Template / Planning and Evaluation Framework Alignment	<b>Project #:</b> 2018-002		
<b>Project Sponsor:</b>	Laura Di Cesare, Director, Healthy Organization	<b>Project Manager:</b> Brian Glasspoole, Manager, Finance Jordan Banninga, Manager, Program Planning and Evaluation		
<b>Project Phase:</b>	Execution	<b>Date:</b> March 2019		
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Developed a program list to align MLHU with the MOHLTC Annual Service Plan.</li> <li>Developed templates for completion by Program Managers.</li> <li>Built financial model for the allocation of FTE and program revenues and expenditures.</li> <li>Facilitated template completion with Program Managers.</li> <li>Completed the preparation of the MLHU budget with the associated annual service plans for each program.</li> <li>Board of Health Approval received February 21, 2019.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Significant feedback from the managers regarding the templates for completion.                             <ul style="list-style-type: none"> <li>Lack of clarity regarding the amount of content required.</li> <li>Difficulty completing the indicator reporting template.</li> <li>Excel was difficult to use.</li> </ul> </li> </ul>	
				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Other health units have reported technical problems uploading ASP data to the Ministry's website – MLHU should allow sufficient time prior to revised April 30<sup>th</sup> reporting deadline.</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>Submission of the MOHLTC Annual Service Plan.</li> <li>Upload approved budgets to Management Reporter (MR).</li> <li>Develop reports using MR to monitor spending by program throughout 2019.</li> <li>Conduct lessons learned meeting with project managers and ELT.</li> <li>Develop recommendations for improvement.</li> <li>Transition to operations document.</li> <li>Conduct project close out.</li> </ul>	
1. Budget approved by MOH	Feb 2019	✓			
2. Submission to MOHLTC	Mar 2019	✓			
3. Lessons learned meeting	Mar 2019	✓			
4. Transition to Operations	Mar 2019	✓			
5. Project Close-out	Apr 2019	✓			

Project Status Report

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
----------------------	---	---	--




<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>None to report.</li> </ul>	
--	--

<b>Project:</b>	Enterprise Resource Planning (ERP)	<b>Project #:</b> 2018-004		
<b>Project Sponsor:</b>	Laura Di Cesare, Director, Healthy Organization	<b>Project Manager:</b> Brian Glasspoole, Manager, Finance Cynthia Bos, Manager, Human Resources		
<b>Project Phase</b>	Execution	<b>Date:</b> March 2019		
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Upgrade to Great Plains 2018.</li> <li>Migration from FRX to Management Reporter.</li> <li>Launch of Management Reporter for Q4 Variance reporting.</li> <li>Signed contract with Ceridian for the Human Capital Management (HCM) phase of the project.</li> <li>Assembled project team that will be working on the Ceridian implementation and participated in introductory calls with the Ceridian project team.</li> <li>Data extraction initiated for Ceridian implementation.</li> </ul>	<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Milestones identified on the project schedule that require participation from the finance team coincides with year-end reporting activities.</li> <li>Increased workload is also anticipated with the rollout and execution of a requisitioning system with Great Plains.</li> <li>Requested new Project Manager from Ceridian be assigned to the MLHU project based on concerns raised about lack of communication and direction provided.</li> </ul>
	<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Reduced capacity to support requests for the development of divisional and organization-wide online training modules as the Corporate Trainer will be leading the HCM system implementation project.</li> </ul>

Upcoming Key Milestones	Targeted Completion Date	On Track (✓)	Delayed (X)	<p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>Finance will work with Procurement &amp; Operations to acquire a procurement module to be integrated with the GP Financial Accounting system to support procurement and integration of purchasing with accounts payable.</li> <li>An Asset Administration module will also be acquired which integrates with the GP Financial Accounting System.</li> <li>Process mapping all finance and procurement related functions.</li> <li>Official Kick-off with Ceridian Project team. Process mapping, workflow analysis, data migration and changes to current manual processes for human resources functions.</li> </ul>
1. ERP Finance Phase 2 & 3 Kick-off Meeting	February 28, 2019		X	
2. Process Mapping Finance and Procurement functions	March 31, 2019	✓		
3. Ceridian Kick-off Meeting	March 31, 2019		X	



Project Status Report






<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
----------------------	---	---	--

<p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"><li>• New project manager assigned by Ceridian the week of February 18, 2019.</li><li>• Kick-off for ERP Finance Phase 2 &amp; 3 delayed until March.</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"/>
----------------------	---	---	--






<b>Project:</b>	Electronic Client Record (ECR)	<b>Project #:</b> 2018-005		
<b>Project Sponsor:</b>	Stephen Turner, Director, Environment Health and Infectious Diseases	<b>Project Manager:</b> Kendra Ramer, Manager, Strategic Projects		
<b>Project Phase</b>	Execution	<b>Date:</b> March 2019		
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b><u>Recent Accomplishments:</u></b></p> <ul style="list-style-type: none"> <li>Signed 5-year contract with Intrahealth Canada.</li> <li>Implementation kick-off meeting held on February 6, 2019 with MLHU and Intrahealth project teams.</li> <li>Project plan provided by Intrahealth.</li> <li>Essentials Training scheduled for March 5 – 8, 2019.</li> <li>Computer “Lab” to be set up in Room LLD for training.</li> <li>Joined Profile for Public Health Working Group.</li> </ul>	<p><b><u>Top Issues:</u></b></p> <ul style="list-style-type: none"> <li>The personnel resources required to dedicate to this project will be extensive in order for it to be successful.</li> </ul>
	<p><b><u>Top Risks:</u></b></p> <ul style="list-style-type: none"> <li>Project implementation for Phase 2 will overlap with the move according to the relocation project schedule resulting in competing priorities.</li> </ul>

Upcoming Key Milestones	Targeted Completion Date	On Track (✓)	Delayed (X)	<p><b><u>Key Activities for Next Period:</u></b></p> <ul style="list-style-type: none"> <li>Assessment of privacy practices across MLHU.</li> <li>Develop future state workflows.</li> <li>Form and report building.</li> <li>Build/Configuration – set up programs in Profile.</li> <li>Participate in Profile for Public Health working group to learn from other health units across Ontario that have implemented ECR.</li> </ul>
1. Essentials Training	March 8, 2019	✓		
2. Discovery Workflow & Business Requirements	March 31, 2019	✓		
3. IT Infrastructure Set-up	April 30, 2019	✓		
4. IT Policy Development	May 31, 2019	✓		
5. Design Implementation Guide	June 30, 2019	✓		
<p><b><u>Project Changes:</u></b></p> <ul style="list-style-type: none"> <li>None to report.</li> </ul>				




Project Status Report

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
----------------------	---	---	--



<b>Project:</b>	Client and Community Partner Experience Project	<b>Project #:</b> 2018-007	
<b>Project Sponsor:</b>	Heather Lokko, Chief Nursing Officer	<b>Project Manager:</b> Brenda Marchuk, Community Health Nursing Specialist	
<b>Project Phase</b>	Client Experience Survey: Phase One - Execution	<b>Date:</b> March 2019	
Status Last Period: 	Current Status: 	Scope: 	Schedule:  Cost: 






<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>• Creation of CES Team Plans for all teams involved in this phase of the project (December 2018).</li> <li>• Procurement and purchase of incentives and materials for the project (December 2018).</li> <li>• Met with all Teams implementing the survey to ensure they were prepared for implementation date of January 28<sup>th</sup>, 2019 (January 2019). Problem-solved challenges and barriers impacting launch of survey.</li> <li>• Completion of CES quota for two programs in EHID (February 2018).</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>• Delay in teams implementing the CES and/or aspects of the survey.</li> <li>• Delay impacts the ability of the Project Leads to work on Phase Two: Mandated Client Experience Survey.</li> <li>• Most Teams are distributing paper copies of the survey versus tablet administration resulting in more clerical data entry time than anticipated.</li> <li>• One Team in EHID would like to delay implementation until spring/summer.</li> </ul>																			
<p><b>Upcoming Key Milestones</b></p> <table border="1"> <thead> <tr> <th data-bbox="71 1078 470 1159"></th> <th data-bbox="470 1078 684 1159">Targeted Completion Date</th> <th data-bbox="684 1078 816 1159">On Track (✓)</th> <th data-bbox="816 1078 984 1159">Delayed (X)</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 1159 470 1268">1. All eligible teams have begun survey implementation</td> <td data-bbox="470 1159 684 1268">January 28, 2019</td> <td data-bbox="684 1159 816 1268"></td> <td data-bbox="816 1159 984 1268">X</td> </tr> <tr> <td data-bbox="71 1268 470 1320">2. Phase one project close-out</td> <td data-bbox="470 1268 684 1320">January 2019</td> <td data-bbox="684 1268 816 1320"></td> <td data-bbox="816 1268 984 1320">X</td> </tr> <tr> <td data-bbox="71 1320 470 1398">3. Initiation of phase two of project</td> <td data-bbox="470 1320 684 1398">February 2019</td> <td data-bbox="684 1320 816 1398"></td> <td data-bbox="816 1320 984 1398">X</td> </tr> </tbody> </table> <p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>• Some Teams unable to start implementation as of January 28, 2019. Most have plans to begin implementation by the beginning of March, 2019.</li> <li>• Phase Two of the project (Mandated Client Experience Survey) will begin in March 2019.</li> </ul>					Targeted Completion Date	On Track (✓)	Delayed (X)	1. All eligible teams have begun survey implementation	January 28, 2019		X	2. Phase one project close-out	January 2019		X	3. Initiation of phase two of project	February 2019		X	<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>• Delayed start dates by teams may impact ability to collect the required data quota as well as the analysis before the end of the collection period (December 31, 2019).</li> </ul> <p><b>Key Activities for Next Period (March-December 2019):</b></p> <ul style="list-style-type: none"> <li>• Completion of Project Charter for <b>Phase Two: Mandated Client Experience Survey</b> (March 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>			
	Targeted Completion Date	On Track (✓)	Delayed (X)																				
1. All eligible teams have begun survey implementation	January 28, 2019		X																				
2. Phase one project close-out	January 2019		X																				
3. Initiation of phase two of project	February 2019		X																				

Project Status Report

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
----------------------	---	---	--



Project Status Report

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





<b>Project:</b>	Community Health Status Update: Developing a process for ongoing sustainability and updating	<b>Project #:</b> 2018-008		
<b>Project Sponsor:</b>	Dr. Alex Summers, Associate Medical Officer of Health	<b>Project Manager:</b> Ruth Sanderson, Epidemiologist		
<b>Project Phase</b>	Execution	<b>Date:</b> March 2019		
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Pilot uploading of "Birth Outcomes" indicator completed Nov. 2018.</li> <li>Cycle 1 topics completed: Demographics, Healthy Pregnancy, Urban Indigenous Health (links to Our Health Counts London through successful collaboration with Southwest Ontario Aboriginal Health Access Centre).</li> <li>CHSR Website is now fully functional. Additional website updates completed in 2018 using external vendor.</li> <li>Cycle 1 "soft launch" completed including internal knowledge translation activities and all staff notification Jan 30, 2019.</li> <li>Cycle 1 debrief completed Jan 2019.</li> <li>Cycle 2 content complete, going through review/revision stage.</li> <li>Training of new Executive Assistant to load web content completed.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Analysis/ interpretation takes longer than allotted. Revised project charter timelines for Cycle 1 and all subsequent cycles.</li> <li>Limited administrative support. Training of new employee will assist with Cycle 2 web loading.</li> <li>Development of templates, tools and process maps key for standardization with multiple analysts and epidemiologists involved in content development.</li> </ul>				
				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Website editing issues continue to surface during loading/editing may require a small amount of support from external vendor to fix.</li> <li>Analysts' and epidemiologists' time and focus to complete analysis and interpretation continues to impact timeline.</li> <li>Desire to improve/ augment content continues to add to scope creep.</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>Load Cycle 2 content on website and execute soft-launch.</li> <li>Initiate and complete Cycle 3 analysis, sign-off and web-loading.</li> <li>Complete interim sustainability report.</li> </ul>			
1. Cycle 2 Content Sign-Off		February 15,2019		X				
2. Cycle 2 Upload to web		February 22, 2019		X				
3. Sustainability Report		March 22, 2019	✓					
4. Cycle 3 Content Sign-Off		April 5, 2019	✓					
5. Cycle 3 Upload to web		April 12, 2019	✓					

Project Status Report

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



<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>Revised cycle length, added additional cycle.</li> <li>Moved Injury topic to Cycle 2 and Substance Use topic to Cycle 3.</li> <li>Extended project manager/ epidemiologist's contract to June 30, 2019.</li> </ul>	
--	--

<b>Project:</b>	Diversity and Inclusion	<b>Project #:</b> 2018-009		
<b>Project Sponsor:</b>	Heather Lokko, Chief Nursing Officer	<b>Project Manager:</b> Meena Umme, Health Promoter		
<b>Project Phase:</b>	Execution	<b>Date:</b> March 2019		
<b>Status Last Period:</b> 	<b>Current Status:</b> 	<b>Scope:</b> 	<b>Schedule:</b> 	<b>Cost:</b> <input checked="" type="checkbox"/>






<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Diversity and Inclusion Advisory Committee was formed (November, 2018) to represent all divisions of the organization.</li> <li>RFP was published (December, 2018) inviting applications for conducting organizational diversity and inclusion assessment.</li> <li>Successful proponent was identified Board approval was obtained for increased funding required to award the contract.</li> </ul>	<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Project schedule delayed due time required to award contract to successful proponent.</li> </ul> <p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>None to report.</li> </ul>
---	--

Upcoming Key Milestones	Targeted Completion Date	On Track (✓)	Delayed (X)	<p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>Signing agreement with the consulting agency.</li> <li>Develop an action plan for conducting the assessment.</li> <li>Conduct the assessment.</li> </ul>
1. Agreement signed	March 15, 2019		X	
2. Action plan developed	March 30, 2019		X	
3. Assessment conducted	May 30, 2019		X	
4. Develop action plan based on findings and recommendations	June 30, 2019		X	

Project Status Report




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

<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>Budget increase requested and granted.</li> </ul>	
---	--

<b>Project:</b>	Health Equity Indicators	<b>Project #:</b> 2018-010		
<b>Project Sponsor:</b>	Heather Lokko, Chief Nursing Officer	<b>Project Manager:</b> Melanie Elms, Public Health Nurse		
<b>Project Phase</b>	Execution	<b>Date:</b> March 2019		
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 



<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Completed assessment of current state related to health equity indicators prioritized for 2018.</li> <li>Developed recommendations regarding realistic targets and benchmarks and related processes for moving prioritized indicators forward and monitoring progress.</li> <li>Presented above information divisional leadership teams and SLT.</li> <li>Adapted processes and targets/benchmarks based on SLT recommendations.</li> <li>Approval received from SLT for prioritized indicators for assessment in 2019.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Balancing the sharing of processes and related monitoring systems approved by SLT with the assessment of indicators prioritized for 2019 in order to help program teams move closer towards achieving the overall Health Equity Indicators.</li> <li>In order to monitor progress towards meeting the indicators that were assessed in 2018, related data needs to be collected and reported.</li> </ul>																	
<table border="1"> <thead> <tr> <th data-bbox="71 1159 596 1263">Upcoming Key Milestones</th> <th data-bbox="596 1159 749 1263">Targeted Completion Date</th> <th data-bbox="749 1159 877 1263">On Track (✓)</th> <th data-bbox="877 1159 989 1263">Delayed (X)</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 1263 596 1343">1. Communicate processes and related monitoring systems approved by SLT</td> <td data-bbox="596 1263 749 1343">April 30, 2019</td> <td data-bbox="749 1263 877 1343">✓</td> <td data-bbox="877 1263 989 1343"></td> </tr> <tr> <td data-bbox="71 1343 596 1422">2. Phase 3 Project Charter Approval</td> <td data-bbox="596 1343 749 1422">March 31, 2019</td> <td data-bbox="749 1343 877 1422">✓</td> <td data-bbox="877 1343 989 1422"></td> </tr> <tr> <td data-bbox="71 1422 596 1500">3. Complete assessment and approval of prioritized indicators</td> <td data-bbox="596 1422 749 1500">December 31, 2019</td> <td data-bbox="749 1422 877 1500">✓</td> <td data-bbox="877 1422 989 1500"></td> </tr> </tbody> </table>				Upcoming Key Milestones	Targeted Completion Date	On Track (✓)	Delayed (X)	1. Communicate processes and related monitoring systems approved by SLT	April 30, 2019	✓		2. Phase 3 Project Charter Approval	March 31, 2019	✓		3. Complete assessment and approval of prioritized indicators	December 31, 2019	✓		<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Limited availability of data in 2019 which is needed to monitor progress towards meeting indicators assessed in 2018.</li> </ul> <p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>Provide relevant program teams with information regarding approved processes and monitoring systems so they can build capacity for this work in 2019.</li> <li>Assess questions from prioritized indicators and reword so they are relevant to MLHU needs.</li> <li>Identify and begin consultation with key stakeholders for assessment of 2019 prioritized indicators.</li> <li>Prepare and submit Phase 3 Project Charter for approval.</li> </ul>	
Upcoming Key Milestones	Targeted Completion Date	On Track (✓)	Delayed (X)																		
1. Communicate processes and related monitoring systems approved by SLT	April 30, 2019	✓																			
2. Phase 3 Project Charter Approval	March 31, 2019	✓																			
3. Complete assessment and approval of prioritized indicators	December 31, 2019	✓																			






Project Status Report

<b>Status Legend</b>	Proceeding as planned 	Problems have surfaced, considered manageable 	Major obstacles; requires intervention 
----------------------	---	---	--

4. Report 2018 progress to SLT	December 31, 2019	✓		
<b><u>Project Changes:</u></b> <ul style="list-style-type: none"><li>• None to report.</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"/>
----------------------	---	---	--






<b>Project:</b>	Rebranding and Graphic Standards	<b>Project #:</b> 2018-013	
<b>Project Sponsor:</b>	Dr. Chris Mackie, Medical Officer of Health/Chief Executive Officer	<b>Project Manager:</b> Jason Micallef, Marketing Coordinator	
<b>Project Phase:</b>	Execution	<b>Date:</b> March 2019	
Status Last Period: 	Current Status: 	Scope: 	Schedule:  Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Logos were designed and final three submitted for focus group testing by Insights.</li> <li>Final logo design has been approved and conceptual designs are being produced for stationery, templates, etc.</li> <li>Graphics Committee is compiling a list of all print materials, estimated reprint dates and quantities from all teams for planning purposes.</li> <li>Developing timeline for soft/public launch.</li> <li>Working on new graphic standards template for print and web/social media.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Aligning key activities with the relocation project.</li> </ul>															
<p><b>Upcoming Key Milestones</b></p> <table border="1"> <thead> <tr> <th data-bbox="71 987 470 1068"></th> <th data-bbox="470 987 684 1068">Targeted Completion Date</th> <th data-bbox="684 987 816 1068">On Track (✓)</th> <th data-bbox="816 987 984 1068">Delayed (X)</th> </tr> </thead> <tbody> <tr> <td data-bbox="71 1068 470 1149">1. Develop final timeline for launch dates (print primarily)</td> <td data-bbox="470 1068 684 1149">April 2019</td> <td data-bbox="684 1068 816 1149">✓</td> <td data-bbox="816 1068 984 1149"></td> </tr> <tr> <td data-bbox="71 1149 470 1230">2. Finalize template designs for graphic standards</td> <td data-bbox="470 1149 684 1230">August 2019</td> <td data-bbox="684 1149 816 1230">✓</td> <td data-bbox="816 1149 984 1230"></td> </tr> </tbody> </table> <p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>None to report.</li> </ul>					Targeted Completion Date	On Track (✓)	Delayed (X)	1. Develop final timeline for launch dates (print primarily)	April 2019	✓		2. Finalize template designs for graphic standards	August 2019	✓		<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Overstock of resources and supplies with the old logo that will have to be discarded.</li> </ul> <p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>Roll-out of new logo.</li> </ul>			
	Targeted Completion Date	On Track (✓)	Delayed (X)																
1. Develop final timeline for launch dates (print primarily)	April 2019	✓																	
2. Finalize template designs for graphic standards	August 2019	✓																	





Project Status Report






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

<b>Project:</b>	Administrative Policy Manual Review	<b>Project #:</b> 2018-015		
<b>Project Sponsor:</b>	Laura Di Cesare, Director, Healthy Organization	<b>Project Manager:</b> Nicole Gauthier, Manager, Privacy, Risk and Governance		
<b>Project Phase</b>	Execution	<b>Date:</b> March 2019		
Status Last Period: 	Current Status: 	Scope: 	Schedule: 	Cost: 

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Signed agreement with Policy Medical for the Policy Management Software Solution.</li> <li>Project Kick-off completed.</li> <li>System administrator training completed.</li> <li>Continuation of policy review.</li> <li>Refined policy templates in preparation for uploading to Policy Management Software.</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Allocating time with management teams to review outdated policies can be challenging based on the number of complex strategic projects that are in the execution phase during Q1 and Q2.</li> </ul>			
				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Introducing a new policy management system in the midst of other competing priorities during Q1 and Q2.</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>Continued review of existing policies to identify documents for revision/consolidation/decommission.</li> <li>Solution configuration.</li> <li>Document preparation.</li> </ul>			
1. Solution configuration	March 31, 2019	✓					
2. Migration of policies into Policy Management Software solution	April 30, 2019	✓					
3. Expansion to Program level documents	September 30, 2019	✓					
<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>None to report.</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"/>
----------------------	---	---	--

<b>Project:</b>	Project Management Office (PMO)	<b>Project #:</b> 2018-016	
<b>Project Sponsor:</b>	Laura Di Cesare, Director, Healthy Organization	<b>Project Manager:</b> Kendra Ramer, Manager, Strategic Projects	
<b>Project Phase</b>	Execution	<b>Date:</b> March 2019	
Status Last Period: 	Current Status: 	Scope: 	Schedule: 
Cost: 			

<p><b>Recent Accomplishments:</b></p> <ul style="list-style-type: none"> <li>Implementation of standardized tools for project management methodology.</li> <li>Increased collaboration with Program Planning and Evaluation team to align Project Management Office (PMO) with the Planning and Evaluation Framework (PEF).</li> </ul>				<p><b>Top Issues:</b></p> <ul style="list-style-type: none"> <li>Providing clarity to staff and management with respect to roles and responsibilities of PMO.</li> <li>Not streamlining the reporting of all projects through PMO creates challenges when cascading the balanced scorecard down to the division and team levels.</li> </ul>			
				<p><b>Top Risks:</b></p> <ul style="list-style-type: none"> <li>Misalignment with other organizational frameworks leading to ambiguity and lack of engagement from staff and management in the utilization of PMO methodology.</li> </ul>			
<p><b>Upcoming Key Milestones</b></p>	<p><b>Targeted Completion Date</b></p>	<p><b>On Track (✓)</b></p>	<p><b>Delayed (X)</b></p>	<p><b>Key Activities for Next Period:</b></p> <ul style="list-style-type: none"> <li>Attending team/management meetings to explain the role of PMO and how to engage the strategic projects team in project work.</li> <li>Evaluation of the current strategic plan.</li> <li>Planning for the new strategic planning cycle.</li> </ul>			
<p>1. PMO Communication to Staff and Management</p>	<p>June 30, 2019</p>	<p>✓</p>					
<p>2. Strategic Plan Evaluation</p>	<p>June 30, 2019</p>	<p>✓</p>					
<p>3. Determine Strategic Planning Process for 2021-2025</p>	<p>September 30, 2019</p>	<p>✓</p>					
<p><b>Project Changes:</b></p> <ul style="list-style-type: none"> <li>Further embed PMO accountabilities into the strategic planning process and reporting requirements.</li> </ul>							



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health /CEO

DATE: 2019 March 21

---

## 2017 YEAR-END PERFORMANCE ON ACCOUNTABILITY INDICATORS

### **Recommendation**

*It is recommended that the Governance Committee receive Report No. 002-19GC re: “2017 Year-end Performance on Accountability Indicators” for information.*

### **Key Points**

- The Middlesex-London Health Unit (MLHU) has completed reporting and verification of the 2017 Year-End Accountability Agreement indicators.
- The Ministry of Health and Long-Term Care did not identify performance indicators for 2017, and the indicators here are used for monitoring purposes only.
- MLHU reported on a total of 15 monitoring indicators to the Ministry of Health and Long Term Care.

### **Background**

Under section 5.2 of the Accountability Agreement between the Middlesex-London Health Unit (MLHU) Board of Health and the Ministry of Health and Long Term Care (MOHLTC), the Board has agreed to use best efforts to achieve agreed upon Performance Targets for the Indicators specified.

At total of 15 indicators were reported to the MOHLTC in 2017. These indicators reflect the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, and tobacco control. Due to the current state of transformation within the public health sector, the ministry has reduced the suite of indicators that are monitored to 15 compared to the previously reported 25. Unlike in previous years, no performance targets were proposed by the MOHLTC.

### **2017 Year-End Results**

In February 2019, the MOHLTC published MLHU’s 2017 year-end performance. The 2017 Indicator Summary Table for Health Promotion and Health Protection Indicators provides a summary of these results ([Appendix A](#)). The reporting period for the indicators is January 1, 2017 – December 31, 2017, unless otherwise noted.

### **Monitoring Indicators**

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

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

## Limitations in the Data

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

- Reflect government priority;
- Reflect the core business of public health;
- Measure Board of Health level outcomes as per the Ontario Public Health Standards;
- Be responsive to change by action of the Board of Health;
- Provide an opportunity for performance improvement;
- Have available data sources; and
- Ensure data is sensitive, timely, feasible, valid, reliable, understandable, and comparable.

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

This report was prepared by the Program Planning and Evaluation Team, Healthy Organization Division.



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

2017 YEAR-END INDICATOR SUMMARY TABLE: HEALTH PROMOTION & PROTECTION INDICATORS											
Board of Health for the Middlesex-London Health Unit											
February-15-19											
#	Indicator	2016				2017					
		Reporting Period	Performance	Target (%)/ Monitoring/ Baseline	Performance/ Compliance Report Required	Reporting Period	Numerator	Denominator	Performance	Target (%)/ Monitoring/ Baseline	Performance/ Compliance Report Required
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Jan 1, 2016 - Dec 31, 2016	99.7%	≥90%	NO	Jan 1, 2017 - Dec 31, 2017	302	304	99.3%	Monitoring	TBD
1.7	% tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	Jan 1, 2016 - Dec 31, 2016	100.0%	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	296	296	100.0%	Monitoring	TBD
2.1	% of high-risk food premises inspected once every 4 months while in operation	Jan 1, 2016 - Dec 31, 2016	99.1%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	542	545	99.4%	Monitoring	TBD
2.3	% of Class A pools inspected while in operation	Jan 1, 2016 - Dec 31, 2016	100.0%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	37	37	100.0%	Monitoring	TBD
3.1	% of personal services settings inspected annually	Jan 1, 2016 - Dec 31, 2016	99.8%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	502	624	80.4%	Monitoring	TBD
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	Jan 1, 2016 - Dec 31, 2016	58.8%	Monitoring	NO	Jan 1, 2017 - Dec 31, 2017	112	176	63.6%	Monitoring	TBD
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit	Sep 1, 2015 - Aug 31, 2016	0.1%	Monitoring	NO	Sep 1, 2016 - Aug 31, 2017	38	8,548	0.4%	Monitoring	TBD
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Jan 1, 2016 - Dec 31, 2016	99.5%	100.0%	NO	Jan 1, 2017 - Dec 31, 2017	363	364	99.7%	Monitoring	TBD
4.4	% of school-aged children who have completed immunizations for hepatitis B	As of Jun 30, 2016	59.5%	Monitoring	NO	As of Jun 30, 2017	2,987	4,816	62.0%	Monitoring	TBD
4.5	% of school-aged children who have completed immunizations for HPV	As of Jun 30, 2016	50.7%	Monitoring	NO	As of Jun 30, 2017	2,473	4,816	51.3%	Monitoring	TBD
4.6	% of school-aged children who have completed immunizations for meningococcus	As of Jun 30, 2016	74.2%	Monitoring	NO	As of Jun 30, 2017	3,824	4,816	79.4%	Monitoring	TBD
4.7	% of MMR vaccine wastage	Jan 1, 2016 - Dec 31, 2016	2.7%	Baseline	NO	Jan 1, 2017 - Dec 31, 2017	348	11,250	3.1%	Monitoring	TBD
4.8	% of 7 or 8 year old students in compliance with the ISPA	As of Jun 30, 2016	96.3%	Baseline	NO	As of Jun 30, 2017	4,555	4,910	92.8%	Monitoring	TBD
4.9	% of 16 or 17 year old students in compliance with the ISPA	As of Jun 30, 2016	69.8%	Baseline	NO	As of Jun 30, 2017	3,823	4,951	77.2%	Monitoring	TBD
4.10	% of influenza vaccine wasted that is stored/administered by the public health unit and healthcare providers	N/A	N/A	N/A	N/A	Sep 1, 2016 - Aug 31, 2017	15,058	172,540	8.7%	Monitoring	TBD

**LEGEND:**

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

**NOTES:**

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



TO: Chair and Members of the Governance Committee

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

DATE: 2019 March 21

---

## GOVERNANCE POLICY REVIEW AND DEVELOPMENT

### Recommendation

*It is recommended that the Governance Committee:*

- 1) *Receive Report No. 003-19GC for information;*
- 2) *Recommend that the Board of Health approve the governance by-laws and policies appended to this report; and*
- 3) *Recommend that the Board of Health approve development of the new governance policies outlined within this report.*

### Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding review and development of governance by-laws and policies.
- The approved policy model requires that governance by-laws and policies be reviewed at least every two years; review and revision of governance by-laws and policies can be initiated at any time as needed.
- The by-laws and policies brought forward to the Governance Committee have been reviewed by staff, and by the Finance & Facilities Committee where these relate to the financial operations of the organization, and updated to enhance clarity and ensure continuing compliance with applicable standards, legislation and agreements.
- A new policy is being recommended for development to support governance practices with respect to advocacy.

### Background

In 2016, the Board of Health approved a plan for review and development of 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 by-laws and policies brought forward for review by the Governance Committee is highlighted in a comprehensive listing of by-laws and policies found in [Appendix A](#).

The following by-laws and policies were prepared for review by the Governance Committee, found in [Appendix B](#):

- G-B10 By-law No. 1 Management of Property
- G-100 Information Privacy and Confidentiality
- G-230 Procurement
- G-280 Board Size and Composition
- G-300 Board of Health Self-Assessment

- G-350 Nominations and Appointments to the Board of Health
- G-370 Board of Health Orientation and Development
- G-470 Annual Report
- G-480 Media Relations
- G-490 Board of Health Reports

## **Policy Development**

### **Advocacy**

One of the strategic initiatives identified on the 2018-2020 Balanced Scorecard is the administrative policy manual review, which is currently underway. An administrative policy pertaining to advocacy was approved by the Senior Leadership Team and implemented in December 2017. The purpose of this policy is 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. As the Board of Health has a key role in this mandate, it is recommended that a related governance policy be developed pertaining to Board accountabilities and practices with respect to advocacy.

### **Next Steps**

The Governance Committee has the opportunity to review the appended by-laws and policies. Once the Governance Committee is satisfied with its review, the by-laws and policies will be forwarded to the Board of Health for approval.

The remaining policies due for review, along with the new policies recommended for development, will be brought forward to the Governance Committee for review in June 2019

This report was prepared by the Privacy, Risk and Governance Team, Healthy Organization Division.



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

**FOR REVIEW**  
**Governance Manual By-laws and Policies**

*March 21, 2019*



Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-000	Board of Health	By-laws, Policy and Procedures	1992-11-19	2018-11-15	Current	
G-B10	By-Laws	By-law No. 1 Management of Property	2016-12-08		<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revision to correct reference to Section 52(3) of Health Protection and Promotion Act</li> </ul>
G-B20	By-Laws	By-law No. 2 Banking and Finance	2016-12-08		<b>Review Pending</b>	<ul style="list-style-type: none"> <li>To be brought forward to FFC and GC in June 2019</li> </ul>
G-B30	By-Laws	By-law No. 3 Proceedings of the Board of Health	2016-12-08	2018-09-20	Current	
G-B40	By-Laws	By-law No. 4 Duties of the Auditor	2016-12-08		<b>Review Pending</b>	<ul style="list-style-type: none"> <li>To be brought forward to FFC and GC in June 2019</li> </ul>
G-010	Strategic Direction	Strategic Planning	1992-09-09	2018-11-15	Current	
G-020	Leadership and Board Management	MOH/CEO Direction	2016-12-08	2018-11-15	Current	
G-030	Leadership and Board Management	MOH/CEO Position Description	2016-12-08	2018-11-15	Current	
G-040	Leadership and Board Management	MOH/CEO Selection and Succession Planning	2017-10-19		Current	
G-050	Leadership and Board Management	MOH/CEO Performance Appraisal	2016-12-08	2018-11-15	Current	
G-080	Program Quality and Effectiveness	Occupational Health and Safety	2018-11-15		Current	
G-100	Program Quality and Effectiveness	Information Privacy and Confidentiality	2017-06-15		<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Policy updated, including two new appendices, to clarify privacy and freedom of information</li> </ul>

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
						<p>accountabilities of boards of health under applicable privacy legislation and the Ontario Public Health Standards</p> <ul style="list-style-type: none"> <li>MLHU Privacy Statement removed as an appendix in alignment with health information custodian (HIC) and Board of Health accountabilities</li> <li>Annual Confidentiality Attestation updated including editorial revisions for consistent language with policy, and authorization requirements for disclosure updated to align with requirements outlined in Policy G-480</li> </ul>
G-120	Program Quality and Effectiveness	Risk Management	2017-04-21		Current	
G-150	Program Quality and Effectiveness	Complaints	2018-07-01		Current	
G-160	Program Quality and Effectiveness	Jordan's Principle	2016-12-08	2018-11-15	Current	
G-180	Financial and Organizational Accountability	Financial Planning and Performance	2017-06-15		Current	
G-190	Financial and Organizational Accountability	Asset Protection	2017-06-15		Current	
G-200	Financial and Organizational Accountability	Approval and Signing Authority	2000-07-20	2016-12-08	<b>Review Pending</b>	<ul style="list-style-type: none"> <li>To be brought forward to FFC and GC in June 2019</li> </ul>

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-205	Financial and Organizational Accountability	Borrowing	2018-09-20		Current	
G-210	Financial and Organizational Accountability	Investing	2017-06-15		Current	
G-220	Financial and Organizational Accountability	Contractual Services	2000-08-30	2016-12-08	<b>Review Pending</b>	<ul style="list-style-type: none"> <li>To be brought forward to FFC and GC in June 2019</li> </ul>
G-230	Financial and Organizational Accountability	Procurement	2008-02-21	2016-12-08	<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Policy updated to provide greater detail outlined in relevant trade agreements, including, changes to the following where the anticipated spend is over \$100,000: <ul style="list-style-type: none"> <li>Tender notice access must be on a public procurement website and available free of charge</li> <li>Posting period is now 40 days (previously unspecified)</li> <li>Proponents must be advised within 70 days of bid award</li> <li>Reporting requirements for the federal government were added</li> <li>Further details were added for limited tendering negotiations</li> </ul> </li> </ul> <p><i>Note: Further revisions are anticipated following the implementation of the procurement module in the Enterprise Resource Planning system later this year</i></p>
G-240	Financial and Organizational Accountability	Tangible Capital Assets	2017-06-15		Current	

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-250	Financial and Organizational Accountability	Reserve and Reserve Funds	2017-06-15		Current	
G-310	Financial and Organizational Accountability	Corporate Sponsorship	1997-09-25	2017-06-15	Current	
G-320	Financial and Organizational Accountability	Donations	2014-03-31	2017-06-15	Current	
G-330	Financial and Organizational Accountability	Gifts and Honorariums	1992-09-30	2017-06-15	Current	
G-410	Financial and Organizational Accountability	Board Member Remuneration	2017-06-15		Current	
G-420	Financial and Organizational Accountability	Travel Reimbursement	2013-10-17	2017-06-15	Current	
G-430	Financial and Organizational Accountability	Informing of Financial Obligations	2018-07-01		Current	
G-260	Board Effectiveness	Governance Principles and Board Accountability	2018-07-01		Current	
G-270	Board Effectiveness	Roles and Responsibilities of Individual Board Members	2017-03-16	2018-06-21	Current	
G-280	Board Effectiveness	Board Size and Composition	2017-03-16		<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revisions to enhance clarity</li> </ul>
G-290	Board Effectiveness	Standing and Ad Hoc Committees	2017-03-16	2018-09-20	Current	
G-300	Board Effectiveness	Board of Health Self-Assessment	2017-03-16		<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revisions to enhance clarity</li> <li>Question related to Board structure removed from self-</li> </ul>

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
						assessment tool (Appendix A) given requirements are set out in legislation and regulations
G-340	Board Effectiveness	Whistleblowing	2018-09-20		Current	
G-350	Board Effectiveness	Nominations and Appointments to the Board of Health	2017-03-16		<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revisions to enhance clarity</li> <li>Process for municipal appointments/reappointments updated to have letter of endorsement submitted by the Chair and the Secretary-Treasurer to address potential conflict of interest; policy currently states this letter is submitted by the Chair only</li> </ul>
G-360	Board Effectiveness	Resignation and Removal of Board Members	2018-07-01		Current	
G-370	Board Effectiveness	Board of Health Orientation and Development	2017-03-16		<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Policy updated to reflect refinement of approach to Board orientation – initial on-site orientation followed by additional self-directed and supported orientation throughout the first six months of new appointments</li> </ul>
G-380	Board Effectiveness	Conflicts of Interest and Declaration	2017-10-19	2018-06-21	Current	
G-395	Board Effectiveness	Local Health Integration Network Relationships	2018-09-20		Current	
G-400	Board Effectiveness	Political Activities	2018-07-01		Current	
G-470	Communications and External Relations	Annual Report	1992-09-23	2017-03-16	<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revisions for consistent and updated language</li> </ul>

Policy #	Section	Title	Date Implemented	Last Review	Status	Notes
G-480	Communications and External Relations	Media Relations	1992-09-23	2017-03-16	<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revisions to clarify roles and responsibilities</li> </ul>
G-490	Communications and External Relations	Board of Health Reports	1994-06-15	2017-03-16	<b>Revised – For Approval</b>	<ul style="list-style-type: none"> <li>Editorial revisions to clarify roles and responsibilities</li> <li>Board report template updated to align with corporate identity and graphic standards</li> </ul>
G-500	Communications and External Relations	Advocacy			<b>To Be Developed</b>	<ul style="list-style-type: none"> <li>To be brought forward to GC in June 2019</li> </ul>



Board of Health: **By-law No. 1**

---

Pursuant to Section 56(1) (a) of the *Health Protection and Promotion Act*, R.S.O. 1990, as amended, chapter H.7, the Board of Health for the Middlesex-London Health Unit enacts By-law No. 1 to provide for the **management of property**.

1. In this by-law:

- (a) "Act" means the *Health Protection and Promotion Act*, R.S.O. 1990 (as amended), Chapter H.7.
- (b) "Board" means the Board of Health for the Middlesex-London Health Unit.
- (c) "Secretary-Treasurer" means the Secretary-Treasurer as defined in Policy G-270 as may be amended, from time to time.

2. The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage, or otherwise charge or dispose of real property owned by it, subject to Section 52(3) of the Act. Section 52(3) of the Act does not apply unless the Board of Health has first obtained the consent of the councils of the majority of the municipalities within the health unit served by the Board of Health. R.S.O. 1990, c. H.7, s. 52 (4); 2002, c. 18, Sched. I, s. 9 (8).

3. The Medical Officer of Health / Chief Executive Officer (MOH / CEO) shall be responsible for the care and maintenance of all properties as required by the Board. For additional responsibilities of the MOH / CEO pertaining to property, and the terms of leasing or rental agreements, please refer to Policy G-030 MOH / CEO Position Description, as amended, from time to time.

4. The Board shall ensure that all such properties comply with applicable statutory requirements contained in local, provincial, and/or federal legislation (e.g., Building Code and Fire Code).

First Reading – December 8, 2016  
Second Reading – December 8, 2016  
Third Reading – December 8, 2016

This By-law is to be in force and effect and to remain in force and effect until otherwise amended by enactment by the Board.

Executed in London, in the Province of Ontario, on this December 8, 2016.

<b>Reviewed by:</b>	Finance and Facilities Committee
<b>Approved by:</b>	Board of Health
<b>Date:</b>	December 8, 2016
<b>Signature:</b>	  <hr/> <div style="display: flex; justify-content: space-between;"><span>Mr. Jesse Helmer Chair, Board of Health</span><span>Dr. Christopher Mackie Secretary-Treasurer</span></div>



**GOVERNANCE MANUAL**

<b>SUBJECT:</b> Privacy and Freedom of Information	<b>POLICY NUMBER:</b>	<b>G-100</b>
<b>SECTION:</b> Program Quality and Effectiveness	<b>PAGE:</b>	1 of 5
<b>IMPLEMENTATION:</b> June 15, 2017	<b>APPROVAL:</b>	Board of Health
<b>SPONSOR:</b> MOH/CEO	<b>SIGNATURE:</b>	
<b>REVIEWED BY:</b> Governance Committee	<b>DATE:</b>	March 21, 2019

---

## **PURPOSE**

To facilitate the Board of Health's (Board) compliance with governance accountabilities and legislative requirements with respect to privacy and freedom of information.

To outline the confidentiality obligations of Board members.

## **POLICY**

The Board recognizes its legal and ethical obligation to protect the privacy of individuals with respect to their personal information (PI) and personal health information (PHI), and is committed to ensuring the confidentiality and security of the PI and PHI under the custody and control of the Middlesex-London Health Unit (MLHU), as set out in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA).

The Board further recognizes its obligation to provide a right of access to information under its control, as set out in MFIPPA, and is committed to openness, transparency and accountability.

Board members are further accountable for maintaining the confidentiality and security of PI, PHI and other confidential information that they gain access to for the purpose of discharging their duties and responsibilities as a member of the Board.

The Board shall be informed of all significant privacy risks and significant privacy breaches.

## **PROCEDURE**

### **1. Board of Health Accountabilities Under MFIPPA**

- 1.1. The Board designates from among its members the Board Chair to serve as the "head" of the institution for the purposes of meeting the requirements outlined in this Act (s. 3).
- 1.2. The Board Chair delegates the duties and responsibilities of the head to the Medical Officer of Health/Chief Executive Officer (MOH/CEO). Appendix A describes duties and powers of the head with respect to freedom of information and protection of individual privacy. The day-to-day administration and management of MLHU's privacy program will be operationalized by MLHU's Privacy Officer, who reports to the Director, Healthy Organization.

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Privacy and Freedom of Information

**POLICY NUMBER:**

**G-100**

**SECTION:** Program Quality and Effectiveness

**PAGE:**

2 of 5

### 2. Board of Health Accountabilities Under PHIPA

- 2.1. The medical officer of health of a board of health within the meaning of the Health Protection and Promotion Act serves as the health information custodian (HIC) for the purposes of PHIPA (s. 3 (1)).
- 2.2. In accordance with the requirements set out in the Ontario Public Health Standards, the board of health shall ensure that the medical officer of health, as the designated HIC, maintains information systems and implements policies/procedures for privacy and security, data collection and records management. Appendix B describes required practices to protect PHI.

### 3. Board of Health Member Confidentiality Attestation

- 3.1. Board members shall confirm understanding of their confidentiality obligations under applicable privacy legislation and governance policies, and their agreement to honour these obligations, by signing an Annual Confidentiality Attestation (Appendix C).
- 3.2. New Board members shall provide initial attestation upon orientation to the Board and according to the annual schedule thereafter.

## DEFINITIONS

**“Agents”**, in relation to a health information custodian, means a person that, with the authorization of the custodian, acts for or on behalf of the custodian in respect of personal health information for the purposes of the custodian, and not the agent’s own purposes, whether or not the agent has the authority to bind the custodian, whether or not the agent is employed by the custodian and whether or not the agent is being remunerated (PHIPA s. 2).

**“Collection”** means to gather, acquire, receive or obtain the information by any means from any source.

**“Confidentiality”** means the nondisclosure of PI or PHI except to another authorized person or where disclosure is permitted by law. Confidentiality also refers to the ethical and fiduciary duty and obligation of individual Board members to safeguard confidential information.

**“Confidential Information”** means personal information, personal health information and/or information regarding the organization which is not publicly disclosed by the organization, this information may include, but is not limited to:

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Privacy and Freedom of Information  
**SECTION:** Program Quality and Effectiveness  
**POLICY NUMBER:** G-100  
**PAGE:** 3 of 5

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

**“Disclosure”** means to make the information available or to release it to another health information custodian or to another person, but does not include to use the information.

**“Head”** means the individual designated, in writing, by the Board from among themselves, to act as head of the institution for the purposes of MFIPPA.

**“Health Information Custodian”** means a person or organization as defined and described in PHIPA who has custody or control of personal health information as a result of or in connection with performing the person’s or organization’s powers or duties.

**“Identifying Information”** means information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual (PHIPA s. 4 (2)).

**“Institution”** means a board of health (MFIPPA, s. 2 (1)).

**“Personal Health Information”** means identifying information about an individual in oral or recorded form, if the information:

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Privacy and Freedom of Information      **POLICY NUMBER:** G-100  
**SECTION:** Program Quality and Effectiveness      **PAGE:** 4 of 5

- (a) Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- (b) Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- (c) Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual;
- (d) Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- (e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- (f) Is the individual's health number; and/or
- (g) Identifies an individual's substitute decision-maker. (PHIPA, s. 4 (1))

**"Personal Information"** means recorded information about an identifiable individual, including:

- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
- (b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- (c) Any identifying number, symbol or other particular assigned to the individual;
- (d) The address, telephone number, fingerprints or blood type of the individual;
- (e) The personal opinions or views of the individual except if they relate to another individual;
- (f) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- (g) The views or opinions of another individual about the individual; and/or
- (h) The individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual. (MFIPPA, s. 2(1))

**"Privacy"** means the qualified right of individuals to exercise control over the collection, use and disclosure of their personal information and personal health information, unless the collection, use and/or disclosure of the information is permitted or required by law.

**"Privacy Breach"** means the theft, loss unauthorized use or disclosure of personal information, personal health information or other confidential information.

**"Privacy Officer"** means the individual designated by the Medical Officer of Health/Chief Executive Officer to administer and manage MLHU's privacy program.

**"Records"** means any record of information in any form or in any medium, whether in oral, written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record (MFIPPA s. 2 and PHIPA, s. 2).

## MIDDLESEX-LONDON HEALTH UNIT

### GOVERNANCE MANUAL

<b>SUBJECT:</b> Privacy and Freedom of Information	<b>POLICY NUMBER:</b>	<b>G-100</b>
<b>SECTION:</b> Program Quality and Effectiveness	<b>PAGE:</b>	5 of 5

“**Security**” means a system of safeguards and precautions established to preserve confidentiality. These means may be legislative, administrative/procedural and/or technical.

“**Use**” means to view, handle or otherwise deal with the information.

### APPENDICES

Appendix A – MFIPPA: Duties and Powers of the Head Related to Freedom of Information and Protection of Individual Privacy

Appendix B – PHIPA: Practices to Protect Personal Health Information

Appendix C – Annual Confidentiality Attestation

### APPLICABLE LEGISLATION AND STANDARDS

Municipal Freedom of Information and Protection of Privacy Act

Personal Health Information Protection Act

Regulated Health Professions Act

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

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

March 21 2019

**Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)  
Duties and Powers of the Head Related to Freedom of Information and Protection  
of Individual Privacy**

MFIPPA Section	Summary of Duties and Powers
<b>Part I – Freedom of Information</b>	
<b>Right of access</b> 4 (1)	4 (1) Every person has a right of access to a record or a part of a record in the custody or under the control of an institution unless, <ul style="list-style-type: none"> <li>a) the record or the part of the record falls within one of the exemptions under sections 6 to 15; or</li> <li>b) the head is of the opinion on reasonable grounds that the request for access is frivolous or vexatious.</li> </ul>
<b>Severability of the record</b> 4 (2)	4 (2) If an institution receives a request for access to a record that contains information that falls within one of the exemptions under sections 6 to 15 and the head of the institution is not of the opinion that the request is frivolous or vexatious, the head shall disclose as much of the record as can reasonably be severed without disclosing the information that falls under one of the exemptions. 1996, c. 1, Sched. K, s. 13.
<b>Measures to ensure preservation of records</b> 4.1	4.1 Every head of an institution shall ensure that reasonable measures respecting the records in the custody or under the control of the institution are developed, documented and put into place to preserve the records in accordance with any recordkeeping or records retention requirements, rules or policies, whether established under an Act or otherwise, that apply to the institution. 2014, c. 13, Sched. 6, s. 3.
<b>Obligation to disclose</b> 5 (1)	5 (1) Despite any other provision of this Act, a head shall, as soon as practicable, disclose any record to the public or persons affected if the head has reasonable and probable grounds to believe that it is in the public interest to do so and that the record reveals a grave environmental, health or safety hazard to the public.
<b>Notice</b> 5 (2)	5 (2) Before disclosing a record under subsection (1), the head shall cause notice to be given to any person to whom the information in the record relates, if it is practicable to do so.
<b>Part II – Protection of Individual Privacy</b>	
<b>Notice [of collection] to individual</b> 29 (2) and (3)	29 (2) If personal information is collected on behalf of an institution, the head shall inform the individual to whom the information relates of,

MFIPPA Section	Summary of Duties and Powers
	<p>(a) the legal authority for the collection;</p> <p>(b) the principal purpose or purposes for which the personal information is intended to be used; and</p> <p>(c) the title, business address and business telephone number of an officer or employee of the institution who can answer the individual's questions about the collection. R.S.O. 1990, c. M.56, s. 29 (2).</p> <p>Exception</p> <p>(3) Subsection (2) does not apply if,</p> <p>a) the head may refuse to disclose the personal information under subsection 8 (1) or (2) (law enforcement), section 8.1 (Civil Remedies Act, 2001) or section 8.2 (Prohibiting Profiting from Recounting Crimes Act, 2002);</p> <p>b) the Minister waives the notice; or</p> <p>c) the regulations provide that the notice is not required. R.S.O. 1990, c. M.56, s. 29 (3); 2001, c. 28, s. 23 (3); 2002, c. 2, ss. 16 (3), 19 (10); 2007, c. 13, s. 45 (3).</p>
<p><b>Right of access to personal information</b></p> <p>36 (1) and 38</p>	<p>36 (1) Every individual has a right of access to,</p> <p>(a) any personal information about the individual contained in a personal information bank in the custody or under the control of an institution; and</p> <p>(b) any other personal information about the individual in the custody or under the control of an institution with respect to which the individual is able to provide sufficiently specific information to render it reasonably retrievable by the institution.</p> <p>38 A head may refuse to disclose to the individual to whom the information relates personal information, if the record or the part of the record falls within one of the exemptions under section 38.</p>

**Personal Health Information Protection Act (PHIPA)  
Health Information Custodian Practices to Protect Personal Health Information**

PHIPA Section	Requirement
<p><b>Information practices</b> 10 (1), (2) and (3)</p>	<p>10 (1) A health information custodian that has custody or control of personal health information shall have in place information practices that comply with the requirements of this Act and its regulations. 2004, c. 3, Sched. A, s. 10 (1).</p> <p>(2) A health information custodian shall comply with its information practices. 2004, c. 3, Sched. A, s. 10 (2).</p> <p>(3) A health information custodian that uses electronic means to collect, use, modify, disclose, retain or dispose of personal health information shall comply with the prescribed requirements, if any. 2004, c. 3, Sched. A, s. 10 (3).</p>
<p><b>Collection</b> 11.1</p>	<p>11.1 A health information custodian shall take steps that are reasonable in the circumstances to ensure that personal health information is not collected without authority. 2016, c. 6, Sched. 1, s. 1 (3).</p>
<p><b>Security</b> 12 (1)</p>	<p>12 (1) A health information custodian shall take steps that are reasonable in the circumstances to ensure that personal health information in the custodian's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal. 2004, c. 3, Sched. A, s. 12 (1).</p>
<p><b>Notice of theft, loss, etc.</b> 12 (2) and (3)</p>	<p>Notice to individual 12 (2) Subject to subsection (4) and to the exceptions and additional requirements, if any, that are prescribed, if personal health information about an individual that is in the custody or control of a health information custodian is stolen or lost or if it is used or disclosed without authority, the health information custodian shall,</p> <ul style="list-style-type: none"> <li>(a) notify the individual at the first reasonable opportunity of the theft or loss or of the unauthorized use or disclosure; and</li> <li>(b) include in the notice a statement that the individual is entitled to make a complaint to the Commissioner under Part VI. 2016, c. 6, Sched. 1, s. 1 (4).</li> </ul> <p>Notice to Commissioner (3) If the circumstances surrounding a theft, loss or unauthorized use or disclosure referred to in subsection (2) meet the prescribed requirements, the health information custodian shall notify the Commissioner of the theft or loss or of the unauthorized use or disclosure. 2016, c. 6, Sched. 1, s. 1 (4).</p>



<p><b>Handling of records</b> 13 (1)</p>	<p>13 (1) A health information custodian shall ensure that the records of personal health information that it has in its custody or under its control are retained, transferred and disposed of in a secure manner and in accordance with the prescribed requirements, if any. 2004, c. 3, Sched. A, s. 13 (1).</p>
<p><b>Contact person</b> 15 (1) and (3)</p>	<p>15 (1) A health information custodian that is a natural person may designate a contact person described in subsection (3). 2004, c. 3, Sched. A, s. 15 (1).</p> <p>(3) A contact person is an agent of the health information custodian and is authorized on behalf of the custodian to,</p> <ul style="list-style-type: none"> <li>(a) facilitate the custodian's compliance with this Act;</li> <li>(b) ensure that all agents of the custodian are appropriately informed of their duties under this Act;</li> <li>(c) respond to inquiries from the public about the custodian's information practices;</li> <li>(d) respond to requests of an individual for access to or correction of a record of personal health information about the individual that is in the custody or under the control of the custodian; and</li> <li>(e) receive complaints from the public about the custodian's alleged contravention of this Act or its regulations. 2004, c. 3, Sched. A, s. 15 (3).</li> </ul>
<p><b>Written public statement</b> 16 (1) and (2)</p>	<p>16 (1) A health information custodian shall, in a manner that is practical in the circumstances, make available to the public a written statement that,</p> <ul style="list-style-type: none"> <li>(a) provides a general description of the custodian's information practices;</li> <li>(b) describes how to contact, <ul style="list-style-type: none"> <li>i. the contact person described in subsection 15 (3), if the custodian has one, or</li> <li>ii. the custodian, if the custodian does not have that contact person;</li> </ul> </li> <li>(c) describes how an individual may obtain access to or request correction of a record of personal health information about the individual that is in the custody or control of the custodian; and</li> <li>(d) describes how to make a complaint to the custodian and to the Commissioner under this Act. 2004, c. 3, Sched. A, s. 16 (1).</li> </ul> <p>(2) If a health information custodian uses or discloses personal health information about an individual, without the individual's consent, in a manner that is outside the scope of the custodian's description of its information practices under clause (1) (a), the custodian shall,</p> <ul style="list-style-type: none"> <li>(a) inform the individual of the uses and disclosures at the first reasonable opportunity unless, under section 52, the individual does not have a right of access to a record of the information;</li> </ul>

	<p>(b) make a note of the uses and disclosures; and  (c) keep the note as part of the records of personal health information about the individual that it has in its custody or under its control or in a form that is linked to those records. 2004, c. 3, Sched. A, s. 16 (2).</p>
<p><b>Agents and information</b>  17 (1) and (3)</p>	<p>17 (1) A health information custodian is responsible for personal health information in the custody or control of the health information custodian and may permit the custodian’s agents to collect, use, disclose, retain or dispose of personal health information on the custodian’s behalf only if,</p> <ul style="list-style-type: none"> <li>(a) the custodian is permitted or required to collect, use, disclose, retain or dispose of the information, as the case may be;</li> <li>(b) the collection, use, disclosure, retention or disposal of the information, as the case may be, is necessary in the course of the agent’s duties and is not contrary to this Act or another law; and</li> <li>(c) the prescribed requirements, if any, are met. 2004, c. 3, Sched. A, s. 17 (1); 2016, c. 6, Sched. 1, s. 1 (5).</li> </ul> <p>(3) A health information custodian shall,</p> <ul style="list-style-type: none"> <li>(a) take steps that are reasonable in the circumstances to ensure that no agent of the custodian collects, uses, discloses, retains or disposes of personal health information unless it is in accordance with subsection (2); and</li> <li>(b) remain responsible for any personal health information that is collected, used, disclosed, retained or disposed of by the custodian’s agents, regardless of whether or not the collection, use, disclosure, retention or disposal was carried out in accordance with subsection (2). 2016, c. 6, Sched. 1, s. 1 (7).</li> </ul>
<p><b>Notice to governing College</b>  17.1 (2)</p>	<p>17.1 (2) Subject to any exceptions and additional requirements, if any, that are prescribed, if a health information custodian employs a health care practitioner who is a member of a College, the health information custodian shall give written notice of any of the following events to the College within 30 days of the event occurring:</p> <ol style="list-style-type: none"> <li>1. The employee is terminated, suspended or subject to disciplinary action as a result of the unauthorized collection, use, disclosure, retention or disposal of personal health information by the employee.</li> <li>2. The employee resigns and the health information custodian has reasonable grounds to believe that the resignation is related to an investigation or other action by the custodian with respect to an alleged unauthorized collection, use, disclosure, retention or disposal of personal health information by the employee. 2016, c. 6, Sched. 1, s. 1 (8)</li> </ol>

## ANNUAL CONFIDENTIALITY ATTESTATION BOARD OF HEALTH MEMBERS

I, \_\_\_\_\_,  
*Printed Name of Board Member*

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

- Confidential information (as defined within Policy G-100)
- Personal information (PI) (as defined by MFIPPA)
- Personal health information (PHI) (as defined by PHIPA)

This information could be related to MLHU clients and their families; MLHU employees, students and volunteers; members of my own family, friends or associates; and/or MLHU business, financial and management matters.

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

1. Safeguard all confidential information including, but not limited to, PI and PHI, from unauthorized access, use or disclosure in accordance with Policy G-100.
2. Not collect, use or disclose any confidential information including, but not limited to, PI and PHI, without authorization; nor will I discuss, divulge, or disclose such information to others, unless it is necessary to fulfill my duties and responsibilities. Specifically, I will not:
  - a) Reveal to anyone the name or identity of a client, employee, student or volunteer that is disclosed through information provided to me in the course of my duties.
  - b) Repeat to anyone any statements or communications made by or about confidential MLHU business, financial or management matters, or about an MLHU client, client's family or associates.
  - c) Reveal to anyone any information that I learn about an MLHU client, client's family or associates as a result of discussions with others providing care to the client, client's family or associates.
  - d) Write, publish, or contribute to any articles, papers, stories or other written materials, or speak with members of the media with respect to information disclosed to me in the course of my duties as a member of the Board of Health, which has been deemed confidential by the Board of Health or Medical Officer of Health/Chief Executive Officer, or would be reasonable to consider confidential or sensitive given the type of information disclosed and the context in which such disclosure is made to the Board of Health, including without limitation, the names or identities of any client, client's family or associates who can be discerned, unless such disclosure is authorized by the Board of Health.
3. Obtain authorization from the Board Chair and/or the Secretary-Treasurer prior to disclosing any confidential information including, but not limited to, PI and PHI.

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

---

 Signature

---

 Signature of Witness

---

 Name (Please PRINT)

---

 Name of Witness (Please PRINT)

---

 Date

---

 Date

## DEFINITIONS

---

**Confidential Information** means personal information, personal health information and/or information regarding the organization which is not publicly disclosed by the organization, this information may include, but is not limited to:

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

**Personal Health Information** means identifying information about an individual in oral or recorded form, if the information:

- (a) Relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- (b) Relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- (c) Is a plan of service within the meaning of the Home Care and Community Services Act, 1994 for the individual;
- (d) Relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- (e) Relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance;
- (f) Is the individual's health number; and/or
- (g) Identifies an individual's substitute decision-maker. (PHIPA, s. 4 (1))

**Personal Information** means recorded information about an identifiable individual, including:

- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual;
- (b) Information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;
- (c) Any identifying number, symbol or other particular assigned to the individual;
- (d) The address, telephone number, fingerprints or blood type of the individual;
- (e) The personal opinions or views of the individual except if they relate to another individual;
- (f) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence;
- (g) The views or opinions of another individual about the individual; and/or
- (h) The individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual. (MFIPPA, s. 2(1))

**SUBJECT:** Procurement  
**SECTION:** Financial and Organizational  
Accountability

**POLICY NUMBER:** **G-230**  
**PAGE:** 1 of 2

**IMPLEMENTATION:** February 21, 2008  
**SPONSOR:** MOH / CEO  
**REVIEWED BY:** Finance and Facilities  
Committee

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:** March 21, 2019

---

## **PURPOSE**

To ensure that the Middlesex-London Health Unit (MLHU) obtains the best value when purchasing goods, or contracting services.

To ensure MLHU procurement processes and decisions are open, transparent and fair, and comply with obligations set out in the Ontario Public Health Standards (OPHS) and relevant trade agreements.

## **POLICY**

The protocol (Appendix A) prescribed in this policy shall be followed to make a contract award or to make a recommendation of a contract award to the Board of Health. This ensures that the MLHU procures the necessary quality and quantity of goods and/or services in an efficient, timely and cost effective manner, while maintaining the controls necessary for a public agency.

The policy encourages an open and competitive bidding process for the acquisition and disposal of good and/or services and the objective and equitable treatment of all vendors.

The policy also ensures the best value is attained for MLHU. This may include, but not be limited to, the determination of the total cost of performing the intended function over the lifetime of the task, acquisition cost, installation, disposal value, disposal cost, training cost, maintenance cost, quality of performance and environmental impact.

## **APPLICABLE LEGISLATION AND STANDARDS**

Ontario Public Health Standards  
Canadian Free Trade Agreement  
Canada-EU Comprehensive Economic and Trade Agreement  
Ontario-Quebec Trade and Cooperation Agreement

## **RELATED POLICIES**

G-200 Approval and Signing Authority  
G-220 Contractual Services

**MIDDLESEX-LONDON HEALTH UNIT  
GOVERNANCE MANUAL**

**SUBJECT:** Procurement  
**SECTION:** Financial and Organizational  
Accountability

**POLICY NUMBER:**  
**PAGE:**

**G-230**  
2 of 2

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

2008-02-21  
2019-03-21\*

**Middlesex-London Health Unit  
Procurement Protocols**



# Procurement Protocols

## Table of Contents

	Page
1.0 Purpose .....	1
2.0 General Information .....	1
2.1 Glossary of Terms.....	1
2.2 Documentation.....	4
2.3 The Accessibility for Ontarians with Disabilities Act (AODA) .....	5
2.4 Living Wage Considerations .....	5
2.5 Environmental Considerations .....	5
2.6 Summary of Procurement Process	
2.6.1 Chart 1 - Procurement Goals .....	6
2.6.2 Chart 2 – Summary of Procurement Process.....	7
3.0 Non-Competitive Processes	
3.1 Goals.....	11
3.2 Requirements .....	11
3.3 Procurement in Emergencies.....	11
3.4 Direct Negotiations .....	12
4.0 Competitive Processes	
4.1 Request for Proposal .....	12
4.1.1 Goals.....	12
4.1.2 Informal Process Requirements.....	12
4.1.3 Formal Process Requirements .....	13
4.1.4 General Process.....	13
4.2 Request for Tender.....	14
4.2.1 Goals.....	14
4.2.2 Requirements .....	14
4.2.3 General Process .....	14
4.3 Request for Quotation.....	15
4.3.1 Goals.....	15
4.3.2 Requirements.....	15
4.3.3 General Process.....	15
4.3.3.1 Informal Quotation Process.....	16
4.3.3.2 Formal Quotation Process .....	17



## Procurement Protocols Table of Contents (continued)

	Page
4.4 Informal, Low Value Procurement	
4.4.1 Goals.....	17
4.4.2 Requirements.....	17
4.4.3 General Process.....	18
5.0 Bid and Contract Administration	
5.1 Bid Submissions .....	19
5.2 Lack of Acceptable Responses to Request.....	19
5.3 Equal Bids .....	19
5.4 Insufficient Responses to Requests.....	20
5.5 Guarantees of Contract Execution & Performance.....	20
5.6 Requirement at Time of Execution .....	21
5.7 Contractual Agreement.....	22
5.8 Contract Amendments and Revisions .....	22
5.9 Contract Review/Renewal.....	22
5.10 Exclusion of Vendors from Competitive Process .....	24
5.10.1 Exclusion of Bidders in Litigation .....	24
5.10.2 Exclusion of Bidders Due to Poor Performance .....	24
5.11 Single/Sole Source.....	24
5.12 Blanket Purchases .....	25
5.13 Custody of Documents .....	25
5.14 Co-operative Purchasing .....	25
5.15 Receipt of Goods.....	25
5.16 Receipt of Services .....	26
5.17 Reporting to Board of Health .....	26
5.18 Direct Solicitation of Divisions.....	26
5.19 Lobby .....	26
5.20 Local references.....	26
5.21 Interference in Procurement Process .....	27
5.22 Resolution of Questions of Protocols.....	27
5.23 Access to Information .....	27
5.24 Protocol Amendment.....	27
6.0 Capital Assets Purchases/Improvements and Disposal.....	28
7.0 Excluded Goods & Services.....	29
8.0 Reviewing and Evaluate Effectiveness.....	30

9.0 Appendices

- 9.1 (A) Irregularities Contained in Bids ..... 31
- 9.2 (B) Summary of Types of Procurement with Goals ..... 33
- 9.3 (C) Procurement Circumstances..... 34
- 9.4 (D) Descriptive Features of Procurement Processes ..... 35
- 9.5(E) The “Two-Envelope” Procurement Process..... 40

## 1.0 PURPOSE

To establish sound policies for procuring supplies and services in a manner that is ethical, transparent and accountable. The following are goals of the procurement process:

- (1) To ensure objectivity and integrity in the procurement process;
- (2) To encourage competition among bidders by using an open, fair and transparent process;
- (3) To ensure fair treatment of all bidders;
- (4) To obtain the best value by ensuring quality, efficiency and effectiveness;
- (5) To be environmentally conscious when procuring goods or services;
- (6) Where beneficial, cooperate with other public sector agencies in order to obtain the best possible value;
- (7) To promote and incorporate wherever possible in procurement activities, the requirements of the Ontarians with Disabilities Act;
- (8) To ensure that living wage is applied to procurement activities;
- (9) To adhere to the Code of Ethics of the National Institute of Governmental Purchasing.

## 2.0 GENERAL INFORMATION

- (1) The procedures prescribed in these Protocols shall be followed to make a contract award or to make a recommendation of a contract award to the Board of Health.
- (2) Unless otherwise provided in accordance with the Procurement Protocols, The Director, Healthy Organization, or designate and the authorized employees of the Procurement department shall be responsible for providing all necessary advice and services required for purchases authorized by these Protocols.
- (3) No purchase of goods and services shall be authorized unless it is in compliance with the Procurement Protocols.
- (4) No purchases shall be divided to avoid any requirements of this policy.
- (5) Departments shall initiate purchases for unique department requirements to ensure that purchases are not duplicated in other departments. When corporate purchasing power is a factor, a corporate contract shall be sought.

### 2.1 Glossary of Terms

In these Protocols, unless a contrary intention appears,

“agreement” means a formal written legal agreement or contract for the supply of goods, services, equipment or construction;

“award” means the selection by the Health Unit of one or more bidder(s) for acquisition of goods or services. An award may be executed by means of a purchase order, contract record or formal agreement.

- “best value” means the optimal balance of performance and cost determined in accordance with a pre-defined evaluation plan. Best value may include a time horizon that reflects the overall life cycle of a given asset.
- “bid” means a response to a competitive bid solicitation or any other offer to sell goods or services, which is subject to acceptance or rejection.
- “bidder” means a person, corporation or other entity that responds to a competitive bid.
- “bid deposit” means bank drafts, certified cheques, money orders, or bond surety to ensure the successful bidder will enter into a contract.
- “blanket purchase contract” means any contract for the purchase of goods and services which will be required frequently or repetitively but where the exact quantity of goods and services required may not be precisely known or the time period during which the goods and services are to be delivered may not be precisely determined.
- “certificate of clearance” means a certificate issued by an authorized official of the Workplace Safety and Insurance Board certifying that the Board waives its rights under subsection 141(10) of the Workplace Safety and Insurance Act, as amended.
- “conflict of interest” means a situation, real or perceived, that could give a bidder or consultant an unfair advantage during a procurement process.
- means a situation in which financial or personal considerations have the potential to compromise or bias professional judgement and objectivity.
- means a situation where a personal or business interest of a Board Member, Director, and employees of the Health Unit, who is involved in the process of procuring goods or services, is in conflict or appear to come into conflict with the interests of the Health Unit.
- “contract” means any formal or deliberate written agreement for the purchase of goods, services, equipment or construction;
- “contract record” is a document which outlines the terms and conditions of the agreement;
- “designate” means the person(s) assigned the duties and responsibilities on behalf or in the absence of the person charged with the principal authority to take relevant action or decision.
- “director” means the head of a specific division of the Health Unit.
- “employee – employer relationship” refers to the definition utilized by the Canada Customs and Revenue Agency.
- “executed agreement” means a form of agreement, either incorporated in the bid documents or prepared by the Health Unit or its agents, to be executed by the successful bidder and the Health Unit.
- “goods and services” includes supplies, materials and equipment of every kind required to be used to carry out the operations of the Health Unit.

- “insurance documents” means certified documents issued by an insurance company licensed to operate by the Government of Canada or the Province of Ontario certifying that the bidder is insured in accordance with the Health Unit’s insurance requirements as contained in the bid documents;
- “irregular result” means that in any procurement process where competitive bids or proposals are submitted and any of the following has occurred or is likely to occur:
- (i) The lowest responsive bid or proposal exceeds the estimated cost or budget allocation;
  - (ii) For any reason the award of the contract to or the purchase from the lowest responsive bidder or proponent is procedurally inappropriate or not in the best interests of the Corporation;
  - (iii) The specifications of a tender call or request for proposal cannot be met by two or more suppliers;
  - (iv) A negotiated result in accordance with section 4.5 of these Protocols; or
  - (v) Concurrence cannot be achieved between the Director and The Director, Healthy Organization, or designate regarding the award of contract.
- “irregularities contained in bids” is defined in Appendix “A” and includes the appropriate response to those irregularities;
- “non-compliant” means the response to the bid does not conform to the mandatory or essential requirements contained in the invitation to bid.
- “professional service supplier” means a supplier of services requiring professional skills for a defined service requirement including:
- (i) Architects, engineers, designers, management and financial consultants; and
  - (ii) Firms or individuals having specialized competence in environmental, planning or other disciplines.
- “purchase order” means the purchasing document used to formalize a purchasing transaction with a vendor;
- “purchase requisition” means a written or electronically produced request in an approved format and duly authorized to obtain goods or services;
- “quotation” means a request for prices on specific goods and/or services from selected vendors which are submitted verbally, in writing or transmitted by facsimile as specified in the Request for Quotation;
- “request for expression of interest” is a focused market research tool used to determine vendor interest in a proposed procurement. It may be issued simultaneously with a Request for Qualifications when the proposed procurement is well defined and the purchaser has clear expectations for the procurement.
- “request for information” is used prior to issuing a competitive call as a general market research tool to determine what products and services are available, scope out business requirements, and/or estimate project costs;

- “request for proposal” means a process where a need is identified, but the method by which it will be achieved is unknown at the outset. This process allows vendors to propose solutions or methods to arrive at the desired result;
- “responsible” means a bidder who is deemed to be fully capable, technically and financially, to supply the goods or services requested in the solicitation.
- “responsive” means a bid or offer which correctly and completely responds to all of the requirements of the competitive process.
- “sealed bid” means a formal sealed response received as a part of a quotation, tender or proposal;
- “single source” is a non-competitive procurement method whereby purchases are directed to one supplier even though there is more than one source in the open market.
- “sole source” is a non-competitive procurement method whereby purchases are directed to one source of supply as no other source is qualified or capable of providing the goods or services.
- “supplier” means any individual or organization providing goods or services to the Health Unit including but not limited to contractors, consultants, vendors, service organizations etc.
- “Tender” means a sealed bid which contains an offer in writing to execute some specified services, or to supply certain specified goods, at a certain price, in response to a publicly advertised request for bids;
- “Triggering event” means an occurrence resulting from an unforeseen action or consequence of an unforeseen event, which must be remedied on a time sensitive basis to avoid a material financial risk to the Health Unit or serious or prolonged risk to persons or property;
- “Value Analysis” typically refers to a life cycle costing approach to valuing a given alternative, which calculates the long term expected impacts of implementing the particular option;

## **2.2 Documentation**

- (1) In order to maintain consistency, the Director, Healthy Organization, or designate shall provide protocols to Divisions on procurement policies and procedures and on the structure, format and general content of procurement documentation.
- (2) The Director, Healthy Organization, or designate shall review proposed procurement documentation to ensure clarity, reasonableness and quality and shall advise the Services Areas of suggested improvements.
- (3) Procurement documentation shall avoid use of specific products or brand names.
- (4) Notwithstanding Subsection 2.2 (3), a Division may specify a specific product, brand name or approved equal for essential functionality purposes to avoid unacceptable risk or for some other valid purpose. In such instances, the Director, Healthy Organization or designate shall manage the procurement to achieve a competitive situation if possible.

- (5) The use of standards in procurement documentation that have been certified, evaluated, qualified, registered or verified by independent nationally recognized and industry-supported organizations such as the Standards Council of Canada shall be preferred.
- (6) Divisions shall:
  - (i) give consideration to the need for value analysis comparisons of options or choices,
  - (ii) if required, ensure that adequate value analysis comparisons are conducted to provide assurance that the specification will provide best value, and
  - (iii) forward the value analysis to Procurement for documentation in the procurement file.
- (7) The Manager, Procurement and Operations in conjunction with the Division shall issue bid documents for goods and services. The Procurement and Operations Department shall give notice of the purchasing procurement documents electronically via the Internet as well as any other means as appropriate.
- (8) These Protocols or any provision of it may be amended by the Senior Leadership Team from time to time as long as, any change(s) is operational in nature and does not significantly alter the intention or goal of the Protocol.

### **2.3 The Accessibility for Ontarians with Disabilities Act (AODA)**

In deciding to purchase goods or services through the procurement process for the use of itself, its employees or the public, the Health Unit, to the extent possible, shall have regard to the accessibility for persons with disabilities to the goods or services.

### **2.4 Living Wage Considerations**

As a living wage employer, competitive procurement processes will include provisions that require the Contractor to pay all employees who are employed by the Contractor to perform services at Middlesex-London Health Unit not less than the Living Wage, as set by Living Wage London. Living wage considerations are only included in procurement activities where contractual services are rendered at the Middlesex London Health Unit on an ongoing basis. Example of these include: janitorial services and security. Please refer to [livingwagelondon.ca](http://livingwagelondon.ca) for additional details.

### **2.5 Environmental Considerations**

In order to contribute to waste reduction and to increase the development and awareness of environmentally sound purchasing, acquisitions of goods and services will ensure that, wherever possible, specifications are amended to provide for expanded use of durable products, reusable products and products (including those used in services) that contain the maximum level of post-consumer waste and/or recyclable content, without significantly affecting the intended use of the product or service. It is recognized that cost analysis is required in order to ensure that the products are made available at competitive prices.

**2.6 Summary of Procurement Process**

**2.6.1 Chart 1 – Procurement Goals**

Goal	Description
1. Effective	The extent to which the procurement process is achieving its intend results. The desired outcomes are substantive or quality results as opposed to process results.
2. Objective	The procurement of goods and services made in an unbiased way and not influenced by personal preferences, prejudice or interpretations.
3. Fair	Applying the policies equally to all bidders.
4. Open and Transparent	Is the clarity and disclosure about the process for arriving at procurement decisions. While promoting openness and transparency, the Procurement Protocol should be governed by the legal considerations for confidentiality and the protection of privacy.
5. Accountable	Is the obligation to answer for procurement results and for the way that procurement responsibilities are delegated.
6. Efficient	Measures the quality, cost and amount of goods and services procured as compared to the time, money and effort to procure them.



2.6.2

**Chart 2 Summary of Procurement Processes**

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p><b>Formal Request for Proposals</b></p> <p><i>Relates to Sections 4.1.3 &amp; 4.1.4 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a description of how they would address a problem or need along with the costs associated with their solution.</p>	<p>There is a complex problem or need for which there is no clear single solution; and</p> <p>The anticipated cost is equal to or greater than \$100,000.</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate;</p> <p>Bids are solicited through an open process that includes public advertisements.</p>	<p>A Selection Committee evaluates each bid;</p> <p>A numeric evaluation tool is developed to assess the quality of the bid; Cost will always be a factor</p> <p>The bid with the best score and meets the minimum requirements is awarded the contract</p>	<p>The MOH / CEO is informed when the lowest bid is not being recommended.</p> <p>Board of Health authorizes the awarding of the contract.</p>
<p><b>Informal Request for Proposals</b></p> <p><i>Relates to Sections 4.1.2 &amp; 4.1.4 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a description of how they would address a problem or need along with the costs associated with their solution.</p>	<p>There is a complex problem or need for which there is no clear single solution; and</p> <p>The anticipated cost is less than \$100,000.</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate.</p> <p>Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.</p>	<p>A Selection Committee evaluates each bid;</p> <p>A numeric evaluation tool is developed to assess the quality of the bid; Cost will always be a factor.</p> <p>The bid with the best score and meets the minimum requirements is awarded the contract</p>	<p>The MOH / CEO awards the contract.</p>

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p><b>Request for Tender</b></p> <p><i>Relates to Section 4.2 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a cost for the work that is specified through a competitive bid process</p>	<p>A clear or single solution exists; and</p> <p>The anticipated costs is equal to or greater than \$100,000</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate;</p> <p>Bids should be posted on a website to provide a single point of access, free of charge.</p>	<p>A public opening is required with specific people in attendance;</p> <p>Procurement integrates all the bids and recommends vendor with the lowest bid who meets requirements, subject to review by Division Director.</p>	<p>Board of Health awards the contract.</p>
<p><b>Formal Request for Quotations</b></p> <p><i>Relates to Section 4.3.3.2 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a cost for the work that is specified through an invitational process from pre-determined bidders</p>	<p>A clear or single solution exists; and</p> <p>The anticipated cost is between \$50,000 and less than \$100,000.</p>	<p>Procurement must be involved;</p> <p>Specific written information must be provided to Procurement by the Division to initiate;</p> <p>Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.</p>	<p>Divisions review the bids;</p> <p>Procurement integrates all the bids and recommends vendor with the lowest bid who meets requirements, subject to review by Division Director.</p>	<p>The MOH / CEO awards the contract.</p>

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p><b>Informal Request for Quotations</b></p> <p><i>Relates to Section 4.3.3.1 of the Procurement Protocol</i></p>	<p>Vendors are asked to submit a cost for the work that is specified through an invitational process from pre-determined bidders</p>	<p>A clear or single solution exists; and</p> <p>The anticipated cost is between \$10,000 and less than \$50,000</p>	<p>Involvement of Procurement is not required but available;</p> <p>Bids are solicited on an invitational basis from a pre-determined bidder list but may be posted on a website to provide a single point of access, free of charge.</p> <p>A minimum of 3 bids should be obtained although more are encouraged.</p>	<p>Division chooses the appropriate vendor based on the vendor who meets the specifications at the lowest cost.</p>	<p>The MOH / CEO awards the contract.</p>
<p><b>Informal, low value procurement</b></p> <p><i>Relates to Section 4.4 of the Procurement Protocol</i></p>	<p>Quotes are obtained via phone (and confirmed in writing), fax, email, or similar communication methods or vendor advertisements or catalogues</p>	<p>A clear or single solution exists; and</p> <p>The anticipated cost is between \$5,000 and less than \$10,000.</p>	<p>Involvement of Procurement is not required but available;</p> <p>A minimum of 3 bids are sought and more cost effective methods may be used such as quotes received by electronic submission, hardcopy, verbal (and confirmed in writing).</p>	<p>Division chooses the appropriate vendor based on the vendor who meets the specifications at the lowest cost.</p>	<p>The Division Director awards the contract.</p> <p>The MOH / CEO is informed, prior to awarding the contract, if the lowest quote is not being accepted.</p>

Purchasing Option	Description	When to use this option	How to use this option	How to choose the appropriate vendor using this option	Who awards/ Comments
<p><b>Non-competitive purchases</b></p> <p><i>Relates to Sections 3.0 and 5.11 of the Procurement Protocol</i></p>	<p>No bids or quotes are required for purchase but informal bids are encouraged.</p>	<p>The anticipated cost is less than \$5,000;</p>		<p>Not applicable</p>	<p>Purchases under \$5,000 a Board report is not required.</p> <p>Award is made based on signing authority governed in Policy G-200</p>
		<p>Greater than \$5,000 and only a single vendor exists; or</p> <p>During an emergency; or</p> <p>The vendor has particular expertise.</p> <p>See Protocols for further indications.</p>	<p>The requirement for competitive bid solicitation may be waived under joint authority of the Director and MOH / CEO.</p> <p>Director, Healthy Organization or designate manages the process/negotiations.</p>	<p>Not applicable</p>	<p>A written report will be submitted to the Board of Health</p> <p>The Board of Health awards contracts greater than \$50,000 unless it is an emergency under section 3.3 of the Procurement Protocols;</p> <p>The MOH / CEO awards contracts for values of greater than \$5,000 but less than \$50,000</p>

### 3.0 NON-COMPETITIVE PURCHASES

#### 3.1 Goals

The primary goals of a non-competitive purchase are to allow for procurement in an efficient and timely manner.

#### 3.2 Requirements

- (1) The requirement for competitive bid solicitation for goods, services and construction may be waived if the item is less than \$5,000.
- (2) Alternatively, under joint authority of the appropriate Director and the MOH / CEO, the requirement for competitive bid solicitation for goods, services and construction may be replaced with negotiations by the Director, Healthy Organization, or designate under the following circumstances:
  - (i) where competition is precluded due to the application of any Act or legislation or because of the existence of patent rights, copyrights, technical secrets or controls of raw material;
  - (ii) where due to abnormal market condition, the goods, services or construction required are in short supply;
  - (iii) where only one source of supply would be acceptable and cost effective;
  - (iv) where there is an absence of competition for technical or other reasons and the goods, services or construction can only be supplied by a particular supplier and no alternative exists;
  - (v) where the nature of the requirement is such that it would not be in the public interest to solicit competitive bids as in the case of security or confidentiality matters;
  - (vi) where in the event of an “*Emergency*” as defined by these Protocols, a requirement exists; or
  - (vii) where the requirement is for a utility for which there exists a monopoly.
- (3) When a Director/Manager intends to select a supplier to provide goods, services or construction pursuant to subsection 3.2(2), a written report indicating the compelling rationale that warrants a non-competitive selection will be submitted by the Division to the Board of Health.
- (4) For contracts between \$5,000 and \$49,999, the MOH / CEO awards the contract.
- (5) For contracts of \$50,000 and over the Board of Health approves the contract, unless section 3.3 applies.

#### 3.3 Procurement in Emergencies

- (1) In subsection 3.2(1)(vi) “*Emergency*” includes
  - (i) an imminent or actual danger to the life, health or safety of a member of the Board of Health, volunteer or an employee while acting on the Health Unit’s behalf;
  - (ii) an imminent or actual danger of injury to or destruction of real or personal property belonging to the Board of Health;
  - (iii) an unexpected interruption of an essential public service;
  - (iv) an emergency as defined by the Emergency Plans Act, R.S.O. 1990, Chapter E.9 and the emergency plan formulated thereunder by the Health Unit;

- (v) a spill of a pollutant as contemplated by Part X of the Environmental Protection Act, R.S.O. 1990, Chapter E.19; and
  - (vi) mandate of a non-compliance order.
- (2) Where, in the opinion of the MOH / CEO or in their absence the Associate Medical Officer of Health, an emergency has occurred,
- (i) the Director, Healthy Organization, or designate on receipt of a requisition authorized by a Director and the MOH / CEO or designate may initiate a purchase order in excess of the pre-authorized expenditure limit; and
  - (ii) any purchase order issued under such conditions together with a source of financing shall be justified and reported to the next meeting of the Board of Health following the date of the requisition.

### **3.4 Direct Negotiations**

- (1) Unless otherwise provided in accordance with the Procurement Protocols, goods and services may be purchased using the Direct Negotiation method only if one or more of the following conditions apply:
- (i) the required goods and services are reasonably available from only one source by reason of the scarcity of supply in the market or the existence of exclusive rights held by any supplier or the need for compatibility with goods and services previously acquired and there are no reasonable alternatives or substitutes.
  - (ii) the required goods and services will be additional to similar goods and services being supplied under an existing contract;
  - (iii) an attempt to purchase the required goods and services has been made in good faith using a method other than Direct Negotiation under section 4.0 of these Protocols which has failed to identify a successful supplier and it is not reasonable or desirable that a further attempt to purchase the goods and services be made using a method other than Direct Negotiation.
  - (iv) the goods and services are required as a result of an emergency, which would not reasonably permit the use of a method other than Direct Negotiation.
  - (v) the required goods and services are to be supplied by a particular vendor or supplier having special knowledge, skills, expertise or experience.

## **4.0 COMPETITIVE PROCESSES**

### **4.1 Request For Proposal**

#### **4.1.1 Goals**

To implement an effective, objective, fair, open, transparent, accountable, and efficient process for obtaining unique proposals designed to meet broad outcomes to a complex problem or need for which there is no clear or single solution.

#### **4.1.2 Informal Process Requirements**

- (1) The Informal Request for Proposal procedure shall be used where:
- (i) the item is less than \$100,000;
  - (ii) the requirement is best described in a general performance specification;

- (iii) innovative solutions are sought; and
- (iv) To achieve best value, the award selection will be made on an evaluated point per item or other method involving a combination of mandatory and desirable requirements.
- (v) Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.
- (vi) The MOH / CEO awards the contract.
- (vii) A report to the Board of Health is required if the lowest bid is not accepted.

#### **4.1.3 Formal Process Requirements**

- (1) A Formal Request for Proposal procedure shall be used where:
  - (i) the item is greater than \$100,000;
  - (ii) the requirement is best described in a general performance specification;
  - (iii) innovative solutions are sought; and
  - (iv) to achieve best value, the award selection will be made on an evaluated point per item or other method involving a combination of mandatory and desirable requirements.
- (2) Bids are solicited through an open process that includes public notice.
- (3) The MOH / CEO is informed when the lowest bid is not being recommended.
- (4) The Board of Health authorizes the award of the contract.

#### **4.1.4 General Process**

- (1) The Request for Proposal method of purchase is a competitive method of purchase that may or may not include Vendor pre-qualification.
- (2) A Request for Information or Request for Expression of Interest may be issued in advance of a proposal to assist in the development of a more definitive set of terms and conditions, scope of work/service and the selection of qualified Vendors.
- (3) Where the requirement is not straightforward or an excessive workload would be required to evaluate proposals, either due to their complexity, length, number or any combination thereof, a procedure may be used that would include a pre-qualification phase.
- (4) Procurement shall maintain a list of suggested evaluation criteria for assistance in formulating an evaluation scheme using a Request for Proposal. This may include factors such as qualifications and experience, strategy, approach, methodology, scheduling and past performance, facilities, equipment, and pricing.
- (5) Divisions shall identify appropriate criteria from the list maintained by Procurement for use in a Request for Proposal but are not limited to criteria from the list. Cost will always be included as a factor, as best value includes both quality and cost.
- (6) The Division shall provide to the Director, Healthy Organization, or designate with a purchase request in writing containing the budget authorization, approval authority, terms of reference and evaluation criteria to be applied in assessing the proposals submitted.
- (7) A Selection Committee, comprised of a minimum of one representative from the Division and the Director, Healthy Organization, or designate or designate, shall review all proposals against the established criteria, reach consensus on the final rating results, and

ensure that the final rating results, with supporting documents, are kept in the procurement file.

- (8) During the proposal process all communication with bidders shall be through Procurement.
- (9) The Director, Healthy Organization, or designate shall forward to the Director(s) an evaluation summary of the procurement, as well as the Committee's recommendation for award of contract to the supplier meeting all mandatory requirements and providing best value as stipulated in the Request for Proposal. Where the lowest bid is not accepted, the Director is responsible for documenting the determination of best value, in a confidential report to the MOH / CEO prior to award of contract.
- (10) With respect to all Board reports initiated for requests for proposals, the report shall include the sources of financing, summary of major expenditure categories, and other financial commentary as considered appropriate.
- (11) Reporting will not include summaries of bids as this information will remain confidential. Any disclosure of information shall be made by the appropriate officer in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990.
- (12) Unsuccessful proponents may, upon their request, attend a debriefing session with Procurement to review their bid submission. Discussions relating to any bid submissions other than that of the proponent present will be strictly prohibited.
- (13) The Health Unit reserves the right to accept or reject any submission.

## **4.2 Request For Tender**

### **4.2.1 Goals**

To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.



#### **4.2.2 Requirements**

Request for Tender procedures shall be used where:

- (i) the item is greater than \$100,000;
- (ii) the requirement can be fully defined; and
- (iii) best value for the Board of Health can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

#### **4.2.3 General Process**

- (1) The Director or designate shall provide to the Director, Healthy Organization, or designate a purchase request in writing containing the relevant specifications, budget authorization, approval authority and terms and conditions for the purchase of goods, services or construction.
- (2) The Director, Healthy Organization, or designate shall be responsible for posting the bid on an external website for the procurement opportunity.
- (3) The Director, Healthy Organization, or designate shall be responsible for arranging for the public opening of tender bids at the time and date specified by the tender call. There shall be in attendance at that time,
  - (i) Director, Healthy Organization, or designate and
  - (ii) At least one representative from the requesting Division(s)
  - (iii) If the Director, Healthy Organization, or designate is not available, the MOH / CEO or the MOH / CEO designate may act on their behalf.
  - (iv) The chair of the Board of Health shall be invited
- (4) Procurement shall forward to the Director a summary of the bids and recommend the award of contract to the lowest responsive bidder, subject to review by the Director or designate regarding specifications and contractor performance.
- (5) With respect to all Board reports initiated for tenders, the report shall include the sources of financing, summary of major expenditure categories, and other financial commentary as considered appropriate. The Board will approve such contracts.
- (6) The Health Unit reserves the right to accept or reject any submission.

#### **4.3 Request For Quotation**

##### **4.3.1 Goals**

To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.

#### 4.3.2 Requirements

- (1) Request for Quotation procedures shall be used where:
  - (i) the item is greater than \$10,000 but not greater than \$100,000;
  - (ii) the requirement can be fully defined; and
  - (iii) best value for the Health Unit can be achieved by an award selection made on the basis of the lowest bid that meets specifications.
- (2) Competitive bid solicitation is done primarily on an invitational basis from a pre-determined bidders list but may be supplemented with posting the bid on a website to provide a single point of access, free of charge.

#### 4.3.3 General Process

##### 4.3.3.1 Informal Quotation Process (Greater than \$10,000 but no greater than \$50,000)

- (1) These protocols are provided to assist a Division should it exercise its authority to purchase goods or services between \$10,000 and \$50,000 without the involvement of the Procurement and Operations Department. Protocols are organized by objective as follows:

- (i) OBJECTIVE 1: Efficiency

Purchases must be for unique Division requirements, and therefore not duplicated in other Divisions, such that Health unit purchasing power or standardization is not a factor in costing. Requirements cannot be split in order to qualify for this process.

- (ii) OBJECTIVE 2: Competitive Process

A competitive process is undertaken whereby a minimum of 3 bids is obtained, and the lowest compliant bid is awarded the contract. Care must be taken as to how bids are sought, bidders lists are maintained and how competition is encouraged. Although a minimum of 3 bids is required, an open process without a minimum number of bids will be more competitive, and is encouraged.

- (iii) OBJECTIVE 3: Open process

Division needs are communicated to bidders, who are able to bid on goods or services they are qualified to provide. There should be no limitation of bids to an established listing. Divisions should check with the Procurement and Operations Department to determine if there is an established list of potential relevant service providers that they may have for this purpose. An allowable exception to this, would be where in a formal process a short list was determined as a result of another competitive process (such as RFP), which has a pre-qualifying process to determine a short list.

- (iv) OBJECTIVE 4: Transparent process

The process is undertaken based on clear definition of the product or service requirement, and a clear outline of the review and criteria to be undertaken. The decision to choose the low bidder will be based solely on the requirements as documented, the bidder document, and the application of the review criteria. The same decision should be arrived at each time given the same set of facts.

(v) OBJECTIVE 5: Fair process

The process will be fair, such that no action is undertaken by Health Unit staff to allow any given bidder an unfair advantage. This does not however, require Health Unit action to ensure that existing conditions are changed to ensure that any conversion costs from an incumbent to another supplier are ignored in an evaluation – it is in the best interest of the Health Unit to ensure that such “leveling of the playing field” is not required.

(vi) OBJECTIVE 6: Insurance and Risk Management

The Health Unit’s standard Insurance form (if required) must be completed and forwarded to the Director, Healthy Organization, or designate for review and input into the Insurance Program. WSIB certificates of clearance (if required) must also be submitted to the Director, Healthy Organization, or designate at the commencement of the project and periodically as the work is completed.

- (2) The MOH / CEO awards the contract.

**4.3.3.2 Formal Quotation Process (\$50,000 to \$99,999)**

- (1) The Director or designate shall provide to the Director, Healthy Organization, or designate a purchase request in writing containing the relevant specifications, budget authorization, approval authority and terms and conditions for the purchase of goods, services or construction.
- (2) The Division shall be responsible to review the quote submission and verify that all specifications of the quote are met.
- (3) Procurement shall forward to the Director a summary of the bids and recommend the award of contract to the lowest responsive quote subject to review by the Director or designate regarding specifications and contractor performance.
- (4) The MOH /CEO awards the contract.
- (6) The Health Unit reserves the right to accept or reject any submission.

**4.4 Informal, Low Value Procurement**

**4.4.1 Goals**

To obtain competitive pricing for a one-time procurement in an expeditious and cost effective manner through phone, fax, e-mail, other similar communication method, vendor advertisements or vendor catalogues.

**4.4.2 Requirements**

- (i) the item is greater than \$5,000 but not greater than \$10,000;
- (ii) the requirement can be fully defined; and
- (iii) best value for the Health Unit can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

**4.4.3 General Process**

- (1) A minimum of 3 bids must be received. They may be obtained in a more cost-effective manner such as phone, fax, e-mail and current vendor advertisements or catalogues.
- (2) The Division shall be responsible to ensure that all specifications are met.
- (3) The Division Director may award the contract.
- (4) The Division Director shall forward to the Director, Healthy Organization, or designate all relevant procurement documentation including bid summaries to be included in the procurement file.
- (5) The MOH / CEO will be informed, prior to awarding a contract, if the lowest bid/quote is not being accepted.
- (6) The Health Unit has the right to cease negotiations and reject any offer.

## **5.0 BID AND CONTRACT ADMINISTRATION**

### **5.1 Bid Submission**

- (1) Bids shall be delivered in paper form (if required) to the Director, Healthy Organization, or designate at the time and date specified in the bid solicitation.
- (2) The opening of bids shall commence shortly after the time specified by the tender call unless the Director, Healthy Organization, or designate acting reasonably postpones the start to some later hour, but the opening shall continue, once started, until the last bid is opened.
- (3) Any bids received by the Director, Healthy Organization, or designate later than the specified closing time shall be returned unopened to the bidder.
- (4) A bidder who has already submitted a bid may submit a further bid at any time up to the official closing time and date specified by the bid solicitation. The last bid received shall supersede and invalidate all bids previously submitted by that bidder.
- (5) A bidder may withdraw their bid at any time up to official closing time by letter bearing their signature as in his or her bid submitted to the Director, Healthy Organization, or designate or designate.
- (6) A tender requiring an appropriate bid deposit shall be void if such security is not received in the manner specified in section 5.5 and if no other bid is valid, the Director, Healthy Organization, or designate shall direct what action is to be taken with respect to the recalling of tenders.
- (7) All bidders may be requested to supply a list of all subcontractors to be employed on a project. Any changes to the list of subcontractors or addition thereto must be approved by the Director responsible for the project.

### **5.2 Lack of Acceptable Responses to Requests**

- (1) Where bids are received in response to a bid solicitation but exceed budget, are not responsive to the requirement, or do not represent fair market value, a revised solicitation shall be issued in an effort to obtain an acceptable bid.
- (2) In the case of building construction contracts, where the total cost of the lowest responsive bid is in excess of the budget approved by the Board of Health, negotiations shall be made in accordance with the protocols established by the Canadian Construction Documents Committee.
- (3) The Health Unit has the right to cease negotiations and reject any offer.

### **5.3 Equal Bids**

- (1) If two or more bids are equal and are the lowest bid, the Health Unit will offer an opportunity for the tied bidders to re-bid. Should a tie persist the following factors will be considered:
  - (i) prompt payment discount,
  - (ii) when delivery is an important factor, the bidder offering the best delivery date be given preference,

- (iii) a bidder in a position to offer better after sales service, with a good record in this regard shall be given preference,
- (iv) a bidder with an overall satisfactory performance record shall be given preference over a bidder known to have an unsatisfactory performance record or no previous experience with the Health Unit,
- (v) if (i) through (iv) do not break the tie equal bidders shall draw straws.

#### **5.4 Insufficient Responses to Requests**

- (1) In the event only one bid is received in response to a request for tender, the Director, Healthy Organization, or designate may return the unopened bid to the bidder when, in his/her opinion, additional bids could be secured. In returning the unopened bid the Director, Healthy Organization, or designate shall inform the bidder that the Health Unit may be recalling the tender at a later date.
- (2) In the event that only one bid is received in response to a request for tender, the bid may be opened in accordance with the Health Unit's usual procedures when, in the opinion of the Director, Healthy Organization, or designate with consultation with appropriate Director, the bid should be considered by the Health Unit. If, after evaluation the bid is found not to be acceptable, they may follow the procedures set out in Subsection 5.2
- (3) In the event that the bid received is found acceptable, it will be awarded as an Irregular result under Appendix "A" of the Purchasing Protocols.

#### **5.5 Guarantees of Contract Execution and Performance**

- (1) The Director, Healthy Organization, or designate may require that a bid be accompanied by a Bid Deposit to guarantee entry into a contract.
- (2) In addition to the security referred to in Subsection 5.5 (1), the successful supplier may be required to provide,
  - (i) a Performance Bond to guarantee the faithful performance of the contract,
  - (ii) a Labour & Material Bond to guarantee the payment for labour and materials to be supplied in connection with the contract and,
  - (iii) an irrevocable letter of credit.
- (3) The Director, Healthy Organization, or designate shall select the appropriate means to guarantee execution and performance of the contract. Means may include one or more of, but are not limited to, financial bonds or other forms of security deposits, provisions for liquidated damages, progress payments, and holdbacks.
- (4) When a bid deposit is required the Director, Healthy Organization, or designate shall determine the amount of the bid deposit which may be 10 per cent of the estimated value of the work prior to bidding or an amount equal to 10 per cent of the bid submitted.
- (5) Prior to commencement of work and where deemed appropriate, evidence of Insurance Coverage satisfactory to the Health Unit's Insurer must be obtained, ensuring indemnification of the Health Unit from any and all claims, demands, losses, costs or damages resulting from the performance of a supplier's obligations under the contract.

- (6) When a performance bond or labour and material bond is required, the amount of the bond shall be 50% of the amount of the tender bid, unless the Director, Healthy Organization, or designate recommends and the Board of Health approves a higher level of bonding.
- (7) If the risk to the Health Unit is not adequately limited by the progress payment provisions of the contract, a payment holdback shall be considered.
- (8) A minimum payment holdback of 10 percent is mandatory for all construction contracts.
- (9) The Director, Healthy Organization, or designate may release the holdback funds on construction contracts upon:
  - (i) the contractor submitting a statutory declaration that all accounts have been paid and that all documents have been received for all damage claims,
  - (ii) receipt of clearance from the Workplace Safety and Insurance Board for any arrears of Workplace Safety and Insurance Board assessment,
  - (iii) all the requirements of the Construction Lien Act, R.S.O. 1990, being satisfied,
  - (iv) receipt of certification from the Health Unit Solicitor, where applicable, that liens have not been registered, and
  - (v) substantial performance
- (10) The conditions for release of holdback funds provided in Subsection 5.5 (9) apply to other goods or services contracts with necessary modifications.
- (11) The Health Unit is authorized to cash and deposit any bid deposit cheques in the Health Unit's possession which are forfeited as a result of non-compliance with the terms, conditions and/or specifications of a sealed bid.

#### **5.6 Requirement at Time of Execution**

- (1) The successful bidder, if requested in the tender document shall submit the following documentation in a form satisfactory to the Health Unit within ten working days after being notified in writing to do so by the Health Unit:
  - (i) executed performance bonds and labour and material bonds;
  - (ii) executed agreement;
  - (iii) insurance documents in compliance with the tender documents;
  - (iv) declarations respecting the Workplace Safety and Insurance Board;
  - (v) certificate of clearance from the Workplace Safety and Insurance Board; and
  - (vi) any other documentation requested to facilitate the execution of the contract (e.g. proof of required licenses and/or certificates).

### **5.7 Contractual Agreement**

- (1) The award of contract may be made by way of a formal agreement, or Purchase Order.
- (2) A Purchase Order is to be used when the resulting contract is straightforward and will contain the Health Unit's standard terms and conditions.
- (3) A formal agreement is to be used when the resulting contract is complex and will contain terms and conditions other than the Health Unit's standard terms and conditions.
- (4) It shall be the responsibility of the Director or designate with the Director, Healthy Organization, or designate and/or the Health Unit's Solicitor to determine if it is in the best interest of the Health Unit to establish a formal agreement with the supplier.
- (5) Where it is determined that Subsection 5.7 (4) is to apply, the formal agreement should be made in accordance to Health Unit Policy 4-90, Contractual Services.
- (6) Where a formal agreement is issued, Procurement may issue a Purchase Order incorporating the formal agreement.
- (7) Where a formal agreement is not required, Procurement shall issue a Purchase Order incorporating the terms and conditions relevant to the award of contract.

### **5.8 Contract Amendments and Revisions**

- (1) No amendment or revision to a contract shall be made unless the amendment is in the best interest of the Health Unit.
- (2) No amendment that changes the price of a contract shall be agreed to without a corresponding change in requirement or scope of work.
- (3) Amendments to contracts are subject to the identification and availability of sufficient funds within the Board of Health approved operating budget.
- (4) Health Unit staff may authorize amendments to contracts provided that their signing authority level, as outlined in Health Unit policies 4-90, 4-110, has not been exceeded. For clarity, the required authority level is the total of the original contract price plus any amendments.
- (5) Where expenditures for the proposed amendment combined with the price of the original contract exceeds Board of Health approved budget for the project, a report prepared by the Director shall be submitted to the Board of Health recommending the amendment, and proposing the source of financing.

### **5.9 Contract Review/Renewal**

- (1) Where a contract contains an option for renewal, the Director may authorize the Director, Healthy Organization, or designate to exercise such option provided that all of the following apply:
  - (i) the supplier's performance in supplying the goods, services or construction is considered to have met the requirements of the contract,
  - (ii) the Director and Director, Healthy Organization, or designate agree that the exercise of the option is in the best interest of the Health Unit,



- (iii) funds are available in the Board of Health approved operating budget to meet the proposed expenditure.
  - (iv) a valid business case has been completed.
- (2) The business case shall be authorized by the Director and shall include a written explanation as to why the renewal is in the best interest of the Health Unit and include commentary on the market situation and trend.

**5.10 Exclusion of Vendors from Competitive Process**

**5.10.1 Exclusion of Bidders in Litigation**

- (1) The Health Unit may, in its absolute discretion, reject a Tender or Proposal submitted by the bidder if the bidder, or any officer or director of the bidder is or has been engaged, either directly or indirectly through another corporation, in a legal action against the Health Unit, its elected or appointed officers and employees in relation to:
  - (i) Any other contract or services; or
  - (ii) Any matter arising from the Health Unit's exercise of its powers, duties, or functions.
- (2) In determining whether or not to reject a quotation, tender or proposal under this clause, the Health Unit will consider whether the litigation is likely to affect the bidder's ability to work with the Health Unit, its consultants and representatives, and whether the Health Unit's experience with the bidder indicates that the Health Unit is likely to incur increased staff and legal costs in the administration of the contract if it is awarded to the bidder.

**5.10.2 Exclusion of Bidders Due to Poor Performance**

- (1) The Director shall document evidence and advise the Director, Healthy Organization, or designate in writing where the performance of a supplier has been unsatisfactory in terms of failure to meet contract specifications, terms and conditions or for Health and Safety violations.
- (2) The Health Unit may, in consultation with its Solicitor, prohibit an unsatisfactory supplier from bidding on future Contracts for a period of up to three years.

**5.11 Single/Sole Source**

- (1) The procurement of materials, parts, supplies, equipment or services without competition (See also Section 3.0), is done under exceptional and limited circumstances.
- (2) In circumstances where there may be more than one source of supply in the open market, but only one of these is recommended for consideration on the grounds that it is more cost effective or beneficial to the Health Unit approval must be obtained from the Medical Officer of Health & Chief Executive Officer, and the Director, Healthy Organization, or designate prior to negotiations with the single source.
- (3) In the event 5.4 (2) applies and the expenditure will exceed \$50,000, approval must be obtained from the Board of Health prior to negotiations with the single source. The Director or designate shall be responsible for submitting a report detailing the rationale supporting the use if the single source.
- (4) If the Health Unit requires goods, services or equipment deemed to be available from only one source of supply, and where the expenditure will exceed \$50,000, the Director or designate with the concurrence of the Medical Officer of Health & Chief Executive Officer, and the Procurement & Operations Manager shall obtain approval from the Board of Health to waive the competitive procurement process.

### **5.12 Blanket Purchases**

- (1) A Request for a Blanket Purchase Contract may be used where:
  - (i) one or more Division repetitively order the same goods or services and the actual demand is not known in advance, or
  - (ii) a need is anticipated for a range of goods and services for a specific purpose, but the actual demand is not known at the outset, and delivery is to be made when a requirement arises.
- (2) Procurement shall establish and maintain Blanket Purchase Contracts that define source and price with selected suppliers for all frequently used goods or services.
- (3) To establish prices and select sources, Procurement shall employ the provisions contained in these Protocols for the acquisition of goods, services and construction.
- (5) More than one supplier may be selected where it is in the best interests of the Health Unit and the bid solicitation allows for more than one.
- (5) Where purchasing frequently used good or services is initiated by a Division, it is to be made with the supplier or suppliers listed in the Blanket Purchase Contract.
- (6) In a Request for Blanket Purchase Contract, the expected quantity of the specified goods or services to be purchased over the time period of the agreement will be as accurate an estimate as practical and be based, to the extent possible, on previous usage adjusted for any known factors that may change usage.

### **5.13 Custody of Documents**

- (1) The Director, Healthy Organization, or designate shall be responsible for the safeguarding of original purchasing and contract documentation for the contracting of goods, services or construction and will retain documentation in accordance to the records retention policy.

### **5.14 Co-operative Purchasing**

- (1) The Health Unit shall participate with other government agencies or public authorities in Co-operative Purchasing where it is in the best interests of the Health Unit to do so.
- (2) The decision to participate in Co-operative Purchasing agreements will be made by the Director, Healthy Organization , or designate.
- (3) The policies of the government agencies or public authorities calling the cooperative tender are to be the accepted policy for that particular tender.

### **5.15 Receipt of Goods**

- (1) The Director or designate shall,
  - (i) arrange for the prompt inspection of goods on receipt to confirm conformance with the terms of the contract, and
  - (ii) inform the Director, Healthy Organization, or designate of discrepancies immediately.
- (2) The Director, Healthy Organization, or designate shall coordinate an appropriate course of action with the Director for any non-performance or discrepancies.

**5.16 Receipt of Services**

- (1) The Director or designate shall:
  - (i) ensure the performance of the services is maintained in a satisfactory manner and in keeping with the terms of the contract and/or agreement.
  - (ii) Division staff are to document any discrepancies in the performance of services.
  - (iii) Inform the Director, Healthy Organization, or designate of poor performance
  - (iv) Inform the Director, Healthy Organization, or designate of any breach of contract and/or agreement.

**5.17 Reporting to Board of Health**

- (1) The Director, Healthy Organization, or designate shall submit to the Board of Health an information report each Board of Health meeting containing the details for all contracts awarded that exceed \$50,000 including amendments and renewals. The report shall certify that the awards are in compliance with the Purchasing Protocols.
- (2) The Director, Healthy Organization, or designate shall submit annually to the Board of Health an information report containing a list of suppliers for which the Health Unit has been invoiced a cumulative total value of \$100,000 or more in a calendar year. The list shall include total payments.

**5.18 Direct Solicitation of Divisions**

- (1) Unsolicited Proposals received by the Health Unit shall be reviewed by Director, Healthy Organization, or designate.
- (2) Any procurement activity resulting from the receipt of an Unsolicited Proposal shall comply with the provisions of the Procurement Protocols.
- (3) A contract resulting from an Unsolicited Proposal shall be awarded on a noncompetitive basis only when the procurement complies with the requirements of a non-competitive procurement found in section 3.0 above.

**5.19 Lobby**

- (1) The Health Unit is committed to the highest standard of integrity with respect to the procurement process. Any activity designed to influence the decision process, including but not limited to, contacting board members, consultants and employees for such purposes as meetings of introduction, social events or meals shall result in disqualification of the bidder. The Health Unit will be entitled to reject a bid submission if any representative or bidder, including any parties that may be involved in a joint venture, consortium, subcontractor or supplier relationship, makes any representation or solicitation to any Board of Health member or employee.

**5.20 Local Preference**

- (1) In accordance with the Discriminatory Business Practices Act as amended, there shall be no local preference given to any bidder when awarding a bid.

**5.21 Interference in Procurement Process**

- (1) Board members and employees shall not cause or permit anything to be done or communicated to anyone in a manner which is likely to cause any potential bidder to have an unfair advantage or disadvantage in obtaining a contract for goods and services.
- (2) Board members shall separate themselves from the procurement process and have no involvement whatsoever in specific procurements. Board members should not see any documents or receive any information related to a particular procurement while the process is ongoing. Board members who receive inquiries from bidders related to a specific procurement shall immediately direct those inquiries to the Director of Healthy Organization.

**5.22 Resolution of Questions of Protocol**

- (1) Any question involving the meaning or application of these Protocols is to be submitted to the Director, Healthy Organization, or designate who will resolve the question.

**5.23 Access to Information**

- (1) The disclosure of information received relevant to the issue of bid solicitations or the award of contracts resulting from bid solicitations shall be made by the appropriate officers in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, as amended.
- (2) All records and information pertaining to tenders, proposals and other sealed bids, which reveal a trade secret or scientific, technical, commercial, financial or other labour relations information, supplied in confidence implicitly or explicitly, shall remain confidential if the disclosure could reasonably be expected to:
  - (i) prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organizations;
  - (ii) result in similar information no longer being supplied to the Health Unit where it is in the public interest that similar information continue to be so supplied;
  - (iii) result in undue loss or gain to any person, group, committee or financial institution or agency; or
  - (iv) result in information whose disclosure could reasonably be expected to be injurious to the financial interests of the Health Unit.

**5.24 Protocol Amendment**

- (1) These Protocols or any provision of it may be amended by the Senior Leadership Team from time to time as long as, any change(s) is operational in nature and does not significantly alter the intention or goal of the Protocols.

## **6.0 CAPITAL ASSET PURCHASES/IMPROVEMENTS AND DISPOSAL**

- (1) All construction, renovations or alterations to leased premises under \$50,000 must be reviewed and approved by the Medical Officer of Health & Chief Executive Officer and the Director, Healthy Organization, or designate. Projects over \$50,000 require the authorization of the Board of Health.
- (2) All purchases of computer hardware (including peripheral equipment) and software will be administered by the Manager, Information Technology.
- (3) All purchase of furniture will be administered by the Director, Healthy Organization, or designate.
- (4) Procurement will be notified upon receipt of all purchases involving capital assets to ensure proper accounting and asset-tracking methods are applied.
- (5) Procurement will maintain an inventory of all capital assets that is in accordance to the Public Service Accounting Board guidelines (PSAB) and Generally Accepted Accounting Principles (GAAP).

### **Disposal of Assets**

- (6) All Divisions shall notify the Director, Healthy Organization, or designate when items become obsolete or surplus to their requirements. The Director, Healthy Organization, or designate shall be responsible for ascertaining if the items can be of use to another Division rather than disposed of.
- (7) Items that are not claimed for use by another Division may be sold. If there is no suitable market, then the item could be considered for donation.

## 7.0 EXCLUDED GOODS AND SERVICES

The following purchases of goods and services are excluded from the Procurement Protocols:

- (1) Purchases under the Petty Cash policy
- (2) Training and Education including:
  - (i) Conferences
  - (ii) Courses
  - (iii) Conventions
  - (iv) Subscriptions
  - (v) Memberships
  - (vi) Association fees
  - (vii) Periodicals
  - (viii) Seminars
  - (ix) Staff development and training including all related equipment, resources, and supplies
  - (x) Staff workshops including all related equipment, resources, and supplies
- (3) Refundable Employee Expenses including:
  - (i) Cash advances
  - (ii) Meal allowance
  - (iii) Travel expenses
  - (iv) Accommodation
- (4) Employer's General Expenses including:
  - (i) Payroll deductions remittances
  - (ii) Medicals
  - (iii) Insurance premiums
  - (iv) Tax remittances
- (5) Licenses, certificates, and other approvals required.
- (6) Ongoing maintenance for existing computer hardware and software.
- (7) Professional and skilled services to clients as part of Health Unit programs including but not limited to medical services (Clinics), counseling services, Speech and Language services and child care.
- (8) Other Professional and Special Services up to \$100,000 including:
  - (i) Additional non-recurring Accounting and Auditing Services
  - (ii) Legal Services
  - (iii) Auditing Services
  - (iv) Banking Services
  - (v) Group Benefits (including Employee Assistance Program)
  - (vi) General Liability Insurance
  - (vii) Realty Services regarding the Lease, Acquisition, Demolition, Sale and Appraisal of Land.

## **8.0 REVIEWING AND EVALUATING EFFECTIVENESS**

- (1) The Health Unit's Auditor shall review and test compliance with the Procurement Protocols during its annual audit, and report any non-compliance to the MOH / CEO on a yearly basis.
- (2) The Senior Leadership Team will review the Protocols annually to ensure the goals and objectives are being met.



**9.0 APPENDICES**

**Appendix A**

**IRREGULARITIES CONTAINED IN BIDS**

<b>IRREGULARITY</b>	<b>RESPONSE</b>
1. Late Bids	Automatic rejection, not read publicly and returned unopened to the bidder.
2. Unsealed Envelopes	Automatic rejection
3. Insufficient Financial Security (No bid deposit or insufficient bid deposit)	Automatic rejection
4. Failure to insert the name of the bonding company in the space provided for in the Form of Tender.	Automatic rejection
5. Failure to provide a letter of agreement to bond where required.	Automatic rejection
6. Incomplete, illegible or obscure bids or bids which contain additions not called for, erasures, alterations, errors or irregularities of any kind.	May be rejected as informal
7. Documents, in which all necessary Addenda have not been acknowledged.	Automatic rejection
8. Failure to attend <b>mandatory</b> site visit.	Automatic rejection
9. Bids received on documents other than those provided by the Health Unit.	Automatic rejection
10. Failure to insert the Tenderer's business name in one of the two spaces provided in the Form of Tender.	Automatic rejection
11. Failure to include signature of the person authorized to bind the Tenderer in the space provided in the Form of Tender.	Automatic rejection
12. Conditions placed by the Tenderer on the Total Contract Price.	Automatic rejection
13. Only one bid is received.	a) Bid returned unopened if additional bids could be secured. b) If the bid should be considered in the opinion of the Director, Healthy Organization , or

IRREGULARITY	RESPONSE
	designate, and is found acceptable, then it may be awarded.
14. Bids Containing Minor Mathematical Errors	<ul style="list-style-type: none"> <li>a) If the amount tendered for a unit price item does not agree with the extension of the estimated quantity and the tendered unit price, or if the extension has not been made, the unit price shall govern and the total price shall be corrected accordingly</li> <li>b) If both the unit price and the total price are left blank, then both shall be considered as zero.</li> <li>c) If the unit price is left blank but a total price is shown for the item, the unit price shall be established by dividing the total price by the estimated quantity.</li> <li>d) If the total price is left blank for a lump sum item, it shall be considered as zero.</li> <li>e) If the Tender contains an error in addition and/or subtraction and/or transcription in the approved tender documentation format requested (i.e. not the additional supporting documentation supplied), the error shall be corrected and the corrected total contract price shall govern.</li> <li>f) Tenders containing prices which appear to be so unbalanced as to likely affect the interests of the Health Unit adversely may be rejected.</li> </ul>

**Appendix B**

**Summary of Types of Procurement with Goals**

<b>Competitive Process Seeking Multiple Bids or Proposals</b>				<b>Non-Competitive Procurement</b>
<b>Request for Proposal</b>	<b>Request for Tender</b>	<b>Request for Quotation</b>	<b>Informal Low Value Procurement</b>	
<p>To implement an <u>effective, objective, fair, open, transparent, accountable</u> and <u>efficient</u> process for obtaining unique proposals designed to meet broad outcomes to a complex problem or need for which there is no clear or single solution.</p> <p>To select the proposal that earns the highest score and meets the requirements specified in the competition, based on qualitative, technical and pricing considerations.</p>	<p>To implement an <u>effective, objective, fair, open, transparent, accountable</u> and <u>efficient</u> process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.</p> <p>To accept the lowest bid meeting the requirements specified in the competition.</p>	<p>Same as for Request for Tender, except that bid solicitation is done primarily on an <u>invitational basis from a pre-determined bidders</u> list but may be supplemented with posting the bid on a website to provide a single point of access, free of charge.</p>	<p>To obtain <u>competitive pricing</u> for a one-time procurement in an expeditious and cost effective manner through phone, fax, e-mail, other similar communication method, vendor advertisements or vendor catalogues.</p>	<p>To allow for procurement in an <u>efficient and timely manner</u> without seeking competitive pricing.</p>

**Appendix C**

**Procurement Circumstances**

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal, Low Value Procurement	
Dollar value of procurement	> \$100,000	> \$100,000	\$10,000-\$100,000	\$5,000 - \$10,000	< \$5,000 or Any value, subject to proper authorization
Purchaser has a clear or single solution in mind and precisely defines technical requirements for evaluating bids or proposals	Rarely	Always			
In evaluating bids/proposals from qualified bidders, price is the primary factor and is not negotiated	Low to Moderate Likelihood	Always			Not Applicable

**Appendix D**

**Descriptive Features of Procurement Processes**

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal, Low Value Procurement	
Sealed bids or sealed proposals required	Always			Not Applicable	
Issue a Request for Information or a Request for Expressions of Interest/Pre-qualification prior to or in conjunction with a call for bids or proposals	Moderate to High Likelihood	Low to Moderate Likelihood		Not Applicable	
Post Period	If greater than \$100,000, Bid documents must be posted for 40 days	40 days	14 days	Not Applicable	
Notice Periods	If greater than \$100,000, Within 72 Days of award of Contract, notice must be published on the tendering website with the names, description, date of award, value of successful proposal	Within 72 Days of award of Contract, notice must be published on the tendering website with the names, description, date of award, value of successful tender	Not Applicable	Not Applicable	

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal, Low Value Procurement	
Transparency	If Greater than \$100,000, Promptly inform participating suppliers of contract award decisions and on request of the supplier in writing. On request, must explain why losing bid lost	Promptly inform participating suppliers of contract award decisions and on request of the supplier in writing. On request, must explain why losing bid lost	Should consider		Not Applicable
Negotiations	May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous	May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous	May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous		Not Applicable
Formal process used to pre-qualify bidders/ proponents (i.e. Request for Pre-qualification)	Moderate to High Likelihood		Low Likelihood		Not Applicable
Seek bids or proposals from known bidders/ proponents (Bidders List)	Moderate to High Likelihood	Low to Moderate Likelihood	Always		Moderate to High Likelihood

**Appendix D (Cont'd)**

**Descriptive Features of Procurement Processes (Cont'd)**

Item	Competitive Process Seeking Multiple Bids or Proposals				Non-Competitive Procurement
	Request for Proposal	Request for Tender	Request for Quotation	Informal Low Value Procurement	
Two-envelope <sup>1</sup> or similar multi-stage approach used	Moderate to High Likelihood	Not Applicable			
Bids or proposals opened and reviewed at a meeting (Public or not <sup>2</sup> )	Always	Always	Moderate to High Likelihood	Not Applicable	
Type of agreement with supplier	Purchase order, legally executed agreement, or blanket contract (standing agreement/offer).			Purchase by cash, purchase order, or credit card.	Cash, purchase order, credit card, legally executed agreement, or blanket contract (standing agreement/offer)
May include In-house bidding in addition to external bidding	No			Not applicable	

<sup>1</sup> In the two-envelope approach, qualitative and technical information is evaluated first and pricing information in a separate envelope is evaluated thereafter only if the qualitative and technical information meet a minimum score requirement predetermined by the municipality/local Board. For more details, see Appendix F.

<sup>2</sup> This may depend on the nature proprietary information. Additionally, refer to By-law #3 Proceedings of the Board of Health for when items may be considered “in-camera” and exemptions that may apply under Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Freedom of Information and Protection of Privacy Act (FIPPA).

## Appendix E

### THE “TWO-ENVELOPE” PROCUREMENT PROCESS

The two-envelope approach is used when the purchaser wants to evaluate the technical and qualitative information of a given proposal without being influenced by prior knowledge of the corresponding pricing information. Proposal evaluation is done usually by a team of staff from possibly more than one department who have relevant expertise for making the evaluation.

In the two-envelope approach, each proponent must submit qualitative and technical information in a sealed envelope (envelope one) and pricing information in a second sealed envelope (envelope two). The contents of envelope one are evaluated and scored according to pre-determined criteria such as relevant firm experience, project team’s qualifications/experience, personnel time allocation, understanding of scope of work, methodology/thoroughness of approach, quality and completeness of proposal submission, etc.

When the scoring of envelope one is completed, then the pre-determined process for moving to envelope two is followed. In some procurement strategies, a minimum score threshold is in place at envelope one, and only proposals which meet or exceed that threshold are eligible to proceed to the opening of envelope two and subsequent price evaluation. If a proposal is not eligible to proceed to price evaluation, the proponent is disqualified from further consideration and the second envelope is returned to the proponent unopened.

For each proposal where envelope two is opened, the bid price(s) are scored according to the pre-determined process. The particular procurement and evaluation strategy will dictate the process for scoring the price and subsequently taking the scores from the envelope one and envelope two processes into account, resulting in a total evaluated score for the proposal. The total evaluated scores are ranked, and the proposal with the highest ranked score is considered the successful proposal, unless council or the local Board, as applicable, decides otherwise. In the event of a tie, the pre-determined process for handling a tie is followed.



**SUBJECT:** Board Size and Composition  
**SECTION:** Board Effectiveness

**POLICY NUMBER:**  
**PAGE:**

**G-280**  
1 of 2

**IMPLEMENTATION:** March 16, 2017  
**SPONSOR:** MOH/CEO  
**REVIEWED BY:** Governance Committee

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:** March 21, 2019

## **PURPOSE**

To ensure the Board of Health (Board) structure and composition comply with requirements set out in the Health Protection and Promotion Act (HPPA) and regulations.

## **POLICY**

The Board is an autonomous body responsible for the governance of the Middlesex-London Health Unit in accordance with sections 49 (1), (2) and (3) of HPPA, and Reg. 559, which outline the composition of boards of health. Board composition and structure will be established in accordance with the procedure outlined in this policy.

## **PROCEDURE**

### **1. Board Composition**

- 1.1. The Board consists of municipal and provincial appointees. Each member's term of office is determined by the appointing body.
- 1.2. The number of Board members and their representation is as follows:
  - a. City of London – 3 appointees
  - b. County of Middlesex – 3 appointees
  - c. Province of Ontario – 5 appointees
- 1.3. An Aboriginal council of the band that has entered into an agreement with the Board has the right to appoint a member of the band to be one of the members of the Board. Councils of the bands of two or more bands that have entered into agreements have the right to jointly appoint a person to be one of the members of the Board instead of each appointing a member.
- 1.4. No person whose services are employed by the Board is qualified to be a member of the Board.

### **2. Board Structure**

- 2.1. Each year at its inaugural meeting, the Board will:
  - a. Elect a Chair, Vice-Chair and Secretary-Treasurer.
  - b. Decide whether to establish and/or continue standing committees or to have the Board deal with all matters directly.

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Board Size and Composition

**POLICY NUMBER:**

**G-280**

**SECTION:** Board Effectiveness

**PAGE:**

2 of 2

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

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

2.4. The Secretary-Treasurer role is customarily filled by the MOH/CEO.

## APPLICABLE LEGISLATION AND STANDARDS

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

Regulation 559 Designation of Municipal Members of Boards of Health

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

## RELATED POLICIES

By-law #3 Proceedings of the Board of Health

Policy G-270 Roles and Responsibilities of the Board of Health

Poly G-290 Standing and Ad Hoc Committees

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

March 21 2019

**GOVERNANCE MANUAL**

<b>SUBJECT:</b> Board of Health Self-Assessment	<b>POLICY NUMBER:</b>	<b>G-300</b>
<b>SECTION:</b> Board Effectiveness	<b>PAGE:</b>	1 of 2
<b>IMPLEMENTATION:</b> March 16, 2017	<b>APPROVAL:</b> Board of Health	
<b>SPONSOR:</b> MOH/CEO	<b>SIGNATURE:</b>	
<b>REVIEWED BY:</b> Governance Committee	<b>DATE:</b> March 21, 2019	

---

## **PURPOSE**

To ensure the Board of Health's (Board) compliance with the requirements outlined in the Ontario Public Health Standards for self-assessment, and to support ongoing Board development and effectiveness.

## **POLICY**

The Board recognizes that regular self-assessment is essential in supporting the Middlesex-London Health Unit's vision, mission and values.

The Ontario Public Health Standards require that boards of health complete a self-assessment of their governance practices and outcomes at least every other year. The Middlesex-London Board of Health is committed to completing the self-assessment annually and implementing recommendations for improvement based on assessment results.

## **PROCEDURE**

1. The Governance Committee of the Board is responsible for the initiation of the annual Board self-assessment process and to assist and advise staff in its administration. The process for self-assessment is as follows:
  - 1.1. The Governance Committee reviews, amends as necessary, and recommends to the Board approval of the Board of Health Self-Assessment Tool (Appendix A).
  - 1.2. Following Board approval, the Board of Health Self-Assessment Tool (Appendix A) is distributed via email to Board members for completion.
  - 1.3. Surveys may be completed electronically or on paper. Completed hard copies can be submitted in a sealed envelope, to the Executive Assistant (EA) to the Board of Health and/or the EA to the MOH/CEO.
  - 1.4. High level results of the survey will be reported to the Governance Committee in an anonymous form without any identifying information to inform recommendations for improvements in Board effectiveness and engagement.

## **APPLICABLE LEGISLATION AND STANDARDS**

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

**MIDDLESEX-LONDON HEALTH UNIT**

**GOVERNANCE MANUAL**

**SUBJECT:** Board of Health Self-  
Assessment

**POLICY NUMBER:**

**G-300**

**SECTION:** Board Effectiveness

**PAGE:**

2 of 2

**RELATED POLICIES**

G-370 Board of Health Orientation and Development

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

March 21 2019

# 2019 Board of Health Self-Assessment

This survey is expected to take approximately 10-15 minutes. Please complete by [Insert Date].

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

Your participation is voluntary and you may choose not to participate or not to respond to any question. The questionnaires will be kept confidential in our records for seven years to comply with our Middlesex-London Health Unit (MLHU) Retention Schedule.

You can complete the survey electronically or on paper. If you complete the paper version please return it in a sealed envelope to Elizabeth Milne, Executive Assistant to the Board of Health or the Executive Assistance to the Medical Officer of Health/Chief Executive Officer.

If you have any questions please contact Elizabeth Milne, 519-663-5317, ext. 2448, elizabeth.milne@mlhu.on.ca or Lynn Guy, 519-663-5317, ext. 2471, lynn.guy@mlhu.on.ca.

Please check Yes, No or Don't know for each question.

**Provide additional feedback or comments to elaborate on what the Middlesex-London Board of Health does well, does not do well, or could improve, where relevant.**

**This information is key to identifying areas for improvement.**

## **1. Am I getting sufficient information to make informed decisions at Board of Health meetings?**

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

**3. Does the Board of Health take all relevant information into consideration when making decisions?**

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

**4. Is MLHU accomplishing our strategic priorities as outlined in our strategic plan?**

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

**7. Are you satisfied with the reports to the Board of Health made by MLHU staff? For instance, do you think the reports are relevant and provide the correct information?**

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know



Please provide additional feedback or comments below:

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

	Board Structure (i.e. membership, size, terms of office, reporting relationships)
	Getting sufficient information to make informed decisions
	Learning opportunities for current best practices in public health and governance
	Ensuring all relevant information is taken into consideration when making decisions
	Accomplishing our strategic priorities
	Responding to complaints of wrongdoing or irregularities
	The relationship between the Board of Health and senior staff

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

**Thank you for taking the time to complete this survey**



<b>SUBJECT:</b>	Nominations and Appointments to the Board of Health	<b>POLICY NUMBER:</b>	<b>G-350</b>
<b>SECTION:</b>	Board Effectiveness	<b>PAGE:</b>	1 of 3
<b>IMPLEMENTATION:</b>	March 16, 2017	<b>APPROVAL:</b>	Board of Health
<b>SPONSOR:</b>	MOH / CEO	<b>SIGNATURE:</b>	
<b>REVIEWED BY:</b>	Governance Committee	<b>DATE:</b>	March 21, 2019

---

## **PURPOSE**

To support a high-performing Board of Health (Board) through well-defined nomination and appointment criteria and processes.

## **POLICY**

The Board recognizes that Board performance is enabled through balanced membership with respect to members' skills, expertise, qualities and competencies. Board nominations, appointments and reappointments will occur in accordance with the procedure outlined in this policy.

This policy is applicable to provincial appointees, and where relevant, to municipal appointees.

## **PROCEDURE**

### **1. Notification**

- 1.1. Incumbent appointees who are eligible for reappointment will notify the Chair of their intentions with respect to requesting reappointment not less than six months prior to the expiration of their term. To facilitate this, the Secretary-Treasurer of the Board will provide a listing of all Board members with term expiration dates annually, customarily at the first meeting of the year.

### **2. Term of Appointment**

- 2.1. The term of appointment for provincial appointees is set by the Public Appointments Secretariat and may be for one, two or three years. The term of appointment for a municipal appointee is the term of office of the council unless otherwise specified by the council.

### **3. Criteria to be Considered**

- 3.1. In considering the appointment and reappointment endorsement/recommendation, the Board will consider:
  - a. Commitment to the mission, vision and goals of the Middlesex-London Health Unit (MLHU);
  - b. Commitment to and an understanding of MLHU policies and programs;

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Nominations and Appointments to the Board of Health      **POLICY NUMBER:**      **G-350**  
**SECTION:** Board Effectiveness      **PAGE:**      2 of 3

- c. Ability to work collegially with other Board members and the Medical Officer of Health/Chief Executive Officer (MOH/CEO);
- d. Diversity and skill composition of current Board members;
- e. Representation of MLHU in the community;
- f. Regularity of attendance at Board meetings;
- g. Participation in and contribution at Board meetings; and
- h. Ability to make a continued commitment to monthly involvement in Board meetings and related activities.

#### 4. Term Limits

- 4.1. The Ministry of Health and Long-Term Care adheres to the Provincial Appointments Secretariat's ten-year limit for appointees, which aligns with best practices in governance. There is no limit to length of service for municipal representatives.

#### 5. Consideration of Provincial Appointments and Reappointment Process

- 5.1. The Board shall consider offering informational interviews to interested applicants in order to advise them on the Board mandate, Board member expectations, and provide guidance with the provincial appointment process.
- 5.2. The Board may also forward relevant information pertaining to the Board skills and diversity inventory.
- 5.3. The Board will consider endorsements/recommendations relating to Board reappointment in a closed session, under Board By-law No. 3 section 7.2, Criteria for in-camera meetings, subsection (b) personal matters about an identifiable individual, including Board employees.
- 5.4. A Board member being considered for reappointment will absent themselves from the portion of the session during which their reappointment request is considered. The remaining members may, at their discretion, request the member to return to provide information or answer questions. A motion regarding endorsement/recommendation, if any, will be made in camera.
- 5.5. For provincial reappointments, on the approval of the Board, the Chair will submit a letter of endorsement by regular mail addressed to the Ministry of Health and Long-Term Care listing the names of all interested appointees that are being supported for reappointment along with the completed Reappointment Information Form(s) to:

The Ministry of Health and Long Term Care  
10<sup>th</sup> Floor Hepburn Block, 80 Grosvenor Street  
Toronto, ON M7A 2C4

## MIDDLESEX-LONDON HEALTH UNIT

### GOVERNANCE MANUAL

**SUBJECT:** Nominations and Appointments to the Board of Health      **POLICY NUMBER:**      **G-350**  
**SECTION:** Board Effectiveness      **PAGE:**      3 of 3

Or by email or fax to  
Minister's Special Assistant for Public Appointments  
Fax: 416-326-1571

5.6. A copy of all above-mentioned documentation must also be sent to the Manager, Public Appointments Unit, Ministry of Health and Long Term Care, by fax to 416-327-8496 or by email.

#### **6. Consideration of Municipal Appointments and Reappointment Process**

6.1. For municipal appointments or reappointments, the Secretary-Treasurer may submit a letter of endorsement by regular mail addressed to the Mayor of the City of London and the Warden for Middlesex County listing the current diversity and skill requirements for their consideration in the appointment or reappointment process.

#### **APPLICABLE LEGISLATION**

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

#### **RELATED POLICIES**

G-B30 By-law No. 3 Proceedings of the Board of Health

**REVISION DATES** (\* = major revision):  
March 21 2019

**GOVERNANCE MANUAL**

<b>SUBJECT:</b> Board of Health Orientation and Development	<b>POLICY NUMBER:</b> G-370
<b>SECTION:</b> Board Effectiveness	<b>PAGE:</b> 1 of 2
<b>IMPLEMENTATION:</b> March 16, 2017	<b>APPROVAL:</b> Board of Health
<b>SPONSOR:</b> MOH/CEO	<b>SIGNATURE:</b>
<b>REVIEWED BY:</b> Governance Committee	<b>DATE:</b> March 21, 2019

---

## **PURPOSE**

To support the integration and engagement of new Board of Health (Board) members and to ensure that members of the Board have the knowledge and skills necessary to effectively discharge their duties as members of the Board.

## **POLICY**

Board members shall receive an initial orientation to the Middlesex-London Health Unit (MLHU), and to their role and responsibilities as Board members, as soon as practical following their appointments. Board orientation is an ongoing process that includes self-directed and supported learning.

Additionally, the Board will participate in development opportunities based on priorities identified in the Board Self-Assessment. (See Policy G-300 Board of Health Self-Assessment.)

## **PROCEDURE**

### **1. Required Pre-Orientation Training**

- 1.1. Members of the Board of Health are required to complete training for the Accessibility for Ontarians with Disabilities Act (AODA) prior to their on-site orientation. Those who have already completed AODA training can forward a confirmation of participation to the Executive Assistant to the Board of Health rather than completing the training again. The training can be accessed using a link to be provided to new Board members.

### **2. On-Site Orientation**

- 2.1. An initial on-site orientation will be provided upon appointment of new members, including an overview of MLHU operations and governance, and a tour of the facility. All Board members are encouraged to attend.
- 2.2. Following the initial on-site orientation, further orientation to MLHU operations and governance roles and responsibilities will occur at Board meetings and other events throughout the first six months of new appointments to support engagement of new Board members.

### **3. Online Self-Directed Learning**

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Board of Health Orientation and Development      **POLICY NUMBER:** G-370  
**SECTION:** Board Effectiveness      **PAGE:** 2 of 2

- 3.1. Additional content for the Board is maintained on the [Board orientation website](#), including priority reading and key provincial legislation and standards relating to public health. Materials also outline the roles and responsibilities of Board members to support effective governance.

#### 4. Board of Health Development

- 4.1. The Governance Committee is responsible for setting parameters for Board development activities, which are informed by the Board Self-Assessment results. Board development sessions are to be held on at least an annual basis.

### APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

### RELATED POLICIES

G-300 Board of Health Self-Assessment

**REVISION DATES** (\* = major revision):  
March 21 2019\*

**SUBJECT:** Annual Report  
**SECTION:** Communications and External Relations

**POLICY NUMBER:** **G-470**  
**PAGE:** 1 of 2

**IMPLEMENTATION:** September 23, 1992  
**SPONSOR:** MOH/CEO  
**REVIEWED BY:** Governance Committee

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:** March 21, 2019

---

## **PURPOSE**

To ensure that Middlesex-London Health Unit (MLHU) activities are summarized annually and are available for review by key stakeholders and the general public as a means to document accountability.

## **POLICY**

MLHU will have an annual report that demonstrates the impact of services on the health of the community and to meet the requirements set forth by the Ontario Public Health Standards.

Information will be gathered from all divisions in order to highlight the program activities and fiscal accountabilities for the previous year.

The annual report for MLHU is to be posted in a readily accessible manner of the MLHU website.

## **PROCEDURE**

### **1. Development of the Annual Report**

1.1. The Manager, Communications and the Marketing Coordinator coordinate the development and design of the report.

### **2. Distribution of the Report**

2.1. The Medical Officer of Health/Chief Executive Officer will present the report to the Board of Health and the report shall be posted to the MLHU website by Communications.

### **3. Contents of the Report**

3.1. The report shall be addressed to the public; include annual financial information; include a description of the mission, roles, processes, programs and operation of the public health unit; and include performance indicators that ensure transparency and accountability.



# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Annual Report

**POLICY NUMBER:**

**G-470**

**SECTION:** Communications and External  
Relations

**PAGE:**

2 of 2

## APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018

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

June 1 1995

July 12 2000

October 13 2004

April 19 2012

March 21 2019

**SUBJECT:** Media Relations  
**SECTION:** Communications and External Relations

**POLICY NUMBER:**  
**PAGE:**

**G-480**  
1 of 2

**IMPLEMENTATION:** September 23, 1992  
**SPONSOR:** MOH/CEO  
**REVIEWED BY:** Governance Committee

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:** March 21, 2019

---

## **PURPOSE**

To maximize the media's appropriate interest in and coverage of public health issues, programs, activities and services and to ensure that information is accurate, timely, relevant and maintains client confidentiality.

## **POLICY**

The media plays an important role in the Middlesex-London Health Unit's (MLHU) efforts to inform and raise awareness about public health issues, programs and services in London and Middlesex County. Prompt response to media requests allows the MLHU to maintain strong and open lines of communication with both the media and the residents of London and Middlesex County.

## **PROCEDURE**

### **1. Media Enquiries**

- 1.1. For matters relating to meetings and membership of the Board of Health (Board), the Chair will be considered the Board Spokesperson for all media inquiries. When the Chair is unavailable, the Vice Chair and/or the Secretary-Treasurer will be considered the spokesperson for such inquiries.
- 1.2. Board members may communicate positions of the Board. However, should a Board member disagree with a position of the Board, the member must clearly identify that they are speaking as an individual and not on the Board's behalf.
- 1.3. For matters relating to the overall operations or administration of MLHU, the Medical Officer of Health/Chief Executive Officer (MOH/CEO) will be considered MLHU's spokesperson. For program and service related matters, an MLHU spokesperson will be designated through consultation with the Manager, Communications or designate.
- 1.4. In the event of a public health emergency/crisis all media requests are to be referred to and coordinated by the Manager, Communications or designate.
- 1.5. MLHU has a legal obligation to keep medical information private and confidential. Information about MLHU clients must not be released without the permission of the client unless deemed essential to protect the health of the community. Members of the media are to be met by a staff person and must be escorted by a staff person at all

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Media Relations  
**SECTION:** Communications and External Relations

**POLICY NUMBER:**  
**PAGE:**

**G-480**  
2 of 2

times when on MLHU premises. MLHU has the right to prohibit members of the media from interviewing clients and staff, taking photographs or otherwise invading the privacy of individuals or staff.

### 2. MLHU-Initiated Media Communications

- 2.1. In order to ensure that MLHU media relations are not compromised, all staff/Board members must consult with the Manager, Communications or designate before initiating contact with the media. All complaints or rebuttals regarding media coverage or the conduct of a member of the media must be handled by the Manager, Communications or designate.
- 2.2. Media releases are issued by the Office of the Medical Officer of Health and must be approved by the Manager, Communications or designate prior to release.
- 2.3. When sending a media release the Manager, Communications or designate will:
  - a. Work with staff/Board members to develop effective media messages;
  - b. Edit releases;
  - c. Distribute the release to appropriate media outlets, as well as stakeholders and community partners as appropriate;
  - d. Send a copy of the media release to the Board and all MLHU staff; and post the media release on the MLHU website and social media channels;
  - e. Monitor, assess, and track media coverage and, if needed, advise/respond to media coverage.

### 3. Crisis Media Communications

- 3.1. Procedure(s) for this response are described in the Emergency Response Plan that is maintained by the Manager, Emergency Preparedness.

### 4. Staff Training

- 4.1. The Manager, Communications educates staff/Board members about media relations and provides media training as required.

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

November 6 1996  
July 12 2000  
October 13 2004  
July 28 2011  
March 21 2019

**GOVERNANCE MANUAL**

**SUBJECT:** Board of Health Reports  
**SECTION:** Communications and External  
Relations

**POLICY NUMBER:** **G-490**  
**PAGE:** 1 of 2

**IMPLEMENTATION:** June 15, 1994  
**SPONSOR:** MOH/CEO  
**REVIEWED BY:** Governance Committee

**APPROVAL:** Board of Health  
**SIGNATURE:**  
**DATE:** March 21, 2019

---

## **PURPOSE**

To ensure reports to the Board of Health (Board) are prepared and processed in a standardized format.

## **POLICY**

All Board reports must be prepared, submitted for approval and distributed in accordance with the procedure in this policy.

## **PROCEDURE**

### **1. General**

- 1.1. Board reports are initiated and prepared by the appropriate Middlesex-London Health Unit (MLHU) staff.
- 1.2. Preparation of the agenda is the responsibility of the Secretary-Treasurer in order to maintain a coordinated Board meeting agenda and to handle the inclusion of urgent issues.

### **2. Format**

- 2.1. The Board report template (Appendix A) must be used to prepare Board reports. Formatting will follow the most current version of the American Psychological Association (APA) Style Guide. References will be kept, but not generally noted in the report. Additional formatting details are in the MLHU Corporate Identity and Graphic Standards Manual.

### **3. Submission Protocol**

- 3.1. After the agenda has been set, reports will be numbered sequentially from January 1 to December 31 with a two-digit reference to the year the report appeared before the Board. The Executive Assistant (EA) to the Board and/or the EA to the Medical Officer of Health/Chief Executive Officer (MOH/CEO) maintains a register of Board reports by report number, meeting date, subject matter and author(s).

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Board of Health Reports  
**SECTION:** Communications and External Relations

**POLICY NUMBER:**  
**PAGE:**

**G-490**  
2 of 2

- 3.2. Draft reports are to be reviewed by the manager and director before proceeding to the next step in the submission protocol.
- 3.3. Ten working days prior to the Board meeting, an electronic version of the draft report and the relevant appendices must be submitted to the EA to the Board and/or the EA to the MOH/CEO for review by the MOH/CEO. The EA to the Board and/or EA to the MOH/CEO will provide an updated schedule of Board meeting dates and report submission deadlines to all staff.
- 3.4. The draft electronic version of the report is sent as an email attachment to the EA to the Board and/or the EA to the MOH/CEO, who will maintain computer files of the Board reports in order to expedite minor revisions and to provide centralized management of the reports.
- 3.5. Major revisions to the draft reports by the MOH/CEO will be discussed with the author(s)/appropriate manager or director. If time permits, the author is responsible for completing major revisions and resubmitting the report.
- 3.6. The final version of the report must be approved and signed by the MOH/CEO.

#### 4. Distribution

- 4.1. Board reports will be incorporated into a complete agenda package for distribution to Board members by the EA to the Board and/or the EA to the MOH/CEO. The EA to the Board and/or the EA to the MOH/CEO will build the Board agenda on the MLHU website and upload reports, appendices and the complete agenda package. A link to the complete agenda package on the MLHU website is emailed to Board members no later than five days prior to the scheduled Board meeting, unless a Special Meeting of the Board is called, at which time, materials will be distributed to the Boards as soon as they are available.
- 4.2. Prior to the Board meeting, the EA to the Board and/or the EA to the MOH/CEO will distribute Board meeting packages, including in-camera reports where appropriate, to the MOH/CEO, Associate MOH (AMOH), and the Director, Healthy Organization; and brief the Manager, Communications, as needed.
- 4.3. The EA to the Board and/or the EA to the MOH/CEO will send an electronic copy of the final Board Report to each of the director(s)/manager(s) who submitted them.
- 4.4. Board packages, excluding in-camera reports, will be made available to the media by the EA to the Board or the EA to the MOH/CEO prior to the scheduled Board meeting. The EA to the Board and/or the EA to the CEO/MOH will also provide the Online Communications Coordinator with a copy of the Board agenda package (excluding in-camera reports) to be posted to the MLHU website.

# MIDDLESEX-LONDON HEALTH UNIT

## GOVERNANCE MANUAL

**SUBJECT:** Board of Health Reports  
**SECTION:** Communications and External  
Relations

**POLICY NUMBER:**  
**PAGE:**

**G-490**  
3 of 2

### APPENDICES

Appendix A – Board of Health Report Template

### RELATED POLICIES

G-270 – Roles and Responsibilities of the Board of Health

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

February 12 1997;

July 20 2000;

June 17 2004

March 21 2019



TO: Chair and Members of the Board of Health; [update to field]  
Chair and Members of the Finance & Facilities Committee; or  
Chair and Members of the Governance Committee

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

DATE: YYYY Month DD [update date field]

---

**TITLE OF REPORT [Arial 12 Bold Uppercase]**

**Recommendation**

[update recommendation field]  
*[Times New Roman Italic and Bold]*

*For example:*

*It is recommended that X:*

- 1) Receive Report No. 0XX-YY re: "Title of Report" for information; and*
- 2) Recommend (or approve) X.*

**Key Points [Arial 11 Bold]**

- Three key points about the report [Times New Roman 11]
- 
- 

**Background [Arial 11 Bold]**

[Times New Roman 11 – NO ITALICS in this section]

**Other Headings as Needed [Arial 11 Bold]**

[Times New Roman 11 – NO ITALICS in this section]

**Next Steps [Arial 11 Bold]**

[Times New Roman 11 – NO ITALICS in this section]

This report was prepared by X Team, X Division.

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

TO: Chair and Members of the Governance Committee  
FROM: Christopher Mackie, Medical Officer of Health/CEO  
DATE: 2019 March 21

---

## GOVERNANCE COMMITTEE REPORTING CALENDAR

### Recommendation

*It is recommended that the Governance Committee:*

- 1) *Receive Report No. 004-19GC re: “Governance Committee Reporting Calendar” for information; and*
- 2) *Recommend that the Board of Health approve the 2019 Governance Committee Reporting Calendar.*

### Key Points

- The Governance Committee Reporting Calendar defines the annual activities to be undertaken by the Committee.
- The Governance Committee reviews the reporting calendar annually to ensure that the Board of Health is in compliance with applicable standards and legislation, as well as with reporting obligations outlined in the Governance Policy Manual and the Committee’s Terms of Reference.
- Amendments have been proposed to the Reporting Calendar to align with approved meeting dates for 2019 and new reporting requirements as outlined in the Governance Policy Manual.

### Background

The Governance Committee serves the Board of Health in an advisory and monitoring role.

Activities delineated in the Reporting Calendar were identified through a review of the Ontario Public Health Standards, the Association of Local Public Health Agencies (ALPHA) Governance Toolkit, the Governance Policy Manual, and the Governance Committee Terms of Reference.

### Amendments to the Reporting Calendar

The following amendments have been proposed to the Reporting Calendar (attached as [Appendix A](#)):

- Calendar updated to align with the approved meeting dates for 2019 (see [Report No. 001-19](#))
- Inclusion of Occupational Health and Safety reporting, in accordance with [Policy G-080 Occupational Health and Safety](#), approved by the Board and implemented in November 2018
- Annual declarations completed in Q1 to align with new Board member appointments
- Report on Public Health Funding and Accountability Agreement indicators in Q1 to align with release of Ministry data for 2017
- Review of governance by-laws and policies to occur each quarter, in accordance with the review cycle outlined in [Policy G-000 By-laws, Policy and Procedures](#)
- Report on strategic plan and Balanced Scorecard performance indicators to occur each quarter

### Next Steps

The Governance Committee has the opportunity to review the appended Reporting Calendar for 2019. Once the Governance Committee is satisfied with its review, the Reporting Calendar will be forwarded to the Board of Health for approval.

This report was prepared by the Privacy, Risk and Governance Team, Healthy Organization Division.



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



## Governance Committee Reporting Calendar

### Q1 (Jan 1 to Mar 31) – March Meeting

- Annual Declarations – Confidentiality and Conflict of Interest
- Approve Reporting Calendar
- Initiate Board of Health Self-Assessment
- Initiate Board of Health Orientation and Development
- Initiate Terms of Reference Review (every two years – to be completed in 2020)
- Report on Public Health Funding and Accountability Agreement Indicators
- Report on Strategic Plan and Balanced Scorecard Performance Indicators
- Review Governance By-laws and Policies

### Q2 (Apr 1 to Jun 30) – June Meeting

- Initiate Medical Officer of Health Performance Appraisal
- Report on Board of Health Self-Assessment
- Complete Board of Health Orientation and Development
- Report on Strategic Plan and Balanced Scorecard Performance Indicators
- Report on Privacy Program
- Report on Occupational Health and Safety Program
- Review Governance By-laws and Policies

### Q3 (Jul 1 to Sep 30) – September Meeting

- Complete Medical Officer of Health Performance Appraisal
- Initiate Board of Health Risk Assessment
- Report on Strategic Plan and Balanced Scorecard Performance Indicators
- Review Governance By-laws and Policies

### Q4 (Oct 1 to Dec 31) – November Meeting

- Report on Board of Health Risk Assessment
- Report on Strategic Plan and Balanced Scorecard Performance Indicators
- Review Governance By-laws and Policies

### **Board of Health Orientation and Development**

In accordance with the Ontario Public Health Standards, the Board of Health must ensure that members are aware of their roles and responsibilities by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for all board members. (Refer to Policy G-370 Board of Health Orientation and Development.)

### **Performance Evaluations**

## **Medical Officer of Health & Chief Executive Officer Performance Appraisal**

The Medical Officer of Health & Chief Executive Officer performance appraisal will be conducted annually with a report coming to the Governance Committee on the results. (Refer to Policy G-050 MOH/CEO Performance Appraisal.)

## **Board of Health Self-Assessment**

In accordance with the Ontario Public Health Standards, the Board of Health must complete a self-assessment at least every other year and provide recommendations for improvements in Board effectiveness and engagement. (Refer to Policy G-300 Board of Health Self-Assessment.)

## **Terms of Reference Review**

The Governance Committee Terms of Reference set out the parameters for how authority is delegated to the Committee and how the Committee is accountable to the Board of Health.

It is incumbent upon the Governance Committee to review the terms of reference every two years to ensure that components (purpose, reporting relationship, membership, chair, term of office, duties, frequency of meetings, agenda and minutes, by-laws and review) are still relevant to the needs of the committee. (Refer to Policy G-290 Standing and Ad Hoc Committees.)

## **Board of Health By-law and Policy Review and Development**

By-laws and policies establish the governing principles, practices and accountability frameworks for the Board of Health.

The Ontario Public Health Standards set out by-laws and policies that must be in place for Board operation, and require that these are reviewed at least every two years.

## **Accountability**

### **Provincial Accountability Framework (PHFAA)**

The Public Health Funding and Accountability Agreements provide a framework for setting specific performance expectations, and establishing data requirements to support monitoring of these performance expectations.

## **Strategic Planning**

The organization's strategic plan is developed in consultation with the Board of Health, staff, other key stakeholders as appropriate, and is subject to final approval by the Board of Health. The strategic plan is reviewed annually by management and the Board of Health. (Refer to Policy G-010 Strategic Planning.)

### **Risk Management and Assessment**

#### **Risk Management Planning**

The Ontario Public Health Standards require the Board of Health to have a formal risk management framework in place that identifies, assesses, and addresses risks. (Refer to Policy G-120 Risk Management.)

### **Privacy and Confidentiality**

#### **Privacy Program and Reporting**

The Board of Health must ensure there is a privacy program in place to monitor compliance with governance accountabilities and legislative requirements with respect to privacy and the confidentiality and security of personal information and personal health information. (Refer to Policy G-100 Information Privacy and Confidentiality.)

### **Occupational Health and Safety**

#### **Occupational Health and Safety Program and Reporting**

The Board of Health has statutory duties in accordance with the Occupational Health and Safety Act to maintain a safe and healthy workplace. 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.



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 March 21

---

## 2019 BOARD DEVELOPMENT

### **Recommendation**

*It is recommended that the Governance Committee:*

- 1) *Receive Report No. 005-19GC re: “2019 Board Development” for information; and*
- 2) *Recommend that the Board of Health approve the “Leading Through Transition/Change Management” session delivered by Your Latitude as a 2019 Board development opportunity.*

### **Key Points**

- Board orientation activities included: on-site training, team presentations at scheduled Board meetings, and the Annual Service Plan (ASP) submission to increase knowledge about the Ontario Public Health Standards and Middlesex-London Health Unit programs and services.
- The session “Leading Through Transition/Change Management,” offered by [Your Latitude](#), was deemed an appropriate Board development activity for 2019.
- A half-day workshop can be offered for Board of Health members before the end of June 2019.

### **Background**

In accordance with [Policy G-370 Board of Health Orientation and Development](#), Board of Health members are expected to participate in an orientation and development opportunities that are based on priorities identified in the Board of Health Self-Assessment. Members of the Governance Committee had the opportunity to review the 2018 Board Self-Assessment survey findings ([Report No.005-18GC](#)) at the Committee’s meeting on June 21, 2018. Staff reviewed the discussion and proposed learning opportunities at the September 20, 2018 Board of Health meeting.

### **2019 Board Orientation**

On January 24, 2019, an initial on-site orientation was provided to support onboarding of new Board members. The session, attended by new and existing Board members, as well as the Senior Leadership Team, included preliminary information about the Health Unit’s operations and governance. In addition, each team at the Health Unit will present an overview of its structure, programs, and services at monthly Board of Health meetings. The presentations are scheduled to take place before the end of June. The purpose of these presentations is to acquaint new Board members with the management team and orient Board members on the work performed by teams across the Health Unit.

Further orientation was provided to Board members during the budget process, allowing members to increase their knowledge of the Ontario Public Health Standards and Health Unit programs via a review of the submission of the Annual Service Plan (ASP). The ASP includes comprehensive descriptions and indicator tools for each of the Health Unit’s public health programs. The ASP reporting templates, completed by program managers, comprised the basis for the financial model for allocation of full-time employees (FTE) and program revenues and expenditures.

## **Change Management Workshop**

At the September 20, 2018 Board of Health meeting, the “Leading Through Transition/Change Management” workshop, facilitated by Laura Cole of Your Latitude, was selected as the professional development activity for 2019. This workshop will identify the stages of organizational transition and how to effectively manage change when it happens from a governance perspective. MLHU staff and management participated in similar training session toward the end of 2018 and early 2019. The workshop, delivered by Your Latitude, will be consistent with the education that MLHU staff and management have already received regarding change management.

The Health Unit will undergo significant changes over the next two years, including a move to a new location and implementation of software that will introduce changes to work processes and policies. Because Board of Health members represent one source of support for employees in making these changes, a change management workshop was deemed by the Board of Health to be an appropriate professional development activity for 2019.

## **Next Steps**

To complement the orientation activities, it is recommended that the Board proceed with the “Change Management/Leading Through Transition” session facilitated by Your Latitude. This professional development opportunity can be offered as a half-day session for Board of Health members before the end of June 2019.

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/Chief Executive Officer

DATE: 2019 March 21

---

## BOARD OF HEALTH SELF-ASSESSMENT

### Recommendation

*It is recommended that the Governance Committee:*

- 1) *Receive Report No. 006-19GC re: “Board of Health Self-Assessment” for information;*
- 2) *Recommend that the Board of Health approve the Board of Health Self-Assessment Tool appended to this report; and*
- 3) *Approve initiation of the Board of Health self-assessment process for 2019.*

### Key Points

- Board of Health self-assessment is required under the Ontario Public Health Standards.
- The self-assessment results are essential for understanding Board effectiveness and engagement, and for developing recommendations for improvement.
- The Governance Committee is responsible for initiating the annual Board self-assessment process and for assisting and advising staff in its administration.

### Background

The Ontario Public Health Standards require that boards of health complete a self-assessment of their governance practices and outcomes at least every other year. It has been the Governance Committee’s practice to complete the self-assessment annually.

### Self-Assessment Process

1. The Governance Committee reviews and recommends for Board approval the Board of Health Self-Assessment Tool (attached as [Appendix A](#)).
2. Following Board approval, the Board of Health Self-Assessment Tool is distributed via email to Board members for completion.
3. Surveys may be completed electronically or on paper. Completed hard copies can be submitted in a sealed envelope to the Executive Assistant (EA) to the Board of Health and/or the EA to the MOH/CEO.
4. Survey results are reported to the Governance Committee in an anonymous form, without any identifying information, to inform recommendations for improvements in Board effectiveness and engagement.
5. The assessment findings and the Governance Committee’s recommendations are submitted to the Board of Health for approval.

### Next Steps

The Governance Committee, with the assistance of Health Unit staff, will administer the Board of Health Self-Assessment Tool and review anonymized results to identify recommendations for improvement in Board effectiveness and engagement.

The assessment's findings and the Governance Committee's recommendations will be submitted to the Board of Health for approval.

This report was prepared by the Privacy, Risk and Governance Team, Healthy Organization Division.



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

## 2019 Board of Health Self-Assessment

This survey is expected to take approximately 10-15 minutes. Please complete by [Insert Date].

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

Your participation is voluntary and you may choose not to participate or not to respond to any question. The questionnaires will be kept confidential in our records for seven years to comply with our Middlesex-London Health Unit (MLHU) Retention Schedule.

You can complete the survey electronically or on paper. If you complete the paper version please return it in a sealed envelope to Elizabeth Milne, Executive Assistant to the Board of Health or the Executive Assistance to the Medical Officer of Health/Chief Executive Officer.

If you have any questions please contact Elizabeth Milne, 519-663-5317, ext. 2448, elizabeth.milne@mlhu.on.ca or Lynn Guy, 519-663-5317, ext. 2471, lynn.guy@mlhu.on.ca.

Please check Yes, No or Don't know for each question.

**Provide additional feedback or comments to elaborate on what the Middlesex-London Board of Health does well, does not do well, or could improve, where relevant.**

**This information is key to identifying areas for improvement.**

### 1. Am I getting sufficient information to make informed decisions at Board of Health meetings?

- Yes
- No
- Don't know



**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

**3. Does the Board of Health take all relevant information into consideration when making decisions?**

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

**4. Is MLHU accomplishing our strategic priorities as outlined in our strategic plan?**

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

**7. Are you satisfied with the reports to the Board of Health made by MLHU staff? For instance, do you think the reports are relevant and provide the correct information?**

- Yes
- No
- Don't know

**Please provide additional feedback or comments below:**

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

- Yes
- No
- Don't know

Please provide additional feedback or comments below:

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

	Board Structure (i.e. membership, size, terms of office, reporting relationships)
	Getting sufficient information to make informed decisions
	Learning opportunities for current best practices in public health and governance
	Ensuring all relevant information is taken into consideration when making decisions
	Accomplishing our strategic priorities
	Responding to complaints of wrongdoing or irregularities
	The relationship between the Board of Health and senior staff

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

**Thank you for taking the time to complete this survey**