

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance & Facilities Committee

Microsoft Teams
Thursday, November 11, 2021 at 8:00 a.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA** – November 11, 2021
- 3. APPROVAL OF MINUTES** – September 2, 2021
- 4. CONFIDENTIAL**

The Finance and Facilities Committee will move into a confidential session to consider matters regarding labour relations or employee negotiations and personal matters about an identifiable individual, including municipal or local board employees.

5. NEW BUSINESS

- 5.1. 2022 Budget – PBMA Proposals (Report No. 22-21FFC)
- 5.2. IT Hardware: Preferred Recycling Process (Report No. 23-21FFC)

6. OTHER BUSINESS

- 6.1. Next meeting: Thursday, December 2, 2021 at 9:00 a.m.

7. ADJOURNMENT



PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
Microsoft Teams
Thursday, September 2, 2021 at 9:00 a.m.

MEMBERS PRESENT: Mr. Matt Reid (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Ms. Tino Kasi
Mr. Aaron O'Donnell

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer/Medical Officer of Health
Ms. Carolynne Gabriel, Executive Assistant to the Board of Health (Recorder)
Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health
Dr. Alexander Summers, Associate Medical Officer of Health
Mr. Brian Glasspoole, Manager, Finance

Chair Matt Reid called the meeting to order at **9:03 a.m.**

DISCLOSURES OF CONFLICT OF INTEREST

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

APPROVAL OF AGENDA

It was moved by **Mr. Aaron O'Donnell**, seconded by **Ms. Maureen Cassidy**, that the **AGENDA** for the September 2, 2021 Finance & Facilities Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Aina DeViet**, seconded by **Ms. Tino Kasi**, that the **MINUTES** of the July 15, 2021 Finance & Facilities Committee meeting be approved.

Carried

NEW BUSINESS

Financial Borrowing Update (Report No. 20-21FFC)

Mr. Brian Glasspoole, Manager, Finance introduced this report.

Discussion regarding this report included:

- The Middlesex-London Board of Health had previously approved a line of credit for \$8 million; however, by July, 2021, a significant portion of the line of credit had been used largely due to salaries for additional COVID-19-related hires and the delay in receipt of provincial funds.
- Proactively requested a temporary increase in the line of credit to \$10 million in early August, 2021 based on the knowledge that provincial funds were being delivered and the gap was a timing issue.

- At the end of July, 2021, the Ministry of Health announced they were going to provide interim funding of approximately 50% of the estimated eligible COVID-19 extraordinary costs submitted by the Middlesex-London Health Unit in March. This amount, \$13,781,600 was received by the Middlesex-London Health Unit in early August, bring the Health Unit into a cash surplus.
- The increase of \$2 million to the line of credit has expired and the Health Unit's overdraft protection has returned to \$8 million.
- The provincial government has requested an interim report due September 17, 2021 to provide a detailed analysis of all spending this year to the end of June 30, 2021 for vaccine clinics and case and contact management activities.
- The detailed analysis interim reports will differentiate between what are truly extraordinary costs due to COVID-19 and what are costs typically covered by the Health Unit's non-COVID-19 budget, including staff seconded to support COVID-19 programming away from their regular programs. This analysis will be done at the individual staff level.

It was moved by **Ms. DeViet, seconded by Ms. Kasi**, *that the Finance and Facilities Committee make a recommendation to the Board of Health to receive report No. 20-21FFC re: "Financial Borrowing Update" for information.*

Carried

MLHU Draft Financial Statements – March 31, 2021 (Report No. 21-21FFC)

This report was introduced by Mr. Glasspoole.

Discussion regarding this report included:

- This is an annual report from Middlesex-London Health Unit to provide audited financial reports to funders whose fiscal cycles occur from April 1 to March 31. This is a special-purpose audited financial report that shows that funds were spent appropriately.
- The programs included in these audited financial statements have changed from previous years due to many programs now being supported by the Thames Valley Children Services and the Healthy Babies / Healthy Children program now being delivered by the Middlesex-London Health Unit.
- These program reflect \$2.8 million of the Health Unit's total operating budget for the year.
- The large differences between the amounts budgeted for 2021 and the actual amounts spent in certain categories in 2021 are due in part to COVID-19 affecting how programs are delivered.
- The large differences between the actual amounts for 2020 and 2021 may be attributed to the different mix of programs between years included in the financial reports as different programs require different types of expenditures.

It was moved by **Ms. Cassidy, seconded by Ms. Kasi**, *that the Finance and Facilities Committee make a recommendation to the Board of Health to approve the audited Consolidated Financial Statements of Middlesex-London Health Unit March 31st Programs, for the year ended March 31, 2021 as appended to Report No. 21-21FFC.*

Carried

OTHER BUSINESS

The next meeting of the Board of Health Finance and Facilities Committee will be held Thursday, October 7, 2021 at 9:00 a.m.

ADJOURNMENT

At **9:19 a.m.**, it was moved by **Ms. Cassidy, seconded by Mr. O'Donnell**, *that the meeting be adjourned.*

Carried

MATTHEW REID
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

DRAFT



TO: Chair and Members of the Finance & Facilities Committee

FROM: Emily Williams, Chief Executive Officer (Interim)

DATE: 2021 November 11

2022 BUDGET – PBMA PROPOSALS

Recommendation

It is recommended that the Finance & Facilities Committee recommend to the Board of Health to:

- 1) Receive Report No. 22-21FFC “2022 Budget – PBMA Proposals”;*
- 2) Approve Appendix A, PBMA One-Time Disinvestment totaling \$150,000 savings;*
- 3) Approve Appendix B, PBMA Incremental Investments totaling \$1,480,072 cost; and*
- 4) Approve Appendix C, PBMA COVID-19 Investments totaling \$16,166,970 cost.*
- 5) Direct staff to implement approved PBMA proposals, effective January 1, 2022.*

If approved, these items would increase the 2022 budget by \$17,497,042.

Key Points

- MLHU adopted the budget planning process as outlined in [Report No. 37-21](#). As such, programs currently offering reduced or paused services did not complete Program Budgeting and Marginal Analysis (PBMA) and will be attributed 2021 funding plus contractual inflation.
- PBMA remained an integral part of the revised Health Unit 2022 budget planning process. All proposals, regardless of budget process category, were evaluated using the 2022 PBMA criteria that was approved as [Appendix A](#) to [Report No. 37-21](#).
- The investment proposals are separated into COVID-19-related and base budget-related proposals to improve transparency and communication with funding agencies. The COVID-19 proposals currently exclude any required budget to operate the Mass Vaccine Clinic(s).
- A total of 30 PBMA proposals are being recommended for inclusion in the 2022 budget.

Background

Leaders and staff adopted the 2022 proposed budget planning process as detailed in [Report No. 37-21](#).

1. Programs that currently offer full or nearly full services were evaluated using the PBMA process, and no revisions to the PBMA criteria were introduced for 2022. These programs/services were reviewed assuming recovery activities would be required during 2022, thereby increasing demand.
2. Programs that currently offer expanded services due to COVID-19-related demands and/or related MLHU provisional strategic goals underwent a strategic investment process, which was also evaluated using the 2022 PBMA criteria. The previous two years of pandemic experience have provided a benchmark with which to build budget requirements, but the process remains difficult due to the ongoing variability of COVID-19 case counts and vaccine demand.
3. Programs that currently offer reduced or paused services due to staff deployed to COVID-19 programs did not complete the PBMA process and will be attributed with 2021 funding plus contractual inflation in 2022. These programs will also undergo a rigorous review during 2022 to ensure alignment with Ministry-mandated services, Board of Health priorities, and the overall continued desire of the Health Unit to promote and protect the health of our community.

4. Changes in organizational structure are also present in several of the proposals submitted, as leaders and staff attempted to: a) integrate COVID-19-related requirements into existing structures to accommodate expected ongoing demands; b) attend to feedback from leadership staff about workload, stress and burnout; and c) ensure key priorities were addressed in critical programs at MLHU. These proposals include, for example, a plan to enhance the Vaccine Preventable Diseases (VPD) and Infectious Disease Control (IDC) programs with sustained resources that serve as a backbone of the COVID-19 response.

Proposed PBMA Disinvestment and Investment Opportunities

There is a total of 30 proposals being recommended by the Senior Leadership Team (SLT) for inclusion in the 2022 Health Unit budget, which includes:

- Recommended one-time disinvestment: 1 proposal; \$150,000 savings. [Appendix A](#).
- Recommended incremental investments: 11 proposals; \$1,480,072 cost. [Appendix B](#).
- Recommended COVID-19 investments: 18 proposals; \$16,166,970 cost. [Appendix C](#).
- Inflation: Inflationary increases on baseline salaries were included in [Appendix B](#) incremental investment proposals. 2022 investments were calculated using 2021 rates plus estimated inflation for 2022.

Funding

Base Funding

Although absolute funding amounts for 2022 are unknown currently, it is expected that the Ministry will hold MLHU base funding to the 2019 level, but will provide ongoing mitigation funding to offset the proposed increase in cost-sharing with the municipalities in the amount of \$1,361,000. In 2021, despite the mitigation funding received by the province, MLHU asked the City of London and the County of Middlesex for increased funding, in the amount of \$6,735,000 and \$1,283,000 respectively (up from \$6,095,000 and \$1,161,000 in 2019). It is important to note that the funding contributions of the municipalities to MLHU prior to 2021 remained static for 12 years, despite ongoing annual inflationary pressures.

Given the inflationary pressures, and the investment proposals identified during the budget process for 2022, MLHU staff is recommending the Board of Health request an increase in funding from the municipalities to reach 30% of total funding (achieving the proposed target for cost-sharing with the province). As such, the City of London's funding would increase from \$6,735,000 to \$7,345,000, and the County of Middlesex funding would increase from \$1,283,000 to \$1,411,000, representing an overall increase in base funding of \$738,000 for MLHU. Given the timing of the City of London multi-year budgeting process, which is being tabled November 9, 2021, Health Unit staff proactively completed a budget amendment with the City to request this additional amount in 2022 (which can be reversed if the proposed investments are not supported by the Board of Health). The recommended increases outlined above will be proposed as part of the overall 2022 MLHU Budget.

COVID-19 Funding

Based on multiple and consistent communications to date from the Ministry of Health, staff are confident that the Ministry will continue to fund COVID-19 Extraordinary Costs; these are defined as costs over and above already funded baseline staffing. Therefore, the proposals submitted in [Appendix C](#), COVID-19 Investments, should be funded through the continued deployment of existing staff and/or Ministry incremental funding, recognizing the risk that existing programs and/or services will continue to be paused if those staff remain deployed to COVID-19 activities. In anticipation of additional provincial funding for public health units that has occurred in previous post-pandemic scenarios (SARS, H1N1), a portion of these investments have been identified as ongoing incremental investments for 2023. This recognizes that additional work of COVID-19 case management and vaccination will continue indefinitely.

Recovery Funding

Health Unit staff have been engaged in meetings, with both the Ministry of Health Accountability and Liaison Branch (Funding and Oversight) and the Chief Medical Officer of Health (CMOH), that have included reference to ‘recovery funding’ for health units. This was described as proposed additional funding for public health units to enable them to address a backlog of client needs attributed to putting services on hold to attend to pandemic priorities. On November 4, 2021, the Manager, Funding and Oversight shared that a business case process will be implemented, similar to the budget request proposals for COVID-19 Extraordinary Expenses used in 2021. It was not confirmed whether these business cases for recovery funding would be included as part of COVID-19 Extraordinary Expenses or separated into a distinct process.

Summary

Given that COVID-19 Extraordinary Cost funding is expected to continue in 2022, the proposals outlined in [Appendix B: PBMA Incremental Investments](#) represent those that will require additional base funding, reduced by savings identified in [Appendix A: PBMA One-Time Disinvestments](#) and offset by proposed increased funding from the municipalities.

Based on the information currently available, there is an **overall funding shortfall**:

\$150,000	Appendix A , One-Time Disinvestments, savings.
\$738,000	Proposed increased funding from the City of London and the County of Middlesex.
(\$1,480,000)	Appendix B , Incremental Investments, cost.
(\$592,000)	Shortfall

Given the early indications from the Ministry and the CMOH with respect to ‘recovery funding’ as described above, it is anticipated that additional provincial revenue will be forthcoming in 2022 that would address this shortfall. Conversations with City of London and County of Middlesex staff have occurred to advance the motion approved by the Board of Health as part of [Report No. 37-21](#) and engage in joint advocacy with the province for additional funding for public health. If these scenarios do not yield the required revenue to address the shortfall, the potential increased contribution from the municipalities in 2022 would be \$497,000 for the City of London and \$95,000 for the County of Middlesex. Further communication is expected in the coming weeks from the Ministry with respect to ‘recovery funding’ and will be used to inform the overall 2022 MLHU Budget.

Next Steps

If approved, the proposals will be incorporated into the 2022 budget proposal and will proceed immediately to ensure a January 2022 implementation timeline wherever possible.

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

A rectangular box containing a handwritten signature in black ink that reads "EWilliams". The signature is written in a cursive, slightly slanted style.

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)

2022 PBMA One-Time Disinvestment

This one-time disinvestment will result in a reduction to the 2022 budget only. The amount will be added back to the 2023 and subsequent budgets.

Dept.	No.	Proposal	Value	FTE	Score
HO	1-0015	ASO Overcontribution-Refund	(\$150,000)	--	--

Disinvestment Description

1-0015: ASO Overcontribution-Refund

Proposed withdrawal of \$150,000 of overcontribution to ASO funds held in escrow by Canada Life - net reduction to benefit costs.

In reviewing MLHU's experience in funding Administrative Services Only (ASO) personal insurance claims for employees, the monthly contribution to the Health Unit's insurer, Canada Life, has consistently exceeded the ASO experience paid out for insurance claims submitted. Monthly premiums were reduced commencing January 2020 by approximately \$8,500 or \$102,000 per annum. In addition, \$250,000 was also withdrawn from the ASO balance in 2020 Q3 due to continued lower experience of claims.

Notwithstanding these adjustments to the ASP pool, the plan consultant, AON has confirmed that MLHU can safely withdraw between \$133,000 and \$185,000 if the account remains at current surplus levels. As such, a withdrawal of up to \$150,000 to occur in 2022 Q4 is proposed.

2022 PBMA Incremental Investments *(base funding)*

These investments will increase the 2022 baseline budget and all subsequent budgets, to be funded from Ministry, City and County funds.

Dept.	No.	Proposal	Value	FTE	Score
HO	--	Inflationary Increase on Baseline Salaries	499,000	--	--
OMOH	1-0024	Client Services Representative (right size FTE complement)	26,218	0.5	145
OMOH	1-0005	Epidemiologist (right size FTE complement)	120,514	1.0	221
OMOH	1-0023	Outreach Worker (address grant funding gap)	64,446	1.0	238
OMOH	1-0011	Program Evaluator (right size FTE complement)	42,585	0.5	195
HO	1-0008	HR-Implement Diversity & Inclusion Recommendations	93,598	1.0	150
OCNO	1-0013	Anti-Black Racism, Diversity & Inclusion, Indigenous Reconciliation (includes 3 components)	372,801	3.5	269
	1-0018	Confidential Proposal	259,924	1.0	225
Totals			\$1,480,072	8.5	

Investment Descriptions

Inflationary Increase on Baseline Salaries

Estimated salary inflation for the existing staff complement. Calculated from baseline budget and does not include any allowances between gapping and historical savings (budget \$1.2 million gap vs. historical \$800 000 savings).

1-0024 Right-Size Customer Support Representatives

This proposal is for the expansion of the Customer Service Representatives (CSR) by 0.5 permanent FTE to increase overall complement from 3.5 FTE to 4.0 FTE. This gap was identified at the inception of the CSR program, and is required to enable sufficient backfill and operational coverage. Since January 2021, approximately 56,000 calls came into MLHU. Daily average was 360 calls with the range being 325-600 calls per day. The top reasons for calls were on average COVID-19 at 57%; Sexual Health at 18% and Vaccine Preventable Diseases (VPD) at 7%. In order to address this demand, additional temporary positions are included as part of the COVID-19 investment budget.

1-0005 Right-Size Epidemiologist Complement

This proposal is for an additional 1.0 FTE position of Epidemiologist with the Population Health Assessment and Surveillance (PHAS) team to increase overall complement from 3.0 to 4.0 FTE. Historically there has been a fourth position on the team which has been funded through temporary funding such as redirection of budget variance or grant funding. This position will contribute to sustaining reporting and surveillance support for MLHU's COVID-19 response, addressing Program Excellence initiatives outlined in the MLHU 2021-22 Provisional Plan, and re-establishing surveillance and population health assessment activities in post-COVID recovery efforts.

1-0024: Outreach Worker Grant Funding Gap

This proposal is for an investment in Outreach Worker position from April – December 2022 after PHAC funding runs out in March 2022, as no further grant funding is available. The position is critical in managing COVID-19 Case and Contact Management follow-up requests, the current caseload of clients, and the anticipated increased caseload associated with the launch of HIV testing in Emergency Departments research initiative.

1-0011: Right-Size the Program Evaluator Complement

This proposal includes an investment of 0.5 FTE of Program Evaluator (PE) resource to increase complement from 5.5 FTE to 6.0 FTE. The existing part-time role has been historically hard to recruit and has been supplemented with temporary funding on an ongoing basis when possible. There is a significant increased demand for PE resources due to strategic plan initiatives and the planned zero-based budgeting exercise slated for 2022.

1-0013: Anti-Black Racism, Diversity & Inclusion, Indigenous Reconciliation

The work of the Health Equity and Indigenous Reconciliation Team has increased significantly over the last two years and current resources are insufficient to ensure the previous and new work of the team is completed in an effective and timely manner. MLHU's new Anti-Black Racism Plan contains 45 recommendations endorsed by the BOH; the Diversity and Inclusion Employment Systems Review generated 88 recommendations also endorsed for implementation by the BOH; and MLHU's Reconciliation Plan, launched in 2018, has 65 recommendations, many of which are still to be implemented. This proposal conservatively identifies the need for a 3.5 FTE increase to the team (1.0 FTE Indigenous Reconciliation Manager, 2.0 FTE Public Health Nurses, and 0.5 FTE Program Assistant).

1-0008: HR-Implement Diversity & Inclusion Recommendations

This proposal is intended to move forward the work that was started in 2020 as part of the Diversity and Inclusion Assessment through additional funding towards further FTE resourcing for the Human Resources team on a permanent basis. In order to action the 88 recommendations outlined in the Employment Systems Review, there needs to be dedicated resources, specifically 1 FTE Human Resources Specialist, Diversity and Inclusion, to support the prioritization, planning and implementation of these recommendations. This proposal aligns with the 2021-22 Provisional Plan, under Program Excellence with the objective of implementation of the prioritized recommendations from the Diversity and Inclusion Assessment.

2022 PBMA COVID-19 Investments (*COVID-19 funding*)

*These investments will result in an increase to the 2022 budget, to be financed from Provincial COVID-19 Extraordinary Expense funding over and above base funding. Proposals marked for 2023 indicate a plan of continuance, subject to 2023 budget deliberations. All other proposals will apply to 2022 budget only and be removed for the 2023 budget process. **Does not include budget for Mass Vaccine Clinics.***

Dept.	No.	Proposal	Value	FTE	Score	2023
OMOH	1-0014	PA Support for Communications	\$34,191	0.5	158	X
COVID	1-0007	Active Screeners	39,000	1.6	119	
HO	1-0022	COVID Program Evaluator Enhancement	71,419	1.0	102	
EHID	1-0002	Public Health Inspector-COVID Response	85,296	1.0	233	
HO	1-0016	Payroll & Benefits Administrator	95,569	1.0	102	
HO	1-0003	Enhancement of Occupational H&S	107,532	1.0	194	X
OMOH	1-0009	Extension of Communications Supervisor	107,532	1.0	220	
OMOH	1-0019	Manager, PHAS	142,595	1.0	201	
OMOH	1-0024	Client Service Representatives	163,600	3.0	145	
HO	1-0020	COVID Procurement & Operations (Logistics Support)	190,387	4.0	201	
HO	1-0021	COVID – ITS	214,186	4.0	187	
COVID	1-0006	Informatics Support	289,824	4.0	248	
HO	1-0017	HR Support for COVID/Clinics	496,611	7.0	161	
<i>Initiatives Split for Further Detail:</i>						
COVID	1-0004	VPD Enhancement	1,293,781	15	250	
COVID	1-0004	VPD Enhancement (Associate Manager, 4 PHNs)	507,846	1.0	250	X
EHID	1-0001	Infectious Disease Control & Sustained Covid Response	11,042,061	34.5	297	
EHID	1-0001	Infectious Disease Control & Sustained Covid Response (8 PHNs, 4 PHIs, 2 Associate Managers)	1,285,540	14	297	X
Totals			\$16,166,970	99.6		\$1,935,109

Investment Description

1-0014: PA Support for Communications

As part of the re-alignment of roles that came with the MLHU's response to the COVID-19 pandemic the 0.5 FTE Program Assistant (PA) support that was seconded from the HEART Team enabled communications to have one full-time Program Assistant who not only provided support to the Healthcare Provider Outreach program (existing 0.5 FTE role), but also took on responsibility for the MLHU's general email account (health@mlhu.on.ca), provided support for the virtual media briefings (scheduling, generating and sharing briefing links with the media; producing the live virtual media briefings) and other scheduling, and program support. This investment would allow the PA support that has benefitted the Communications Team all through the pandemic, to continue beyond the pandemic, providing support to the team that has not existed previously.

1-0007: Active Screeners

Continue having Active Screeners at the main entrance of MLHU at CitiPlaza during hours when MLHU is open to ensure that visitors to MLHU complete the COVID-19 active screening process.

1-0022: COVID-19 Program Evaluator Enhancement

In order to support the full transition of infectious disease documentation to the Salesforce software and support ongoing COVID-19 program planning and evaluation, enhanced Program Evaluator support is required in the form of 1.0 temporary FTE.

1-0002: Public Health Inspector-COVID-19 Response

Throughout the pandemic, Public Health Inspectors (PHI) within Environmental Health (EH) have been responsible for carrying out a variety of additional duties as part of MLHU's COVID-19 response work. Much of the additional work has been focused on facilities that PHIs regularly inspect; however additional activities have included a variety of non-inspected settings as well as work that is geared towards the general public. Various activities include conducting home quarantine compliance checks at the request of the Case and Contact Management (CCM) team, responding to public service requests pertaining to *Reopening Ontario Act* (ROA) non-compliance, fielding calls related to COVID-19 regulatory requirements which often require much consultation and interpretation as well as reviewing COVID-19 safety plans (concerts, special events, sporting associations etc.). These work activities have been identified as a priority and the Environmental Health team has pivoted away from traditional EH work in an attempt to assist in the COVID-19 response. Throughout the pandemic, EH has taken risk-based approaches in completing work and has paused or modified programming in an attempt to prioritize the high risk and urgent work activities. In addition, PHIs have required additional time and training to maintain a baseline understanding of the ROA and corresponding regulatory changes which have changed frequently in alignment with the changing stages of the provincial Roadmap to Reopen framework. A routine program inspection (pool, restaurant, group home) has taken longer due to the need to check compliance with COVID-19 requirements and COVID-19-related inquiries. A temporary investment of 1.0 PHI is required to support this important work.

1-0016: Payroll & Benefits Administrator

The finance team has supported Payroll & Benefits Administration since this process was outsourced to a third-party service provider in 2019. The original business plan included a disinvestment of a full-time payroll administrator with expectation that the work performed internally would be outsourced. This

business model has not materialized, and payroll and benefits administration has expanded to one full time Administrator and additional clerical support from the Finance team to properly administer this essential service, with the significant expansion of staff resources related to the pandemic response.

This proposal is to increase staff complement in Finance by 1 FTE Payroll & Benefits Administrator on a temporary basis while formal evaluation of the finance team structure is undertaken in 2022. Additional clerical support for payroll administration will be absorbed by other members of the Finance team through redistribution of duties and through work efficiencies.

1-0003: Enhancement of Occupational Health & Safety

This proposal is intended to support and enhance the work that was started in 2020 through additional funding towards further FTE resourcing for the Occupational Health and Safety (OHS) program at MLHU. In order to accomplish the MLHU mission of promoting and protecting the health of our community we need to be promoting and protecting the health and safety of our employees who are responsible for helping the organization achieve this mission. In addition to aligning with our organizational values, this proposal also aligns with the Employee Engagement and Learning Quadrant of the 2021-22 Provisional Plan with the objective of addressing staff well-being and mental health.

The move to Citi Plaza and the COVID-19 pandemic have highlighted the importance of a robust OHS Program at MLHU to keep employees and our clients safe and healthy. In addition, the work involved in Staff Immunization tracking, which was previously disinvested by EHID, as well as tracking of employee fit-testing, is not feasible with only 1 HR Coordinator managing the whole portfolio. This proposal is for an increase of 1 FTE Health and Safety Advisor to support Leaders in their OHS accountabilities, act as an OHS resource for employees, and to supervise the current Human Resources Coordinator, Health and Safety. The savings realized by the prevention of COVID-19 outbreaks at MLHU and the prevention of workplace incidents to keep our employees safe and at work far surpass the investment.

1-0009: Extension of Communications Supervisor

The role of Communications Supervisor was created in 2020 to address the need for additional supervisory capacity within the Communications Department to address the challenges presented by the COVID-19 pandemic. There is an incumbent in the role which is currently scheduled to end on March 31st, 2022. This role will continue to provide supervisory leadership of the Healthcare Provider Outreach Program Assistant and the Communications Coordinator and Executive Assistant to the Board of Health. Because of the ongoing demands of the pandemic and the expected full resumption of MLHU programs and services early in 2022, it is expected that there will still be a need for Communications leadership support for the foreseeable future.

1-0019: Manager, PHAS (Population Health Assessment & Surveillance)

At baseline, the Population Health Assessment and Surveillance Team consists of three epidemiologists and two data analysts. The epidemiologists report to the AMOH, and the data analysts report to one of the epidemiologists. With the expansion of the team through the pandemic (increase in 1-2 FTE epidemiologist) and the expanded portfolio for the AMOH, an acting manager position has been crucial to support and organize the work of the team. These demands are anticipated to continue through 2022, and additional demands are anticipated with recovery initiatives. Therefore, the continuation of the manager position will be critical. At this time, this will be a temporary COVID-19 enhancement.

1-0020: COVID-19 Procurement & Operations

In order to continue to provide logistical support and procurement and deployment of Personal Protective Equipment, other supplies, and equipment to the mass and mobile vaccination clinics, the existing structure of 3.0 Logistics Coordinators and 1.0 Receiving and Operations Coordinator is required.

1-0021: COVID-19 – ITS (Logistics Support)

In order to continue to provide ITS support such as hardware, software and infrastructure to the mass and mobile vaccination clinics, the existing structure of an additional temporary 4.0 FTE of End User Support Analysts is required.

1-0006: Informatics Support

Throughout the COVID-19 response, MLHU has adopted new information systems related to Case and Contact Management and Vaccine Administration. With the anticipated expansion of these data systems into other diseases of public health significance, as well as the recent implementation of the MLHU Electronic Client Record program, Profile, there is ongoing need for informatics support.

This PBMA investment proposes the extension of the current role of Informatic Support beyond COVaxON and Verto to include Salesforce CCM, the MLHU Vaccine Ordering App, and Profile in the following areas:

- system onboarding and training;
- end user support;
- inventory management;
- slot management;
- data transformation and uploading;
- data remediation;
- reporting;
- quality improvement initiatives; and,
- vendor liaison

The Informatics Support (IS) team (N=4) has been capably supporting all groups administering vaccine for the past six months including mass and mobile MLHU teams, Primary Care, and Long Term Care and Retirement Homes (LTCH/RH). Through the experience of the Case and Contact Management and Vaccine Administration functions of the Health Unit there is a demonstrated need to support the clinical work done by MLHU teams with informatics support for new and existing data systems.

1-0017: HR Support for COVID-19/Clinics

The HR team required the support of an additional HR Coordinator during COVID-19 to coordinate the scheduling and redeployment of staff, recruitment of additional temporary staff, and the follow-up on staff attendance reporting. In 2021, in order to support the mass recruitment of staff for working at the mass immunization clinics, the onboarding administration, tracking of training, HR support and inquiries for this large new pool of staff, scheduling, and support for new leadership, the HR team required additional temporary resources to manage the tripling of the workforce in a short period of time.

1-0024: Client Service Representatives

This proposal is for the continuation of 3.0 FTEs of temporary Customer Service Representative (CSR) roles. This would take the CSR complement to a total of 7 permanent and temporary FTEs. There has

been tremendous increase in demand for CSR roles due to the high volume of phone calls experienced by MLHU related to the pandemic.

1-0004: VPD Enhancement/Associate Manager

The COVID -19 vaccination program will be integrated into the existing Vaccine Preventable Disease (VPD) Team. The Manager, VPD with the support of two Associate Managers and one Administrative Supervisor will oversee all the Ontario Public Health-mandated vaccination programs while meeting the community need during a pandemic for the administration of the COVID-19 vaccine. As one team, the staff will work collaboratively to ensure the prevention of disease in all vaccine preventable diseases through the distribution and administration of standard vaccines while administering COVID-19. By having a dedicated cross-trained team, this will allow for flexibility in programming and collaboration and augments the existing VPD to meet the demands of COVID-19. The addition of a fluid and dedicated COVID-19 vaccine team will enable surge capacity as well as ensuring the ability to meet future program needs. Permanent roles within this structure include 1.0 FTE of Associate Manager and 4.0 FTE PHN positions to ensure sufficient oversight of this complex program and adequate ongoing team leadership resources.

1-0001: Infectious Disease Control & Sustained COVID-19 Response

This proposal includes a one-time investment in additional resources for COVID-19 case, contact, and outbreak management for 2022. This investment is based on the ongoing incidence of COVID-19 cases and outbreaks in the fall of 2021, with the anticipation that this level of disease activity could be maintained through 2022. It includes resources required for MLHU to sustain a robust infectious disease control response for 2022 without relying on redeployments and further impacting all other non-COVID-19 health outcomes. It also includes incremental investments for 2023, in anticipation of full integration of Covid-19 related work. This includes 8 PHNs, 4 PHIs and 2 Associate Managers. The proposed structure specifically includes:

- Increased case and contact management, specifically for COVID-19
- Increase support of infection prevention and control practices in all settings
- Increased Facility Support and Outbreak Management
- Increased Surveillance



TO: Chair and Members of the Finance and Facilities Committee

FROM: Emily Williams, Chief Executive Officer (Interim)

DATE: 2021 November 11

IT HARDWARE: PREFERRED RECYCLING PROCESS

Recommendation

It is recommended that the Finance and Facilities Committee recommend to the Board of Health to receive Report No. 23-21FFC re: "IT Hardware: Preferred Recycling Process" for information.

Key Points

- Information Technology (IT) requires a safe and secure path to dispose of unused electronic assets and media that have reached end of life.
- A vendor, Greentec was selected to dispose of expired and unused IT assets, using either specialized encryption or physical destruction of the devices.
- Services also include the auctioning of assets that may have value past their useful life at MLHU. Proceeds from the auction process will be returned to MLHU in the form of reduced recycling fees or payment if the proceeds exceed the recycling costs.

Background

This report provides an update on the status of expired and unused assets transported to Citi Plaza from the 50 King Street location, focusing particularly on the magnetic media located currently in the mezzanine storage area and 30 desktops currently located in the IT storage room. Information Technology (IT) requires a safe and secure path to dispose of unused electronic assets and media that have reached end of life. This includes, but is not exclusive to, laptops/desktops, mobile phones, and magnetic/solid state drive (SSD) media.

Current Status

Working with MLHU Procurement, the vendor Greentec was selected to provide the required service of recycling old hardware. Where applicable, Greentec will provide Certified Data Erasure utilizing specialized encryption technology to ensure data deletion. Where secure deletion is not possible, physical destruction of the device will be carried out using a Certified Shredding process. These paths are required to verify data sanitation and provide MLHU the required Certificate of Destruction. Inventory of assets and media to be processed were provided to Greentec, and the assets will be processed and securely disposed of in the coming weeks.

Next Steps

The IT Team will create a yearly hardware review and disposal process to ensure that MLHU electronic assets are safely recycled and, where possible, to recover the residual value from unused MLHU assets. This will prevent a buildup of assets for disposal in the future.

This report was prepared by IT Team, Healthy Organization Division.

A handwritten signature in black ink that reads "E. Williams". The signature is written in a cursive style with a large initial "E".

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)