

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Finance & Facilities Committee**

50 King Street, London  
Middlesex-London Health Unit – Room 3A  
Thursday, July 4<sup>th</sup> 9:00 a.m.

**1. DISCLOSURE OF CONFLICTS OF INTEREST**

**2. APPROVAL OF AGENDA**

**3. APPROVAL OF MINUTES – June 6, 2019**

**4. NEW BUSINESS**

4.1 Multifunction Printers – Contract Award (Report No. 025-19FFC)

4.2 Proposed 2020-21 Budget Process, Criteria and Weighting (Report No. 026-19FFC)

**5. OTHER BUSINESS**

5.1 Cancel August Finance and Facilities Committee meeting

5.2 Next meeting: Thursday, September 5, 2019 at 9:00 a.m. Room 3A

**6. CONFIDENTIAL**

The Finance and Facilities Committee will move in-camera to consider matters regarding a trade secret or financial information, supplied in confidence to the local board, which if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with contractual or other negotiations of a person, group of persons or organization, and a trade secret or financial information that belongs to the municipality or local board and has monetary value.

**7. ADJOURNMENT**



**PUBLIC MINUTES  
FINANCE & FACILITIES COMMITTEE**  
50 King Street, London  
Middlesex-London Health Unit  
Thursday, June 7, 2019 9:00 a.m.

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**MEMBERS PRESENT:** **Mr. Matt Reid (Chair)**  
Ms. Maureen Cassidy  
Ms. Kelly Elliott  
Ms. Trish Fulton

**REGRETS:** Ms. Tino Kasi

**OTHERS PRESENT:** Dr. Christopher Mackie, Secretary-Treasurer  
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)  
Mr. Brian Glasspoole, Manager, Finance  
Mr. Joe Belancic, Manager, Procurement and Operations  
Ms. Nicole Gauthier, Manager, Privacy, Risk and Governance  
Ms. Deanna Baldwin, Manager, KPMG  
Ms. Katie denBok, Partner, KPMG

At 9:01 a.m., Chair Reid called the meeting to order.

**DISCLOSURE OF CONFLICT OF INTEREST**

Chair Reid inquired if there were any disclosures of conflict of interest. None were declared.

**APPROVAL OF AGENDA**

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the AGENDA for the June 7, 2019 Finance & Facilities Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Ms. Elliott, seconded by Ms. Fulton, *that the MINUTES of the May 2, 2018 Finance & Facilities Committee meeting be approved.*

Carried

**NEW BUSINESS**

**4.1 2018 Audited Financial Statements for Middlesex-London Health Unit (Report No. 019-19FFC)**

Mr. Glasspoole introduced the representatives from KPMG, Ms. Deanna Baldwin and Ms. Katie denBok. He noted that the financial statements produced are the responsibility of MLHU management and are audited by KPMG. Mr. Glasspoole then walked Committee members through the Financial Statements document.

Ms. denBok noted that the Audit Findings Report is KPMG's primary means of communicating with the Health Unit. Now that the audit is complete, the management representation letter will need to be signed once the Board of Health has approved the financial statements. Ms. denBok advised that there were no causes for concern as a result of the Health Unit's audit. Ms. Baldwin provided an update of the Audit Risks and Results document.

Mr. Glasspoole noted that because of the new Annual Service Plan reporting requirements, there was a delay in getting completed final draft financial statements to KPMG before they began their audit. This caused some delay and was noted in the findings document.

At 9:20 a.m., Chair Reid asked all staff to leave, per standard FFC practice, so that the Committee might speak confidentially with KPMG representatives.

At 9:25 a.m. Chair Reid asked staff to return. KPMG representatives departed and the meeting resumed.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee review and approve Report No. 019-19FFC re: “2018 Audited Financial Statements for Middlesex-London Health Unit.”*

Carried

#### **4.2 2018 Revised Budget – Ministry of Health and Long-Term Care (MOHLTC) Approved Grants (Report No. 020-19FFC)**

Mr. Glasspoole provided context for this report. He noted that the Health Unit had received a letter from the MOHLTC in regard to additional one-time funding of \$97,700 to be used to support cannabis enforcement and vision-screening requirements. Due to the approval coming after the funds were due to be spent, some of the funding will need to be returned to the Ministry.

Mr. Glasspoole noted that he had a conversation with the Ministry in regard to the timeline and they advised him that it had been set up this way because of their own year-end requirements.

It was moved by Ms. Elliott, seconded by Ms. Cassidy, *that the Finance & Facilities Committee:*

- 1) *Approve Report No. 020-19FFC re: “Funding and Service Level Agreements Review”;* and
- 2) *Recommend the Board of Health Chair write a letter to the Minister of Health identifying issues with the one-time approval process.*

Carried

#### **4.3 By-Law and Policy Review (Report No. 021-19FFC)**

Mr. Glasspoole and Ms. Gauthier provided context for this report. The report will go to the Governance Committee’s June meeting.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee:*

- 1) *Receive Report No. 021-19FFC re: “By-law and Policy Review” for information; and*
- 2) *Refer the governance by-laws and policies reviewed in this report to the Governance Committee for final review prior to consideration by the Board of Health.*

Carried

#### **4.4 Contract Award – Medical Supplies (Report No. 022-19FFC)**

Mr. Belancic advised that it has been recommended to award three contracts for medical supplies. He noted that the consolidations of clinic space and having a central supply will result in savings.

It was moved by Ms. Elliott, seconded by Ms. Cassidy, *that the Finance & Facilities Committee receive Report No. 022-19FFC re: “Contract Award – Medical Supplies” for information.*

Carried

**4.4 Contract Award – Oral Contraceptives (Report No. 0023-19FFC)**

Mr. Belancic briefly provided some background and an update. He advised that at the time of writing this report, 17 health units had responded to the invitation to join the joint bid for contraceptives. Since then, 6 more have opted in, bringing the total number participating to 23. Effective June 1, the two-year contracts will take effect.

It was moved by Ms. Fulton, seconded by Ms. Elliott, *that the Finance & Facilities Committee receive Report No. 023-19FFC re: “Contract Award – Oral Contraceptives Information for Participating Health Units” for information.*

Carried

**4.4 Contract Award – Oral Health Supplies (Report No. 024-19FFC)**

Mr. Belancic advised that seven bids had been received. It is recommended that four contracts be awarded for supplies. The contracts will be for two years, with an option to renew for one additional year. A cost decrease of approximately 20% below the previous year is projected.

It was moved by Ms. Cassidy, seconded by Ms. Elliott, *that the Finance & Facilities Committee receive Report No. 024-19FFC re: “Contract Award – Oral Health Supplies” for information.*

Carried

**OTHER BUSINESS**

Next meeting: July 4, 2019.

**CONFIDENTIAL**

Chair Reid advised that if there was no discussion of the confidential minutes, then there would be no need to go *in camera*.

It was moved by Ms. Fulton, seconded by Ms. Cassidy, *that the Finance & Facilities Committee move in-camera to consider confidential minutes of the May 2, 2019 Finance & Facilities Committee meeting.*

Carried

**ADJOURNMENT**

At 9:46 a.m., it was moved by Ms. Cassidy, seconded by Ms. Fulton, *that the meeting be adjourned.*

Carried

At 9:46 a.m., Chair Reid *adjourned the meeting.*

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**MATTHEW REID**  
Committee Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 4

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## MULTIFUNCTION PRINTERS– CONTRACT AWARD

### ***Recommendation***

*It is recommended that the Finance & Facilities Committee:*

- 1) Receive Report No. 025-19FFC for information; and*
- 2) Recommend that the Board of Health approve entering into a contractual agreement with Xerox Canada for the provision of office and production multi-function devices.*

### **Key Points**

- MLHU staff examined options for the provision of competitively priced office and production multi-function devices (MFDs) with the intention to increase productivity and decrease costs.
- MLHU directly contacted three suppliers to obtain new fleet solutions and pricing options.
- Ontario Education Collaborative Marketplace (OECM) was contacted to provide access to the master agreements they finalized in May 2018, and three additional bids were solicited directly from their list of service providers.
- The contract term is five years in duration, commencing July 1, 2019, and the contract value is estimated at \$153,000, which represents a 62% (\$56,000 annual) decrease in costs from the previous contract.

### **Background**

An “MFD,” or “multi-function device,” is an office or production digital device that incorporates the functionality of multiple devices into one in order to provide centralized document management. A typical MFD, for example, may combine the functionalities of a photocopier, printer, scanner, and fax machine.

The previous contract was awarded in 2014 for a five-year term to Compugen Inc., which included eighteen devices at MLHU’s three locations, as follows:

- 1) Strathroy – 1 device
- 2) 201 Queens Avenue – 1 device
- 3) 50 King Street – 16 devices

A usage report was obtained from the current service provider and analyzed to determine both current and future needs. The monthly usage report in [Appendix A](#) identified several devices that were underutilized based on volume. The projected savings identified in the 2018 approved Program Budgeting Marginal Analysis proposal was \$23,221.44.

## 2019 Request for Quote

In May 2019, MLHU contacted Xerox Canada, which is the present MFD service provider. Two additional vendors, Canon and OE Canada, were contacted directly to obtain competitive pricing and recommendations for an optimal fleet solution. Three submissions were received from these suppliers. OECM also provided pricing from three more vendors: Sharp, Ricoh, and 4Office.

OECM is a not-for-profit collaborative sourcing and supplier partnership management organization whose goal is to generate savings and process efficiencies to public sector and not-for-profit organizations by offering collaboratively sourced and competitively priced products and services through marketplace supplier partner agreements. OECM follows the Broader Public Sector Procurement Directive issued by the Ontario Management Board of Cabinet and effective April 1, 2011. The directive sets out rules for designated BPS entities on purchasing goods and services using public funds.

## Evaluation

Vendor proposals were reviewed by Procurement staff to verify fleet capacities, vendor service levels, and application support. These proposals were also analyzed to calculate product costs and relocation costs, and to determine cost savings and value-added services. A total of six submissions were received and recommendations made based on the combination of cost factor and best business solution. The selected solution needed to ensure a smooth transition to the new agreement with minimal impact on daily operations, considering both the reduction in the number of units and the organization's relocation. Additional considerations included costs associated with the removal and return of Compugen equipment to their Asset Management Warehouse in Toronto (estimated at \$4,500); supply and maintenance inclusion; lease payment incentives; and guaranteed quality of onsite service response time.

Pricing varied for a five-year term as a result of the type of equipment provided, software license costs, and costs per copy. The range of pricing is from \$343,898.89 (high) to \$135,658.00 (low). The lowest cost options were not selected as they also provided the slowest copying rates on the equipment selected. The recommended vendor is offering the best overall solution based on all of the additional considerations listed above.

## Conclusion

As a result of the quote process, it is recommended that the contract be awarded to Xerox Canada for the supply of office and production multi-function devices for a period of five years.

The new contract represents a cost decrease of 62%, or \$56,000.00 per year, from the previous five-year term. This result was achieved following multiple discussions with the three vendors (Xerox, Canon, and OE Canada) and OECM (representing Ricoh, 4Office, and Sharp). OECM will oversee the new customer service agreement and ensure the supplier provides appropriate agreement management and support.

This report was prepared by the Procurement and Operations Team, Healthy Organization Division.



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

Name	Floor	Location (Department & Floor)	B&W Volume	Colour Volume
MLHU-P001	0	Basement across from lunchroom	20,057	0
DENT-P002	1	1st floor dental clinic	1,018	6
REC-P002	1	1st floor Reception	1,729	0
CDSH-P003	1	1st floor Immunization clinic	4,692	0
CDSH-P005	1	1st floor storage room near south central stairwell	8,786	0
CDSH-P006	1	1st floor east side copy room	8,819	0
FP-P001	1	1st floor sexual health clinic	12,329	0
PSL-P001	2	2nd floor next to NE stairwell	4,683	0
FHS-P001	2	2nd floor just outside child health team - between HBHC and FHV teams	7,081	0
FHS-P003	2	2nd floor mailroom	2,115	7,038
DENT-P001	2	2nd floor dental sterilization room	10,239	0
FHS-P002	2	2nd floor mailroom	14,807	0
LIB-P001	3	3rd floor Library	1,189	0
IT-P001	3	3rd floor between Finance and Information Technology	3,330	0
MOH-P001	3	3rd floor- Medical Officer of Health	5,951	0
FHR-P001	3	3rd floor Human Resources	6,287	0
STR-P001		Strathroy	3,750	0
EHCD-P002		201 Queens	19,259	3006



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 July 4

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## PROPOSED 2020/21 BUDGET PROCESS, CRITERIA & WEIGHTING

### **Recommendation**

*It is recommended that the Finance & Facilities Committee receive and make recommendation to the Board of Health to:*

- 1. Approve the PBMA criteria and weighting that is proposed in [Appendix A](#) to Report No. 026-19FFC;*
- 2. Approve requesting the full amount of the provincial cost-sharing reductions, but not cost-of-living pressures, from the municipal funders; and*
- 3. Approve the development of a two-part budget representing the first quarter of 2020 and, separately, the 12 months from April 2020 to March 2021.*

### **Key Points**

- MLHU is preparing for its seventh year of the PBMA criteria-based budgeting process.
- No changes are currently proposed to the criteria and weightings for 2020. However, a discussion on the criteria would be welcome given the changing landscape of public health.
- Due to cost-of-living increases and other budgetary pressures, the MLHU 2020/21 budget will require disinvestments of approximately \$570,000 in order balance.
- The provincial cost sharing reductions will be requested from the municipalities and through the PBMA process MLHU will find disinvestments representing the 2020/21 budget inflationary pressures.
- The provincial budget announcement indicated that in the future, public health entities will follow an April-March fiscal budget year. As such, staff are recommending the development of a two-part budget, representing the first quarter of 2020, and a full twelve months of the 2020-21 April-March budget.

### **Background**

Program Budgeting Marginal Analysis (PBMA) is a criteria-based budgeting process that facilitates reallocation of resources based on maximizing service. This is done through the transparent application of pre-defined criteria and decision-making processes to prioritize where proposed funding investments and disinvestments are made.

The forecasting process is focused on the impact of provincial budget cost-sharing reductions and the incremental costs related to salaries and benefits as well as other inflationary costs.

### **2020 Budget Guidelines**

The 2020 PBMA process consist of:

- a) Validation of the assessment criteria and weighting for disinvestments by the Senior Leadership Team;
- b) Approval of criteria and weighting by the Finance and Facilities Committee;



- c) Proposal development that identifies disinvestments that will have the least negative impact and investments with the highest positive impact;
- d) Review of proposals by internal advisory committees;
- e) Proposal review and recommendations by the Senior Leadership Team;
- f) Review by the Finance and Facilities Committee and approval by the Board of Health.

### **Baseline Assumptions**

Due to significant pressures, proposed disinvestments will be considered but it is unlikely that there will be surplus funds available to be invested in new program opportunities. Inflationary pressures represent a budget shortfall of approximately \$570,000 that must be found through the PBMA process for 2020. In light of this and the potential provincial funding changes, staff considered a number of options in building the 2020/21 budget which included the following:

- 1) Request the entire amount of the provincial cost sharing reductions and inflationary shortfall from the municipalities;
- 2) Disinvest in MLHU programs and services that represent the full amount of the cost-sharing reductions as well as the full amount of the inflationary pressures; or
- 3) Request the provincial cost sharing reductions from the municipalities and through the PBMA process find MLHU disinvestments representing the remaining inflationary pressures.

Staff are recommending that MLHU request any provincial cost sharing reductions from the municipalities and through the PBMA process find MLHU disinvestments representing the inflationary pressures.

### **Budget Horizon: 2020/21**

Given the provincial budget announcement which indicates that Health Units will be transitioning to an April-March fiscal year, it is proposed that staff develop a two-part budget consisting of the first three months of 2020, and separately the 12 months from April 2020 until March 2021.

### **Next Steps**

The criteria and weights approved by the Finance and Facilities Committee will be applied to each proposal for disinvestment and investment. The recommended proposals will be brought to the Finance & Facilities Committee and the Board of Health for approval as part of the 2020/21 budget process. Staff will work towards the development of the 2020/21 budget based on the direction of the Board with respect to budget horizon and flow through of funding reduction from the provincial government.

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



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

**2020 PBMA Criteria**

Criteria	2019 Weight	Change	2018 Weight
Legislative Requirement	14	-	14
Other Requirement – Alignment	6	-	6
Health Need – Burden of Illness	7	-	7
Health Need – SDOH	8	-	8
Impact – Burden of Illness	14	-	14
Impact – SDOH	14	-	14
Impact – Customer Service	11	-	11
Community Capacity	4	-	4
Collaboration / Partnership	7	-	7
Organizational Risks / Benefits – reputation/litigation	7	-	7
Organizational Risks / Benefits – implementation	3	-	3
Organizational Risks / Benefits – culture	5	-	5
<b>Total</b>	<b>100</b>		<b>100</b>

**Legislative Requirement**

Criteria	Weight	Ratings
Assess the impact of the proposed change on the ability of the program to meet the legislative requirements for this program / activity (if any)	14	DISINVESTMENT - Major negative impact on ability to meet the legislative requirements (-3.00) DISINVESTMENT - Moderate negative impact on ability to meet the legislative requirements (-2.00) DISINVESTMENT - Minor negative impact on ability to meet the legislative requirements (-1.00) BOTH - No impact on ability to meet the legislative requirements (0.00) INVESTMENT - Minor positive impact on ability to meet the legislative requirements (1.00) INVESTMENT - Moderate positive impact on ability to meet the legislative requirements (2.00) INVESTMENT - Major positive impact on ability to meet the legislative requirements (3.00)
<ul style="list-style-type: none"> <li>In the rationale section, indicate whether this program / activity is specifically mandated under: (a) the Health Protection and Promotion Act via the OPHS, (b) other legislation, or (c) not mandated under legislation. Provide a hyper-link(s) (website address) where possible.</li> <li>If mandated under the OPHS, indicate which standard/protocol mandates the requirement/activity and quote the specific requirement for this program / activity.</li> <li>Indicate if there is an accountability agreement indicator associated with this program and if so, what the indicator is.</li> <li>If mandated by other legislation, provide a hyper-link to the requirements under the legislation.</li> </ul>		

### Other Requirement

Criteria	Weight	Ratings
Assess the alignment of the proposed change with MLHU's Strategic Plan or other guidance documents	6	DISINVESTMENT - Considerable dis-alignment with MLHU's Strategic Plan or other documents (-3.00) DISINVESTMENT - Some dis-alignment with MLHU's Strategic Plan or other documents (-2.00) DISINVESTMENT - Little dis-alignment with MLHU's Strategic Plan or other documents (-1.00) BOTH - No alignment with MLHU's Strategic Plan or other documents (0.00) INVESTMENT - Little alignment with MLHU's Strategic Plan or other documents (1.00) INVESTMENT - Some alignment with MLHU's Strategic Plan or other documents (2.00) INVESTMENT - Considerable alignment with MLHU's Strategic Plan or other documents (3.00)
<ul style="list-style-type: none"> <li>Consider how this proposed change aligns with the Health Unit's strategic plan and other strategic documents such as the Ontario Public Health Sector Strategic Plan, Chief Medical Officer of Health reports, etc.</li> </ul>		

### Health Need

Criteria	Weight	Ratings
Assess the need for this program / activity in terms of the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	7	DISINVESTMENT - Major health need (high prevalence & high severity) (-3.00) DISINVESTMENT - Moderate health need (either high prevalence or high severity) (-2.00) DISINVESTMENT - Minor health need (low prevalence & low severity) (-1.00) BOTH - No health need (0.00) INVESTMENT - Minor health need (low prevalence & low severity) (1.00) INVESTMENT - Moderate health need (either high prevalence or high severity) (2.00) INVESTMENT - Major health need (high prevalence & high severity) (3.00)
<ul style="list-style-type: none"> <li>Using local statistics if possible, consider one or more of the following related to the burden of illness or risk factor being addressed by the program / activity: (a) potential years of life lost, (b) mortality rate, (c) hospitalization rate, (d) rate of illness or rate of risk factor in our community compared to other communities or the province as a whole</li> </ul>		

### Health Need

Criteria	Weight	Ratings
Assess the need for this program/activity in terms of the social determinant of health (SDOH) it is intended to address and/or health inequities	8	DISINVESTMENT - Major SDOH or health inequity addressed by this program/activity (-3.00) DISINVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (-2.00) DISINVESTMENT - Minor SDOH or health inequity addressed by this program/activity (-1.00) BOTH - No SDOH or health inequity addressed by this program/activity (0.00) INVESTMENT - Minor SDOH or health inequity addressed by this program/activity (1.00) INVESTMENT - Moderate SDOH or health inequity addressed by this program/activity (2.00) INVESTMENT - Major SDOH or health inequity addressed by this program/activity (3.00)
<ul style="list-style-type: none"> <li>Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health (SDOH) and/or health inequities</li> </ul>		

**Impact**

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program/activity on the burden of illness it is intended to prevent and/or the risk factor it is intended to reduce	14	DISINVESTMENT - Major increase in illness/risk factors (-3.00) DISINVESTMENT - Moderate increase in illness/risk factors (-2.00) DISINVESTMENT - Minor increase in illness/risk factors (-1.00) BOTH - No reduction/prevention of illness/risk factors (0.00) INVESTMENT - Minor reduction/prevention of illness/risk factors (1.00) INVESTMENT - Moderate reduction/prevention of illness/risk factors (2.00) INVESTMENT - Major reduction/prevention of illness/risk factors (3.00)
<ul style="list-style-type: none"> <li>Consider how the proposed change is expected to impact on the health needs (outlined above) or other indicators, such as quality adjusted life years, when compared to current service. If these are unavailable, impact on shorter term outcomes of the program / activity can be considered (e.g., impact on knowledge, skills, attitudes etc.)</li> <li>Sources of the information above can be published literature, evaluation reports, health status reports, surveillance data etc.</li> </ul>		

**Impact**

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on the SDOH and/or health inequities	14	DISINVESTMENT - Major increase in health inequities / negative effect on a SDOH (-3.00) DISINVESTMENT - Moderate increase in health inequities / negative effect on a SDOH (-2.00) DISINVESTMENT - Minor increase in health inequities / negative effect on a SDOH (-1.00) BOTH - No impact on health inequities / effect on a SDOH (0.00) INVESTMENT - Minor reduction of health inequities / positive effect on a SDOH (1.00) INVESTMENT - Moderate reduction of health inequities / positive effect on a SDOH (2.00) INVESTMENT - Major reduction of health inequities / positive effect on a SDOH (3.00)
<ul style="list-style-type: none"> <li>Using local statistics if possible, consider how the issue being address by this program / activity affects the social determinants of health and/or health inequities</li> </ul>		

**Impact**

Criteria	Weight	Ratings
Assess the expected impact of the proposed change to the program / activity on client experience	11	DISINVESTMENT - Major decline in client experience (-3.00) DISINVESTMENT - Moderate decline in client experience (-2.00) DISINVESTMENT - Minor decline in client experience (-1.00) BOTH - No impact on on client experience (0.00) INVESTMENT - Minor improvement to client experience (1.00) INVESTMENT - Moderate improvement to client experience (2.00) INVESTMENT - Major improvement to client experience (3.00)
<ul style="list-style-type: none"> <li>Consider how the change will impact the client experience which includes: (a) the extent to which the service respects client and family needs and values, (b) client safety, (c) cultural appropriateness, and (d) how the client will perceive the experience with regard to communication, staff professionalism, and being client focused.</li> </ul>		

**Community Capacity**

Criteria	Weight	Ratings
Is there duplication of a program / activity in the community? Assess if others in the community are doing some or all of this program / activity or if it is unique to the Health Unit.	4	DISINVESTMENT - No capacity in the community (-3.00) DISINVESTMENT - Limited capacity in the community (-2.00) DISINVESTMENT - Some capacity in the community (-1.00) BOTH - Considerable capacity in the community (0.00) INVESTMENT - Some capacity in the community (1.00) INVESTMENT - Limited capacity in the community (2.00) INVESTMENT - No capacity in the community (3.00)
<ul style="list-style-type: none"> <li>Is there duplication of a program / activity in the community?</li> <li>Consider if there are others in the community who are doing all or part of this program / activity. Specifically, are others likely to fill in the gap in cases of disinvestment.</li> <li>If proposing possible discontinuation of the program / activity, if appropriate, use the rationale section to indicate those in the community who could take on this role.</li> </ul>		

**Collaboration / Partnership**

Criteria	Weight	Ratings
How does the proposed change affect collaboration/partnerships that contribute to meeting the Health Unit's goals outside of impact?	7	DISINVESTMENT - Major negative impact on collaboration/partnerships (-3.00) DISINVESTMENT - Moderate negative impact on collaboration/partnerships (-2.00) DISINVESTMENT - Minor negative impact on collaboration/partnerships (-1.00) BOTH - No impact on collaboration/partnerships (0.00) INVESTMENT - Minor improvement to collaboration/partnerships (1.00) INVESTMENT - Moderate improvement to collaboration/partnerships (2.00) INVESTMENT - Major improvement to collaboration/partnerships (3.00)
<ul style="list-style-type: none"> <li>Consider the community partners involved in this program / activity and how being involved in this collaboration / partnership supports the Health Unit in achieving its goal and building goodwill in the community, as well as how the proposed change will affect this collaboration/partnership.</li> </ul>		

**Organizational Risks / Benefits**

Criteria	Weight	Ratings
Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider organizational reputation and risk of litigation that exists separately from our legislative mandates.	7	DISINVESTMENT - Major risk to reputation / of litigation (-3.00) DISINVESTMENT - Moderate risk to reputation / of litigation (-2.00) DISINVESTMENT - Minor risk to reputation / of litigation (-1.00) BOTH - No risk/benefit to reputation / of litigation (0.00) INVESTMENT - Minor benefit to reputation / decreased risk of litigation (1.00) INVESTMENT - Moderate benefit to reputation / decreased risk of litigation (2.00) INVESTMENT - Major benefit to reputation / decreased risk of litigation (3.00)

## Appendix A to Report No. 026-19FFC

- Consider how this change will impact the reputation of the Health Unit and/or if this change puts the Health Unit at risk for litigation.

### Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider implementation challenges (incl. ease of sustainment and impact on other frontline/support services)	3	DISINVESTMENT - Major implementation challenges (-3.00) DISINVESTMENT - Moderate implementation challenges (-2.00) DISINVESTMENT - Minimal implementation challenges (-1.00) DISINVESTMENT - No implementation challenges / INVESTMENT - Major implementation challenges (0.00) INVESTMENT - Minimal implementation challenges (1.00) INVESTMENT - Moderate implementation challenges (2.00) INVESTMENT - No implementation challenges (3.00)
<ul style="list-style-type: none"> <li>• Consider the following as possible implementation challenges in addressing this criteria: (a) how easy or difficult it will be to implement this change in the short-term? (b) how easy or difficult will the change be to sustain over the long-term? (c) how much impact will the change have on front line staff and/or support services?</li> </ul>		

### Organizational Risks / Benefits

Criteria	Weight	Ratings
ORGANIZATIONAL RISKS / BENEFITS: Assess the risks/benefits to the Health Unit of implementing the proposed change. Specifically consider the impact on workplace culture and our values (e.g., morale, the ability to be innovative, internal collaboration)	5	DISINVESTMENT - Major risk to workplace culture (-3.00) DISINVESTMENT - Moderate risk to workplace culture (-2.00) DISINVESTMENT - Minor risk to workplace culture (-1.00) BOTH - No risk/benefit to workplace culture (0.00) INVESTMENT - Minor benefit to workplace culture (1.00) INVESTMENT - Moderate benefit to workplace culture (2.00) INVESTMENT - Major benefit to workplace culture (3.00)
<ul style="list-style-type: none"> <li>• Consider the impact of the change on factors such on our values, workplace morale, personal and professional growth opportunities, teamwork, the Health Unit's ability to be innovative, etc.</li> </ul>		