

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Committee

Microsoft Teams
Thursday, October 21, 2021, 5:30 p.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA – October 21, 2021

3. APPROVAL OF MINUTES

- September 15, 2021
- October 12, 2021 (Special Governance Committee meeting)

4. RECEIPT OF SUB-COMMITTEE MINUTES

- September 9, 2021 (Governance Responsibilities Committee)

5. NEW BUSINESS

- 5.1. 2021-22 Provisional Plan Progress Update (Report No. 21-21GC)
- 5.2. Governance By-Law and Policy Review (Report No. 22-21GC)

6. OTHER BUSINESS

Next meeting date is November 18, 2021 at 6 p.m.

7. ADJOURNMENT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**

Microsoft Teams

Wednesday, September 15, 2021 9:00 a.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Mr. Mike Steele

REGRETS: Ms. Arielle Kayabaga

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health / Associate Medical Officer of Health
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Mary Lou Albanese, Acting Director, Environmental Health and Infectious Diseases

Chair Bob Parker called the meeting to order at **9:06 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet**, seconded by **Ms. Maureen Cassidy** that the **AGENDA** for the September 15, 2021 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy**, seconded by **Mr. Mike Steele**, that the **MINUTES** of the June 17, 2021 Governance Committee meeting be approved.

Carried

RECEIPT OF SUB-COMMITTEE MINUTES

It was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, that the **MINUTES** of the following Governance Responsibilities Committee meetings be received:

- 1) July 13, 2021
- 2) July 20, 2021
- 3) August 5, 2021

Carried

NEW BUSINESS

2021-22 Provisional Strategic Plan Status Update (Report No. 16-21GC)

This report was introduced by Ms. Emily Williams, Director, Healthy Organization / CEO (Interim) who introduced Ms. Kendra Ramer, Manager, Strategic Projects.

Discussion about this report included:

- Progress is being made on all the goals outlined in the Provisional Strategic Plan except for one: the goal to systematically collect and analyze sociodemographic and race-based data. While planning work, including the development of a project charter and implementation plan was done, the implementation was paused in order to allocate resources to the COVID-19 vaccine campaign during Q2 and Q3 of 2021. Implementation is anticipated to resume in Q4.
- Planning resources had been redeployed to the Vaccine Informatics and Planning team to support the COVID-19 vaccine campaign. Discussions will soon be held to repatriate these planning resources to support other planning functions within the Health Unit.
- Overall, collection of sociodemographic and race-based data within the COVID-19 program is going well; however, during the peak of the COVID-19 vaccination campaign, the capacity was not there to track this data consistently. As much as possible, COVID-19 vaccination clinics have captured the data and have significant data which is helpful, just not complete.
- Some secondary data sources exist which may be able to supplement the sociodemographic and race-based data collected. Surveys have been done at the provincial level; however, those surveys were used earlier to help plan the COVID-19 vaccination campaign and more recent data hasn't been seen. Additionally, a request could be made to ICES, a provincial research agency with high security data labs, for additional data; however, there is no guarantee ICES would undertake that research, and if they did, it would take a while and public research report would be issued rather than direct information to the Health Unit.

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, *that the Governance Committee recommend to the Board of Health to receive Report No. 16-21GC re: "2021-22 Provisional Plan Status Update" for information.*

Carried

Governance By-Law and Policy Review (Report No. 17-21GC)

This report was introduced by Ms. Williams and further discussed by Ms. Ramer.

Discussion on this report included:

- There are 12 by-laws/policies, out of a total of 43, which are overdue for review as of August 31, 2021. While the Governance Committee was actively involved in reviewing the policies, this was paused during Q2 due to shifting priorities to focus on the COVID-19 vaccination campaign. A plan is in place to have all remaining 12 by-laws/policies reviewed by the end of 2021.
- Policy G-080 Occupational Health and Safety is included in Appendix B. It is brought forward for review annually and there are no changes to it since last year.
- Policy G-360 Resignation and Removal of Board Members is included in Appendix B and includes the changes recommended by the Governance Committee at its meeting on June 17, 2021.
- All by-laws and policies within the Governance Manual need to be reviewed, despite their reviewed status, for mention of the Medical Officer of Health (MOH)/CEO position as these roles are now separated.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet** *that the Governance Committee refer to staff to review all policies and procedures within the Governance Manual for references to the MOH/CEO position and make recommendations on changes.*

Carried

It was moved by **Mr. Steele, seconded by Ms. Cassidy**, *that the Governance Committee recommend to the Board of Health to:*

- 1) *Receive Report No. 17-21GC re: "Governance By-law and Policy Review" for information; and*
- 2) *Approve the governance policies as appended to this report.*

Carried

Board Development Proposal (Report No. 18-21GC)

This report was introduced by Ms. Williams.

Discussion on this report included:

- Ms. Williams attended the 2021 Association of Local Public Health Agencies (alpha) conference and made note of a presentation by Mr. James LeNoury, legal counsel to alpha, which provided an overview called "Legal Matters: Update for the Boards of Health Section Meeting" which provides an overview of the *Health Protection and Promotion Act (HPPA)* and reviews the responsibilities of boards of health and their members, elements of a governance policy framework, and measuring the effectiveness of a governance strategy.
- The presentation by Mr. LeNoury seemed relevant for a board development opportunity, given the neutral or less affirmative results from the Board of Health's self-assessment, especially Part B: How well has the board conducted itself, specifically around recruitment and orientation.
- Mr. LeNoury has done many presentations for boards of health for orientation and development.
- Following discussions with Mr. LeNoury, two topics were selected for potential presentations for board development: a revised version of the presentation given at alpha and a presentation on the accountabilities and liabilities specifically to board members in relation to HPPA.
- It is proposed that the revised presentation given at alpha be offered in October, 2021 and the second presentation be offered in Q1 of 2022 as it is presumed that there will be new members of the Board of Health.

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, *that the Governance Committee recommend to the Board of Health:*

- 1) *Receive Report No. 18-21GC re: "Board Development Proposal" for information; and*
- 2) *Approve the professional development sessions offered by Mr. James LeNoury, LLB, as a Board development opportunity.*

Carried

OTHER BUSINESS

Next meeting is Thursday, October 21, 2021 at 6 p.m.

CONFIDENTIAL

At **9:29 a.m.**, it was moved by **Ms. Cassidy, seconded by Mr. Steele**, *that the Governance Committee will move in-camera to consider matters regarding labour relations or employee negotiations and personal matters about identifiable individuals, including municipal or local board employees.*

Carried

At **10:07 a.m.**, it was moved by **Ms. DeViet, seconded by Ms. Cassidy**, *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **10:07 a.m.**, it was moved by **Ms. Cassidy**, seconded by **Mr. Steele**, *that the meeting be adjourned.*

Carried

ROBERT PARKER

Chair

CHRISTOPHER MACKIE

Secretary-Treasurer

DRAFT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**

Microsoft Teams

Tuesday, October 12, 2021 9:00 a.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Mr. Mike Steele

OTHERS PRESENT: Ms. Carolynne Gabriel, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Cynthia Bos, Manager, Human Resources
Mr. Matt Reid, Member, Middlesex-London Board of Health

Chair Bob Parker called the meeting to order at **9:01 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Mike Steele, seconded by Ms. Maureen Cassidy** that the **AGENDA** for the October 12, 2021 Special Governance Committee meeting be approved.

Carried

NEW BUSINESS

2021 Medical Officer of Health and Chief Executive Officer Performance Appraisals (Report No. 20-21GC)

This report was introduced by Chair Parker.

It was moved by **Ms. Aina DeViet, seconded by Ms. Cassidy**, that the Governance Committee:

- 1) *Receive Report No. 20-21GC;*
- 2) *Revise Policy G-050 "Medical Officer of Health and Chief Executive Officer Performance Appraisal" and its associated appendices and procedure to reflect the separation of the MOH and CEO roles; and*
- 3) *Form a sub-committee to initiate the performance appraisal process for both the Medical Officer of Health and Chief Executive Officer.*

Carried

Discussion occurred to determine the membership of the sub-committee to initiate the performance appraisal process for both the Medical Officer of Health (MOH) and Chief Executive Officer (CEO). Chair Parker proposed that the sub-committee consist of all members of the Governance Committee as well as the chairs of the Board of Health, the Governance Committee, and the Finance and Facilities Committee.

It was moved by **Mr. Steele, seconded by Ms. Cassidy** that the sub-committee to initiate the performance appraisal process for both the Medical Officer of Health and Chief Executive Officer consist of:

- *Maureen Cassidy, Chair, Board of Health*
- *Robert (Bob) Parker, Chair, Governance Committee*
- *Matt Reid, Chair, Finance and Facilities Committee*
- *Michael (Mike) Steele, Member, Governance Committee*
- *Aina DeViet, Member, Governance Committee*

Carried

Chair Parker opened the floor and requested volunteers to be chair of the sub-committee. Mr. Matt Reid was the sole volunteer.

It was moved by **Mr. Steele, seconded by Ms. DeViet** that Mr. Reid be appointed as the chair of the sub-committee to initiate the performance appraisal process for both the Medical Officer of Health and Chief Executive Officer.

Carried

Chair Parker requested that Ms. Cynthia Bos, Manager, Human Resources provide a verbal update with regards to the communications with the consultant who conducted the 360 review as part of the 2019 performance appraisal of the MOH/CEO. Ms. Bos's update included:

- The consultant who conducted the 2019 performance appraisal and has been contacted to conduct the 2021 performance appraisals of the MOH and CEO is Mr. Marc Lacoursiere of The Achievement Centre.
- Since the same consultant conducted the 2019 performance appraisal of the MOH/CEO, a comparison could be conducted between performance appraisals.
- Mr. Lacoursiere has proposed meeting with the sub-committee for one hour next week to discuss the process and the 360 review survey tool.
- Next steps are for the sub-committee to meet with Mr. Lacoursiere and to reach out to the MOH and CEO to request their list of external stakeholders for the 360 review.
- Mr. Lacoursiere believes completing the process is reasonable by the end of the year; hopefully feasible by November 18, 2021.

ADJOURNMENT

At **9:10 a.m.**, it was moved by **Mr. Steele, seconded by Ms. DeViet** that the meeting be adjourned.

Carried

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Governance Responsibilities Committee

Thursday, September 9, 2021, 9:00 a.m.
Microsoft Teams

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Maureen Cassidy
Ms. Aina DeViet

OTHERS PRESENT: Ms.Carolynne Gabriel, Executive Assistant to the Board of Health
(Recorder, exited at 9:12 a.m.)

Chair Bob Parker called the meeting to order at **9:09 a.m.**

DISCLOSURE OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet, seconded by Ms. Maureen Cassidy**, that the **AGENDA** for the September 9, 2021 Governance Responsibilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Cassidy, seconded by Ms. DeViet**, that the **MINUTES** for the August 5, 2021 Governance Responsibilities Committee meeting be approved.

Carried

NEW BUSINESS

Governance Responsibilities Committee Terms of Reference (Verbal Discussion)

It was moved by **Ms. DeViet, seconded by Ms. Cassidy** that the Governance Responsibilities Committee make a recommendation to the Governance Committee to make a recommendation to the Board of Health to adopt the Governance Responsibilities Sub-Committee Terms of Reference.

Carried

CONFIDENTIAL

At **9:12 a.m.**, it was moved by **Ms. Cassidy seconded by Ms. DeViet** that the Governance Responsibilities Committee will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees.

Carried

Ms. Carolynne Gabriel left the meeting at **9:12 a.m.**, and Chair Parker recorded the remaining information for the purposes of these minutes.

At **11:01 a.m.**, it was moved by **Ms. DeViet**, seconded by **Ms. Cassidy**, *that the Governance Responsibilities Committee rise and return to public session.*

Carried

ADJOURNMENT

At **11:01 a.m.**, it was moved by **Ms. DeViet**, seconded by **Ms. Cassidy**, *that the September 9 Governance Responsibilities Committee meeting be adjourned.*

Carried

ROBERT PARKER
Committee Chair

MAUREEN CASSIDY
Board of Health Chair

DRAFT



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 21-21GC

TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 October 21

2021-22 PROVISIONAL PLAN PROGRESS UPDATE

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to:

- 1) Receive Report No. 21-21GC re: “2021-22 Provisional Plan Progress Update” for information; and*
- 2) Approve extending the phases of the Provisional Plan by six months.*

Key Points

- The 2021-22 Provisional Strategic Plan (Provisional Plan) and Situational Analysis are included as [Appendix A](#) and [Appendix B](#).
- A rapid situational analysis ([Appendix B](#)) was conducted to inform decisions about pausing or significantly slowing some work, while moving other work forward based on organizational capacity in response to ongoing redeployments.
- It is recommended that the Board of Health extend the timelines for phase two and three of the Provisional Plan by six months.

Background

The Health Unit continues to ensure that the priorities and objectives identified in the Provisional Plan are prioritized and balanced with the ongoing demands of the COVID-19 response. The 2021-22 Provisional Plan is attached as [Appendix A](#). Goals identified in the first phase of the Provisional Plan were to be executed before the end of October 2021 and initiation of the goals identified in the second phase are to commence during Q4 2021. The goals identified in the third phase are dependent upon the first two phases and are to be executed by the end of 2022.

Provisional Plan Progress Update

Due to the ongoing demands in response to the fourth wave of the pandemic, the requirements for continued redeployments have made it challenging for resources to be appropriately allocated to the goals that are to be initiated in phase two. This prompted a rapid situational analysis ([Appendix B](#)) to help inform decisions

about pausing or moving work forward based on organizational capacity. The impact of these decisions would be to elongate the phases for those goals that are paused or significantly slowed and allow for the work to be reinitiated when the Health Unit has the required resource capacity. It is estimated that delaying the initiation of work related to the goals in phase two will result in elongating the phases of the Provisional Plan by approximately six (6) months.

Next Steps

It is proposed that the Situational Analysis ([Appendix B](#)) be used to inform setting the timelines and that the Governance Committee recommend to the Board of Health to extend phase two and three of the Provisional Plan by six months.

This report was prepared by the Manager, Strategy, Risk and Privacy.



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



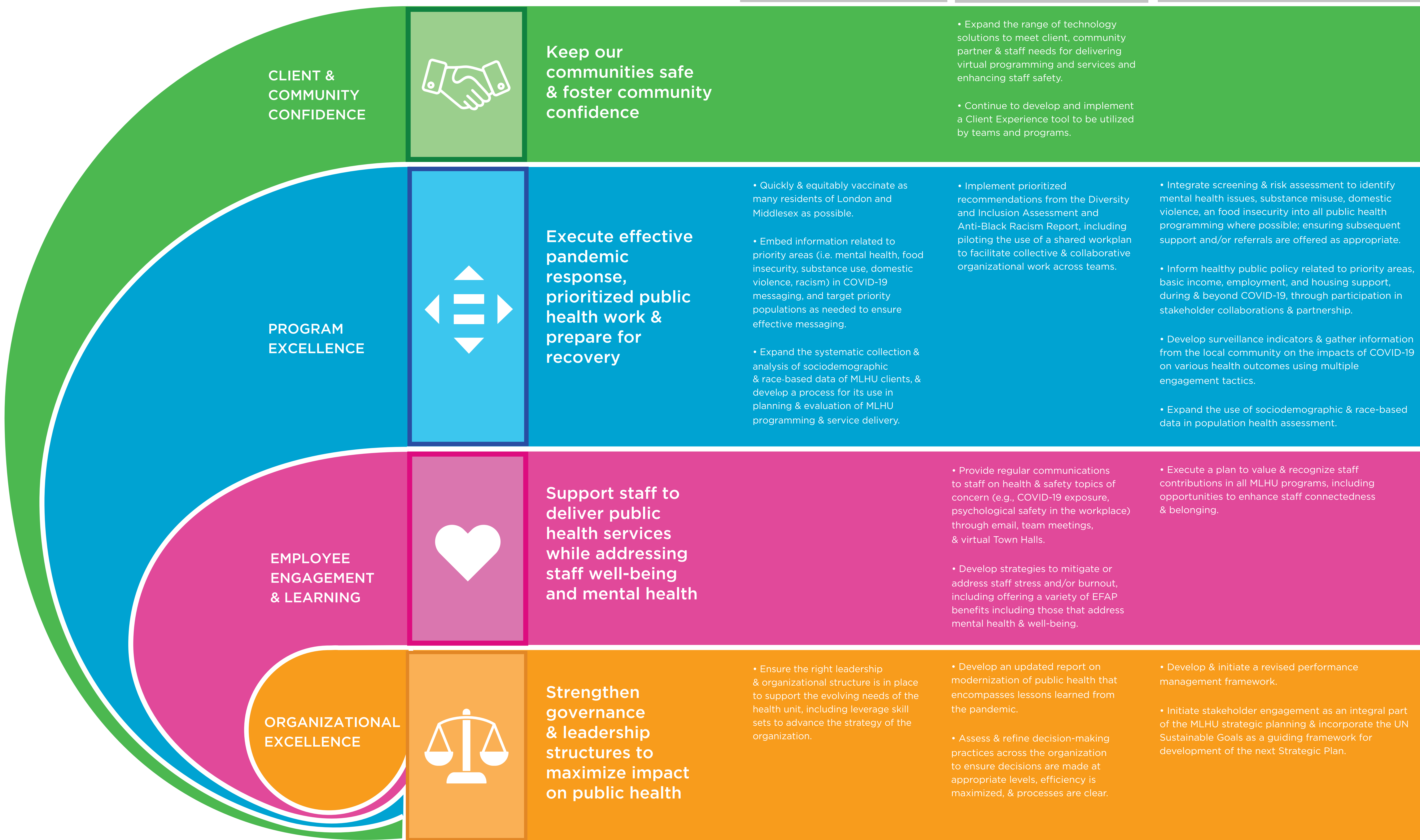
Emily Williams, BScN, RN, MBA
CEO (Interim)

MLHU 2021-22 Provisional Plan

3-6 MONTHS DO

6-12 MONTHS DESIGN

12-18 MONTHS DEFINE



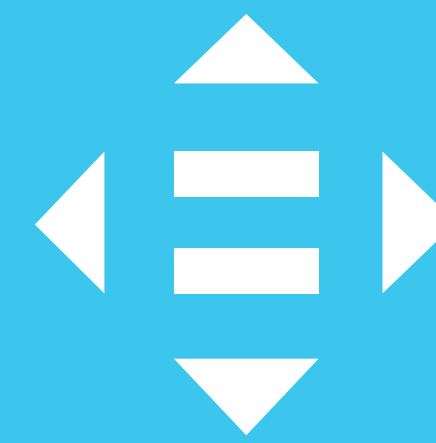
CLIENT & COMMUNITY CONFIDENCE



Keep our communities safe & foster community confidence

- Expand the range of technology solutions to meet client, community partner & staff needs for delivering virtual programming and services and enhancing staff safety.
- Continue to develop and implement a Client Experience tool to be utilized by teams and programs.

PROGRAM EXCELLENCE



Execute effective pandemic response, prioritized public health work & prepare for recovery

- Quickly & equitably vaccinate as many residents of London and Middlesex as possible.
- Embed information related to priority areas (i.e. mental health, food insecurity, substance use, domestic violence, racism) in COVID-19 messaging, and target priority populations as needed to ensure effective messaging.
- Expand the systematic collection & analysis of sociodemographic & race-based data of MLHU clients, & develop a process for its use in planning & evaluation of MLHU programming & service delivery.
- Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black Racism Report, including piloting the use of a shared workplan to facilitate collective & collaborative organizational work across teams.
- Integrate screening & risk assessment to identify mental health issues, substance misuse, domestic violence, an food insecurity into all public health programming where possible; ensuring subsequent support and/or referrals are offered as appropriate.
- Inform healthy public policy related to priority areas, basic income, employment, and housing support, during & beyond COVID-19, through participation in stakeholder collaborations & partnership.
- Develop surveillance indicators & gather information from the local community on the impacts of COVID-19 on various health outcomes using multiple engagement tactics.
- Expand the use of sociodemographic & race-based data in population health assessment.

EMPLOYEE ENGAGEMENT & LEARNING



Support staff to deliver public health services while addressing staff well-being and mental health





- Provide regular communications to staff on health & safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace) through email, team meetings, & virtual Town Halls.
- Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health & well-being.
- Execute a plan to value & recognize staff contributions in all MLHU programs, including opportunities to enhance staff connectedness & belonging.




ORGANIZATIONAL EXCELLENCE








Strengthen governance & leadership structures to maximize impact on public health





- Ensure the right leadership & organizational structure is in place to support the evolving needs of the health unit, including leverage skill sets to advance the strategy of the organization.
- Develop an updated report on modernization of public health that encompasses lessons learned from the pandemic.
- Assess & refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, & processes are clear.
- Develop & initiate a revised performance management framework.
- Initiate stakeholder engagement as an integral part of the MLHU strategic planning & incorporate the UN Sustainable Goals as a guiding framework for development of the next Strategic Plan.

Status Legend	Complete 	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention 
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Phase	Goal	Strengths	Weaknesses	Opportunities	Threats	Status
1	Quickly and equitably vaccinate as many residents of London & Middlesex as possible. (MOH/IMS Deputy Chief)	VIP is an effective team that has assisted in the coordination of vaccine delivery.	VIP team members are working on evaluation plan until mid-November and will have to compete with budget planning activities happening simultaneously.	Demonstrated the advantages of having an informatics team in place at the Health Unit.	May need to ramp up again when 5-11 year old age group and additional groups for 3 rd doses are eligible for vaccination.	
	Embed information related to priority areas in COVID-19 messaging and target priority populations as needed to ensure effective messaging. (MOH/OCNO/HL)	Information is embedded in messaging to COVID-19 cases and contacts through offering of resources to target priority populations. Some information has been included in media briefings for the general public.	Content development for media briefings has been challenging due to continued deployment of program staff/leaders and competing priorities.	Opportunity to enhance knowledge of risk factor screening for CCM teams. Opportunity for knowledge transfer about other key topics as they pertain to health promotion.	Lack of a formalized process or oversight for content development is leading to challenges in providing content each week. Dedicated support has been recommended, however, there is very limited capacity across teams at this time.	
	Expand the systematic collection and analysis of sociodemographic and race-based data of MLHU clients and develop a process for its use in planning and evaluation of MLHU programming and service delivery. (OCNO/HO)	Continuing to advance the technology road map across the organization and using data to make informed decisions.	Timing of the project may be dictated by aligning the initiation of data collection with a new reporting period (e.g. Jan 1 st).	Will help to inform zero-based budgeting processes beginning in 2022.	Requires a dedicated project manager from both PPE team as well as Health Equity.	

Status Legend	Complete 	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention 
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	Ensure the right leadership and organizational structure is in place to support the evolving needs of the Health Unit, including leveraging skill sets to advance the strategy of the organization. (BOH/HO)	Builds organizational trust and confidence.	Other provisional plan goals are dependent upon this work.	Added value when developing a long-term strategy for MLHU.	Potential turnover of members of the BOH impacts level of engagement.	
2	Expand the range of technology solutions to meet client, community partner and staff needs for delivering virtual programming and services and enhancing staff safety. (HO/HS/HL)	Improves client satisfaction.	Developing new processes/workflows for staff that continue to be redeployed requires resources to be repatriated when capacity remains stretched.	Continue to build upon the lessons learned from pandemic response. Shifts in model of service delivery to incorporate virtual/ITS services may produce efficiencies.	IT team capacity is very stretched.	
	Continue to develop and implement a client experience tool to be utilized by teams and programs. (OCNO)	Aids in budget planning activities.	Resource intensive.	Leverage work that was initiated in 2018 – 2020.	Requires dedicated PE support that is not currently available.	
	Implement prioritized recommendations from the Diversity and Inclusion Assessment and Anti-Black racism report, including piloting the use of a shared workplan to facilitate collective and collaborative organizational work across teams. (OCNO/HO)	Meets organizational commitments set forth by our BOH.	Requires new dedicated resources to commit to the project that cannot be assigned to an existing role.	Improves organizational culture. Provides an opportunity to pilot a shared workplan across teams.	There are a number of recommendations that will require a longer period of time to implement.	

Status Legend	Complete 	Proceeding as planned 	Problems surfaced; considered manageable 	Major obstacles; requires intervention 
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<p>Provide regular communications to staff on health and safety topics of concern through email, team meetings and virtual town halls. (HO)</p>	<p>Meets our legislative obligation to support the health and safety of staff.</p>	<p>Be Well committee membership has decreased during the pandemic and requires more people to take responsibility for certain tasks.</p>	<p>Demonstrated commitment to health, safety and wellness from the top-down.</p>	<p>Too much burden placed on a small number of individuals on the Be Well committee may lead to frustration and burn out.</p>	
<p>Develop strategies to mitigate or address staff stress and/or burnout, including offering a variety of EFAP benefits including those that address mental health and well-being. (HO)</p>	<p>Currently focusing on leadership strategies: MLT debriefing re: “Joy at Work” model and working on an on-call process to alleviate the risks associated with stress and burnout. For all staff, MH-specific benefits were enhanced during contract negotiations and have been extended to all staff at the health unit.</p>	<p>Uncertainties related to COVID-19 work impact staff and leader ability to implement strategies. There are costs associated with on-call process that may impact implementation.</p>	<p>Action the tangible changes identified through work with Your Latitude (Laura Cole) to improve retention.</p>	<p>Management not being able to take the time to cascade strategies down to their teams that will address burnout.</p>	
<p>Develop an updated report on modernization of public health that encompasses lessons learned from the pandemic. (AMOH/EHID)</p>	<p>Informs the long-term strategy of the organization.</p>	<p>The pandemic response is not considered “over” to capture all lessons learned.</p>	<p>Track lessons in real-time as opposed to retroactively.</p>	<p>Requires time to commit to completing a fulsome report.</p>	
<p>Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized and processes are clear. (MOH/CEO)</p>	<p>Efficiencies gained and budget planning is made more effective.</p>	<p>Dependent upon the right leadership and organizational structure being in place, which has been challenging in the midst of the pandemic.</p>	<p>Having the right skills for the right role.</p>	<p>Requires significant change management.</p>	



TO: Chair and Members of the Governance Committee

FROM: Christopher Mackie, Medical Officer of Health
Emily Williams, CEO (Interim)

DATE: 2021 October 21

GOVERNANCE BY-LAW AND POLICY REVIEW

Recommendation

It is recommended that the Governance Committee recommend to the Board of Health to:

- 1) *Receive Report No. 22-21GC re: “Governance By-law and Policy Review” for information; and*
- 2) *Approve the governance policies appended to this report ([Appendix B](#)).*

Key Points

- It is the responsibility of the Governance Committee to make recommendations to the Board of Health regarding the review and development of governance by-laws and policies.
- [Appendix A](#) details recommended changes to the by-laws and policies that have been reviewed and outlines the status of all documents contained within the Governance Manual.
- There are 14 policies that have been prepared for review by the Governance Committee ([Appendix B](#)).
- There are seven (7) by-laws/policies that remain overdue and are scheduled to be reviewed by the Governance Committee during the month of October.
- An additional four (4) by-laws/policies are coming due for review and are scheduled to be reviewed before the end of the calendar year.

Background

In 2016, the Board of Health (BOH) approved a plan for the review and development of by-laws and policies based on a model that incorporates best practices from the Ontario Public Health Standards and advice obtained through legal counsel. Refer to [Report No. 018-16GC](#). The Governance Committee had been actively reviewing the overdue policies during the first half of 2021; however, this activity was paused during Q2 to focus on the COVID-19 vaccination campaign.

Policy Review

There are 14 by-laws/policies included as [Appendix B](#) that have been prepared for review by the Governance Committee:

- G-030 MOH and CEO Position Descriptions
- G-050 MOH/CEO Performance Appraisal
- G-120 Risk Management
- 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-410 Board Member Remuneration and Expenses

- G-470 Annual Report
- G-480 Media Relations
- G-490 Board of Health Reports
- G-B10 By-law No. 1 Management of Property
- G-B20 By-law No. 2 Banking and Finance
- G-B40 By-law No. 4 Duties of the Auditor

[Appendix A](#) to this report details the recommended changes for the above by-laws/policies as well as the status of all documents contained within the Governance Manual. There are a number of policies that have been identified that require updating to reflect the separation of the MOH and CEO roles. Refer to [Appendix C](#) for a list of policies contained within the Governance Manual to be updated.

There is a total of 43 by-laws/policies and seven (7) of these are overdue for review as of October 1, 2021. The overdue policies are scheduled to be reviewed by the Governance Committee during the month of October to be brought forward for approval at its meeting on November 18, 2021. There are four (4) policies that are coming due for review in November to be brought forward for approval in the month of December. Following this timeline will bring the Governance Policy Manual up to date before the end of the current year.

Next Steps

The Governance Committee needs to review and approve the appended by-laws/policies and update those identified in [Appendix C](#). Once the Governance Committee is satisfied with its review, the policies will be forwarded to the Board of Health for approval. In addition, the Governance Committee needs to review the established timeline for ensuring that all overdue by-laws/policies, as well as those that are coming due, can be reviewed before the end of the current year.

This report was prepared by the Manager, Strategy, Risk and Privacy.



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



Emily Williams, BScN, RN, MBA
CEO (Interim)

Governance By-law and Policy Review Status and Recommendations

October 8, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-000 Bylaws, Policy and Procedures	17/06/2021	Current		
G-010 Strategic Planning	17/06/2021	Current		
G-020 MOH/CEO Direction	02/27/2020	Current		
G-030 MOH and CEO Position Descriptions	02/27/2020	Reviewed	Changes highlighted in yellow. Added Appendix B – CEO Position Description. Need to determine the second signature on the appendices.	October 21, 2021
G-040 MOH/CEO Selection and Succession Planning	10/19/2017	On Hold Review Pending		
G-050 MOH and CEO Performance Appraisal	11/21/2019	Reviewed	Changes highlighted in yellow. Added App C-1 and C-2 to include Performance Appraisals for both roles.	October 21, 2021
G-080 Occupational Health and Safety	09/16/2021	Current		
G-100 Information Privacy and Confidentiality	03/21/2021	Current		
G-120 Risk Management	06/20/2019	Reviewed	Minor edits highlighted in yellow.	October 21, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-150 Complaints	04/15/2021	Current		
G-160 Jordan's Principle	17/06/2021	Current		
G-180 Financial Planning and Performance	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-190 Asset Protection	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-200 Approval and Signing Authority	11/21/2019	Current	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-205 Borrowing	04/15/2021	Current		
G-210 Investing	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-220 Contractual Services	11/21/2019	Current		
G-230 Procurement	11/21/2019	Current		
G-240 Tangible Capital Assets	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-250 Reserve and Reserve Funds	11/21/2019	Current		
G-260 Governance Principles and Board Accountability	04/15/2021	Current		
G-270 Roles and Responsibilities of Individual Board Members	04/15/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-280 Board Size and Composition	03/21/2019	Reviewed	<p>2.2 Suggestion to remove of the rotation of the Chair role among City, County and Provincial appointees and replace with “The Chair of the Board shall be selected by the voting members to serve for a term of one year.”</p> <p>Decision – should the policy include the possibility of renewal of an additional year for the Chair role?</p> <p>Changes to include Secretary and Treasurer roles as two distinct roles that can be held by any member of the Board.</p>	October 21, 2021
G-290 Standing and Ad Hoc Committees	02/27/2020	Current		
G-300 Board of Health Self-Assessment	03/21/2019	Reviewed	No recommended changes.	October 21, 2021
G-310 Corporate Sponsorship	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-320 Donations	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-330 Gifts and Honoraria	09/19/2019	Overdue	<i>To be circulated to Governance Committee Members for review on October 1, 2021.</i>	November 18, 2021
G-340 Whistleblowing	06/18/2020	Current		
G-350 Nominations and Appointments to the Board of Health	03/21/2019	Reviewed	Minor changes highlighted in yellow.	October 21, 2021
G-360 Resignation and Removal of Board Members	09/16/2021	Current		

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-370 Board of Health Orientation and Development	03/21/2019	Reviewed	No recommended changes.	October 21, 2021
G-380 Conflicts of Interest and Declaration	02/27/2020	Current		
G-400 Political Activities	06/17/2021	Current		
G-410 Board Member Remuneration and Expenses	06/20/2019	Reviewed	No recommended changes.	October 21, 2021
G-430 Informing of Financial Obligations	04/15/2021	Current		
G-470 Annual Report	03/21/2019	Reviewed	Separation of MOH/CEO role.	October 21, 2021
G-480 Media Relations	03/21/2019	Reviewed	<p>Suggest replacement of 1.2 with the following:</p> <p>“Board members shall accurately and adequately communicate the decisions of the Board, even if they disagree with the Board’s decision, such that the respect for the decision-making processes of Board is fostered.”</p> <p>Proposed change to 2.2 to be discussed:</p> <p>“Media releases are authorized by the Office of the Chief Executive Officer and/or Medical Officer of Health and must be approved by the Manager, Communications or designate prior to release. “</p> <p>Other proposed changes highlighted in yellow.</p>	October 21, 2021

Document Name	Last Review	Status	Recommended Changes	For Review at Governance Committee Meeting
G-490 Board of Health Reports	03/21/2019	Reviewed	To be discussed: <ol style="list-style-type: none"> 1. Responsibility for maintaining all Board reports resides with the EA to the Board of Health or the EA to the Secretary? 2. Do the policies need to include a deadline for notification of a special meeting of the Board? 	October 21, 2021
G-B10 By-law No. 1 Management of Property	03/21/2019	Reviewed	Changes highlighted in yellow.	October 21, 2021
G-B20 By-law No. 2 Banking and Finance	06/20/2019	Reviewed	Changes highlighted in yellow.	October 21, 2021
G-B30 By-law No. 3 Proceedings of the Board of Health	07/16/2020	Current		
G-B40 By-law No. 4 Duties of the Auditor	06/20/2019	Reviewed	Minor changes highlighted in yellow.	October 21, 2021



MOH AND CEO POSITION DESCRIPTIONS

PURPOSE

To outline the role and duties of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO). The position description provides the foundation for effective performance management of incumbents and for selection and succession planning.

POLICY

The MOH and CEO positions are essential for the overall success of the Middlesex-London Health Unit (MLHU) in achieving compliance with Ontario Public Health Standards, Public Health Financial and Accountability Agreements and ensuring that MLHU is meeting its strategic objectives.

The Health Protection and Promotion Act (HPPA) outlines the duties of the Medical Officer of Health, but it does not detail the role and responsibilities of the CEO. The role of the CEO in guiding the organization in the management and administration of financial resources, community partnerships, public health systems infrastructure, organizational design and strategic planning are integral to the overall success of MLHU.

Refer to Appendix A for a detailed position description for the MOH.
Refer to Appendix B for a detailed position description for the CEO.

APPENDICES

Appendix A – MOH Position Description
Appendix B – CEO Position Description

APPLICABLE LEGISLATION AND STANDARDS

Health Protection and Promotion Act
Ontario Public Health Standards

RELATED POLICIES

By-law No. 1 – Management of Property
By-law No. 2 – Banking and Finance
By-law No. 3 – Proceedings of the Board of Health
G-010 Strategic Planning
G-020 MOH and CEO Direction
G-050 MOH and CEO Performance Appraisal

Title: <p style="text-align: center;">MEDICAL OFFICER OF HEALTH</p>	HR Code: NU18 Page: 1 of 5
Salary Range: Compensation will be in accordance with the Ministry of Health and Long-Term Care Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation (September 2018)	Status: Non-union
Reports to: Board of Health	Salary Band: N/A
Original Date Approved: September 1997	Revision Date: April 2000 January 1, 2001 March 16, 2006 October 19, 2006 August 2010 October 2014 December 2016 February 27, 2020 October 21, 2021
Signature: _____ Chair, Board of Health _____ <p style="text-align: center;">TBD</p>	

SUMMARY

In accordance with the Health Protection and Promotion Act (HPPA), the Medical Officer of Health (MOH) reports directly to the Board of Health and serve as an Ex-Officio, non-voting member of all committees of the BOH. The MOH is responsible for the management of public health programs and services for the City of London and County of Middlesex as described in HPPA, its regulations, the Ontario Public Health Standards (OPHS), Public Health Financial Accountability Agreements (PHFAA), and any other legislative Act.

The MOH acts as the public health medical consultant accountable to the Board of Health for the achievement of MLHU's mandate to protect and promote health and to prevent disease.

The MOH (together with the Chief Executive Officer) serves as management's central point of official communication with the Chair of the BOH. They will develop a positive, collaborative relationship with the Chair, including acting as a sounding board for the Chair on emerging issues, and will review and provide advice on alternative courses of action. They will assist in determining when an issue needs to be brought to the attention of the full Board or a committee.

The MOH will have final approval of all Board of Health reports within their portfolio, consulting with the Chief Executive Officer (CEO) on Key Points and Recommendations. Both the MOH and CEO will have combined final approval on any reports that are not clearly within one or the other portfolio.

The MOH is expected to work collaboratively with the CEO to ensure the overall success of the health unit and provide leadership to the Board of Health, health unit leadership, staff, partner agencies, the community, and the broader public health community. The MOH will lead in fostering an inclusive organizational culture, in which all staff feel welcome, safe, and able to contribute their best. The MOH will act as a champion for a diverse and inclusive organization, and model behaviours that align with a positive workplace culture.

STAFF

Associate Medical Officer of Health & Director, Foundational Standards;; Director, Environmental Health & Infectious Disease; Director, Healthy Living; Director, Healthy Start;; Executive Assistant to the MOH.

EXPECTATIONS

Knowledge of the Organization

The MOH must have detailed knowledge of all aspects of the organization as a whole in order to carry out the duties of the role.

Decision Making and Responsibility

The MOH is responsible for solving problems that are complex and unique. Improper interpretation of provincial and/or federal legislation and policies could result in financial loss and legal, health or political impact to the health unit, the province, the public, education and social service agencies, and other interests.

Failure to provide sound advice and guidance to the management team and community with regard to public health matters could result in inappropriate decision-making, the development of ineffective strategies and programs that have significant financial, health and public relations costs to the health unit and the community.

Failure to identify key emerging public health issues and trends to ensure appropriate strategies and programs are in place could result in the health unit being unable to meet health challenges and therefore unable to effectively meet legislated requirements, mandates for health promotion and protection, disease prevention and strategic goals.

Communication

The MOH is expected to have excellent verbal and written skills. Regular presentations to and reports for the Board of Health are requirements of the position. As a Chair of the Senior Leadership Team, excellent group facilitation skills are necessary.

The position requires liaison and negotiation with external stakeholders, as appropriate. These include the Chief Medical Officer of Health (CMOH), other provincial government personnel, municipal representatives and personnel from other health units. The MOH maintains effective and ongoing communication with those served by the Board of Health, as well as key partner agencies including, but not limited to local hospital administrators, Ontario Health, academic institutions, family health teams, community health centres and other healthcare institutions.

The MOH also maintains a profile with the public through regular and ongoing media communications.

Technical Knowledge and Skills

The MOH requires sufficient knowledge, skills and abilities to fulfill the purpose and key responsibilities of the position. This includes the ability to determine the health needs of the populations served by the Board of Health and to lead the health unit to optimally provide for these public health needs.

Leadership skills are considered essential to this position to facilitate engagement with Board members, management, staff, and stakeholders **and ensure** an alignment of goals, action and resources with the identified public health needs and to communicate these effectively.

A willingness and ability to meet and work with people throughout the health unit area and elsewhere in the province for community engagement and advocacy processes is also required.

Sensory, Physical Demands, and Health and Safety Requirements

Duties are typically carried out in a standard office setting and work in a clinical exam setting may be required.

Physical:

- Working after hours;
- Significant travel and occasional time away overnight; and
- Potential for periods of prolonged working hours (i.e. public health emergencies).

Mental:

- Monitor, read, comprehend and synthesize information from a wide range of sources, determine relevance and application to public health, determine strategic direction required for public health intervention and overall agency strategies and regulatory compliance;
- Identify community health needs and **leverage** community medicine specialty skill base to effectively provide leadership and direction to staff and advice to the Board of Health;
- Advocate for governance and management core competencies to be identified and met such as Board of Health skill sets and management team competencies;
- Use information to develop health intelligence to be applied to decision-making for public health programs and advocacy for public health policy;
- Manage multiple demands and priorities from the community, government, the Board of Health, including short, medium and long-term deadlines, crisis management, future orientation, change management and ongoing consultation; and
- Lead development of strategies and decision-making regarding major resources of the health unit.

Professionalism and Standards of Performance

The MOH is expected to meet all professional standards and follow all applicable legislation requirements under HPPA, Ontario Public Health Standards, and other relevant legislation and protocols.

Medical Officer of Health Duties

- Maintain compliance to all legislative components of HPPA or any other relevant legislation to ensure the achievement of OPHS and PHFAA.
- Keep informed of population health needs as well as the most effective and appropriate means of addressing these concerns in accordance with HPPA, OPHS and PHFAA. This requires that the MOH maintain an awareness of the most useful information sources, monitors them, interprets, and synthesizes information in order to determine changes required in health unit programming or action for healthy public policy advocacy.
- Work in collaboration and provide leadership to the Board of Health, health unit management and staff, partner agencies, the community and broader public health community. The MOH has the ability to create opportunities to speak out on an ongoing basis regarding public health matters.
- Ensure optimally functioning systems are in place for population health surveillance and assessment, operational planning, program monitoring, evaluation and implementation of improvements based on evaluation findings and program delivery.
- Work effectively with colleagues (other health units, Ministry of Health and Long-Term Care and municipal governments) to safeguard and enhance the public health system.

- Participate in the education and mentoring of public health professionals, and students/trainees through a range of education forums.
- Maintain effective relations and communication with the CMOH and other personnel within the Ministry of Health and Long-Term Care and other provincial agencies. As part of these relationships the MOH seeks consultation and provides input and information into matters of mutual interest. The MOH defers authority to the CMOH as required by HPPA.
- Act as the primary spokesperson for the agency on all matters of public health significance.
- Maintain a positive public image for the health unit and positive and effective working relations with partner organizations by ensuring that there are optimal systems for the management of media communications and for effective partnership collaboration.
- Accountable to the Board of Health for the management of public health programs. Program Staff report to the MOH and the MOH in turn reports to the Board on program delivery as well as population health needs and issues, and program delivery.

QUALIFICATIONS

The MOH must be a physician appointed by the Board of Health and the Minister of Health and Long-Term Care, and, in accordance with HPPA, is required to have the following credentials:

- License to practice medicine in the Province of Ontario;
- A fellowship in community medicine from The Royal College of Physicians and Surgeons of Canada;
- A minimum of five years experience in community medicine practice.
- A certificate, diploma or degree from a university in Canada that is granted after not less than one academic year of full-time post-graduate studies or its equivalent in public health comprising:
 - a. Epidemiology;
 - b. Quantitative methods;
 - c. Management and administration;
 - d. Disease prevention and health promotion; or
 - e. Qualification from a university outside Canada that is considered by the Minister of Health and Long-Term Care to be equivalent.

Additionally, the MOH position requires the following experience:

- Senior management experience of at least seven (7) years in public health;
- Eligible for appointment to the University of Western Ontario, Faculty of Medicine;
- Proven leadership ability;
- Experience in business and risk management would be an asset; and master's degree in Business Administration or Finance would be an asset.

Title: <p style="text-align: center;">CHIEF EXECUTIVE OFFICER</p>	HR Code: NU18 Page: 1 of 5
Salary Range: Compensation will be in accordance with the Ministry of Health and Long-Term Care Policy Framework.	Status: Non-union
Reports to: Board of Health	Salary Band: N/A
Original Date Approved: October 21, 2021	Revision Date:
Signature: _____ Chair, Board of Health _____	

TBD

SUMMARY

The Chief Executive Officer (CEO) is accountable to the Board of Health for all aspects of resource management. This includes the management of financial and human resources. The CEO is vital for the achievement of MLHU's mandate to protect and promote health and to prevent disease.

The CEO serves as an Ex-Officio, non-voting member of all committees of the BOH. The CEO (together with the Medical Officer of Health) serves as management's central point of official communication with the Chair of the BOH. They will develop a positive, collaborative relationship with the Chair, including acting as a sounding board for the Chair on emerging issues, and will review and provide advice on alternative courses of action. They will assist in determining when an issue needs to be brought to the attention of the full Board or a committee.

The CEO will have final approval on all Board of Health reports within their portfolio, consulting with the Medical Officer of Health (MOH) on Key Points and Recommendations. Both the MOH and CEO will have combined final approval on any reports that are not clearly within one or the other portfolio.

The CEO will work collaboratively with the MOH to ensure the overall success of the health unit and provide leadership to the Board of Health, health unit leadership, staff, partner agencies, the community, and the broader public health community. The CEO will lead in fostering an inclusive organizational culture, in which all staff feel welcome, safe, and able to contribute their best. The CEO will act as a champion for a diverse and inclusive organization, and model behaviours that align with a positive workplace culture.

STAFF

The CEO shall appoint an individual(s) to carry out responsibilities assigned to them by the Board of Health, which may include Associate Director of Finance, Manager, Strategy, Risk and Privacy, Manager of Human Resources, Manager, Procurement and Operations, Manager, Information Technology, Manager, Communications; and Executive Assistant to the CEO.

EXPECTATIONS

Knowledge of the Organization

The CEO must have detailed knowledge of all aspects of the organization as a whole in order to carry out the duties of the role.

Decision Making and Responsibility

The CEO is responsible for solving problems that are complex and unique. Interpretation of provincial and/or federal legislation and policies is essential to avoid financial loss and legal, health or political impact to the health unit, the province, the public, education and social service agencies, and other interests.

The CEO will provide sound advice and guidance to the management team, the Board of Health, and the broader community to aid in decision-making, and the development of effective strategies, policies and programs.

Communication

The CEO is expected to have excellent verbal and written skills. Regular presentations to and reports for the Board of Health are requirements of the position. As a Chair of the Senior Leadership Team, excellent group facilitation skills are necessary.

The position requires liaison and negotiation with external stakeholders, as appropriate. These include the Chief Medical Officer of Health (CMOH), other provincial government personnel, municipal representatives and personnel from other health units. The CEO maintains effective and ongoing communication with those served by the Board of Health, as well as key partner agencies including, but not limited to local hospital administrators, Ontario Health, academic institutions, family health teams, community health centres and other healthcare institutions.

Technical Knowledge and Skills

The CEO requires sufficient knowledge, skills and abilities to fulfill the purpose and key responsibilities of the position. This includes...

Leadership skills are considered essential to this position to facilitate engagement with Board members, management, staff, and stakeholders to achieve an alignment of goals, action and resources with the identified public health needs and to communicate effectively to achieve these changes.

A willingness and ability to meet and work with people throughout the health unit area and elsewhere in the province for community engagement and advocacy processes is also required.

Sensory, Physical Demands, and Health and Safety Requirements

This position is carried out in a standard office setting and potentially may work in a clinical exam setting.

Physical:

- Working after hours is required;
- Significant travel and occasional time away overnight; and
- Potential for periods of prolonged working hours (i.e. public health emergencies).

Mental:

- Required to monitor, read, comprehend and synthesize information from a wide range of sources, determine relevance and application to public health, determine strategic direction required for public health intervention and overall agency strategies and regulatory compliance;
- Advocate for governance and management core competencies to be identified and met such as Board of Health skill sets and management team competencies;
- Manage multiple demands and priorities from the community, government, the Board of Health, including short, medium and long-term deadlines, crisis management, future orientation, change management and ongoing consultation; and
- Leading, developing strategies and making decisions involving major resources of the health unit.

Professionalism and Standards of Performance

The CEO is expected to meet all professional standards and follow all applicable legislation requirements under HPPA, Ontario Public Health Standards, and other relevant legislation and protocols.

Chief Executive Officer Duties

- Accountable to the Board of Health for the management of non-public health program staff. These staff report to the CEO and the CEO in turn reports to the Board on financial and human resources matters.
- Responsible for all aspects of resource management. This includes the management of financial resources as well as human resources. The MOH/CEO shall appoint an individual(s) to carry out responsibilities assigned to them by the Board of Health.
- Responsible for the care and maintenance of all properties as required by the Board and the keeping of an inventory of all properties possessed by the Board and shall update this inventory list annually. Additionally, pursuant to HPPA and the terms of any leasing or rental agreements, the MOH/CEO responsibilities include, but are not limited to, the replacement of, or major repairs to, capital items such as the heating, cooling, and ventilation systems; roof and structural work; plumbing; lighting and wiring; the maintenance and repair of the parking areas and the exterior of the building; the care and upkeep of the grounds of the property; the cleaning, maintaining, decorating and repairing of the interior of the building; and the maintenance of up-to-date insurance including both property and personal liability coverage, fire, theft, malpractice, errors and omissions and automobile insurance.
- In collaboration with the MOH, senior leadership and staff, the CEO develops the annual budget for consideration, input and approval of the Board of Health.
- Prepare financial and operating statements for the Board in accordance with established ministry policies indicating the financial position of the Board with respect to the current operations; act as custodian of the books of account and accounting records of the Board required to be kept by the laws of the province; in conjunction with the auditor, arrange for an annual audit of all accounting books and records; report to the Board on all financial and banking matters; and perform other duties as the Board may direct.
- Ensure the development, implementation and regular review of Board of Health by-laws, policies and administrative policies and procedures.
- Responsible for ensuring that systems are in place to fulfill PHFAA as signed by the Board of Health and the Ministry of Health and Long-Term Care.
- Maintain compliance with HPPA, OPHS and PHFAA.
- Maintain a positive public image for the health unit and positive and effective working relations with partner organizations by ensuring that there are optimal systems for the management of media communications and for effective partnership collaboration.

QUALIFICATIONS

The CEO position requires the following experience:

- Senior management experience of at least seven (7) years;
- Demonstrated commitment to Public Health and Public Health principles.
- Background in Public Health and/or the delivery of public health services and programs would be an asset;
- Proven leadership ability;



...e in business and risk management would be an asset; and master's Business Administration or Finance would be an asset.



MOH AND CEO PERFORMANCE APPRAISALS

PURPOSE

An essential part of determining the health unit's performance is the appraisal of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO). The MOH and CEO are accountable to the Board of Health for leading the health unit and implementing Board direction and decisions. The MOH and CEO together manage all aspects of the health unit's operations.

POLICY

The performance appraisal is a systematic process to support and assess job performance in relation to established criteria and organizational objectives. The evaluation should not only highlight the achievement of desired outcomes but reflect how well the outcomes were achieved. It should emphasize how the MOH and the CEO's performance reflects the health unit's values, vision, mission, mandate and policies and contributed to the achievement of the strategic goals.

It is one of several processes used by the Board of Health, the MOH, and the CEO to negotiate, articulate and review progress in meeting agreed upon performance standards and expectations.

Refer to the appendices for the MOH and CEO Performance Appraisal Procedure and additional tools to assist with the process.

APPENDICES

- Appendix A – MOH and CEO Performance Appraisal Procedure
- Appendix B – MOH and CEO Performance Appraisal Checklist
- Appendix C – MOH and CEO Performance Appraisal Form
- Appendix D – Stakeholder Feedback Process
- Appendix E – Sample Stakeholder Email
- Appendix F – Sample Stakeholder Listing

APPLICABLE LEGISLATION AND STANDARDS

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

RELATED POLICIES

G-010 Strategic Planning

G-020 MOH and CEO Direction

G-030 MOH and CEO Positions Descriptions

MOH and CEO Performance Appraisals Procedure

Principles

1. An essential part of determining the health unit's performance is the appraisal of the **Medical Officer of Health (MOH) and the Chief Executive Officer (CEO)**. The **MOH and CEO** are accountable to the BOH for leading the health unit and for implementing its decisions. The **MOH and CEO** lead and manage all aspects of the health unit's operations.
2. The performance appraisal is a systematic process **used** to support and assess job performance in relation to established criteria and organizational objectives. The evaluation should not only highlight the achievement of desired outcomes but reflect how well the outcomes were achieved. It should emphasize how the performance of both the **MOH and the CEO** reflects the health unit's values, vision, mission, mandate and policies and has contributed to the achievement of the strategic goals.
3. It is one of several processes used by the Board of Health and the **MOH and the CEO** to negotiate, articulate and review progress in meeting agreed upon performance standards and expectations.

Areas of Focus

1. Program Excellence – This area **focuses** on how the **MOH and the CEO** has influenced the impact the health unit has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators.
2. Client and Community Impact – This area reflects on the **MOH's and CEO's** representation of the health unit in the community.
3. Employee Engagement and Learning – This area reflects on how the **MOH and the CEO** has influenced the health unit's organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning.
4. Governance – This area reflects on how the **MOH and CEO** has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the health unit's mission and vision. This area also reflects on the **MOH's and CEO's** responsibility for actions, decisions and policies that impact the health unit's ability to achieve the

requirements as set out under the strategic plan, the Ontario Public Health Standards (OPHS), other funder requirements and direction provided by the Board of Health.

Key Steps

1. The Governance Committee of the Board of Health is responsible to strike a performance appraisal sub-committee made up of members of the Governance Committee and/or other Board of Health Members as may be deemed appropriate.
2. The sub-committee reviews and approves the appraisal tool.
3. The performance appraisal includes:
 - a. A summary and assessment of performance for the previous review period; and
 - b. The establishment of goals for the coming review period.
4. The performance appraisal is typically initiated in the second quarter of each year. Results are presented to the Board of Health before the end of the third quarter. This timing allows the results of the current years planning and year-end outcomes to be considered.
5. The performance appraisal form (Appendix C) is completed by the sub-committee based on the following inputs:
 - a. Goals and targets to be achieved as articulated in the previous performance appraisal (where applicable), the strategic plan, the OPHS, and other direction provided by the Board of Health.
 - b. Evidence provided by the **MOH and the CEO**, which includes a completed copy of the same performance appraisal form, specified required reports and may include other reports as deemed relevant by the **MOH and the CEO**.
 - c. Key informant feedback collected from the following individuals using an outsourced 360 assessment tool:
 - i. All Board of Health members;
 - ii. All direct reports of the **MOH the CEO**;
 - iii. External stakeholders from each of the following sectors.
 1. Public health;
 2. Community partners;
 3. Health care; and
 4. Municipal partners.The stakeholders selected to provide feedback are chosen by the sub-committee from a list of names for each sector provided to them by the **MOH and the CEO**.
 - d. Their observed behavior of the **MOH and the CEO**; and
 - e. A meeting with each the **MOH and the CEO** to discuss preliminary findings and to set future goals.

6. The sub-committee provides verbal updates to the Board of Health throughout the process.
7. The sub-committee will determine who will meet with each the MOH and the CEO to discuss the performance appraisal. This should include the Chair of the Board.
8. The MOH and the CEO may provide any additional or written comments.
9. Those in attendance at each appraisal meeting, including the MOH and the CEO will sign the performance appraisal, acknowledging that the appraisal has been discussed and received by the MOH and the CEO.
10. The MOH's signed performance appraisal is filed with the Executive Assistant to the Board in a sealed envelope. Only the MOH and Chair of the Board may access this sealed document.
11. The CEO's signed performance appraisal is filed with the Executive Assistant to the Board in a sealed envelope. Only the CEO and Chair of the Board may access this sealed document.

Note: Please refer to the following appendices:

- Appendix B – Performance Appraisal Checklist
- Appendix C – Performance Appraisal Form
- Appendix D – Stakeholder Feedback Process
- Appendix E – Sample Stakeholder Email
- Appendix F – Sample Stakeholder Listing

MOH and CEO Performance Appraisals Checklist

This checklist is a tool to assist the appraisal sub-committee in completing the performance appraisal process.

Activity	Date Completed	By
1. The performance appraisal process is initiated at the second quarter Governance meeting and a sub-committee is formed. Completion is expected by the end of the third quarter the current year.		
2. The sub-committee meets to review and confirm the performance appraisal process, supporting documents required and timelines.		
3. The MOH and the CEO are requested to provide an updated stakeholder list for the 360 review and to complete the self-assessment portion of the appraisal.		
4. The position description, listings of Board of Health report titles both public and in-camera and goals and targets as set out in the previous performance appraisal, and any other direction provided by the Board of Health is collated.		
5. An email is sent from the sub-committee Chair requesting stakeholder participation in the 360 assessment once the stakeholder list is approved by the sub-committee.		
6. The MOH and the CEO are given an opportunity to debrief with the consultant of the organization contracted to facilitate the 360 feedback prior to submitting the completed appraisal form.		
7. The evidence package, as identified in item 4, is received from each the MOH and the CEO , including completed appraisal form.		
8. The sub-committee has a debrief meeting with the consultant of the organization requested to facilitate the 360 feedback.		
9. The sub-committee meets to discuss the materials and each the MOH's and CEO's completed portion of the appraisal as well as to		

complete the Board of Health portion of the appraisal.		
10. The two documents are then merged and sent to the sub-committee for review.		
11. The sub-committee may meet with the MOH and/or the CEO to discuss any questions they may have regarding the materials they have received.		
12. The sub-committee will also review the goals from the prior year and propose new ones for the coming year.		
13. Once the sub-committee has reviewed the materials and drafted the appraisal it is presented by the sub-committee in camera to the entire Board of Health for their review and approval.		
14. The Board of Health members reach agreement on the overall appraisals.		
15. The Board of Health Chair and one other member of the sub-committee meet with the MOH and subsequently with the CEO to provide them each with a copy of the Board's completed performance appraisal, discuss the content and provide feedback and discuss the goals for the next year.		
16. The MOH's document is then signed by the Board of Health Chair and the MOH and given to the Executive Assistance to the Board of Health to file in the MOH's personnel file.		
17. The CEO's document is then signed by the Board of Health Chair and the CEO and given to the Executive Assistance to the Board of Health to file in the CEO's personnel file.		

MOH Performance Appraisal Form

Name:	
Title:	

<i>This performance appraisal is due on:</i>	
---	--

It reviews the performance for the period:	
From:	To:

And sets objectives for the period:	
From:	To:

The following <u>RATING SCALE</u> is used in this performance appraisal:	
Exceeds expectations	Performance consistently exceeds all expectations/standards. Accomplishments are clearly obvious.
Meets Expectations	Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Partially Meets Expectations	Performance does not meet expectations in certain areas. Improvement in these areas is required. The rationale needs to be explored, goals re-negotiated and/or an action plan established.
Additional Growth Required	Performance associated with the job requires additional resources. An action plan is needed which may include, but not limited to, training, coaching or other support.
Not applicable (n/a)	The Board of Health is not able to rate this area at this time.

Append additional sheets/documentation where required/appropriate.

Once completed, discussed and all signatures obtained, the original of this form is to be retained in the Employee's personnel file which is held by the Executive Assistant to the Board of Health in a sealed envelope, accessible only to the employee and the Chair of the Board of Health.

Program Excellence – This area reflects on how the MOH has influenced the impact the health unit has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators.	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Responds effectively to health hazards and provides effective control of communicable diseases under the Health Protection and Promotion Act (HPPA). 					
<ul style="list-style-type: none"> Champions coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services. 					
<ul style="list-style-type: none"> Maintains statutory obligations through the delivery of mandated and locally needed public health services (Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018). 					
<ul style="list-style-type: none"> Anticipates and plans for major trends in needs and services. 					
<ul style="list-style-type: none"> Uses evidence-informed decision making in developing programs and services to meet community needs. 					
<ul style="list-style-type: none"> Considers health equity in all program work. 					
<ul style="list-style-type: none"> Ensures processes are in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness. 					

Comments: (Include major strengths in this area of focus and any areas that may need future development)					
Client and Community Impact – <i>This area reflects on the MOH's representation of the health unit in the community.</i>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Contributes to increasing community awareness about public health. 					
<ul style="list-style-type: none"> Promotes productive relationships with the media and acts as a resource to the media regarding public health issues. 					
<ul style="list-style-type: none"> Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including boards of education, business, labour, government, media, health care providers, community organizations, citizen groups and the Ministry of Health and Long-Term Care. 					
<ul style="list-style-type: none"> Seeks new and innovative ways to work with partners to advance mutual goals in the community. 					
<ul style="list-style-type: none"> Promotes excellence in customer service within the health unit. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/groups' satisfaction 					

<p>whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. Researches/facilitates appropriate contact when referral is necessary.</p>					
<p>Comments: (Include major strengths in this area of focus and any areas that may need future development)</p>					
<p>Employee Engagement and Learning – <i>This area reflects on how the MOH has influenced the health unit’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning.</i></p>	<p>Exceeds Expectations</p>	<p>Meets Expectations</p>	<p>Partially Meets Expectations</p>	<p>Additional Growth Required</p>	<p>n/a</p>
<ul style="list-style-type: none"> Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff. 					
<ul style="list-style-type: none"> Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with 					

<p>the management team on opportunities for sharing/reallocating existing staff/resources wherever possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services.</p>				
<ul style="list-style-type: none"> Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance reviews in a timely manner and identifies their strengths and areas for development. Identifies and takes actions necessary to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance/communication/disciplinary issues in an appropriate manner. 				
<ul style="list-style-type: none"> Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular Management meetings. Institutes feedback mechanisms to gauge leadership effectiveness. 				

<ul style="list-style-type: none"> Identifies areas where staff training and development would be of benefit to the team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the health unit. Supports planning of short- and long-term departmental training and development initiatives. 				
<ul style="list-style-type: none"> Regularly evaluates corporate services, seeking ways to improve efficiency and effectiveness. 				
<ul style="list-style-type: none"> Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others' time. Is punctual for meetings. 				
<ul style="list-style-type: none"> Sets and achieves personal and professional development objectives. 				
<p>Comments: (Include major strengths in this area of focus and any areas that may need future development)</p>				

<p>Governance – <i>This area reflects on how the MOH has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the health unit’s mission and vision. This area also reflects on the MOH responsibility for actions, decision and policies that impact the health unit’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018, other funder requirements and direction provided by the Board of Health.</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Ensures agency compliance with the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018. 					
<ul style="list-style-type: none"> Informs Board of Health of important developments affecting Public Health and the health unit (e.g. legislative changes, public health emergencies, organizational problems, system development, environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations. 					
<ul style="list-style-type: none"> Provides appropriate and timely written and verbal reports to the Board of Health. Writes and speaks clearly. Reports are easily understood by the Board of Health members. 					

Comments: (Include major strengths in this area of focus and any areas that may need future development)

SUMMARY OF OVERALL PERFORMANCE

AREA OF FOCUS	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required
Program Excellence				
Community and Client Impact				
Employee Engagement and Learning				
Governance				

Comments – (Include comments with respect to the major strengths of the MOH/CEO and areas for future development.)

GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS

Program Excellence	Key Performance Indicator
Client and Community Impact	Key Performance Indicator
Employee Engagement and Learning	Key Performance Indicator
Governance	Key Performance Indicator
Personal Development	Key Performance Indicator
Other	Key Performance Indicator

SIGNATURES

Medical Officer of Health

I discussed this performance appraisal with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

Comments

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Medical Officer of Health

Date

For the Board of Health

We have discussed the performance appraisal with the Medical Officer. We have reviewed the past period's work performance and goals and objectives and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

Chair, Board of Health

Date

Board of Health

Date

CEO Performance Appraisal Form

Name:	
Title:	

<i>This performance appraisal is due on:</i>	
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It reviews the performance for the period:	
From:	To:

And sets objectives for the period:	
From:	To:

The following <u>RATING SCALE</u> is used in this performance appraisal:	
Exceeds expectations	Performance consistently exceeds all expectations/standards. Accomplishments are clearly obvious.
Meets Expectations	Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Partially Meets Expectations	Performance does not meet expectations in certain areas. Improvement in these areas is required. The rationale needs to be explored, goals re-negotiated and/or an action plan established.
Additional Growth Required	Performance associated with the job requires additional resources. An action plan is needed which may include, but not limited to, training, coaching or other support.
Not applicable (n/a)	The Board of Health is not able to rate this area at this time.

Append additional sheets/documentation where required/appropriate.

Once completed, discussed and all signatures obtained, the original of this form is to be retained in the Employee's personnel file which is held by the Executive Assistant to the Board of Health in a sealed envelope, accessible only to the employee and the Chair of the Board of Health.

<p>Program Excellence – <i>This area reflects on how the CEO has influenced the impact the health unit has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators.</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Promotes coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services. 					
<ul style="list-style-type: none"> Anticipates and plans for major trends in needs and services. 					
<ul style="list-style-type: none"> Considers health equity in all program work. 					
<ul style="list-style-type: none"> Ensures processes are in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness. 					
<p>Comments: (Include major strengths in this area of focus and any areas that may need future development)</p>					
<p>Client and Community Impact – <i>This area reflects on the CEO's representation of</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a

<i>the health unit in the community.</i>					
<ul style="list-style-type: none"> • Contributes to increasing community awareness about public health. 					
<ul style="list-style-type: none"> • Promotes productive relationships with the media and acts as a resource to the media regarding public health issues. 					
<ul style="list-style-type: none"> • Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including boards of education, business, labour, government, media, health care providers, community organizations, citizen groups and the Ministry of Health and Long-Term Care. 					
<ul style="list-style-type: none"> • Seeks new and innovative ways to work with partners to advance mutual goals in the community. 					
<ul style="list-style-type: none"> • Promotes excellence in customer service within the health unit. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/groups' satisfaction whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. 					

Researches/facilitates appropriate contact when referral is necessary.					
Comments: (Include major strengths in this area of focus and any areas that may need future development)					
Employee Engagement and Learning – <i>This area reflects on how the CEO has influenced the health unit’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning.</i>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff. 					
<ul style="list-style-type: none"> Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with the management team on opportunities for sharing/reallocating existing staff/resources wherever 					

<p>possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services.</p>				
<ul style="list-style-type: none"> Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance reviews in a timely manner and identifies their strengths and areas for development. Identifies and takes actions necessary to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance/communication/disciplinary issues in an appropriate manner. 				
<ul style="list-style-type: none"> Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular Management meetings. Institutes feedback mechanisms to gauge leadership effectiveness. 				

<ul style="list-style-type: none"> Identifies areas where staff training and development would be of benefit to the team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the health unit. Supports planning of short- and long-term departmental training and development initiatives. 				
<ul style="list-style-type: none"> Regularly evaluates corporate services, seeking ways to improve efficiency and effectiveness. 				
<ul style="list-style-type: none"> Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others' time. Is punctual for meetings. 				
<ul style="list-style-type: none"> Sets and achieves personal and professional development objectives. 				
<p>Comments: (Include major strengths in this area of focus and any areas that may need future development)</p>				

<p>Governance – <i>This area reflects on how the CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the health unit’s mission and vision. This area also reflects on the CEO’s responsibility for actions, decision and policies that impact the health unit’s ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018, other funder requirements and direction provided by the Board of Health.</i></p>	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required	n/a
<ul style="list-style-type: none"> Monitors overall health unit financial situation demonstrating effective management of financial resources. Ensures transparency and understanding of financial processes and procedures. 					
<ul style="list-style-type: none"> Develops innovative approaches to financing and revenue generation. Devises strategies to protect health unit assets. 					
<ul style="list-style-type: none"> Abides by employment and other relevant legislation including the Employment Standards Act, Labour Relations Act, Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and the Human Rights Code. Adheres to terms of union and other contracts. 					
<ul style="list-style-type: none"> Develops and maintains health unit by-laws, policies and procedures and ensures adherence within the health unit. Advises and consults with the 					

<p>Board of Health on significant matters.</p>					
<ul style="list-style-type: none"> Communicates regularly with the Chair of the Board of Health and provides support in identifying agenda items for the Board of Health and Committee meetings. 					
<ul style="list-style-type: none"> Ensures adequate orientation and on-going education of Board of Health members. 					
<ul style="list-style-type: none"> Informs Board of Health of important developments affecting Public Health and the health unit (e.g. legislative changes, public health emergencies, organizational problems, system development, environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations. 					
<ul style="list-style-type: none"> Provides appropriate and timely written and verbal reports to the Board of Health. Writes and speaks clearly. Reports are easily understood by the Board of Health members. 					
<p>Comments: (Include major strengths in this area of focus and any areas that may need future development)</p>					

SUMMARY OF OVERALL PERFORMANCE

AREA OF FOCUS	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required
Program Excellence				
Community and Client Impact				
Employee Engagement and Learning				
Governance				
Comments – (Include comments with respect to the major strengths of the MOH/CEO and areas for future development.)				

GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS

Program Excellence	Key Performance Indicator
Client and Community Impact	Key Performance Indicator
Employee Engagement and Learning	Key Performance Indicator
Governance	Key Performance Indicator
Personal Development	Key Performance Indicator
Other	Key Performance Indicator

SIGNATURES

Chief Executive Officer

I discussed this performance appraisal with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

Comments

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Chief Executive Officer

Date

For the Board of Health

We have discussed the performance appraisal with the Chief Executive Officer. We have reviewed the past period's work performance and goals and objectives and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

Chair, Board of Health

Date

Board of Health

Date

MOH and CEO Performance Appraisal – Stakeholder Feedback Process

1. Key informant feedback is one of the inputs into the **MOH and the CEO** performance appraisal process. The sub-committee uses a vendor to solicit 360 feedback from the following stakeholders:
 - a. All Board of Health members;
 - b. All direct reports of the **MOH and the CEO**;
 - c. External stakeholders from the following sectors.
 - i. Public health
 - ii. Community partners;
 - iii. Health care; and
 - iv. Municipal.

The stakeholders selected to provide feedback are chosen by the sub-committee from a list names for each sector provided to them by the **MOH and the CEO**.
2. An email is sent to all selected stakeholders advising them of the name of the vendor conducting the 360, the timeline for the completing the online feedback survey and assuring them of the confidentiality of their responses. Stakeholders are also invited to speak to the Chair of the sub-committee and/or other members of the sub-committee of the Board of Health if they wish to give feedback more directly.
3. The following process should be followed when emailing stakeholders selected to provide feedback:
 - a. The sample email in Appendix E can be modified or personalized as required and should be sent from the Chair of the sub-committee.
 - b. If the email is being sent to multiple recipients, in order to maintain confidentiality, send the email by “blind carbon copy” (bcc) so that recipients don’t know who the other recipients are.
 - c. Identify the vendor and ask recipients to watch for the email and reply to the survey by a specific date. This allows the sub-committee time to invite others to participate if the initial recipients are unable or unwilling to participate. Recipients may also forward the survey link to another recipient in their organization that they feel is better positioned to provide feedback.
 - d. The sub-committee may also choose to encourage either a phone or face-to-face meeting with some stakeholders which should be determined at the time the committee is reviewing the stakeholder listing Appendix F.

MOH Performance Appraisal – Sample Stakeholder Email

Subject: Medical Officer of Health Performance Appraisal

Hello,

The Board of Health of the Middlesex- London Health Unit is in the process of completing the performance appraisal of **NAME, TITLE**.

As part of this process you have been identified as someone who has experience in working with them and the Board feels that your relevant insight would be helpful in completing this review. On behalf of the Board I would like to request that you participate by completing an on-line survey.

Your input will remain anonymous as all data will be collected and managed by an external firm. Verbatim comments however will be entered into the report exactly as they are written.

You will receive an email on **DATE** from **NAME OF PROVIDER** from [email address](#) with the survey link. The survey will take approximately 30 minutes to complete.

Please watch for this email, ensuring it does not go into your junk email or spam filter and complete the survey by the end of day on **DATE**.

If you feel it would be more appropriate for someone else within your organization to respond to this survey, please don't hesitate to contact me regarding this.

Thank you in advance,

NAME

TITLE

Board of Health, Middlesex-London Health Unit

CEO Performance Appraisal – Sample Stakeholder Email

Subject: Chief Executive Officer Performance Appraisal

Hello,

The Board of Health of the Middlesex- London Health Unit is in the process of completing the performance appraisal of **NAME, TITLE**.

As part of this process you have been identified as someone who has experience in working with them and the Board feels that your relevant insight would be helpful in completing this review. On behalf of the Board I would like to request that you participate by completing an on-line survey.

Your input will remain anonymous as all data will be collected and managed by an external firm. Verbatim comments however will be entered into the report exactly as they are written.

You will receive an email on **DATE** from **NAME OF PROVIDER** from [email address](#) with the survey link. The survey will take approximately 30 minutes to complete.

Please watch for this email, ensuring it does not go into your junk email or spam filter and complete the survey by the end of day on **DATE**.

If you feel it would be more appropriate for someone else within your organization to respond to this survey, please don't hesitate to contact me regarding this.

Thank you in advance,

NAME

TITLE

Board of Health, Middlesex-London Health Unit

RISK MANAGEMENT POLICY

PURPOSE

To ensure that an appropriate and effective risk management process is in place to monitor and respond to emerging issues and potential threats from both internal and external sources, to the Middlesex-London Health Unit (MLHU).

POLICY

MLHU engages in a wide range of activities in its facilities and in the community, all of which are subject to some level of risk. It is the policy of MLHU to:

- Embed risk management into the culture and operations of MLHU;
- Integrate risk management into strategic planning, program planning, performance management and resource allocation decisions;
- Manage threats and leverage opportunities as appropriate and in accordance with best practices;
- Re-assess regularly and report on MLHU's risks and the effectiveness of existing risk mitigation strategies to the Board;
- Anticipate and respond to changing social, environmental and legislative requirements;
- Support the development of risk management competencies across the organization and,
- Encourage all staff to report risks and to ensure that no person, who in good faith reports a risk, is subjected to any form of retribution, retaliation or reprisal.

In accordance with the requirements set out in the Ontario Public Health Standards, the Board of Health shall be responsible for providing risk oversight and ensuring a formal risk management framework that identifies, assesses and addresses risks, is in place. The Board shall obtain an understanding of the risks inherent in the organization's strategies and shall monitor and provide advice to management regarding critical risk issues. The Board shall also identify categories of risk, **provide direction on the extent/range to which** these are acceptable and define the scope and frequency of risk management reporting.

MLHU has adopted the Ontario Public Service Risk Management Framework (Appendix A), which includes the following steps:

1. Establish objectives
2. Identify risks and controls
3. Assess risks and controls
4. Evaluate and take action
5. Monitor and report

Management shall ensure that policies are carried out and processes are executed in accordance with objectives and identified risk tolerances, as well as actively embrace an integrated approach to risk management, sharing risk information transparently throughout the

agency and promoting a culture in which risk management permeates all levels of the organization.

The Medical Officer of Health/Chief Executive Officer shall have overall responsibility for risk management, ensuring both the effective execution of the organization's risk management framework and processes, and that all significant risks are addressed. **The Director, Healthy Organization** shall be responsible for the development, implementation, and review of a systematic risk management process.

APPENDICES

G-120 App A – MLHU Risk Management Framework

APPLICABLE LEGISLATION AND STANDARDS

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

BOARD SIZE AND COMPOSITION

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, **Secretary and Treasurer**.
 - b. Decide whether to establish and/or continue standing committees or, to have the Board deal with all matters directly.

2.2. The Chair of the Board shall be selected by the voting members to serve for a term of one year.

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

2.4. The Secretary and Treasurer roles may be filled by any member of the Board of Health including, but not limited to, the MOH, CEO, or Chair of a Standing Committee.

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

BOARD OF HEALTH SELF-ASSESSMENT

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 employees 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 and 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

RELATED POLICIES

G-370 Board of Health Orientation and Development

NOMINATIONS AND APPOINTMENTS TO THE BOARD OF HEALTH

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** 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;
 - c. Ability to work collegially with other Board members, **the Medical Officer of Health (MOH) and the Chief Executive Officer (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 to the Public Appointments Secretariat.

- 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
10th Floor Hepburn Block, 80 Grosvenor Street
Toronto, ON M7A 2C4

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** 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 AND STANDARDS

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

BOARD OF HEALTH ORIENTATION AND DEVELOPMENT

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

- 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

BOARD MEMBER REMUNERATION AND EXPENSES POLICY

PURPOSE

To ensure that Board of Health members receive appropriate remuneration for their activities and reimbursement of incurred expenses on behalf of the Board of Health.

POLICY

In accordance with the Health Protection and Promotion Act, s. 49, Board Members shall receive remuneration for each day on which they conduct business on behalf of the Board of Health. For the purposes of this policy, such business includes official meetings at which the member represents the Board and attendance at conferences but does not include ceremonial functions or special events. Board Members shall also be reimbursed for all reasonable expenses incurred.

PROCEDURE

1. Remuneration

- 1.1. Remuneration for Board of Health business is to be paid for each day on which any eligible Board Member attends a Board meeting, Board committee meeting, a meeting which the member attends on behalf of the Board of Health, or an approved convention or conference.
- 1.2. Rate of remuneration for Board of Health members who are eligible to receive remuneration are based on comparable rates passed by local municipalities and shall not exceed the limits established by s. 49(6) of the Health Protection and Promotion Act. The half-day per diem rate is reported and approved by the Board of Health on an annual basis.
- 1.3. Board Members shall receive only one fee per day, regardless of whether the member attends more than one official function in a day.
- 1.4. All community appointees shall receive this remuneration. Municipal appointees, other than the chair, who receive annual remuneration from their municipality shall not be eligible for additional remuneration from the Middlesex-London Health Unit (MLHU).
- 1.5. In circumstances in which the municipality does not provide annual remuneration to its councilors, MLHU shall provide remuneration for the municipal appointees, based on the days on which they are engaged in Board business.

- 1.6. Board Members eligible to receive remuneration shall complete and submit the Reimbursement for Monthly Activities form (Appendix A).

2. Expenses

Board of Health members shall complete and submit the Reimbursement for Monthly Activities form (Appendix A), with original receipts, for reimbursement of eligible expenses (see Appendix B for mileage rates and out-of-town travel).

APPENDICES

G-410 App A – Reimbursement for Monthly Activities Form

G-410 App B – Mileage and Out-of-Town Expenses

APPLICABLE LEGISLATION AND STANDARDS

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

ANNUAL REPORT

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 **and the** 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.

APPLICABLE LEGISLATION AND STANDARDS

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

MEDIA RELATIONS

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, **the Secretary, and/or the Treasurer** will be considered the spokesperson for such inquiries.

1.2. Board members shall accurately and adequately communicate the decisions of the Board, even if they disagree with the Board's decision, such that the respect for the decision-making processes of Board is fostered."

~~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 (MOH) and/or the Chief Executive Officer (CEO)** will be considered MLHU's spokesperson(s). 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 **under the Personal Health Information Protection Act (PHIPA)** 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.
- 1.6. Members of the media are to be met by an employee and must be escorted by an employee at all times when on MLHU premises. MLHU has the right to prohibit members of the media from interviewing clients and employees, taking photographs or otherwise invading the privacy of individuals or employees.

2. MLHU-Initiated Media Communications

- 2.1. In order to ensure that MLHU media relations are not compromised, all employees and 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 authorized by the Office of the Chief Executive Officer and/or 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 employees or 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 employees; 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. Employee Training

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

BOARD OF HEALTH REPORTS

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) employees.
- 1.2. Preparation of the agenda is the responsibility of **the Secretary** 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 maintains a register of Board reports by report number, meeting date, subject matter and author(s).**
- 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 for review by the**

MOH and CEO. The EA to the Board will provide an updated schedule of Board meeting dates and report submission deadlines to all employees.

- 3.4. The draft electronic version of the report is sent as an email attachment to the EA to the Board 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 or the 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 or the CEO as appropriate.

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. The EA to the Board 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 will distribute Board meeting packages, including in-camera reports where appropriate, to the MOH, CEO, Associate MOH (AMOH), and brief the Manager, Communications, as needed.
- 4.3. The EA to the Board will send an electronic copy of the final Board Report to each of the director(s)/manager(s) who submitted them.

Board packages, excluding in-camera reports, will be made available to the media by the EA to the Board prior to the scheduled Board meeting. The EA to the Board 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.

APPENDICES

G-490 App A Board of Health Report Template

RELATED POLICIES

G-270 Roles and Responsibilities of the Board of Health



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) "Treasurer" means the Treasurer as defined in Policy G-270 as may be amended, from time to time.
- (d) "Secretary" means the Secretary 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 Chief Executive Officer (CEO) shall be responsible for the care and maintenance of all properties as required by the Board. For additional responsibilities of the CEO pertaining to property, and the terms of leasing or rental agreements, please refer to Policy G-030 MOH and CEO Position Descriptions, 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 – October 21, 2021
Second Reading – October 21, 2021
Third Reading – October 21, 2021

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.

Reviewed by:	Finance and Facilities Committee
Approved by:	Board of Health
Date:	October 21, 2021
Signature:	<hr/> Ms. Maureen Cassidy Chair, Board of Health <hr/> Christopher Mackie Treasurer



Board of Health: **By-law No. 2**

Pursuant to Section 56(1)(b) 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. 2 to provide for **banking and finance**.

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) "Bank" means a financial institution including registered chartered bank, trust company or credit union.
2. The Board through **the Chief Executive Officer** will enter into an agreement with a bank which will provide the following services:
 - (a) a chequing and / or savings account(s) for the Board;
 - (b) provision for scanned images of cancelled cheques on demand on a monthly basis, together with a statement showing all debits and credits to facilitate timely account reconciliation;
 - (c) payment of interest at a rate to be negotiated between the Board and the bank for all balances temporarily held in such account(s); and
 - (d) provide advice and other banking services as required by the Board.
3. The Board will maintain a formal list of names, titles, and signatures of those individuals who have signing authority.
4. Formal procedures are in place to ensure that each issued cheque contains two electronic signatures, comprising one Board Member **and the Chief Executive Officer**. These signatures shall be kept and held in custody with **the Chief Executive Officer**.
5. Notwithstanding item 4 of this by-law, cheque signing shall be restricted to the Chair of the Board of Health, the Chief Executive Officer, Medical Officer of Health, Associate Medical Officer of Health, and Associate Director, Finance, any two of whom may sign cheques in the absence of the Chair or **the Chief Executive Officer**. Additional details pertaining to approval and signing authority are outlined in the current Summary of Banking Resolution maintained by the bank.

6. **The Chief Executive Officer** is hereby authorized on behalf of the Board to:
 - (a) deposit to the bank (but only for the credit of the Board) all or any cheques, Electronic Fund Transfers (EFT) or wire payments;
 - (b) sign the Banking Resolution maintained with the bank and ensure that it is kept current;
 - (c) invest excess or surplus funds in interest-bearing accounts or short-term deposits.

7. **The Treasurer** of the Board, shall prepare and control the Annual Budget under the jurisdiction of the Board for submission to the Board, and perform additional responsibilities pertaining to the Annual Budget as outlined in **Policy G-030 MOH and CEO Position Descriptions**, as amended, from time to time.

8. The Board of Health is a corporation without share capital.

First Reading – **October 21, 2021**
 Second Reading – **October 21, 2021**
 Third Reading – **October 21, 2021**

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.

Reviewed by:	Finance and Facilities Committee
Approved by:	Board of Health
Date:	October 21, 2021
Signature:	<div style="text-align: center;"> <hr/> Ms. Maureen Cassidy Chair, Board of Health </div> <div style="text-align: center;"> <hr/> Christopher Mackie Treasurer </div>



Board of Health: **By-law No. 4**

Pursuant to Section 56(1)(d) of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, the Board of Health for the Middlesex-London Health Unit enacts By-law No. 4 to provide for the **duties of the Auditor** of the Board of Health, namely:

1. (a) The Board shall appoint an auditor who shall not be a member of the Board and shall be licensed under the Public Accounting Act, 2004, S.O. 2004, c. 8.
- (b) In accordance with the Municipal Act, s. 296, where the board represents more than one municipality, only the auditor of the municipality that is responsible for the largest share of the expenses of the board in the year is required to audit the board in that year.
2. The Auditor shall:
 - (a) audit the accounts and transactions of the Board of Health;
 - (b) perform such duties as are prescribed by the Ministry of Municipal Affairs and Housing, Ministry of Health and Long-Term Care, and the Ministry of Children, Community and Social Services with respect to local Boards under the Municipal Act, S.O. 2001, c. 25 and the Municipal Affairs Act, R.S.O. 1990, c. M. 46 and Health Protection and Promotion Act, R.S.O. 1990, c. H.7
 - (c) perform such other duties as may be required by the Board that do not conflict with the duties prescribed by the aforementioned Ministries as set out in clause (b) of this by-law; and
 - (d) have a right of access at all reasonable hours to all books, records, documents, accounts and vouchers of the Board and is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in their opinion may be necessary to enable him/her to carry out such duties as are prescribed by the Ministry of Municipal Affairs and Housing and under the Health Protection and Promotion Act.

First Reading – June 20, 2019

Second Reading – June 20, 2019

Third Reading – June 20, 2019

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.

Reviewed by:	Finance and Facilities Committee
Approved by:	Board of Health
Date:	October 21, 2021
Signature:	<hr/> Ms. Maureen Cassidy Chair, Board of Health <hr/> Christopher Mackie Treasurer

Document Name	Contains Roles and Responsibilities of MOH & CEO	Minor Edits
G-000 App A - Policy Development and Review Process	Y	
G-000 App B - Policy Development and Review Checklist		
G-000 App C - Development and Revision Form		
G-000 App D - Manual Archiving and Update Process		
G-000 Bylaws, Policy and Procedures	Y	
G-010 Strategic Planning	Y	
G-020 MOH/CEO Direction	Y	
G-030 App A - MOH CEO Position Description	Y	
G-030 MOH/CEO Position Description	Y	
G-040 MOH/CEO Selection and Succession Planning	Y	
G-050 App A - MOH CEO Performance Appraisal Procedure	Y	
G-050 App B - MOH CEO Performance Appraisal Checklist	Y	
G-050 App C - MOH CEO Performance Appraisal Form	Y	
G-050 App D - Stakeholder Feedback Process	Y	
G-050 App E - Sample Stakeholder Email		Y
G-050 App F - Sample Stakeholder Listing		Y
G-050 MOH/CEO Performance Appraisal	Y	
G-080 Occupational Health and Safety		Y
G-100 App A - MFIPPA Duties Powers of Head Protection of PI		
G-100 App B - PHIPA Practices to Protect PHI		
G-100 App C - Annual Confidentiality Attestation		Y
G-100 Privacy and Freedom of Information		Y
G-120 App A - Risk Management Framework		
G-120 Risk Management		Y
G-150 Complaints	Y	
G-160 Jordan's Principle	Y	
G-180 App A - Annual Budget Planning Reporting Cycle		
G-180 Financial Planning and Performance		
G-190 App A - Requests for Insurance Certificates		
G-190 Asset Protection		
G-200 App A - Financial Signing Authority	Y	
G-200 App B - Non-Financial Signing Authority	Y	
G-200 Approval and Signing Authority		
G-205 Borrowing		
G-210 Investing		
G-220 App A - MLHU Contract Review Checklist		
G-220 Contractual Services	Y	
G-230 App A - Procurement Protocols	Y	
G-230 Procurement		
G-240 Tangible Capital Assets		
G-250 App A - MLHU Reserves & Reserve Funds		
G-250 Reserve and Reserve Funds		
G-260 App A - Governance Principles and Board Accountability	Y	
G-260 Governance Principles and Board Accountability		
G-270 App A - Board Member Role Description		
G-270 App B - Chair and Vice-Chair Role Description	Y	

G-270 App C - Secretary-Treasurer Role Description		
G-270 Roles and Responsibilities of Individual Board Members	Y	
G-280 Board Size and Composition	Y	
G-290 App A - Governance Committee Terms of Reference	Y	
G-290 App B - Governance Committee Reporting Calendar		Y
G-290 App C - Finance and Facilities Committee Terms of Reference		Y
G-290 App D - Finance and Facilities Committee Reporting Calendar		
G-290 Standing and Ad Hoc Committees		Y
G-300 App A - Board of Health Self-Assessment Tool		
G-300 Board of Health Self-Assessment		Y
G-310 App A - Corporate Sponsorship Assessment Form		Y
G-310 App B - Corporate Sponsorship Agreement		Y
G-310 Corporate Sponsorship		
G-320 Donations		Y
G-330 App A - Gifts and Honoraria		
G-330 Gifts and Honoraria		
G-340 App A - Whistleblower Procedure	Y	
G-340 Whistleblower		
G-350 Nominations and Appointments to the Board of Health		Y
G-360 App A - Removal of BOH Member		
G-360 Resignation and Removal of Board Members		
G-370 Board of Health Orientation and Development		
G-380 App A - Conflicts of Interest Procedure		
G-380 App B - Conflicts of Interest Annual Declaration Form		Y
G-380 Conflicts of Interest and Declaration		
G-400 Political Activities		
G-410 App A - Reimbursement Form		
G-410 App B - Mileage and Out-of-Town Expenses		
G-410 Board Member Remuneration and Expenses		
G-430 Informing of Financial Obligations		
G-470 Annual Report		Y
G-480 Media Relations	Y	
G-490 App A - Board Report Template		Y
G-490 Board of Health Reports	Y	
G-B10 By-law No. 1 Management of Property	Y	
G-B20 By-law No. 2 Banking and Finance	Y	
G-B30 By-law No. 3 Proceedings of the Board of Health		Y
G-B40 By-law No. 4 Duties of the Auditor		